

Chapter XI

Annual Facility Survey of Providers of ESRD Therapy

Key Words:

Dialysis facility

VA facilities

ESRD network facilities

Hemodialysis treatments

Transplant center

Dialysis certification

Dialysis stations

The results presented in this chapter are derived from the Annual Facility Survey, which HCFA conducts through the ESRD Networks. The data for 1997 may be subject to minor revisions and should therefore be considered preliminary. The Annual Facility Survey contains summary data on facility characteristics for all Medicare-approved dialysis and transplant units reporting patients at the end of the year. The Annual Facility Survey is designed to include both Medicare and non-Medicare dialysis patients, while some of the USRDS patient database is limited to Medicare patients.¹

Number and Location of ESRD Units

Since Medicare extended coverage to patients with ESRD in 1973, there has been sustained growth in the number of institutions providing ESRD services for patients covered by Medicare. This growth has continued even in recent years. For example, Figure XI-1 illustrates the nearly linear growth in the number of ESRD facilities from 1992 to 1997. In 1992 there were 2,086 dialysis only facilities whereas by 1997 there were 3,093. On the average about 200 new dialysis facilities opened per year. During the same interval, the growth in the number of kidney transplant centers was relatively flat. There were 230 transplant facilities in 1992 and 241 in 1997. These facility counts, as well as other facility counts in this chapter, not only exclude facilities that failed to complete the Facility Survey,

but they also do not include units not having any dialysis or transplant patients as of the end of the year.

The number of dialysis and transplant units in this 5-year period grew by 44 percent. Growth varied greatly among the 18 ESRD Networks, however, as Figure XI-2 shows. The number of units in the Network 9 area (**IN**) grew by 72.7 percent from 1992 to 1997, while the Network 10 area (**IL**) had only 14.4 percent growth during the same time period. The national growth in the number of prevalent ESRD patients over the same period was 47.3 percent (see Reference Table B.1). Refer to Table II-5 for a list of the Networks, by number, state of main office, states, and name; in this chapter the state of main network office appears in bold type.

ESRD Patients by Facility Type and Location

As mentioned, there was also substantial growth in the number of patients from 1992 to 1997; however, the variation from Network to Network was somewhat less. Networks 6, 14, 15, and 13 (Southeastern Kidney Council (GA, **NC**, SC), ESRD Network of Texas (**TX**), Intermountain ESRD Network (AZ, **CO**, NM, NV, UT, WY), and ESRD Network Organization No. 13 (AR, LA, **OK**), respectively) had the most growth, each having an increase in number of prevalent ESRD patients by 50 percent or more in the 5-year span. Network 2 (**NY**)

Number of Dialysis and Transplant Units by Year, 1992-97

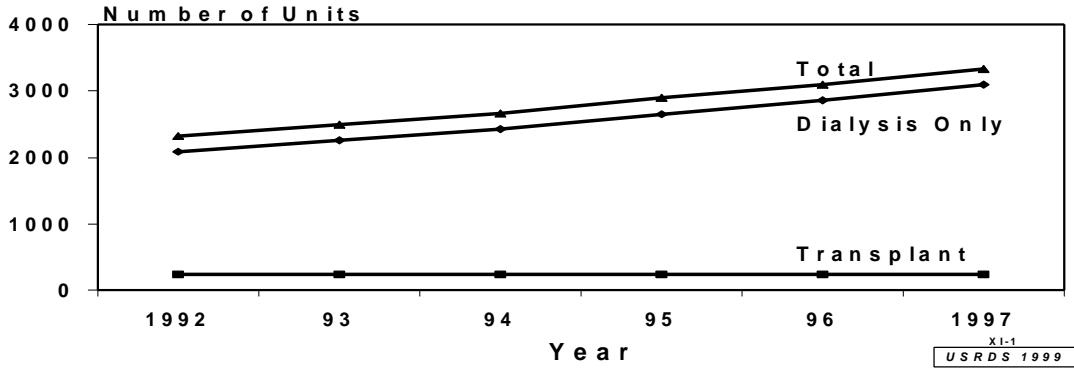


Figure XI-1

Number of "dialysis only" units and transplant units in the U.S. by year for 1992 through 1997. The "Transplant" category includes both transplant centers and units that provide dialysis services in addition to transplants. All units that complete the Annual Facility Survey and report having dialysis and/or transplant patients at the end of the year are included. Source: Reference Table I.2.

had the least growth, with only a 33.2 percent increase in patients from 1992 to 1997 (see Figure XI-3). The growth in the number of patients does not correlate well with the growth in the number of facilities as shown in Figures XI-2 and XI-3.

