5296 patients 31.12.2020
Transplanted 60 %, dialysis 40 %
Suomen munuaistautirekisteri 2016–2020

On average at home dialysis 22 %
### 6 TARGETS FOR FINLAND

<table>
<thead>
<tr>
<th>Monitored variable</th>
<th>Situation in 2019</th>
<th>Target 2023</th>
<th>Target 2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient on the kidney transplant list or with completed kidney transplantation prior to initiating dialysis</td>
<td>7%</td>
<td>≥ 10%</td>
<td>≥ 15%</td>
</tr>
<tr>
<td>Patient on the kidney transplant list or with completed kidney transplantation 90 days after initiating dialysis</td>
<td>12%</td>
<td>≥ 15%</td>
<td>&gt; 20%</td>
</tr>
<tr>
<td>Share of dialysis patients on home dialysis 90 days after start of treatment</td>
<td>26%</td>
<td>≥ 35%</td>
<td>≥ 45%</td>
</tr>
<tr>
<td>Share of dialysis patients on home dialysis at the end of the year</td>
<td>22%</td>
<td>≥ 30%</td>
<td>≥ 40%</td>
</tr>
<tr>
<td>Share of patients beginning dialysis who have been monitored by a nephrologist and for whom dialysis initiation has been planned</td>
<td>Not known</td>
<td>≥ 65%</td>
<td>≥ 70%</td>
</tr>
</tbody>
</table>

Table 3. Future targets in Finland

The targets for the future have been set on the basis of the latest data from the Finnish Registry for Kidney Diseases compared to the situation in 2019.
Tulokset: Keskimäärin kotihemodialyysi on edullisin hoitomuoto

Keskimäärät vuosikustannukset eri dialyysimuodoissa (Diskonattiut, t.€/potilas)

- Peritoneal dialyysseissä (APD, CAPD) on korkeat lääkekustannukset
- Keskushoitomuodoissa (HosHD, SatHD) on korkeat hoito- ja sosiaalitukikustannukset

<table>
<thead>
<tr>
<th></th>
<th>kotidualysikustannukset</th>
<th>Epäsuorat kustannukset</th>
<th>Suorat hoitokustannukset</th>
<th>Kela-korvatut kustannukset</th>
<th>Dialyysikustannukset</th>
</tr>
</thead>
<tbody>
<tr>
<td>APD</td>
<td>10%</td>
<td>14%</td>
<td>12%</td>
<td>9%</td>
<td>46%</td>
</tr>
<tr>
<td>CAPD</td>
<td>9%</td>
<td>19%</td>
<td>26%</td>
<td>63%</td>
<td>48%</td>
</tr>
<tr>
<td>HHD</td>
<td>2%</td>
<td>7%</td>
<td>63%</td>
<td>41%</td>
<td>48%</td>
</tr>
<tr>
<td>HosHD</td>
<td>9%</td>
<td>41%</td>
<td>48%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SatHD</td>
<td>9%</td>
<td>48%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Aalto University
School of Science
National best practice guidelines: increasing kidney transplantations and home dialysis

Chronic kidney disease is a significant global public health issue from which 10% of the population is suffering according to recent estimates.

There are three available choices for renal replacement therapy:
1. Dialysis (home or incenter)
2. Kidney transplant
3. Palliative care with symptomatic control

Every year in Finland:
- ca. 500 patients start renal replacement therapy (dialysis or transplantation).
- The number of patients has increased with a quarter in ten years.

There are now about 6,200 of them, and the number of patients is estimated to increase significantly over the next 10-15 years.

Incentive hemodialysis is the most expensive of the replacement therapies:
- 60-70 KEUR/year
- The most cost-effective therapies for society are home hemodialysis and peritoneal dialysis at home:
- 30-50 KEUR/year

Actions needed now:

- Adequate resources:
  - Increasing kidney transplantations and home dialysis requires adequate personnel resources to identify, inform, train, and monitor patients.
  - Digital patient management solutions must be available everywhere.

- Legislation needs to be changed:
  - Different therapy modality need to be treated equally (i.e., KELA reimbursements for home dialysis is the most unusual to a patient.KELA grants lower reimbursement to a person in home hemodialysis than to a person in peritoneal dialysis.
  - Differences in patient payment practices between hospital districts should be eliminated.
  - The payment ceiling policy must be changed or alternatively, a treatment series fee must be changed for home care assisted dialysis at home involves home nursing fees that do not affect the payment ceiling.

- Monitoring is important:
  - The Finnish Registry for Kidney Diseases monitors quality. Its position must be strengthened, and its finance secured.
There are three available choices for renal replacement therapy: dialysis (home or in-centre), kidney transplant, and palliative care with symptom control.

Dialysis is a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly. There are 2 main types of dialysis: haemodialysis and peritoneal dialysis.

**HOME DIALYSIS**
Home dialysis is a suitable option for most of the patients. Home dialysis can be performed safely and flexibly after patient has received the appropriate training. Even elderly patients can be treated with assisted home dialysis.

**PERITONEAL DIALYSIS**
Peritoneal dialysis uses the inside lining of patient’s abdomen (the peritoneum) as the filter, rather than a machine.

It is easier to travel in peritoneal dialysis.

**HOME HAEMODIALYSIS**
In home haemodialysis blood is cleaned by removing waste products, toxins and excessive fluid using a dialyzer and a dialysis machine.

**IN-CENTRE DIALYSIS**

**KIDNEY TRANSPLANT**
Organ transplant is carefully considered for each patient. Transplants are possible from both living and brain dead donors.

The suitability of a donor candidate for kidney donation will be determined in a hospital in their area. The best results in kidney transplants are obtained when the transplant is performed from a living donor, as well as when the transplant can be performed pre-emptively without prior dialysis treatment.

**PALLIATIVE CARE WITH SYMPTOM CONTROL**
Patient suffering renal insufficiency may refrain from dialysis treatment and choose palliative care controlling symptoms. Sufficient control of symptoms is a right for every patient, regardless of the severity of the disease.

The treatment decision is made individually in mutual understanding with the patient and his nearest, who must be informed adequately on the estimated impacts of different treatment options on survival and quality of life.

Kidneys are important to survival as they remove waste and extra fluid from your body and help to regulate blood pressure.