

The Case for Outpatient Care: Undocumented Immigrants with ESRD



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INTRODUCTION

- Undocumented immigrants with end-stage renal disease (ESRD) requiring long-term dialysis treatment present a challenge to the healthcare system, both logistically and ethically.¹⁻³
- Most people with ESRD must wait to receive emergency-only dialysis to treat life-threatening manifestations, which increases costs and negatively impacts physical and mental health outcomes.^{1,2}
- Scheduled outpatient dialysis versus intermittent, emergency-only dialysis is cost-effective and associated with better health outcomes, including reduced mortality, adjusted emergency department (ED) visits, adjusted hospitalizations, and adjusted hospital days.¹
- Programs that offer scheduled dialysis have not been described in the Southeastern US or in a new destination state, where the infrastructure for caring for undocumented immigrants is limited.¹

PROGRAM GOALS

- This pilot program was conducted at a large health system in the Southeast to reduce preventable ED and inpatient visits and to decrease cost while improving health outcomes by implementing scheduled outpatient dialysis for people with ESRD.
- The program was co-facilitated by PASOs, through which community health workers offered supportive services to facilitate visits and connection to critical community resources. The pilot program was conducted from July 2017 through October 2018.
- PASOs is a community-based organization founded in 2005. PASOs helps the Latinx community and service providers work together for strong and healthy families. PASOs and Prisma Health-Upstate worked together to enhance culturally-relevant services and to connect individuals with specific resources. PASOs helps build a stronger South Carolina by supporting Latinx communities with education, advocacy, and leadership development.

RESULTS

- 11 undocumented patients with ESRD were enrolled in the pilot program.
- Pre-implementation (3/2016 – 6/2017) and post-implementation (7/2017 – 10/2018) outcomes were compared.
- Outcomes included number of ED visits, per-visit costs of dialysis, per-visit cost of inpatient admission, average length of stay, and connection to a medical home and subspecialty care (Table 1).
- The number of ED visits by enrolled patients with ESRD decreased, and the per-visit cost of dialysis decreased by \$339 per visit. The total cost of ED visits decreased by \$867,478.
- The cost of inpatient stays also decreased, with a savings of \$3842 per inpatient admission post-implementation.
- The number of dialysis-related inpatient discharges decreased, and average length of stay decreased by 3.7 days. There have been no recorded inpatient discharges since May 2018. Additionally, 3 patients in the pilot were connected to a primary care physician and 3 were connected to a specialist physician.

Table 1 – Dialysis ED Visits

Measure	Pre Pilot ED Visits (3/16-3/17)	Post Pilot ED Visits (7/17-10/18)	Post Pilot Dialysis Center (7/17 – 10/18)
# of Visits	763	2	1,794
Total Variable Cost (per visit)	\$113,183 (\$148)	\$454 (\$277)	
Total Fixed Direct Cost (per visit)	\$412,441 (\$541)	\$1,125 (\$562)	
Total Direct Cost (per visit)	\$525,707(\$689)	\$1,579 (\$790)	\$627,900 (\$350)
Total Cost (per visit)	\$870,102 (\$1,140)	\$2,624 (\$1,312)	

Table 2 – Dialysis Inpatient Discharges

Measure	Pre Pilot (3/16-6/17)	Post Pilot (7/17-10/18)
# of discharges	14	11
ALOS	8.5 days	4.8 days
Total Variable Cost (per visit)	\$82,555 (\$5,875)	\$42,589 (\$3,872)
Total Fixed Direct Cost (per visit)	\$57,790 (\$4,128)	\$29,146 (\$2,650)
Total Direct Cost (per visit)	\$140,045 (\$10,003)	\$71,735 (\$6,521)
Total Cost (per visit)	\$231,633 (\$16,545)	\$121,506 (\$11,046)

DISCUSSION

- This pilot program demonstrates the feasibility and cost-effectiveness of scheduled outpatient dialysis versus emergency dialysis for undocumented patients with ESRD.
- PASOs community health workers played a critical role supporting families in navigating the health care system and accessing community-based services. The results of this pilot can help in development of future programs aimed at improving health outcomes of undocumented immigrants with ESRD, as well as decreasing healthcare costs as for the institutions adopting it model.
- In new destination states for immigrants and states with less robust infrastructure for providing services for undocumented immigrants, programs facilitated by community health workers may offer a critically important source of connectivity, education, and prevention.

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