

Dialysis Patient Access to Nutritional Supplement Coverage Limited

States play an important role in patient access to nutritional supplements through their Medicaid programs, which can improve patient outcomes, reduce hospitalizations and save resources.

Background:

Proper nutrition is the cornerstone for healthy living and can be used as a tool both to prevent disease from occurring and as an effective measure in combating existing conditions. The linkage is best exemplified with patients diagnosed with chronic kidney disease and end-stage renal disease (ESRD).

The leading causes of kidney disease are diabetes and hypertension, which are highly preventable or treatable through diet. Once kidney function declines, diet is the main tool to offset the damage, and as the disease progresses to ESRD, diet becomes even more essential since unregulated nutrient levels leads to severe health outcomes including death. ESRD patients need to adhere to strict diet restrictions to make dialysis treatments more effective and have a higher quality of life.

Nutrition Is Critical to Kidney Health

Malnutrition is common in ESRD patients treated with maintenance dialysis and has been associated with increased rates of cardiac disease, hospitalizations and mortality.ⁱ This occurs at least partially because dialysis is a catabolic process that results in amino acids being lost in the process, which in turn lowers protein levels.ⁱⁱ Currently, several brands of oral nutritional supplements specifically formulated for kidney patients are available, providing necessary nutrients and calories. Recent studies showed that giving these supplements to ESRD patients has resulted in a 20% reduction in hospitalizationsⁱⁱⁱ and improved survival.^{iv}

Medicaid ESRD Beneficiaries Are More Likely To Be Recommended Therapeutic Nutrition Intervention

In order to better understand dialysis patient needs and challenges with access to oral nutrition supplements, DPC developed dietary specific questions and worked with [Ipsos](#), a global independent market research firm, to disseminate and compile the results of a survey of DPC members. The results from the annual survey reported that

- 61% of all ESRD patients surveyed were recommended nutritional supplements in the six months prior to the survey
- 70% of ESRD Medicaid beneficiaries were recommended a nutritional supplement by their health care team, while only 59% with private insurance and 62% with Medicare coverage.

The results from the annual survey illustrate that 1) Medicaid ESRD patients are significantly more likely to be recommended nutritional supplements by their health care team 2) Providers recognize the value of oral nutritional supplements for ESRD patients.

Medicaid Coverage of Nutritional Supplements = Significant Savings to Health Care System

Patients with ESRD often suffer from multiple chronic conditions that either contributed to their renal failure or were caused by the disease itself. Having multiple chronic conditions greatly increases the risk of costly hospitalizations. According to recent findings from the United States Renal Data System, the average cost of hospitalization for ESRD patients is approximately \$26,000 a year.^v Reducing hospitalizations by 20% as cited above by Cheu et al, would result in an average savings to the health care system of \$5,200 per patient.

Because of the impact proper nutrition can have in aiding dialysis patient health and quality of life, Medicaid programs in 29 states and D.C. currently cover oral nutritional supplements. As states struggle to balance their budgets, policy makers know that it does not make sense to create policies that have the potential to increase hospitalizations.

Lawmakers should recognize that it is not in the fiscal interest of the state to limit access to nutritional supplements, as allowing coverage of these is one of the most cost-effective uses of limited resources. Most importantly, they have a duty to ensure that their constituents receive care needed to enhance quality of care and quality of life.

ⁱ Stenvinkel Peter, Heimburger Olof, Paultre Furcy, et al. Strong association between malnutrition, inflammation and atherosclerosis in chronic renal failure. *Kidney International*. 1999 Vol 55 1899-1911. Retrieved from <http://www.nature.com/ki/journal/v55/n5/full/4490760a.html>.

ⁱⁱ Wolfson, Marsha. Management of Protein and Energy Intake in Dialysis Patients. *Journal of the American Society of Nephrology*. 1999, Vol 10 2244-2247. Retrived from <http://jasn.asnjournals.org/content/10/10/2244.full>.

ⁱⁱⁱ Cheu Christine, Pearson Jeffrey, Dahlerus Claudia, et al. Association between oral nutritional supplementation and clinical outcomes among patients with ESRD. *Clinical Journal of the American Society of Nephrology*. 2012. Retrieved from <http://cjasn.asnjournals.org/content/early/2012/10/17/CJN.13091211.full>.

^{iv} Lacson Eduardo, Wang Weiling, Zebrowski Barbara, et al. Outcomes Associated With Intradialytic Oral Nutritional Supplements in Patients Undergoing Maintenance Hemodialysis: A Quality Improvement Report. *American Journal of Kidney Disease*. 2012 Oct;60(4):591-600.

^v U S Renal Data System, USRDS 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2012. Retrieved from http://www.usrds.org/2010/pdf/v2_11.pdf.