HCFA has defined a number of different types of ESRD units² for reporting purposes:

- Hospital facilities are dialysis units attached to or

located in a hospital which are approved to furnish outpatient dialysis service(s) directly to ESRD patients.

- Hospital centers are dialysis units attached to or located in hospitals which are approved to furnish the full spectrum of diagnostic, therapeutic, and rehabilitative services required for the care of ESRD dialysis patients (including inpatient and outpatient dialysis furnished directly or under

Five-Year Growth in Number of Facilities, by Network, between 1992 and 1997

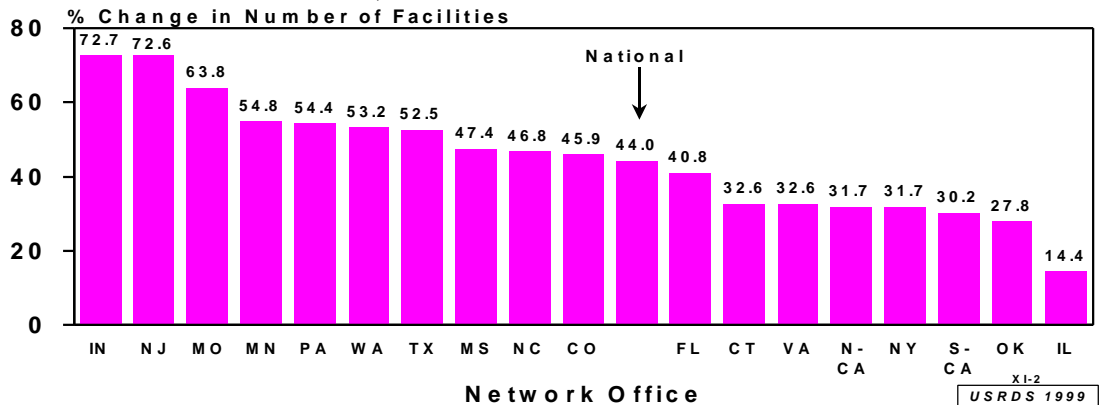


Figure XI-2

Total percentage growth in number of facilities from 1992 to 1997, by Network. Includes all facilities reporting having any dialysis or transplant patients at the end of the year. See Table II-5 for a Network key. "National" is the national average. Source: Reference Table I.4.

Five-Year Growth in Number of Patients, by Network, between 1992 and 1997

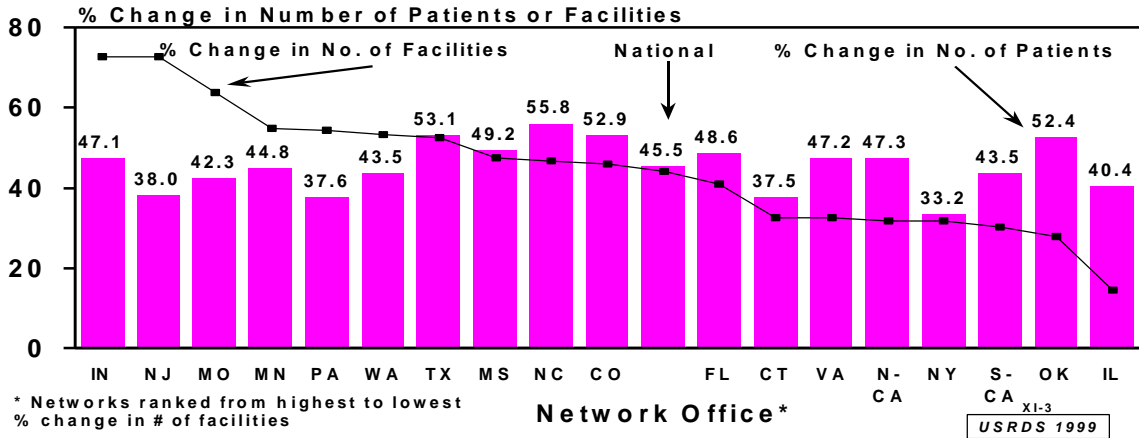


Figure XI-3

Total percentage growth in the number of end-of-year point prevalent patients from 1992 to 1997, by Network. Includes all facilities reporting having any dialysis or transplant patients at the end of the year. See Table II-5 for a Network key. "National" is the national average. Source: Reference Tables I.6.

arrangement).

- Freestanding units, sometimes called independent units, provide outpatient and home maintenance dialysis only.
- Transplant centers are hospital units which are approved to furnish transplantation and other medical and surgical specialty services for the

care of ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement.

- Dialysis and transplant centers combine the functions of a dialysis center and a transplant center.

