

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 source of the results presented in this chapter is the Annual Facility Survey, conducted by HCFA through the ESRD Networks. The data for 1996 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 shows that there were 2,171 units counted in the Facility Survey in 1991. By 1996 the number had grown to 3,100, representing a 7.4 percent annual compound growth. During the same interval, the number of kidney transplant centers grew only from 229 to 241, for a smaller annual compound growth of 1.0 percent. The growth of dialysis-only facilities was at a compounded annual rate of 8.0 percent. 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 overall growth in the number of dialysis and transplant units in this 5-year period averaged 42.8 percent. Growth varied greatly among the 18 ESRD Networks, however, as Figure XI-2 shows. The number of units in the Network 3 area (NJ) grew by 75.4 percent from 1991 to 1996, whereas the Network 10 area (IL) had only 22.2 percent growth during the same time period. The national growth in the number of ESRD patients over the same period was 63 percent (see Reference Table B.1). Refer to Table II-4 for a list of the Networks, by number, state of main office, states, and name.

ESRD Patients by Facility Type and Location

As mentioned, there was also substantial growth in the number of patients from 1991 to 1996; however, the variation from Network to Network was somewhat less. Networks 6, 15, and 14 (Southeastern Kidney Council (GA, NC, SC), Intermountain ESRD Network (AZ, CO, NM, NV, UT, WY), and ESRD Network of Texas (TX)), had the most growth, each having an increase in number of patients by 60 percent or more in the 5-year span. Network 4 (DE, PA) had the least growth, with only a 37.3 percent increase of patients from 1991 to 1996 (see Figure XI-3). The growth in the number of patients does not

Number of Dialysis and Transplant Units 1991 and 1996

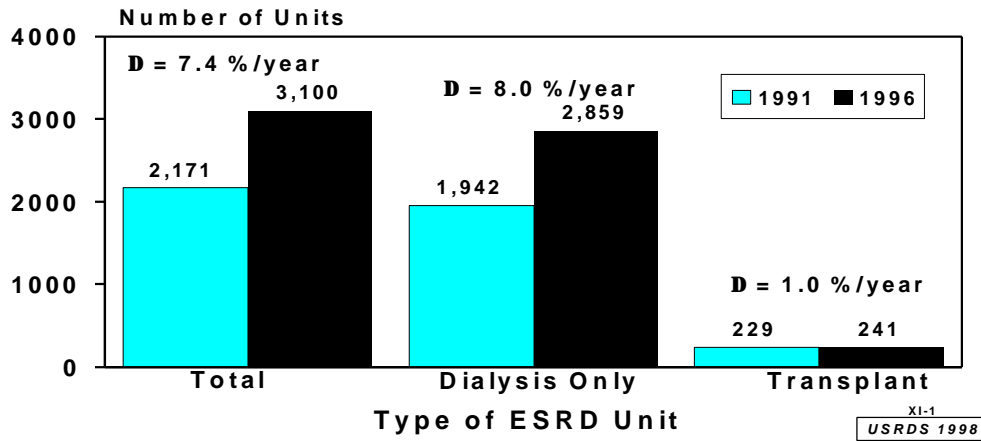


Figure XI-1

Number of “dialysis only” units and transplant units in the United States for 1991 and 1996, with annual compound rate of change (delta percent). The “Transplant” category includes both transplant centers and units that provide dialysis in addition to transplant services. 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

correlate well with the growth in the number of facilities as shown in Figure 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

