

The “Choice” Paradox: Why Thailand Returned to a Regulated Access Model to Ensure Dialysis Sustainability



Retrospective analysis in linked EHR and claim databases
(Jan 2020 to Sep 2025)



Incident Kidney failure
(N = 148,279)
Pre-dialysis CKD stage 5
(N=154,400)



Analyses

- Descriptives
- Interrupted time-series models



PD uptake



Unplanned starts



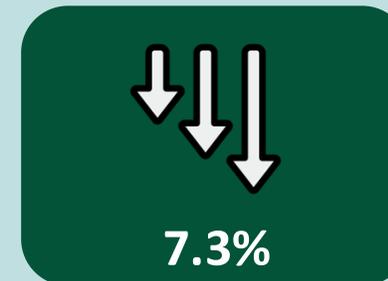
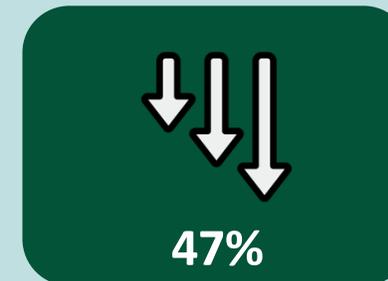
90-d Mortality



From PD First to Unrestricted choice



Reinstate PD First with gatekeeping (pre-authorization)



Stewardship ≠ Restriction: 96 % of the PA requests were approved within 15 days, No increase in pre-dialysis mortality

EHR, electronic health records; CKD, chronic kidney disease; PD, peritoneal dialysis; Unplanned starts, with temporary catheter; HD, hemodialysis; UHC, universal health coverage

Conclusion: Unrestricted choice incentivized costly HD and worsened outcomes. Pre-authorization gatekeeping restored sustainability and improved patient survival without compromising access, offering a vital lesson for global UHC stewardship.

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