



## Taiwan Perspective

# “Advancing Home-based Dialysis Therapy -- Visions and Challenges in Taiwan”

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5 Dec. 2025

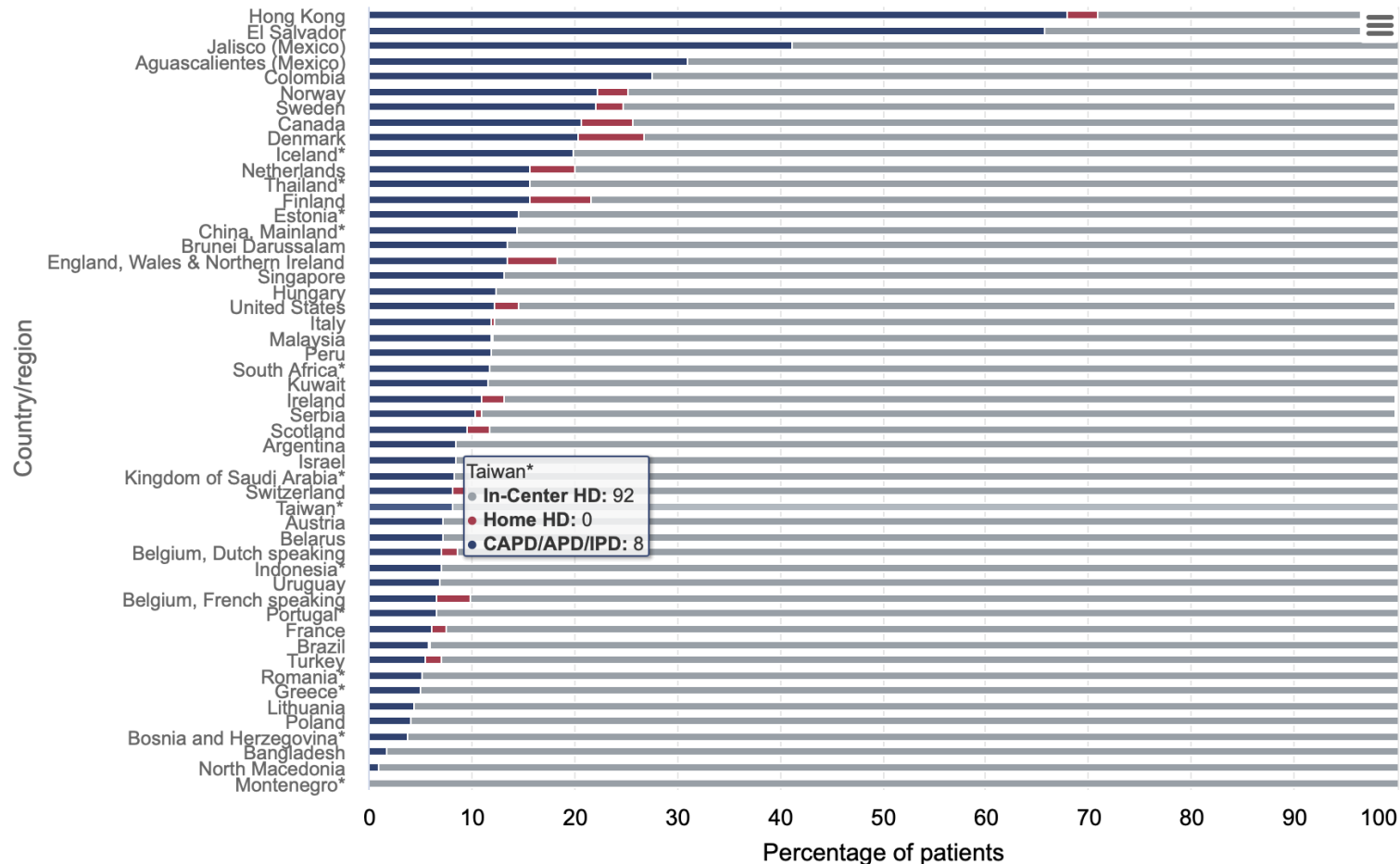


台灣腎臟學會

Taiwan Society of Nephrology

# Taiwan delivers **world-class PD quality** of care, but **PD prevalence** is now below the global average

Figure 11.16 Distribution of dialysis modality in prevalent patients with ESRD, by country or region, 2021



