EDITOR'S INTRODUCTION

MODALITY MIX AND THE COST OF DIALYSIS

Care of end-stage renal disease (ESRD) patients is very expensive for health care systems worldwide. Typically, ESRD affects less than 0.1% of the population of any given developed country, but ESRD patients account for upward of 5% of the total health care budget. Some of those costs are attributable to the comorbidities that are so common in the ESRD population, but most are related to the actual dialysis that patients require in the absence of a successful renal graft.

Costs incurred by the payer—which, in the case of ESRD, is usually the government—vary depending on many factors, but a key factor is the distribution between the peritoneal (PD) and hemodialysis (HD) modalities. That distribution varies greatly between (and even within) countries. In various jurisdictions, the absolute and relative costs of PD and HD change depending on local patterns of reimbursement for facilities, physicians, and nurses, and on the actual costs of dialysis supplies, among many other factors. Accordingly, the question of how costs differ between HD and PD is not a simple one, and the answer will not be the same from one country to another. It is therefore not surprising that *Peritoneal Dialysis International* (PDI) often receives submissions describing attempts to cost the PD and HD modalities in a particular country or region.

Some might argue that costing studies can be tedious or repetitive, or that they are of limited interest outside the country concerned. However, PDI is the official journal of the International Society for Peritoneal Dialysis, and one of the society's mandates is to increase the use of PD in patient populations that might benefit from it. In general, therefore, PDI is pleased to publish well-done costing studies from various parts of the world. The findings will, of course, vary between richer and poorer countries, between those with predominantly public and predominantly private provision of dialysis care, and between those that can obtain locally manufactured supplies and those that must import them.

Novel approaches to comparing costs are also of interest to the journal. Costing studies may yield different

results depending on the perspective being taken. Is it societal costs, patient costs, or government costs that are being considered? Which costs are being included? Are costs being adjusted for outcomes such as survival and quality of life (comparisons that are important, but often difficult when there is already controversy about those very outcomes)?

This issue of PDI includes an excellent paper from Madrid, authored by Villa and colleagues, which looks at the costs and the cost-effectiveness of the Spanish dialysis delivery model as it is presently constituted—and under alternative scenarios. The paper tries to look 5–15 years ahead and to estimate the future costs of ESRD care under various potential models. It focuses on quality-of-life measures in assessing cost-effectiveness. The paper suggests that greater rates of elective dialysis initiation and greater utilization of PD would improve the cost-effectiveness of the Spanish ESRD system. The potential savings are quantified, and they are substantial.

Of course, such papers make assumptions that may not be true. They tend to work on the notion that present trends can be extrapolated into the future. They assume that the same cost savings for PD over HD will be seen if more patients use the modality—an assumption that may not be accurate. They do, however, concentrate attention on key health economic issues that no physician or planner of ESRD services can ignore. Governments everywhere are facing greater cost crunches than in the past, and health care is likely to be under more pressure to justify its voracious appetite for ever more resources. Those involved with ESRD care have an obligation to look at more cost-effective methods of delivering quality care. We will all learn from studying each other's efforts. Well-done costing studies will continue to be published in PDI. In this issue, Villa and colleagues have made a worthy contribution to that literature.

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