



Increased Uptake of Peritoneal Dialysis after Inclusion of Peritoneal Dialysis in Mukhyamantri Vishesh Swasthya Sahayata Yojana in Chhattisgarh

Dear Editor,

In a mature healthcare system, all three renal replacement therapy (RRT) modalities, hemodialysis (HD), peritoneal dialysis (PD), and renal transplant, should be integrated. However, HD is the predominant mode of RRT in India.¹ RRT is costly and creates a substantial financial burden on the families.² The Pradhan Mantri National Dialysis Program (PMNDP) launched in 2016 resulted in availability of HD in many district hospitals. Despite having similar outcome, PD had received less attention. PD was included in PMNDP in 2019.³

The government of Chhattisgarh, under its flagship program Mukhyamantri Vishesh Swasthya Sahayata Yojana (MVSSY), had included continuous ambulatory peritoneal dialysis (CAPD) in May 2022.⁴ This led to the generation of two codes for CAPD under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), namely, MG066CG (30,000/- INR for catheter insertion) and MG067CG (22,000/- INR per month for CAPD fluid). All India Institute of Medical Sciences-Raipur (AIIMS-R) was selected to implement the program.

The inclusion of PD in the scheme led to increased uptake of CAPD [Figure 1]. Forty new ESRD patients have been initiated on CAPD within 6 months of the inclusion

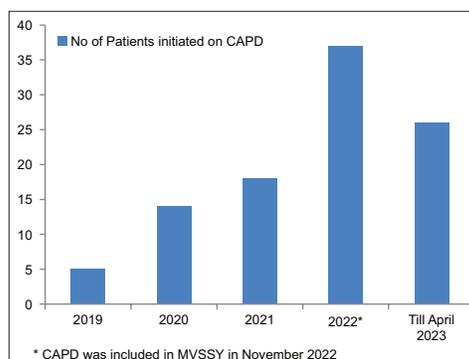


Figure 1: Number of patients initiated on continuous ambulatory peritoneal dialysis at AIIMS-Raipur. CAPD: continuous ambulatory peritoneal dialysis, MVSSY: Mukhyamantri Vishesh Swasthya Sahayata Yojana

of CAPD in MVSSY. Table 1 shows the characteristics and short-term outcomes of CAPD before and after inclusion in the scheme. There has been an increase in CAPD patients from rural areas and lower socioeconomic classes. The peritonitis rate has not increased.

PD continues to be underutilized despite being a cost-saving option.⁵ Cost of the consumables and noninclusion in government programs are the major reasons. The inclusion of PD in MVSSY seems to address this issue. However, MVSSY currently provides 22,000/- INR per month for CAPD bags based on estimates of PMNDP guidelines for establishing PD services of 2019, which might need rationalization to prevent out-of-pocket expenditure to the patients.

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Table 1: Characteristics and short-term outcomes of patients undergoing CAPD before and after inclusion in the program

Characteristics	Before the inclusion of CAPD in MVSSY (n=55)	After the inclusion of CAPD in MVSSY (n=40)
Age (years)	47.4±16.3	46.5±18.2
Female (n, %)	18 (32.7%)	13 (32.5%)
Rural	19 (34.5%)	21 (52.5%)
Education (n, %)		
Illiterate	5 (9%)	4 (10%)
Primary/secondary	9 (16%)	9 (22%)
Higher secondary	16 (29%)	14 (35%)
Graduate and above	25 (45%)	13 (32.5%)
Socioeconomic status		
Upper class	16 (29%)	5 (12.5%)
Upper middle	15 (29%)	6 (15%)
Middle	8 (14.5%)	11 (27.5%)
Lower middle	9 (16.3%)	6 (15%)
Lower	7 (12.7%)	12 (30%)
Source of finance for CAPD		
Self	35 (63.6%)	1 (2.5%)
Insurance/CGHS	15 (27.3%)	0
MVSSY/AB-PMJAY	0	39 (97.5%)
Reason for opting PD		
Personal preference	33 (60.0%)	33 (82.5%)
Lack of access to HD	10 (18.1%)	2 (5.0%)
Lack of vascular access	12 (21.8%)	5 (12.5%)
Peritonitis		
Episode of peritonitis (n)	23	5
No of patients developing peritonitis (n, %)	16 (29.1%)	4 (10.0%)
Peritonitis rate (episodes/patient-years)	0.40	0.47
Switch to HD (n, %)	4 (7%)	1 (2%)
Reason for switch to HD		
Financial	3 (75%)	0
Peritonitis	1 (25%)	1 (100%)

AB-PMJAY=Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, CAPD=Continuous ambulatory peritoneal dialysis, CGHS=Central Government Health Scheme, HD=Hemodialysis, MVSSY=Mukhyamantri Vishesh Swasthya Sahayata Yojana, PD=Peritoneal dialysis

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Conflicts of interest

There are no conflicts of interest.

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