

Chapter X

Annual Facility Survey of Providers of ESRD Therapy

The Annual Facility Survey conducted, by HCFA, is the source of all the results presented in this chapter. Note that the data for 1994 are preliminary and may be subject to minor revisions. The 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 most non-Medicare dialysis patients while the USRDS patient database generally does not¹. (Commencing with Wave I of the DMMS, non-Medicare patients are included in the USRDS Special Studies).

ESRD Units: Number and Location

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. For example, Figure X-1 shows that there were 1,884 units counted in the Facility Survey in 1989. By 1994 the number had grown to 2,660, representing a 7.1 percent annual compound growth. During the same interval, the number of kidney transplant centers grew from 215 to 239, a smaller annual compound growth of 2.1 percent. These facility counts, as well as other

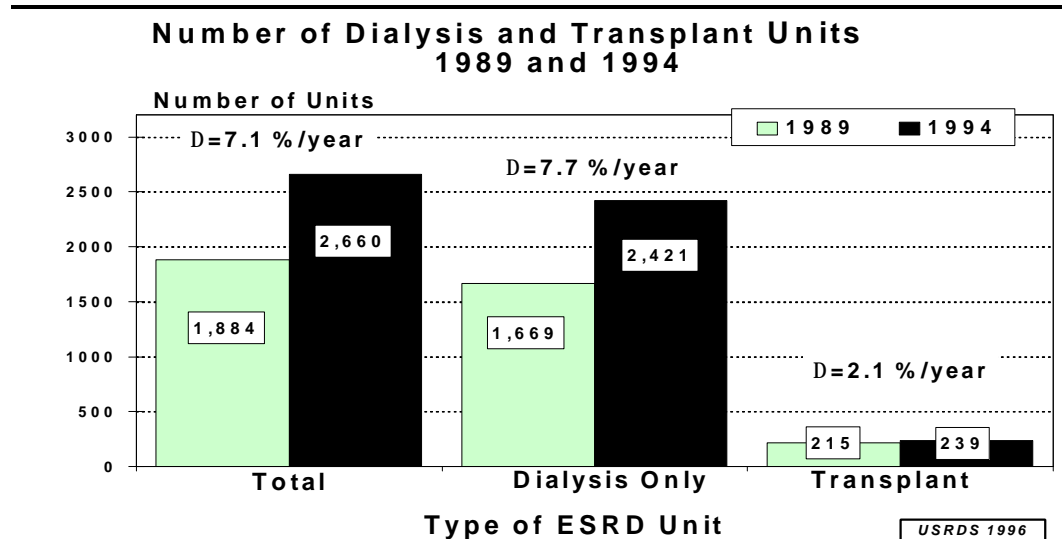


Figure X-1

Number of "dialysis only" units and transplant units in the U.S. for 1989 and 1994, with annual compound rate of change (delta percent). The "Transplant" category includes both transplant centers and units which 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.

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.

This overall growth in the number of dialysis and transplant units in this five year period varies greatly among the 18 ESRD networks, as Figure X-2 shows. The number of units in the Upper Midwest (Network 11) and Northwest networks (Network 16) grew more than 50 percent from 1989 to 1994, whereas Northern California (Network 17) and New York (Network 2) only had 20 percent or less growth in the same time period.

ESRD Patients: Treatment Locale and Number

As is expected, there is also substantial growth in the number of patients from 1989 to 1994; however, there is slightly less variation from network to network. Networks 6, 14, 15 and 7 had the most growth, respectively; all four had an increase in number of patients that exceeded 70 percent in the five year span. Network 4 (PA) had the least growth, with only a 50 percent increase in patients from 1989 to 1994.