- **11%** of ESKD treated with PD
- HK : 68%
- Canada : 22%
- Netherlands : 16%
- UK : 14%
- Singapore : 13%
- USA : 12%
- Malaysia : 12%
- **Taiwan : 7.5%**
- Indonesia : 7%

# Advancing Home-based Dialysis Therapy -- Visions and Challenges in Taiwan

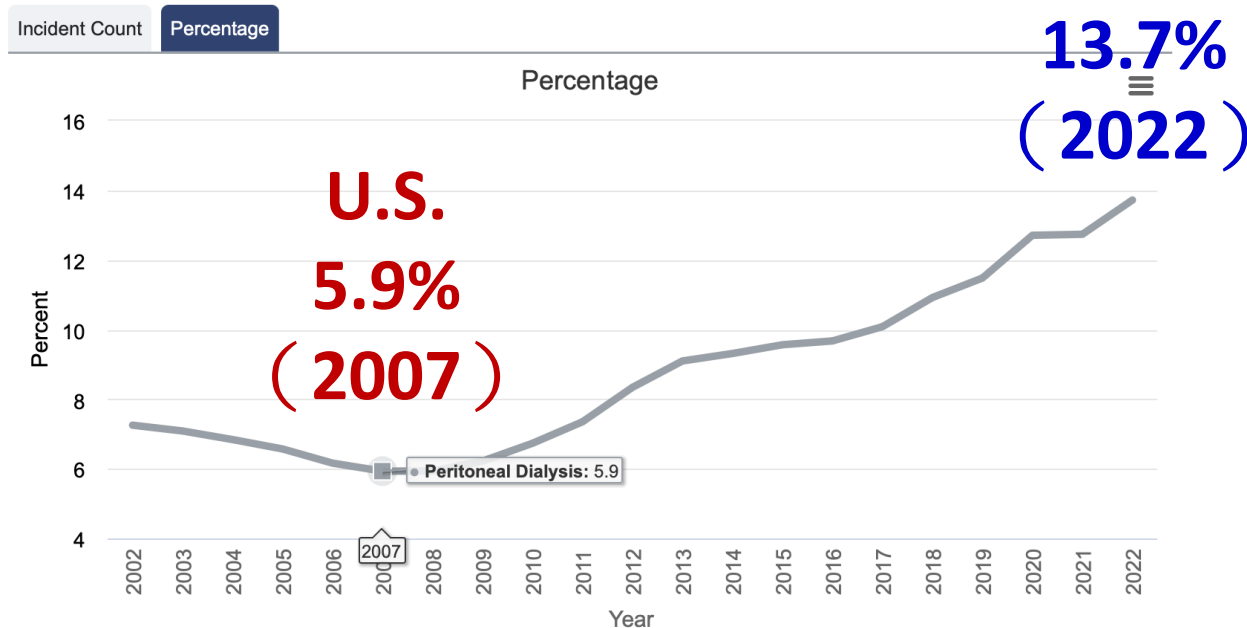
- 1. 2008 – The U.S. PD Policy to Balance Healthcare Professional (HCP) Incentives between HD and PD**
2. 2023 – The Taiwan NHIA PD Promotion Program
3. 2025 – The Taiwan NHIA 10-Year Home Dialysis White Paper



# The 2008 U.S. and 2023 Taiwan PD Policies: Balancing the **healthcare professional (HCP) incentives** between HD and PD