In general, for the analyses presented in this

Percentage of Dialysis Patients Treated in Each Type of ESRD Unit by Year, 1992-97

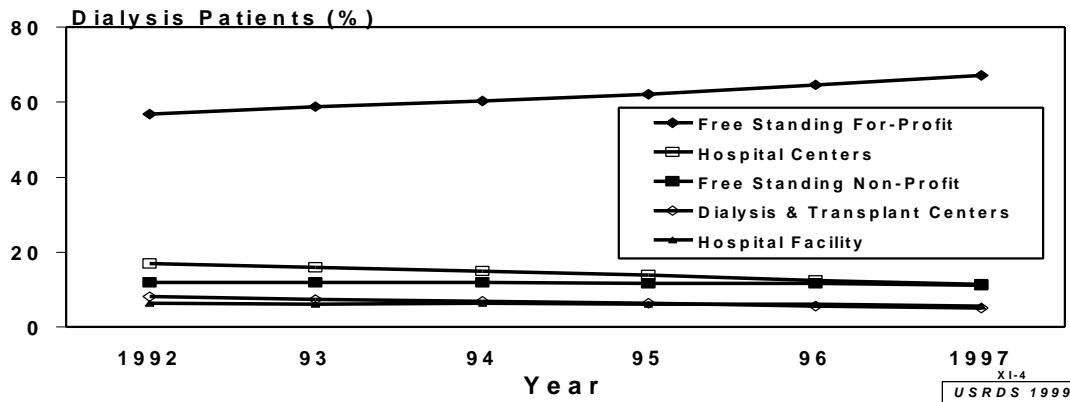


Figure XI-4

Distribution (percent) of dialysis patients by type of ESRD unit for end of the year point prevalent patients by year, 1992-1997. Source: Reference Table I.13.

Average Number of In-Center Hemodialysis Patients per Station by Network, 1997

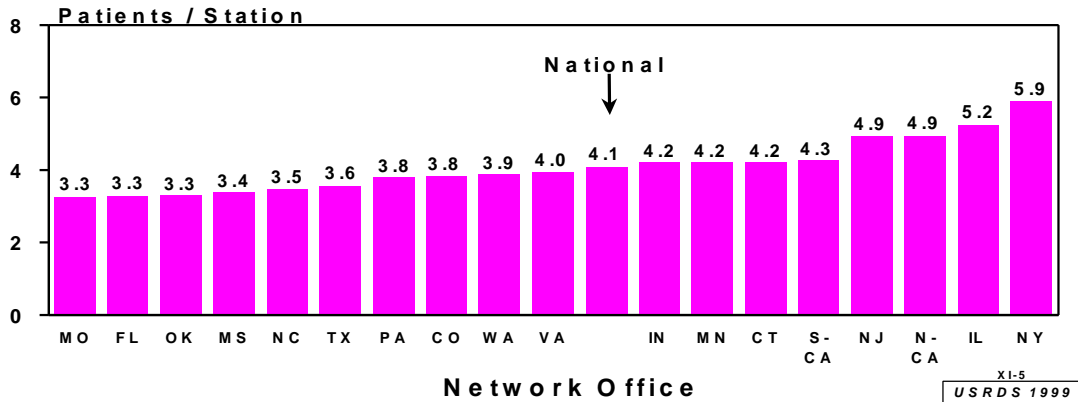


Figure XI-5

Average number of in-center hemodialysis patients per station by Network for 1997. See Table II-5 for a Network key. "National" is the national average. Source: Special Analysis.

chapter, the categories of "transplant center" and "dialysis and transplant center" are combined into one group and referred to as "transplant" units. The remaining units are combined and referred to as "dialysis only" units.

The change in the distribution of dialysis patients by type of dialysis unit (and profit status for the freestanding units) is presented in Figure XI-4. There

was linear growth in the percent of patients treated in freestanding, for-profit units; 57 percent of outpatient dialysis patients in 1992 grew to be 67 percent by 1997. The decline in the percent of patients treated by Hospital dialysis centers and facilities combined also appears linear; changing from 23 percent in 1992 to 17 percent in 1997. During this time period, there does not appear to be any change in the percentage of patients treated in non-profit dialysis units and transplant units. This pattern is indicative of a greater