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

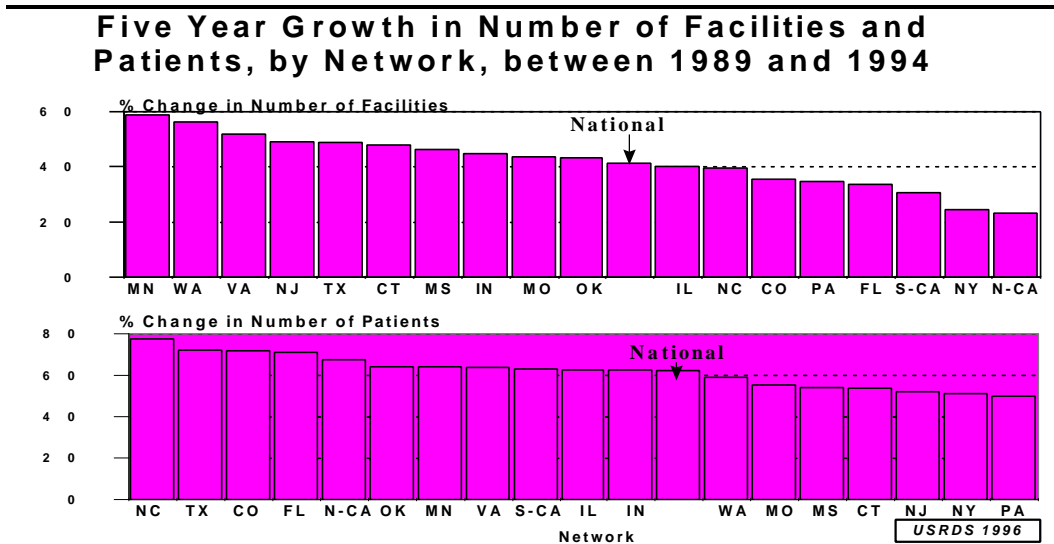


Figure X-2

Total percentage growth in number of facilities and number of end-of-year point prevalent patients from 1989 to 1994, by Network. Includes all facilities reporting having any dialysis/transplant patients at the end of the year. See Figure II-7 for a Network key. “National” is the national average. Source: Reference Tables I.4 and I.6.

Percentage of Dialysis Patients Treated in Each Type of ESRD Unit, 1989 and 1994

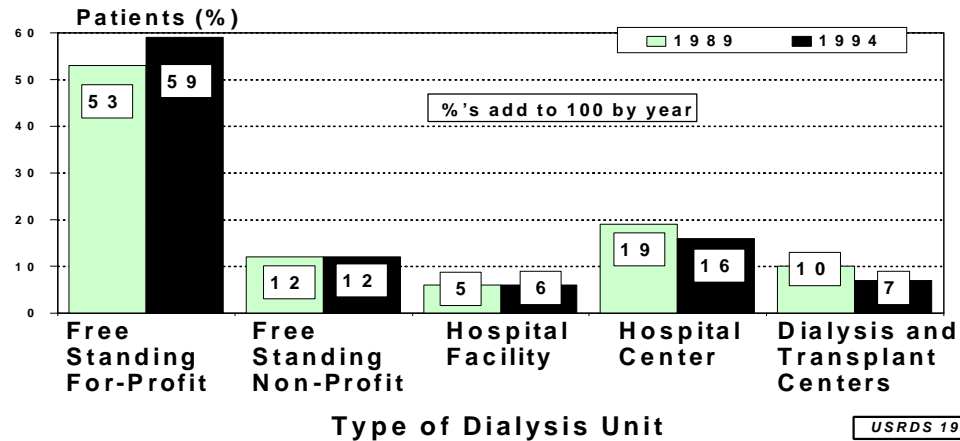


Figure X-3

Distribution (percent) of dialysis patients by type of dialysis unit for end of the year point prevalent patients, 1989 and 1994. Source: Reference Table I.13.

remaining units are combined and referred to as “dialysis only” units.

The distribution of dialysis patients by type of dialysis unit (and profit status for the freestanding units) is presented in Figure X-3 for 1989 and 1994. In 1989, freestanding, for-profit units treated 53 percent of outpatient dialysis patients. By 1994, this percentage had grown to 59 percent. Hospital dialysis centers treated 24 percent of the patients in 1989, and by 1994 this had fallen to 22 percent. There is also a

smaller percentage of patients in non-profit dialysis and transplant centers in 1994 than there were in 1989. This pattern is indicative of a greater increase in for-profit facilities in recent years.

The number of in-center hemodialysis patients per station, by ESRD Network in 1994, is shown in Figure X-4. Nationally, on average there were 4.2 patients per station. As was the case for 1993, Network 13 (AR, LA, OK) had the smallest number (3.0), while ESRD Network 2 (NY), had the largest