Five Year Growth in Number of Facilities, by Network, between 1991 and 1996

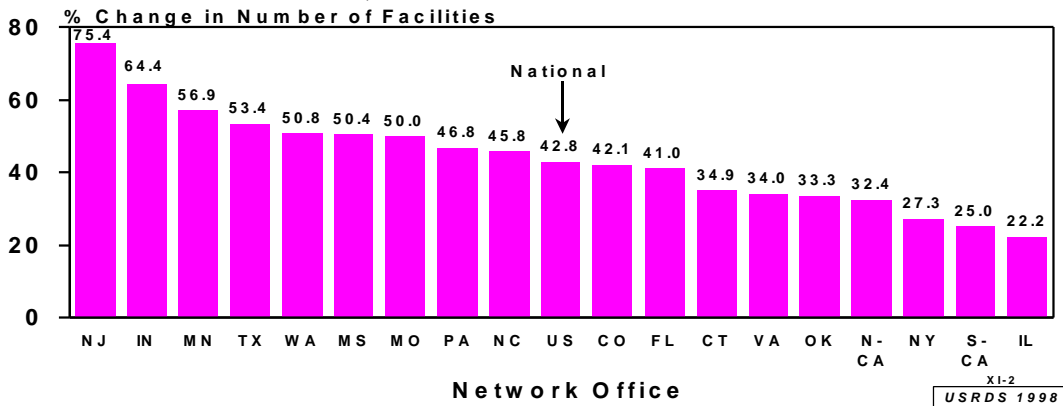


Figure XI-2

Total percentage growth in number of facilities from 1991 to 1996, 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 Table I.4

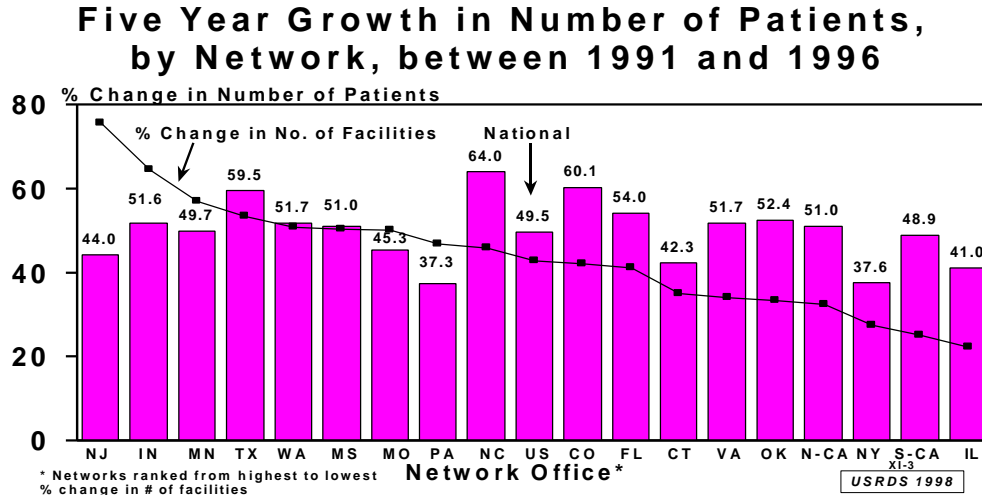


Figure XI-3

Number of end-of-year point prevalent patients from 1991 to 1996, 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 Table I.6

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

Percentage of Dialysis Patients Treated in Each Type of ESRD Unit, 1991 and 1996

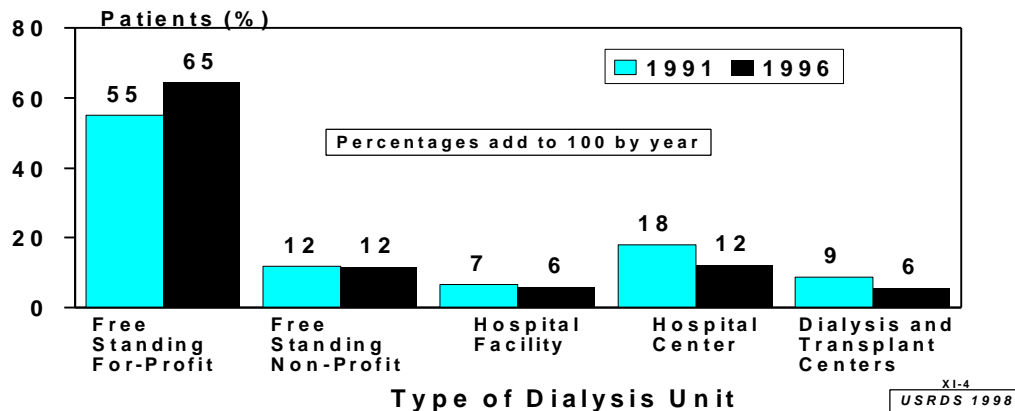


Figure XI-4

Distribution (percent) of dialysis patients by type of dialysis unit for end of the year point prevalent patients, 1991 and 1996. Source: Reference Table I.13

