This study displayed that patients who received an AVF fully used health care and nonnephrology services than patients who received an AVG or CVC” Chang et al (2019).

Abstract:

BACKGROUND: To provide clinicians with sufficient information for selecting optimal access strategies for patients with end-stage renal disease, the utilization of health-care services of patients receiving arteriovenous fistulas (AVFs), arteriovenous grafts (AVGs), and central venous catheters (CVCs) are crucial topics that require investigation.

MATERIALS AND METHODS: This study involved 1248, 431, and 323 patients with end-stage renal disease who had received an AVF, AVG, or CVC, respectively. All sampled patients were monitored over the course of a 1-y study period to evaluate their medical utilization. The utilization were further categorized into nephrology and nonnephrology services. This study also performed univariate and multivariate regressions to estimate the effects of vascular accesses.

RESULTS: Regarding the utilization of health care services, significant differences were observed for mean outpatient visits (45.30 versus 49.71 versus 48.80), outpatient costs (US$19117 versus US$21015 versus US$19280), inpatient days (9.77 versus 14.41 versus 21.60), inpatient costs (US$2627 versus US$3810 versus US$5238), and total costs (US$21743 versus US$24825 versus US$24518) among patients who had received an AVF, AVG, or CVC, respectively. Furthermore, patients receiving an AVF had lower total costs for all health care services and nonnephrology services than patients undergoing AVG or CVC across the categories of men, women, adults, and elderly individuals. Multiple regressions found that patients undergoing AVF had significantly lower total costs for all health services than patients undergoing other vascular accesses after adjustments.

CONCLUSIONS: This study displayed that patients who received an AVF fully used health care and nonnephrology services than patients who received an AVG or CVC.

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