Is a Home Dialysis Unit Really Just Around the Corner in the United States?

Editor:

I am writing in response to Prakash *et al.*'s publication "Travel Distance and Home Dialysis Rates in the United States" in the February 2014 issue of the journal. This topic is of utmost importance to medical legislation and to the future of provision of home dialysis in the United States.

Some conclusions from the study are difficult to comprehend for a physician in dialysis network 8 (Alabama, Mississippi, and Tennessee) where home dialysis units are not within 3.5 miles of most of our patients. First, in this study, the median travel distance to the closest facility with home dialysis was less, not more, than to that of the closest in-center hemodialysis unit (IHD) facility, and second, over 55% of dialysis units offered home therapies. In dialysis network 8, only 33% of dialysis units offer home therapies, and because of this and the more rural population, the travel distance to a

home unit far exceeds that of going to the closest IHD unit. One possibility for the discrepancy is that there is far less access to home dialysis in the more rural southeastern United States. However, another possibility may be with how units were designated as a "home dialysis unit" in this study.

Within the United States Renal Data System's data collection tool CROWNWeb, a unit can be designated as a home unit if it is certified to either offer home dialysis support, take transient patients, or train patients. Should these criteria have been used as opposed to a more restrictive definition, for example including only units with a patient census of at least one, a far higher number of home dialysis units would have been identified as home dialysis units than were actually providing care to patients on home dialysis. If this is the case, it could explain the very large discrepancy between the median distance traveled to the closest home dialysis unit vs the median distance traveled to the initial home dialysis unit. I would kindly ask the authors for clarification on the criteria used to designate a unit as a home dialysis unit for the study.

It must be stressed that the results are not representative of many less metropolitan areas of the United States and that the authors rightly state that the results were driven by the 85% of patients living in metropolitan areas. This was aggravated by the fact that the authors excluded census tracts with less than 11 patients due to confidentiality and patients living at great distances from their home dialysis unit, due to skewing of the distance to the closest dialysis unit by a small number of patients, thus excluding the patients most prone to geographic barriers to home dialysis. Studies looking specifically at provision of home dialysis in more rural areas must be undertaken to guide legislation which aims to overcome geographic barriers to improve access to home dialysis care in less metropolitan areas.

DISCLOSURES

The author has no financial conflicts of interest to declare.

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doi: 10.3747/pdi.2014-00167