

Fixing Emergency-Only Dialysis:

How Georgia Can Save Valuable Resources, Money, & Lives

➤ The Problem

Persons with end-stage kidney disease (ESKD) require dialysis or transplantation to live. A portion of patients (~ 500 across GA) will lack coverage for treatment due to work history or citizenship status, **giving them no option for care** other than seeking dialysis treatment at **emergency rooms** (covered through Emergency Medicaid).

These patients are forced to wait until their lives are in danger before seeking care from ERs and hospitals, which are **already under critical strain from staffing shortages and COVID-19**. This emergency-only dialysis (EoD) approach to care is known to have a **14x higher mortality rate**¹ and **costs Georgia 4x as much**² as standard outpatient dialysis treatment. It also **increases moral distress and burnout for healthcare workers**³



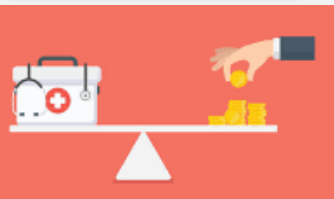
Emergency-Only Dialysis by the Numbers

\$17 million estimated amount Colorado **saves annually** by shifting EoD to outpatient dialysis treatment³

14x higher rate of mortality than standard dialysis treatment

4x more expensive than cost of standard outpatient treatment

12 hours: ER length of stay per EoD treatment, often 2x per week²



Georgia can **save money, better allocate limited healthcare resources, and improve conditions for frontline healthcare workers** by fixing EoD.

➤ The Solution

The **Georgia Department of Community Health** can follow other successful states and clarify that ESKD is an emergency condition and permit its treatment in outpatient dialysis centers, at home, and/or via transplant.

This solution is endorsed by: **Medical Association of Georgia, Emory Healthcare, Grady Health System, Georgia College of Emergency Physicians, Health Students Taking Action Together, Advocates for Responsible Care, Rx in Reach GA Coalition, Georgia Chapter of the American College of Physicians, Georgia Council of Nephrology Social Workers, The National Kidney Foundation, American Society of Nephrology, and Society of General Internal Medicine**

¹Cervantes L, Tuot D, Raghavan R, et al. Association of emergency-only vs standard hemodialysis with mortality and health care use among undocumented immigrants with end-stage renal disease. *JAMA Internal Medicine*. 2018;178(2):188. doi:10.1001/jamainternmed.2017.7039

²Das S, Kasper L, Wheatley M, Johnson S, Ross M. The Impact Of "Emergency Only" Hemodialysis on Hospital Cost and Resource Utilization. Health Services Research Day. May, 2022. Atlanta, Ga. Unpublished conference paper. Emory University. Atlanta, 2022.

³Cervantes L, Richardson S, Raghavan R, et al. Clinicians' Perspectives on Providing Emergency-Only Hemodialysis to Undocumented Immigrants. *Annals of Internal Medicine*. 2018;169(2):78. doi:10.7326/m18-0400

⁴Immigrants here illegally were waiting until near death to get dialysis. A new Colorado policy changes that. The Colorado Sun. Published February 25, 2019. <https://coloradosun.com/2019/02/25/undocumented-immigrants-dialysis-colorado-medicare-policy/1>.

WANT MORE INFORMATION OR TO GET INVOLVED?
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