Kidney Outcomes Worse For Uninsured

Uninsured patients are more likely to progress to kidney failure and die from it than those who are covered by public or private insurance, researchers reported here.

In adjusted models, uninsured patients were 82% more likely to die and 72% more likely to have kidney failure compared with insured patients (P<0.001 for both), Claudine Jurkovitz, MD, MPH, of Christiana Care Health System's Value Institute in Delaware, reported at the National Kidney Foundation meeting here.

"Even among patients with normal or mildly decreased kidney function, the risk of developing kidney failure was higher for those without insurance," Jurkovitz said in a statement.

In general, uninsured adults in the U.S. have worse health outcomes than insured adults. Still, little is known about the specific association between the lack of insurance and progression of chronic kidney disease to end-stage renal disease (ESRD), or about mortality in patients at high risk for kidney disease.

Jurkovitz and colleagues looked at data on 86,588 patients ages 18 to 65 who were enrolled in NKF's Kidney Early Evaluation Program (KEEP) between 2000 and 2011.

Overall, 27.8% had no insurance, 10.3% had public insurance, and 61.9% had private insurance.

About 15% had chronic kidney disease, 63.3% had hypertension, and 27.7% had diabetes. The study did not look at patients who had progressed to ESRD; those patients are automatically covered by Medicare regardless of their age.

Among the patients with CKD, 29.3% had no insurance.

Overall, the researchers found that patients without insurance exhibited several characteristics compared with those covered by public or private insurance (P<0.001 for all):

- Younger age (46.4 versus 50.6 and 48.4)
- Hispanic ethnicity (29.2% versus 10.4% and 8.7%
- Less than 12 years' education (23.1% versus 20% and 6%)
- Less likely to have seen a doctor in the last year (66% had seen a doctor versus 92.2% and 87%)

After adjusting for demographic characteristics, Jurkovitz and colleagues found that uninsured patients were 82% more likely to die and 72% more likely to have kidney failure than those who were covered by some form of insurance (P<0.001 for both).

"In the at-risk population, lack of insurance appears to be a risk factor for kidney failure, even in patients without advanced kidney disease," Jurkovitz concluded in the statement.

She and colleagues also added that considering the high morbidity and mortality and increasing costs associated with ESRD, "access to appropriate health insurance coverage is warranted."

Beth Piraino, MD, of the University of Pittsburgh and president of the NKF, said in a statement that the findings also suggest "anyone at increased risk for developing kidney disease, and especially those without insurance coverage, should be regularly screened."

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