Undocumented residents with ESRD in Dallas

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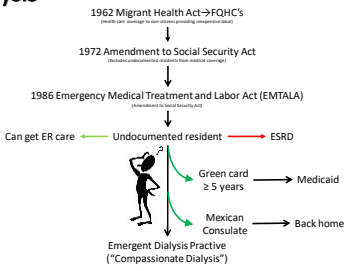
Emergent dialysis



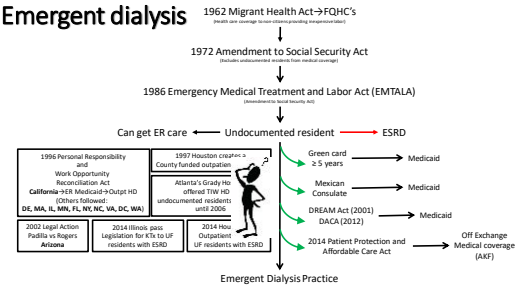
Undocumented residents with ESRD seeking emergent dialysis at PMH by 1998

- Dialysis offered only on emergent basis
- 70-80 undocumented residents with ESRD seeking dialysis care at PMH
- No AVF/AVG or Tunneled catheters allowed
- Dialysis offered via a temporary Quinton catheter
  - 300-350 Quinton catheters placed per month
  - 12-15 Quinton catheters placed per day
  - Many vascular access complications
    - IJ PC only to those with difficulty getting a Quinton catheter

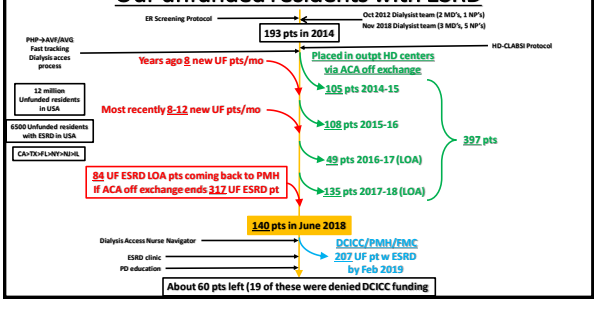
How expensive was emergent dialysis in 162 patients in FY2013?

- **Total charges are $72,000,000 per year**
- **Total costs (Direct and Indirect) for 2013 was $17,051,958.**
  - Major drivers of cost: very ill patients, inadequate dialysis, lack of AVF/AVG/PD, majority of patients with TCC's, HD-CLABSI's, high admission rate, very long hospitalization periods, high ER visit rate.
  - **Cost of dialysis care in 3 sick pts in FY2013 was $945,828!!!**
- **Emergency Medicaid paid $6,109,929 in 2013.**
- **Tax payers paid $10,942,029 in FY2013.**
- Cost of chronic HD is $87,000/pt/year
- Cost of Chronic CCPD is $75,000/pt/year and CAPD is $63,000/pt/yr
- **Cost of Dialysist Team**

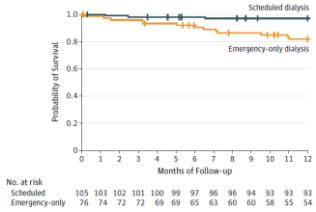
Emergent dialysis



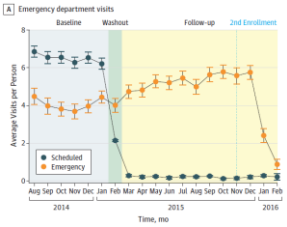
Our unfunded residents with ESRD



Survival Rates in Scheduled vs Emergency-Only Dialysis



Monthly Trends is Utilization and Costs



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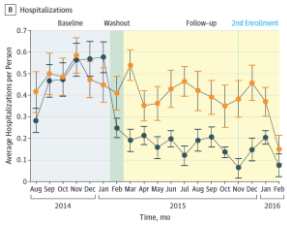

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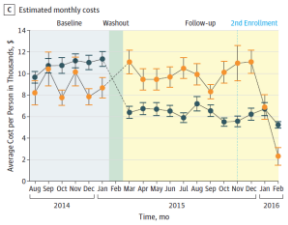
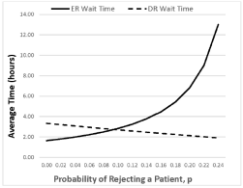


Work with the Industrial Engineering Department at Southern Methodist University in Dallas:

- Lead by Sila Cetinkaya
- Study our ER to ADU operational flow
- Screening protocol is a major cause of overloading



Conclusions:

- Undocumented residents with ESRD do not qualify for Medicare of Medicaid funding for chronic outpatient dialysis
- Leads to the practice of "Compassionate Dialysis"
  - Physician burn out
  - Low Quality of life
  - Increased cost
  - Increased utilization
  - Increased mortality
- DACA, Catholic charities, Mexican consulate, ACA off exchange programs and our own DCICC/FMC/PMH program are vital to decompress our system and improve care of this population
- Collaboration with Industrial engineers can help optimize operational flow