Average Number of In-Center Hemodialysis Patients per Station, by Network, 1994

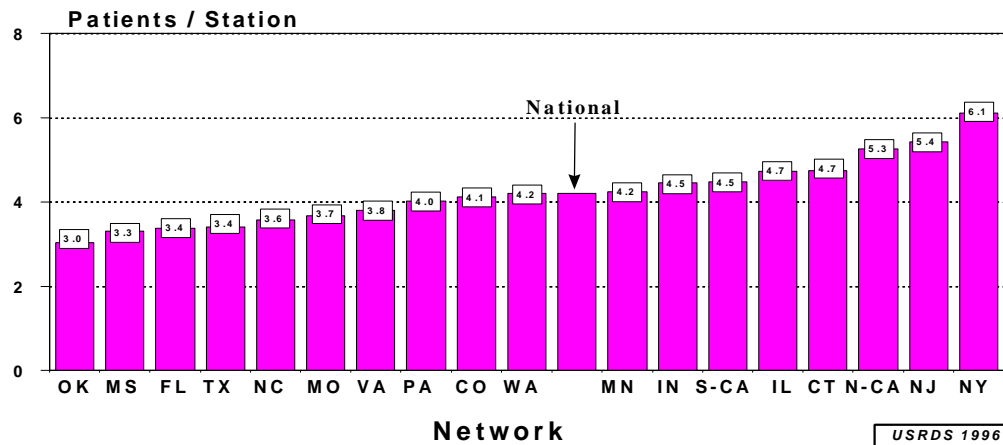


Figure X-4

Average number of in-center hemodialysis patients per station, by Network, for 1994. See Figure II-7 for a Network key. “National” is the national average. Source: Special Analysis.

Total Number of In-Center Hemodialysis Treatments by Network, 1994

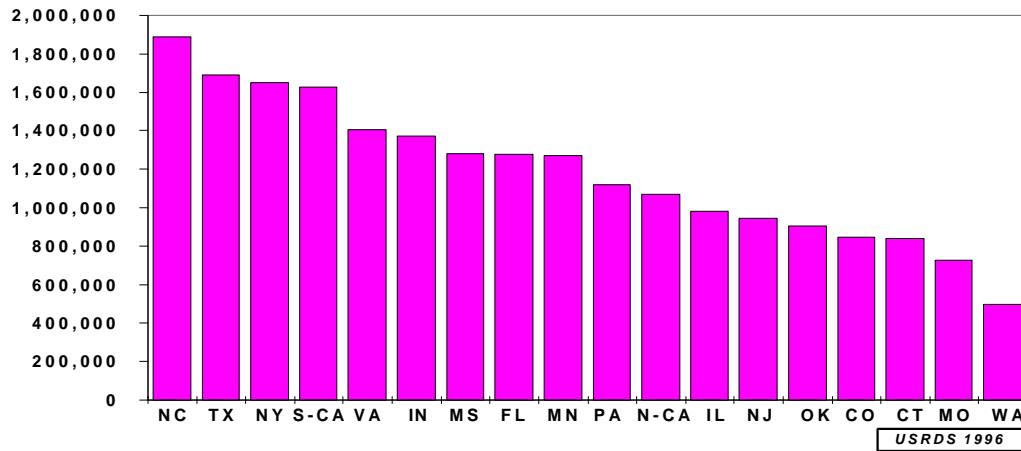


Figure X-5

Total number of hemodialysis treatments given in each Network in 1994. See Figure II-7 for a Network key. Source: Special Analysis.

number of patients per station (6.1). These patterns probably reflect state “Certificate of Need” laws as well as other influences. The other Networks tend to vary from the national average similarly both on the low end and high end, with the exception of New York. A comparison of the results for 1994 (not shown) with the previous 3 years reveals that national averages for patients per station have remained relatively constant.

Number of Treatments

Table X-5 shows the total number of hemodialysis treatments administered to patients in each of the networks in 1994. The two Networks with largest percent increase in patient counts from 1989 to 1994 (Networks 6 and 14; see Figure X-2) also provided the most treatments in 1994. The Northwest Network (16) administered less than one-third as many hemodialysis treatments as the two Networks

Facilities and Types of Dialysis, Hemodialysis vs. Peritoneal Dialysis, 1994

	Total	Hemodialysis Only	Peritoneal Dialysis Only	Both
Count	2577	1202	58	1317
Percent of Total	100%	47%	2%	51%

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Table X-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 1994. Source: Special Analysis.

