

Washington DC Veterans Affairs Medical Center Researchers Find that Uninterrupted Dialysis Treatment During COVID-19 Pandemic Saved Lives of Veterans with Kidney Failure

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Washington, D.C. — Clinician researchers from the Washington, DC Veterans Affairs Medical Center published an original research paper in the current issue of American Journal of Nephrology which indicates that there was no disruption in the delivery of outpatient maintenance hemodialysis treatment in VA facilities during the COVID-19 pandemic and that there is no evidence of death due to missed dialysis during the pandemic.

“VA is the largest integrated healthcare system in the country. The Fourth Mission of the VA is to improve the nation’s preparedness for response to national emergencies and natural disasters by developing plans and taking actions to ensure continued service to Veterans. Thus, it is not surprising that during the pandemic VA was prepared for providing dialysis therapy to Veterans with kidney failure who depend on dialysis for survival,” said Michael S. Heimal, FACHE, Director of the Washington DC VA Medical Center, who is also a co-investigator in the research. “The insights from this study will be helpful for effective preparation for future pandemic-level emergencies.”

“The COVID-19 pandemic substantially disrupted the delivery of essential healthcare services throughout the nation. At the Washington DC VA Medical Center, we knew that we were providing dialysis service at the pre-pandemic level, but we had no data,” said Charles Faselis, MD, Chief of Staff at the Washington DC VA Medical Center and Professor of Medicine at George Washington University and Uniformed Services University, Washington, DC, who is also a co-investigator of the paper. “Findings from our study show that not only at the DC VA, but also nationally, the VA did a good job in preventing deaths due to missed dialysis in Veterans with kidney failure who receive their routine hemodialysis from VA hospitals.”

“It is now known that the death rate for Americans with kidney failure was higher during the pandemic than before. We were not sure to what extent this was due to disruption of dialysis delivery during the pandemic,” said Samir Patel, MD, Associate Chief of Research and Development and a staff nephrologist at the Washington DC VA Medical Center, and Professor of Medicine at George Washington University, who is also the lead investigator in the study. “The findings of our study suggest that integrated national healthcare systems such as the VA, that were able to provide uninterrupted routine hemodialysis during the pandemic, did not see such spike in death during the pandemic.”

“Most patients with kidney failure are on maintenance hemodialysis treatments, typically three times a week, to stay alive. It is known that patients who get fewer than the recommended number of dialysis treatments are at higher risk for death. Dialysis patients



who had COVID-19 also were at a higher risk of death like the rest of the population. However, we now know that missing dialysis is a greater risk of death for these patients. By ensuring uninterrupted dialysis, VA was able to prevent the extra death that was seen outside the VA in this vulnerable population,” said Dr. Janani Rangaswami, Section Chief of Nephrology at the Washington DC VA Medical Center, and Professor of Medicine at George Washington University.

“Our observation of VA providing uninterrupted dialysis during the pandemic was not a fluke nor an isolated display of quality of service provided by our nephrology colleagues. We also observed a rapid and robust expansion of telehealth services during the pandemic. Taken together, these findings suggest that the VA was uniquely prepared to mount an effective response to a global crisis which saved lives,” said Ali Ahmed, MD, MPH, Associate Chief of Staff for Health and Aging at Washington DC VA Medical Center and Professor of Medicine at George Washington University and Georgetown University and the study’s senior investigator.

Dr. Patel and his colleagues studied 7,302 Veterans with permanent kidney failure who received outpatient maintenance hemodialysis in VA healthcare facilities during the COVID-19 pandemic. They used interrupted time-series analyses to evaluate the impact of the pandemic-related disruption on the number of hemodialysis treatments received and deaths, adjusted for seasonal variations and secular trends in rates during the pre-pandemic period.

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