

Who Reaches Home Dialysis—and Who Doesn't: Disparities in Access and Maintenance Across Dialysis Modalities

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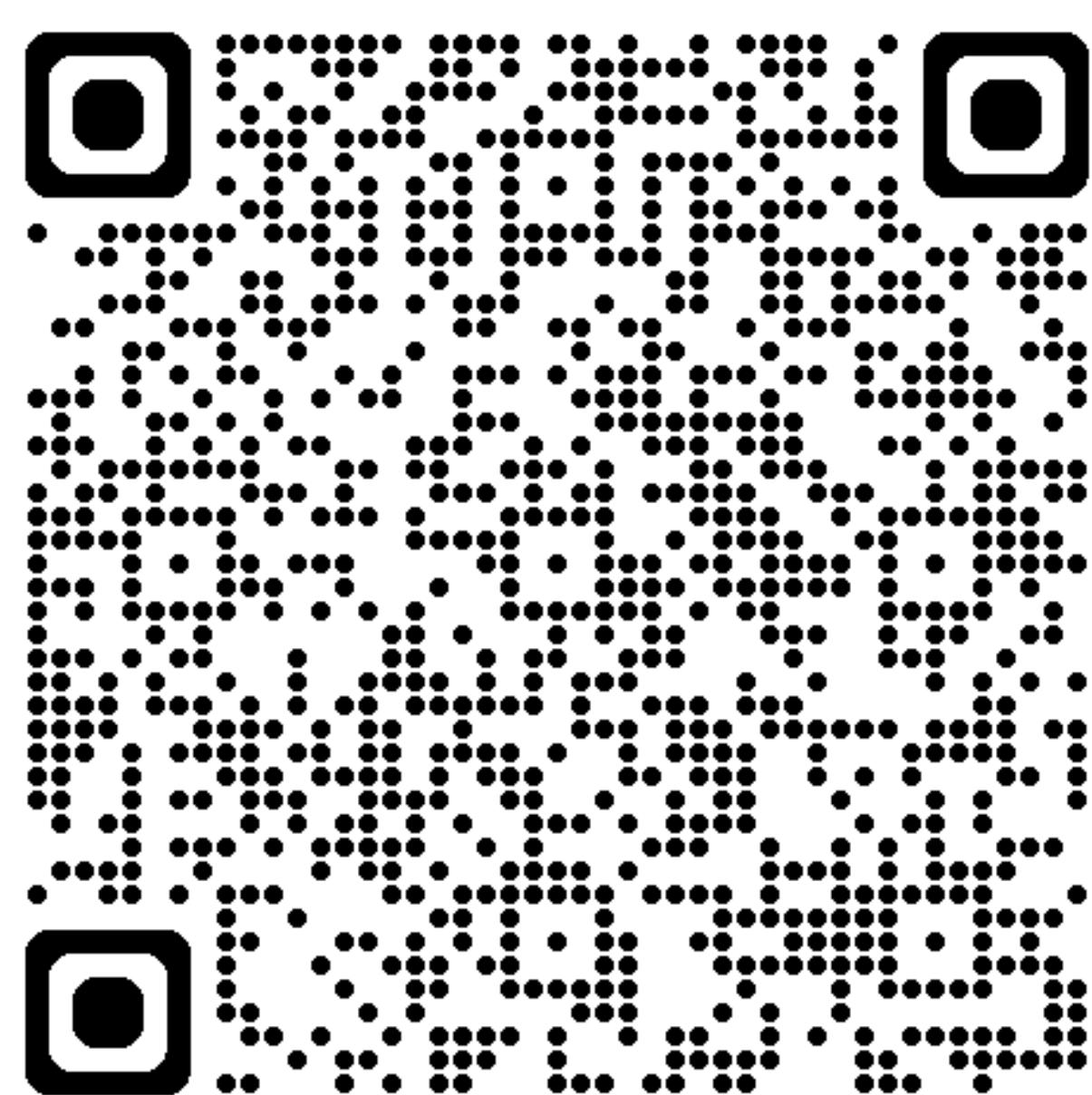
Background:

Despite increased interest in Home Hemodialysis (HHD), Peritoneal Dialysis (PD), disparities persist in End Stage Renal Disease (ESRD) care and outcomes. This research focuses on demographic disparities that existed between home hemodialysis (HHD), peritoneal dialysis, and in-center hemodialysis (ICHD) patients from 2022 to 2025.

Methods:

Using a HIPAA-compliant, online chart review tool, nephrologists submitted de-identified clinical and non-clinical demographic information beginning at the time of patient referral and concluding with details from the most recent visit. These data, from 2020 through 2025, were then merged with the physician demographic profile and attitudinal responses. The full data set of 5,991 patient charts submitted from an average of 170 nephrologists in the U.S. per year was analyzed in SPSS. Data from the National Institute of Health's 2024 U.S. Renal Data System (USRDS) were also analyzed.