## U.S. PD incidence:

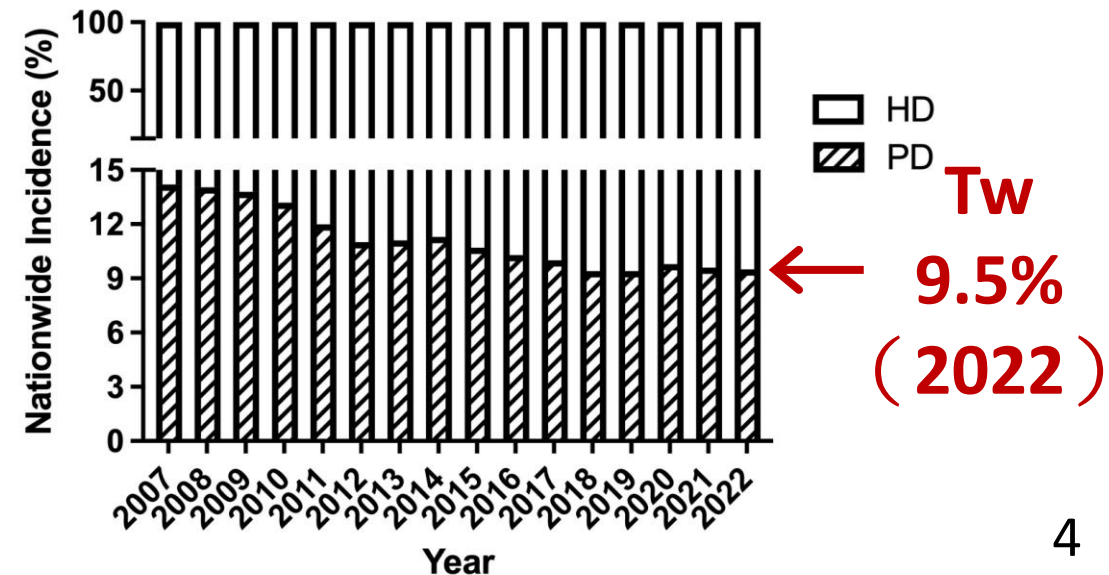
Figure 1.2 Incident ESRD by modality, 2002-2022



## Taiwan PD incidence:

Tw  
14.2%  
(2007)

Dialysis Modalities in Taiwan



# Advancing Home-based Dialysis Therapy -- Visions and Challenges in Taiwan

1. 2008 – The U.S. PD Policy to Balance Healthcare Professional (HCP) Incentives between HD and PD

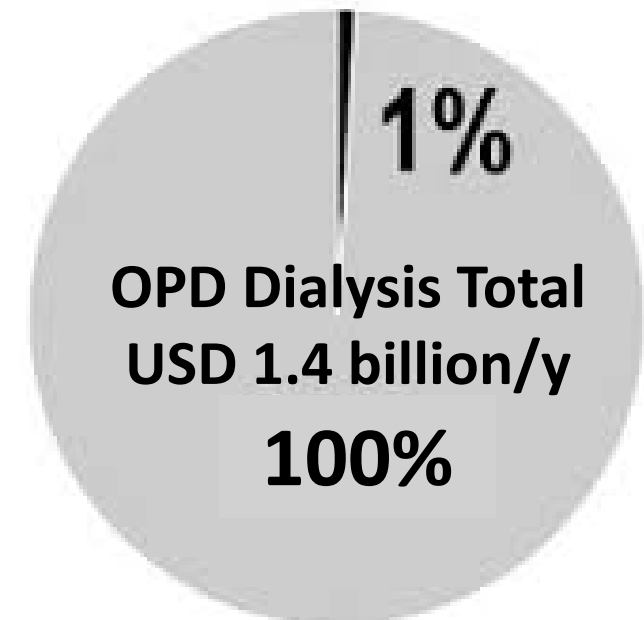


2. **2023 – The Taiwan NHIA PD Promotion Program**

3. 2025 – The Taiwan NHIA 10-Year Home Dialysis White Paper

# 2023-2025 Taiwan PD Promotion Program: Budget source

- Taiwan National Health Insurance total expenditure: USD 29.6 billion annually
  - 4.7% is used for **outpatient dialysis expenditure**: USD 1.4 billion annually
  - **Extra 1%** (USD 14 million) **annually** is allocated to
    - 2023 PD promotion program
    - 2024 PD promotion program
    - 2025 PD+HHD promotion program