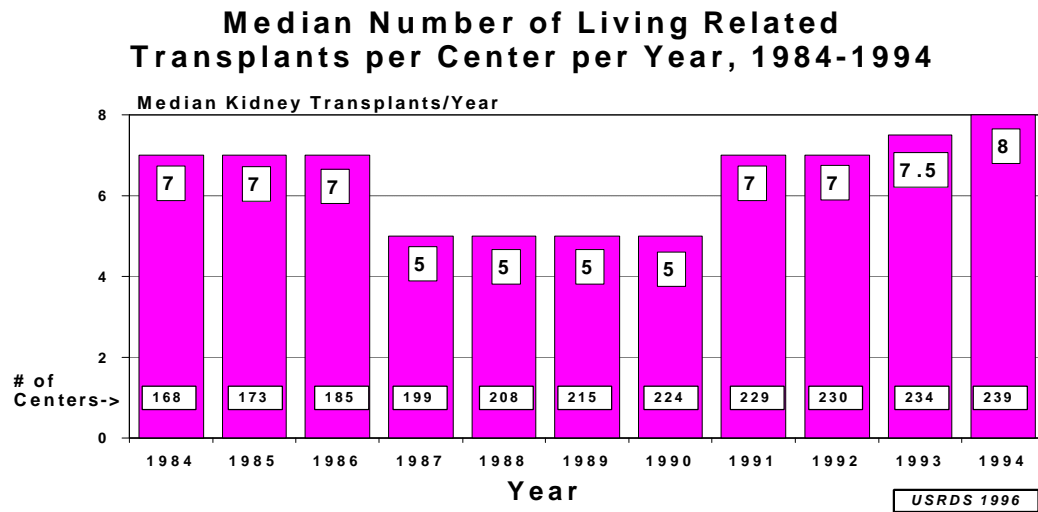


Figure X-6

Median number of living related kidney transplant operations per year, 1984-1994. Includes all certified transplant centers. Source: Special Analysis.

mentioned above.

Facility

As Table X-1 shows, a total of 2,577 units were treating dialysis patients at the end of 1994. Peritoneal dialysis (PD) patients were treated in 53 percent and hemodialysis (HD) patients were treated in 98 percent of these units. Fifty-eight (2 percent) units treated only PD patients, and 1,202 (47 percent) units only treated 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 X-6, between 1984 and 1994 the median number of living related transplant operations per unit per year has remained fairly consistent over a range between 5 and 8. An upward trend in the median number of cadaveric transplants per center from 1984 to 1986 is shown in Figure X-7. The median then drops to 24.5 in 1988, and down to 22 in 1990 before increasing and remaining relatively

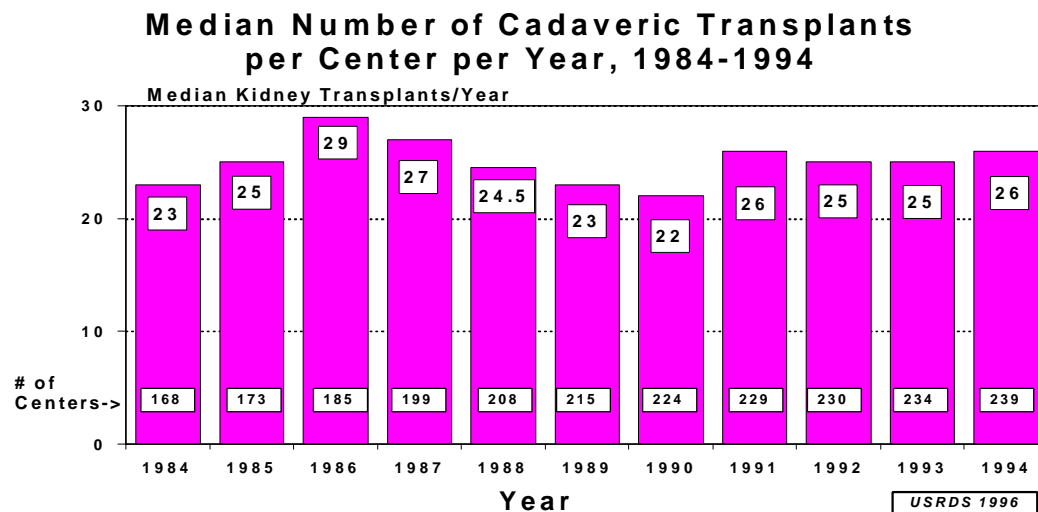


Figure X-7

Median number of cadaveric kidney transplant operations per year, 1984-1994. Includes all certified transplant centers. Source: Special Analysis.

constant around 25 to 26 cadaveric transplants per unit per year from 1991 to 1993.

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 are survey data for some DVA units that are not certified by Medicare. Data from these VA 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 VA dialysis census, there were 104 DVA facilities in 1993⁵; 70 of these reported patients in the 1993 Facility Survey, and 67 reported in 1994.

Specific Facility Information

More specific data about all facilities is included in the 1996 Unit-Specific Reports of dialysis patients distributed to the Networks at the end of January. These reports include specific data about all Medicare dialysis patients in each of the units from 1991 to 1993, with the exception of DVA units.

End Notes

1. See Chapter I 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.
5. End Stage Renal Disease, 1992. Department of Health and Human Services, September 1994.
6. Amis Report, June 30, 1993. Memo from Department of Veterans Affairs.