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Acknowledgments:

The Spherix Global Insights team wishes to express our appreciation to the nephrologists who participated in this research.

Figure 1

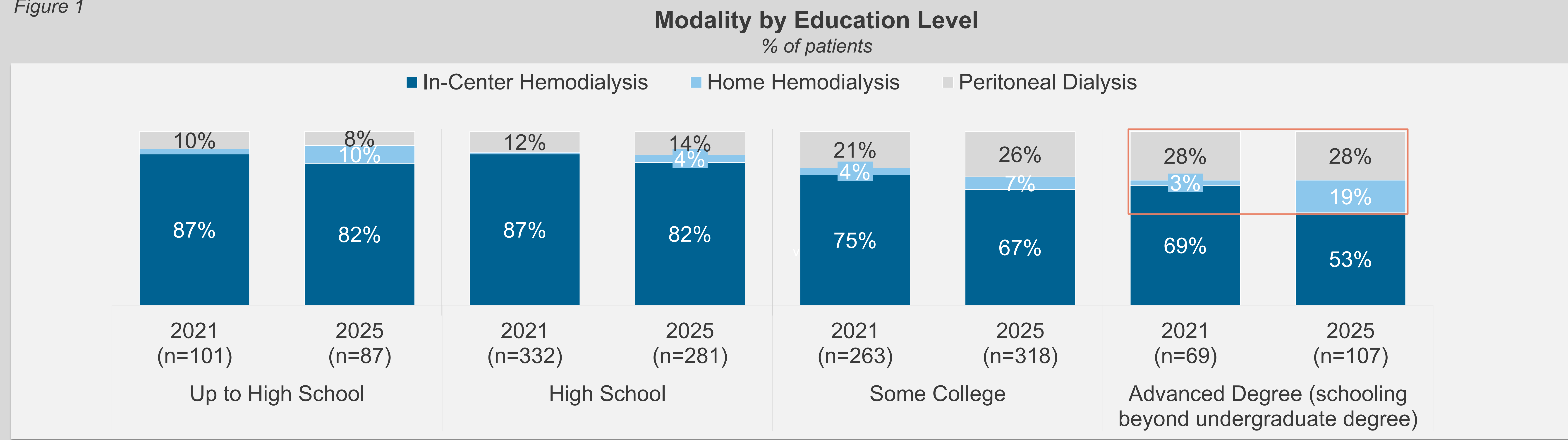


Figure 2

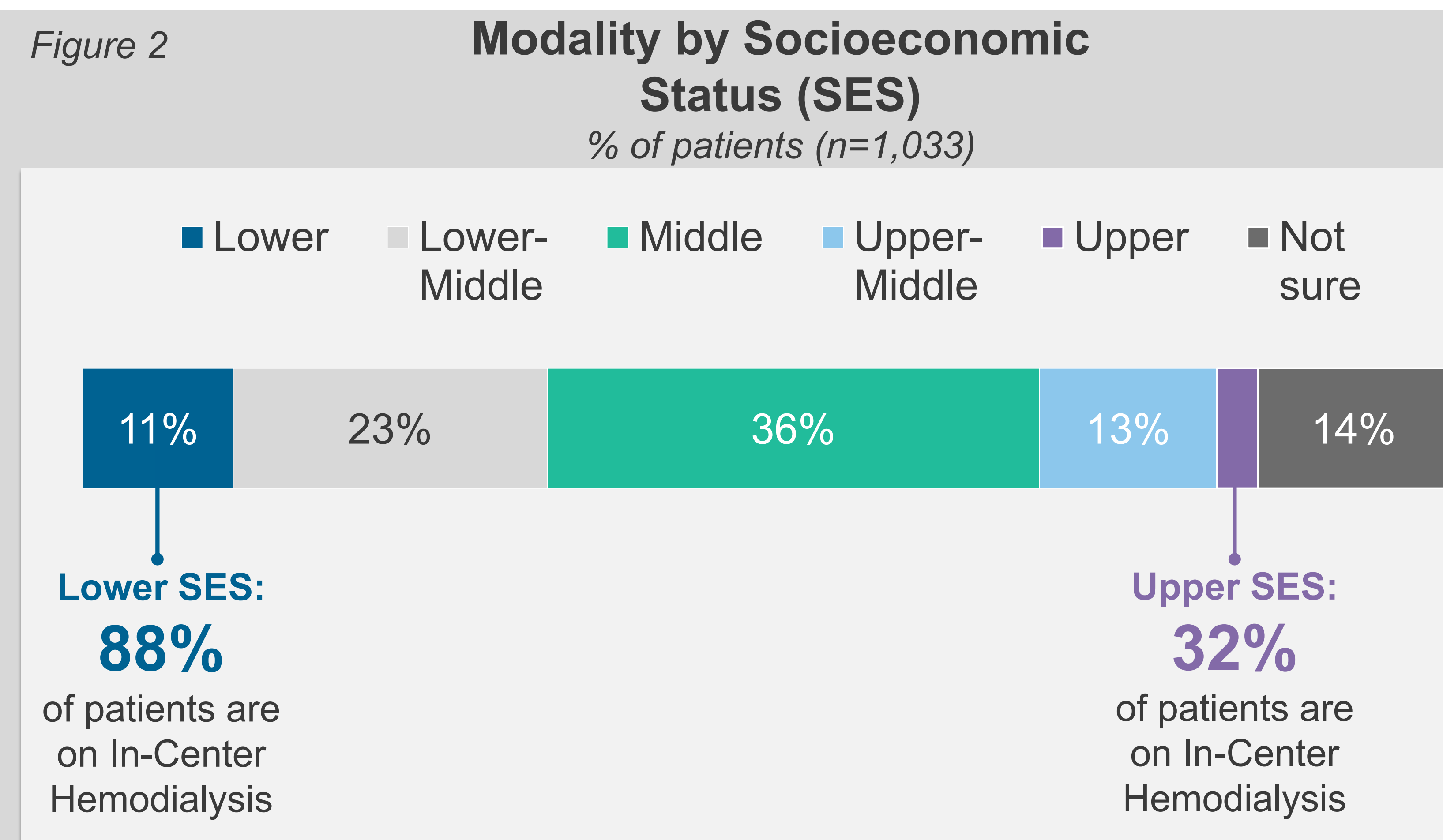


Figure 3

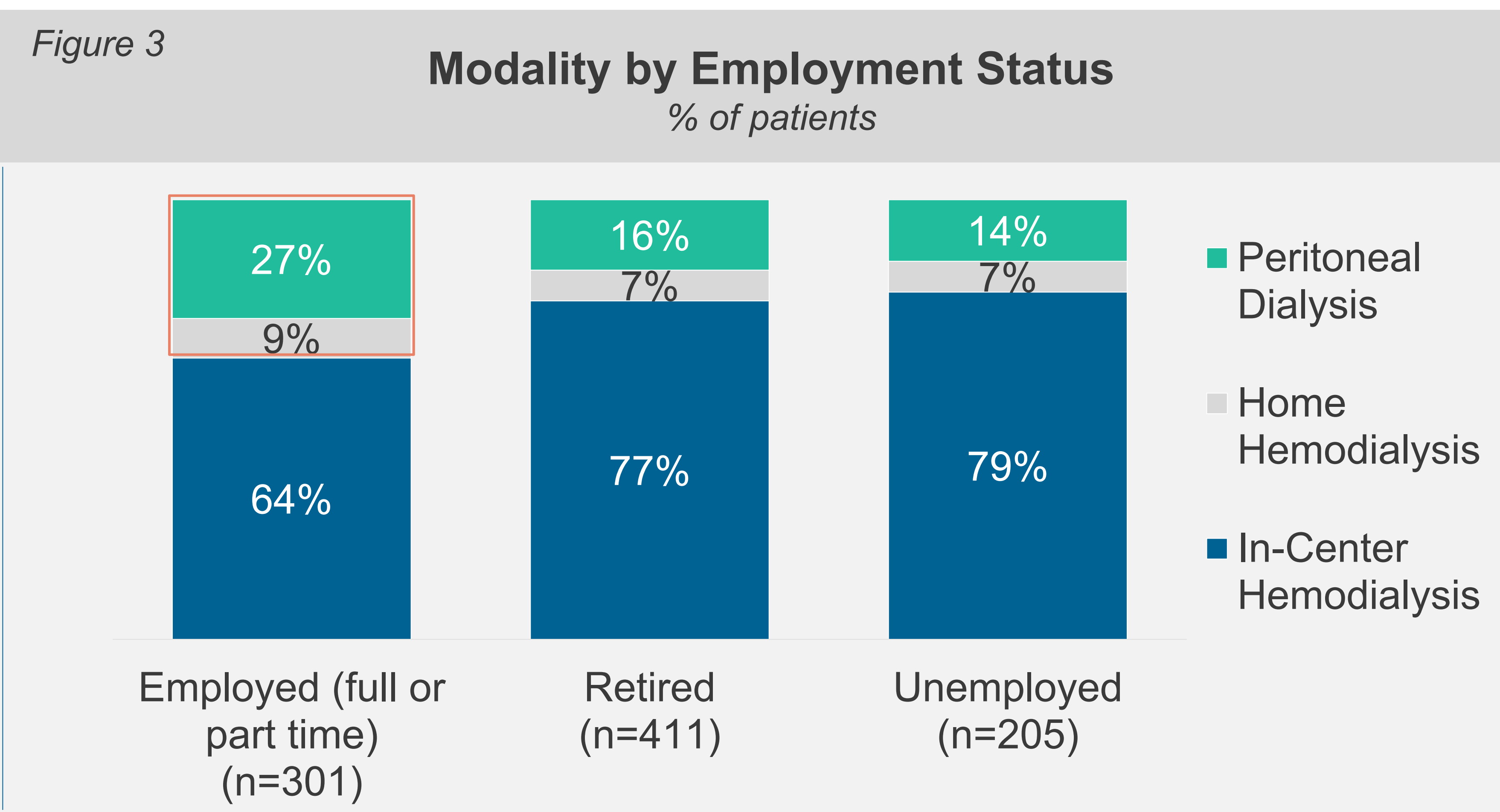
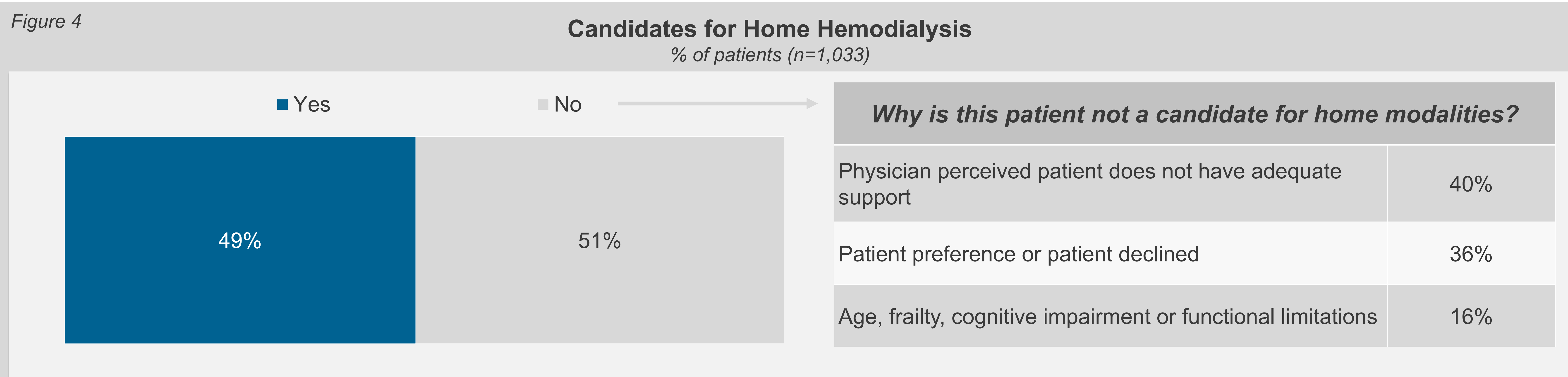


Figure 4



Results:

Data from 2020 through 2025 revealed that more patients with advanced degrees were on home modalities compared to patients at the lowest education level (Fig. 1); home therapies were also more common among employed patients. These data additionally showed that higher socioeconomic status (SES) was correlated with lower use of ICHD and greater use of PD and home modalities; more highly educated and upper-SES patients