# The 2023-2025 Taiwan PD Promotion Program: Balancing the **HCP incentives** between HD and PD

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## Reimbursement Items

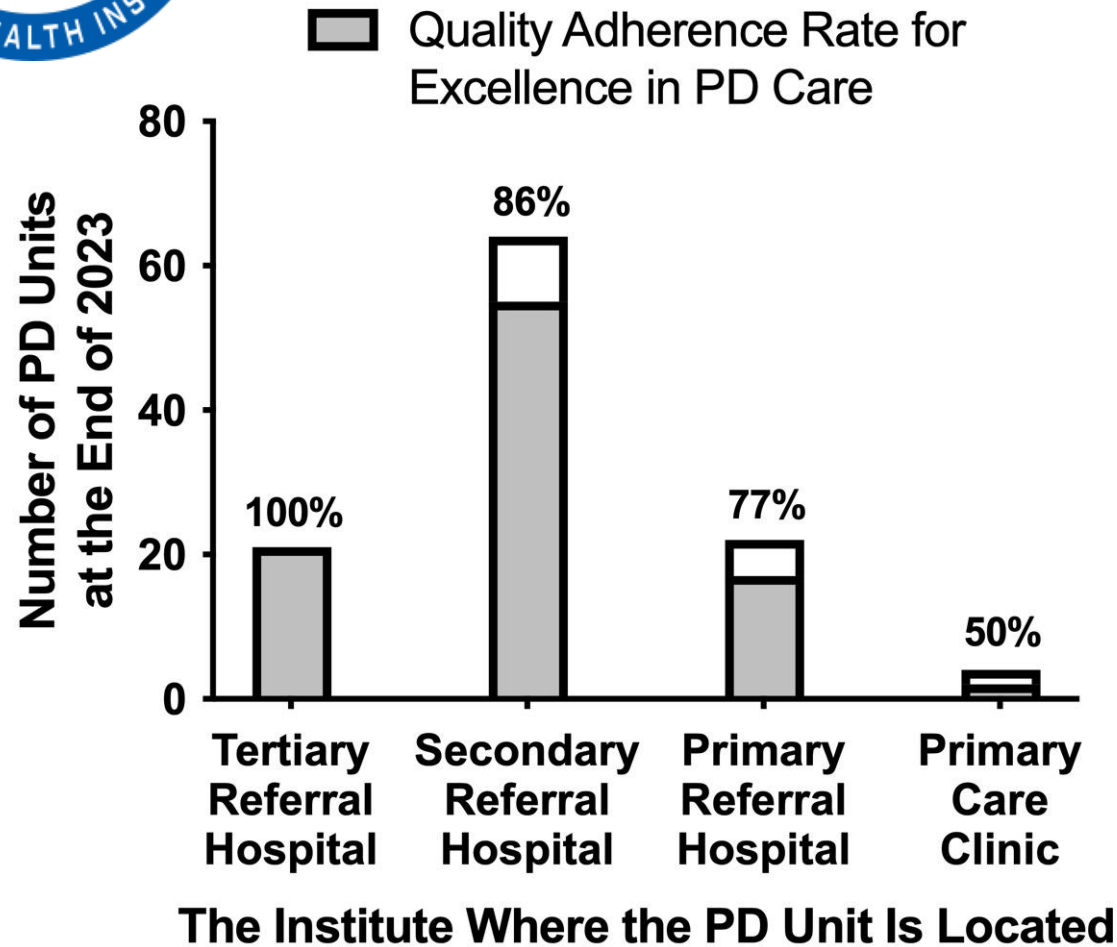
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Restore the utilization rate of PD therapy	<ol style="list-style-type: none"><li>1. Reimburse start-up expenses for establishing a new PD unit</li><li>2. Reimburse PD units for new PD patients who have remained stable on PD therapy for more than six months</li><li>3. Reward PD units based on their unit-annual growth in the number of PD patients</li></ol>
Encourage shared decision-making (SDM)	Reimburse SDM for kidney replacement therapy (KRT) modality choices in patients with CKD stage 5, as well as for those who have initiated KRT within the past 2 years
Enhance the quality of PD care	Reward PD units for achieving high-standard quality indices on a PD unit-scale basis, which include limited use of high-glucose dialysate, reductions in hyponatremia, hypokalemia, and the cardiothoracic ratio, preservation of residual renal function, and reductions in peritonitis incidence and hospitalization rates
Reimburse telemedicine	<ol style="list-style-type: none"><li>1. Reimburse telemedicine video consultations for PD patients</li><li>2. Reinforce remote management of automated PD patients (2025)</li></ol>

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# The PD Program's Short-term Outcomes: Taiwan PD **quality** by the end of 2023



