OBJECTIVES: To analyze the cost of hemodialysis (HD) and peritoneal dialysis (PD) in different regions of Russia. METHODS: Open source information search. Direct cost analysis. RESULTS: During the information search current tariffs have been found for 25 regions for HD and for 11 regions for PD. Tariff per one HD procedure has ranged from $96 for the republic Chuvashia to $319 for the Khanty-Mansi Autonomous Area. The mean annual cost of the HD per patient amounted to $14976 and $49764, respectively. The cost of a single procedure HD in Moscow was $162, which corresponds to an annual expenditure of approximately $25272 per patient. The average cost of the procedure HD in the Russia amounted to about $150 and the annual cost of HD for one patient - $23400. The cost of one exchange PD ranged from $15 in the Nizhny Novgorod region to $84 in the Khanty-Mansi Autonomous Area. Thus, the annual costs on the PD upon 4 exchanges per day for per patient in these regions were $31900 and $122464, respectively. The cost of one PD exchange in Moscow was $26, which corresponds to an annual expenditure of approximately $37960 per patient. The average cost of one exchange PD in Russia was between $17 and $22, and the average cost of one exchange PD in Moscow (accepted exchange rate was $1 = 33.35 RUB). CONCLUSIONS: Thus, during the cost analysis it has been revealed that the cost of dialysis among the subjects of Russia differs in more than 3 times, despite the fact that the same set of medical services is provided in each region.

PUK18 COST OF IN-PATIENT HOSPITALIZATIONS FOR CHRONIC KIDNEY DISEASE IN THE UNITED STATES

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OBJECTIVES: To understand the trends in rate and cost of hospitalizations due to Chronic Kidney Disease (CKD) in the U.S. METHODS: We analyzed the last five years of hospitalizations with ICD-9 diagnosis codes of CKD and End Stage Renal Disease (ESRD). A number of hospitalizations for specific diagnosis was obtained from AHRO’s National In-patient Sample (NIS) databases of 2005-2009. Data was also analyzed for length of stay (LOS), charges and cost of hospitalization. RESULTS: During the last five years the number of hospitalizations due to diagnosis of CKD and ESRD has increased 4.1 and 4.6 fold, respectively. In 2009, an estimated 1,634,422 and 931,641 hospitalizations were with diagnosis of CKD and ESRD respectively. The mean LOS for patients with CKD increased from 4.9 to 5.5 days between 2005-2009. The mean LOS for patients with ESRD has remained steady at ~6 days between 2005-2009. The cost of hospitalization with diagnosis of CKD has increased 31% between 2005-2009. The cost of hospitalization with diagnosis of ESRD has increased 21% between 2005-2009. In 2009, the mean cost of hospitalization for patients with CKD and ESRD was $11,209 and $21,358, respectively. CONCLUSIONS: Hospitalizations due to CKD and ESRD have significantly increased during the last five years. There is a need for prevention, treatment, and dialysis reimbursement programs to lower the medical and socioeconomic burden of this disease.

PUK19 COSTS OF DELAYED GRAFT FUNCTION AFTER KIDNEY TRANSPLANTATION IN LIVING AND DECEASED DONOR RECIPIENTS

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OBJECTIVES: Although delayed graft function (DGF) on kidney transplantation outcomes have been associated with worse allograft and patient survival, the cost impact of DGF has not been previously explored using a large retrospective database and assessed after transplantation. This study assessed the current clinical and financial impact of delayed graft function (DGF) in primary kidney transplant recipients of deceased (DD) and living donor (LD) recipients in the early post-operative and long-term follow-up periods. METHODS: A retrospective analysis of USRDS and Medicare claims from 2004-2009. Subjects excluded were multiple transplants, patients younger than 18 years, and Medicare claims from 2004-2009. After application of exclusion criteria and data validation, 22,616 DD and 11,912 LD recipients were included. Total direct medical costs were assessed for 1, 3, 6, 12, 24, and 36-month time intervals post-transplantation. RESULTS: Of 25 regions for HD and for 11 regions for PD. Tariff per one HD procedure has ranged from $96 for the republic Chuvashia to $319 for the Khanty-Mansi Autonomous Area. The mean annual cost of the HD per patient amounted to $14976 and $49764, respectively. The cost of a single procedure HD in Moscow was $162, which corresponds to an annual expenditure of approximately $25272 per patient. The average cost of the procedure HD in the Russia amounted to about $150 and the annual cost of HD for one patient - $23400. The cost of one exchange PD ranged from $15 in the Nizhny Novgorod region to $84 in the Khanty-Mansi Autonomous Area. Thus, the annual costs on the PD upon 4 exchanges per day for per patient in these regions were $31900 and $122464, respectively. The cost of one PD exchange in Moscow was $26, which corresponds to an annual expenditure of approximately $37960 per patient. The average cost of one exchange PD in Russia was between $17 and $22, and the average cost of one exchange PD in Moscow (accepted exchange rate was $1 = 33.35 RUB). CONCLUSIONS: Thus, during the cost analysis it has been revealed that the cost of dialysis among the subjects of Russia differs in more than 3 times, despite the fact that the same set of medical services is provided in each region.

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