were more likely to be on PD, and more than one-quarter of employed patients were on home modalities, whereas many retired and unemployed patients were not considered candidates (Fig. 2-3). Through these years, nephrologists often anticipated higher use of home modalities in the future, but actual use of home modalities has consistently fallen below expectations. In 2025, responding nephrologists reported that 51% of their in-center hemodialysis patients were not eligible for home modalities, most often because of perceived lack of adequate support, patient preference or refusal, age, frailty, cognitive impairment, or functional limitations (Fig. 4). USRDS analyses among younger individuals covered by Medicare or Medicaid additionally showed that patients living in more socioeconomically deprived neighborhoods and Black and Hispanic individuals were less likely to initiate dialysis at home than their White counterparts.

Conclusion:

Persistent lower use of home hemodialysis and peritoneal dialysis among patients with lower socioeconomic status, less education, and those living in more deprived neighborhoods suggest barriers that extend beyond clinical eligibility. These disparities highlight opportunities for industry partners to design solutions that strengthen practical and social support for home therapies and tailor education and care models to the needs and constraints of socioeconomically disadvantaged patients.

Disclosures:

Stephanie Tomazin, Shaunna Newton and Kari McCarthy are employees of Spherix Global Insights, an independent market intelligence firm and have received no industry funding to conduct and report on this study.