Average Number of In-Center Hemodialysis Patients per Station, by Network, 1996

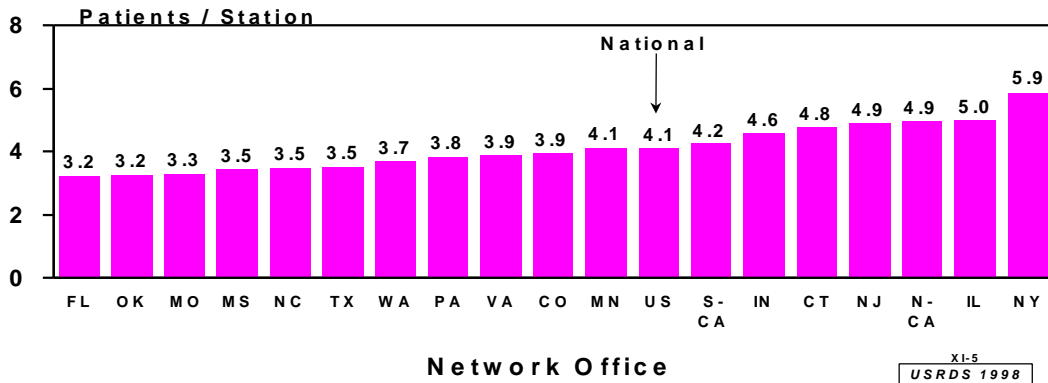


Figure XI-5

Average number of in-center hemodialysis patients per station, by Network, for 1996. See Figure II-7 for a Network key. "National" is the national average. Source: Special Analysis

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 XI-4 for 1991 and 1996. In 1991, freestanding, for-profit units treated 55 percent of outpatient dialysis patients. By 1996, this percentage had grown to 65 percent. Hospital dialysis

centers and facilities treated 25 percent of the patients in 1991, and by 1996 this had fallen to 18 percent. There was also a smaller percentage of patients in non-profit dialysis and transplant centers in 1996 than in 1991. 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 1996, is shown in

Total Number of In-Center Hemodialysis Treatments by Network, 1996

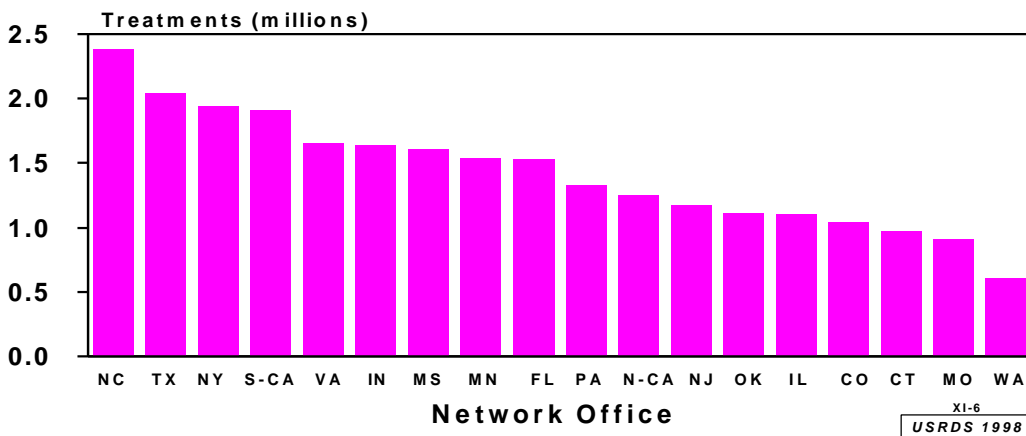


Figure XI-6

Total number of hemodialysis treatments given in each Network in 1996. See Figure II-7 for a Network key. Source: Special Analysis

Facilities and Types of Dialysis, Hemodialysis vs. Peritoneal Dialysis, 1996

	Total	Hemodialysis Only	Peritoneal Dialysis Only	Both
Median # of Patients per Facility	-	41	28	85
# Facilities	3,005	1,533	69	1,403

Table XI-1
USRDS 1998

Table XI-1

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 1996. Source: Special Analysis

Figure XI-5. Nationally, on average there were 4.1 patients per station. Network 7 (FL) and Network 13 (AR, LA, OK) had the smallest number (3.2), 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 1996 with the previous 3 years (not shown) reveals that national averages for patients 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 hemodialysis treatments administered to patients in each of the Networks in 1996. Two of the Networks with the largest percent increase in patient counts from 1991 to 1996 (Networks 6 and 14; see Figure