Total Number of In-Center Hemodialysis Treatments by Network, 1997

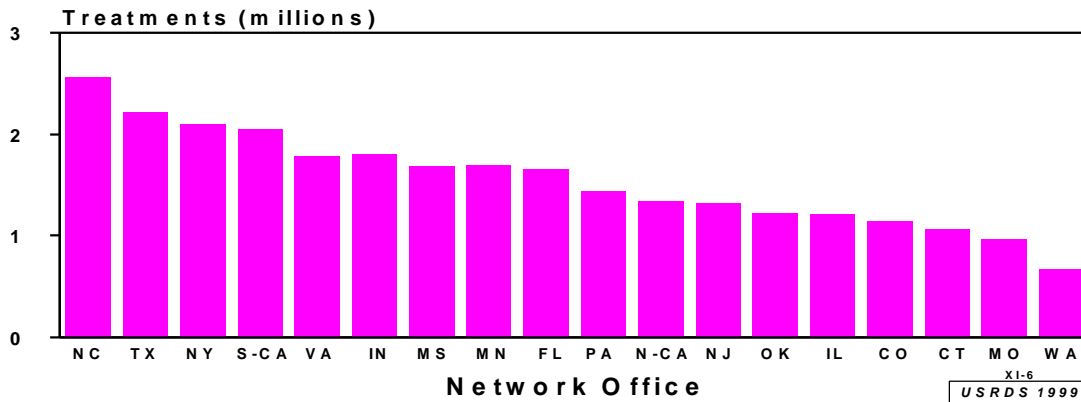


Figure XI-6

Total number of in-center hemodialysis treatments given in each Network in 1997. See Table II-5 for a Network key. Source: Special Analysis.

Facilities and Types of Dialysis, Hemodialysis vs. Peritoneal Dialysis, 1997

	Total	Hemodialysis Only	Peritoneal Dialysis Only	Both
Median # of Patients per Facility	-	41	26	85
# Facilities	3,243	1,699	67	1,477

Table XI-1
USRDS 1999

Table XI-1

Number of dialysis units and distribution of hemodialysis and peritoneal dialysis among those facilities. Includes all facilities reporting dialysis patients at the end of 1997. Source: Special Analysis.

increase in for-profit facilities in recent years.

The number of in-center hemodialysis patients per station, by ESRD Network in 1997, is shown in Figure XI-5. Nationally, on average there were 4.1 patients per station. Network 7 (FL), Network 13 (AR, LA, OK) and Network 12 (IA, KS, MO, NE) had the smallest number (3.3), while ESRD Network 2 (NY), had the largest number of patients per station

(5.9). These patterns probably reflect state "Certificate of Need" laws as well as population distributions.

The other Networks tend to vary from the national average similarly both on the low end and high end. A comparison of the results for 1997 with the previous 3 years (shown in previous Annual Data Reports) reveals that national averages for patients

Median Number of Living Donor Transplants per Center per Year, 1987-97

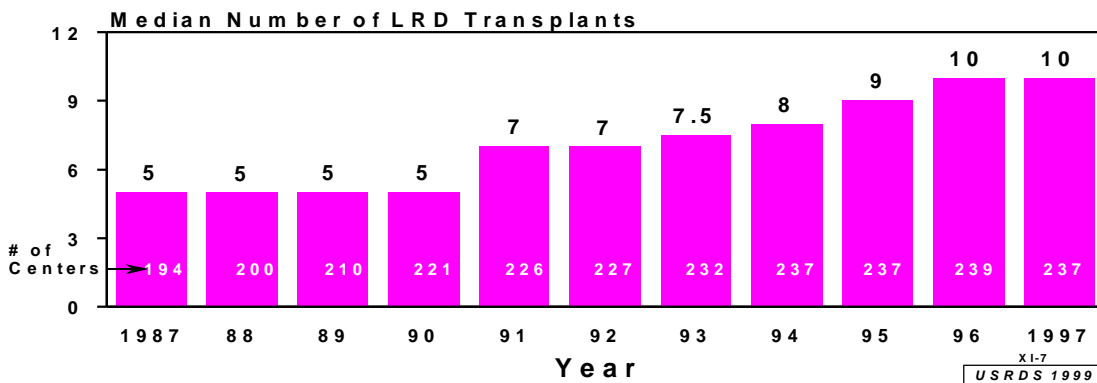


Figure XI-7

Median number of living related kidney transplant operations per center per year, 1987-1997. Includes all certified transplant centers. Source: Special Analysis.

