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IMPACT OF INPATIENT VS. OUTPATIENT TRANSITION TO DIALYSIS ON ONE-YEAR SURVIVAL AND 30-DAY HOSPITAL ADMISSION:

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Among advanced chronic kidney disease (CKD) patients transitioning to end-stage renal disease (ESRD), there are widely varying practice patterns with respect to the setting of dialysis initiation. Given the high rates of early mortality and health care utilization experienced by incident ESRD patients, we sought to determine the impact of inpatient vs. outpatient dialysis transition on early survival and hospitalization.

We examined advanced CKD patients (≥ 2 eGFRs < 25 separated by ≥ 90 days) who transitioned to dialysis within 2-years of their index eGFR (1st eGFR < 25) over 1/1/07-6/30/20 from the OptumLabs® Data Warehouse (OLDW), which contains de-identified administrative claims, including medical and pharmacy claims and enrollment records for commercial and Medicare Advantage enrollees as well as electronic health record data. We compared 1-year mortality (primary outcome) and 30-day hospitalization risk (secondary outcome) among patients who transitioned to dialysis in the inpatient vs. outpatient settings who were matched by propensity score (PS) in a 1:1 ratio with a caliper distance of ≤ 0.2 to address confounding by indication.

Among 82,327 who met eligibility criteria, 40,231 patients who initiated dialysis in the inpatient setting were PS-matched to 40,231 patients who initiated dialysis as outpatients. Inpatient dialysis initiation was associated with a higher risk of 1-year mortality (1.87 [1.81-1.94]) and 30-day hospitalization (1.98 [1.90-2.05]) as compared with outpatient dialysis initiation. Similar findings were observed in analyses doubly adjusted for case-mix covariates.

In PS-matched analyses, compared with outpatient dialysis initiation, inpatient dialysis transitions were associated with a higher risk of early mortality and 30-day hospitalization. Further studies are needed to determine the optimal approach for dialysis initiation among incident ESRD patients.