Median Number of Living Donor Transplants per Center per Year, 1986-1996

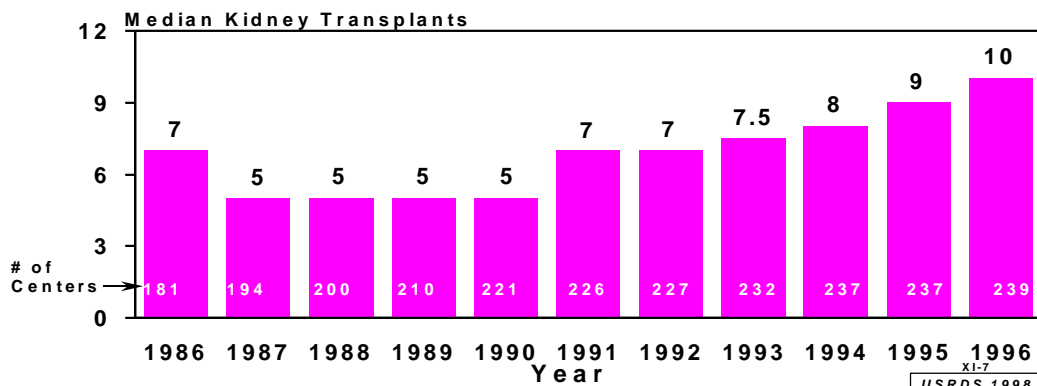


Figure XI-7

Table XI-7
USRDS 1998

Median number of living related kidney transplant operations per year, 1986-1996. Includes all certified transplant centers. Source: Special Analysis

Median Number of Cadaveric Transplants per Center per Year, 1986-1996

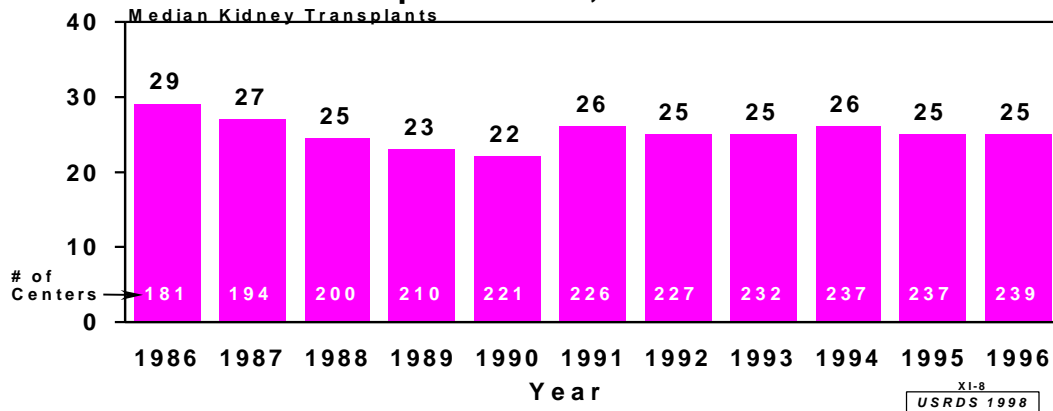


Figure XI-8

Median number of cadaveric kidney transplant operations per year, 1986-1996. Includes all certified transplant centers. Source: Special Analysis

XI-3) also provided the most treatments in 1996. The Northwest Network (16, WA) administered less than one-third as many hemodialysis treatments as the two Networks mentioned above.

Facility

As Table XI-1 shows, a total of 3,005 units were treating dialysis patients at the end of 1996. Peritoneal dialysis (PD) patients were treated in 49 percent and hemodialysis (HD) patients were treated in 98 percent of these units. Sixty-nine units (2 percent) treated only PD patients, and 1,533 units (71 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 1986 and 1990 the median number of living related transplant operations per unit per year remained fairly consistent over a range between 5 and 7. From 1991 (7 transplants) to 1996 (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 1986 to 1996 is shown in Figure XI-8. With the exception of a high point in 1986 (29 transplants) and a low point in 1990 (22 transplants), the median number remained relatively constant around 25 cadaveric transplants per unit per year from 1986 to 1996.

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 1995⁵; 53 of these facilities reported patients in the 1996 Facility Survey.

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.