Median Number of Cadaveric Transplants per Center per Year, 1987-97

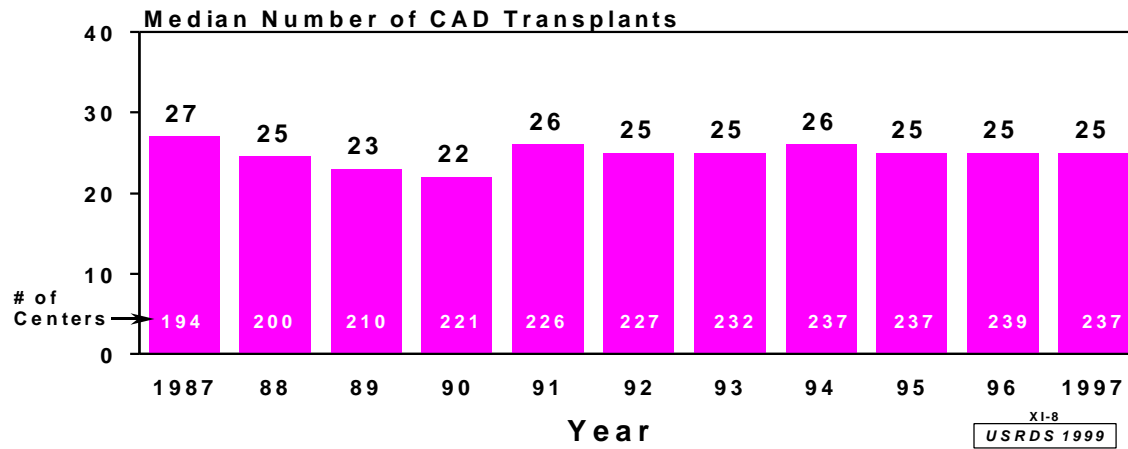


Figure XI-8

Median number of cadaveric kidney transplant operations per center per year, 1987-1997. Includes all certified transplant centers. Source: Special Analysis.

per station have remained relatively constant although the number of patients per station for the state with the maximum number has gotten smaller.

Number of Treatments

Figure XI-6 shows the total number of in-center hemodialysis treatments administered to patients in each of the Networks in 1997. Two of the Networks with the largest percent increase in treatment counts from 1992 to 1997 (Networks 6 (NC) and 14 (TX), see Figure XI-3) also provided the most treatments in 1997. The Northwest Network (16, WA) administered less than one-third as many hemodialysis treatments as the two Networks mentioned above. These differences do not take other treatment modalities into account which vary from region to region as shown in Figure III-12.

Facility

As Table XI-1 shows, a total of 3,243 units were treating dialysis patients at the end of 1997. Peritoneal dialysis (PD) patients were treated in 48 percent of the facilities. Hemodialysis (HD) patients were treated in 98 percent of these units. Sixty-seven units (2 percent) treated only PD patients, and 1,699 units (52 percent) treated only hemodialysis patients.

Transplant units vary considerably in size, with more than a few centers performing no transplants in

a given year. The largest centers perform approximately 200 renal transplants per year. As shown in Figure XI-7, between 1987 and 1990 the median number of living related transplant operations per unit per year remained fairly consistent, at around 5. From 1991 (7 transplants) to 1997 (10 transplants) there appears to be an upward trend in the median number of living related transplants per center. The median number of cadaveric transplants per center from 1987 to 1997 is shown in Figure XI-8. With the exception of a high point in 1987 (27 transplants) and a low point in 1990 (22 transplants), the median number remained relatively constant around 25 cadaveric transplants per unit per year from 1987 to 1997.

DVA Reporting

Before 1982, Department of Veterans Affairs³ (DVA) dialysis units did not complete the HCFA Facility Survey. Since 1982, between 12 and 17 Medicare certified DVA units have completed the facility survey each year. Beginning in 1990, there have been survey data for some DVA units that are not certified by Medicare. Data from these DVA facilities are excluded from HCFA reports,⁴ but patients from these units are included in counts shown in this chapter if any patients were present at the end of a given year. According to the DVA dialysis census, there were 104 DVA facilities treating ESRD patients in 1993⁵. In 1992, 61 DVA facilities

participated in the annual survey but only 47 DVA facilities reported patients in the 1997 Facility Survey (see Reference Table I.1).

End Notes

1. See Chapter II for more detail on differences between the Annual Facility Survey and the USRDS patient database. See Reference Tables, Section I for more detail on the information presented in this chapter.
2. For more information on the classification of dialysis unit type please refer to either the Health Care and Financing Administration's *Instruction Manual for Renal Providers* or the *National Listing of Medicare Providers Furnishing Dialysis and Transplant Services*, Superintendent of Documents, U.S. Government Printing Office.
3. For more information about the DVA dialysis population please contact the Department of Veterans Affairs, Veterans Health Administration, Washington, D.C.
4. HCFA Bureau of Data Management and Strategy. Health Care Financing Research Report: End Stage Renal Disease, 1992. Department of Health and Human Services, September 1994.
5. Amis Report, June 30, 1993. Memo from Department of Veterans Affairs.

