

Dialysis Availability in Rural America

Persons suffering from kidney failure (end stage renal disease or ESRD) must receive either a transplant or hemodialysis services to survive. Kidney transplantation is generally the best treatment, but long waiting lists and difficulty finding suitable donor matches limit this option. The majority of ESRD patients receive dialysis. Depending on their medical condition, dialysis patients may receive hemodialysis, generally performed in a clinic, or peritoneal dialysis, which can be performed at home. We used Medicare data from 2008 to explore the availability of dialysis services in rural America.

Key Findings:

Dialysis use was similar across urban versus rural counties.

- The proportion of the population using dialysis was similar across rural and urban counties, about 3.9 persons per 1,000 residents in 2008.

Rural residents traveled further for dialysis services

- Rural residents lived a median of 33.3 driving miles from the closest facility, versus 13.7 miles for urban patients.

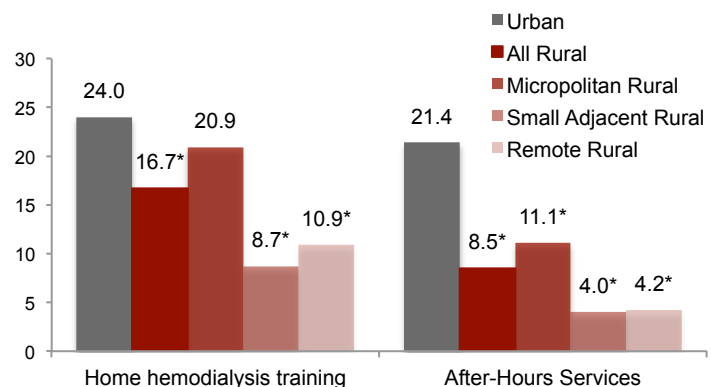
Fewer expanded services were offered in rural areas

- The proportion of facilities offering peritoneal dialysis, home hemodialysis training, and after-hours (evening) services was lower in rural than in urban communities.

Rural dialysis facilities were more likely to be non-profit

- For-profit institutions accounted for 75.9% of rural dialysis facilities, compared to 84.5% of all urban facilities.

Percent of dialysis facilities offering home hemodialysis training and after-hours services, by level of rurality, 2008



*Rural significantly different from urban, $p < 0.05$ or less

Dialysis quality outcomes were similar across rural and urban ESRD facilities

- Dialysis quality differences, as measured by hemoglobin, blood urea, and survival, were small and did not show a clear advantage for facilities in either area.