## Medical Institutions in Taiwan

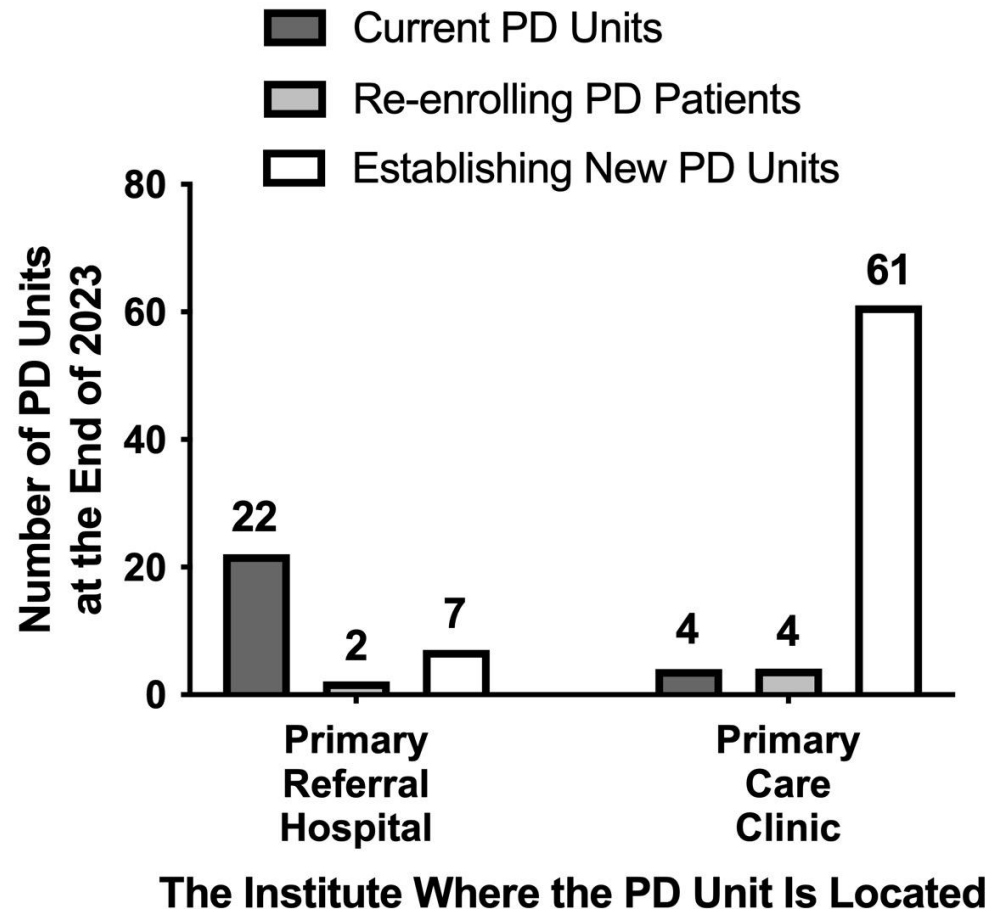
## Equivalent to

Medical Center	Tertiary Referral Hospital
Regional Hospital	Secondary Referral Hospital
District Hospital	Primary Referral Hospital
Community Clinic	Primary Care Clinic





# The PD Program's Short-term Outcomes: Taiwan PD **quantity** by the end of 2023



**Crude prevalence:**

**7.5%** (2022) → **7.9%** (2023)

## Medical Institutions in Taiwan

## Equivalent to

Medical Center

Tertiary Referral Hospital

Regional Hospital

Secondary Referral Hospital

District Hospital

Primary Referral Hospital

Community Clinic

Primary Care Clinic



# Brief Summary

## The 2023-2024 Taiwan PD Promotion Program

1. Aiming for excellence in PD **quality** of care
2. Balancing **HCP incentives** (HD vs. PD) to increase PD utilization (**quantity**)
  - Reimburse **start-up costs** for new PD units
  - Reimburse **SDM** to empower patients
  - Reimburse **new PD patients** during months 1-12 and the **institutional PD growth rate**

## The 2025 Taiwan PD Promotion Program: **New items**

1. Expanded eligibility to include **rural** clinics
2. New patients' reimbursement period extended to **months 13 to 24**
3. APD-**Remote Patient Management** System
4. **Assisted** PD
5. **Updated PD quality** scoring system
6. Encourage **Non-HD** PD catheter implantation

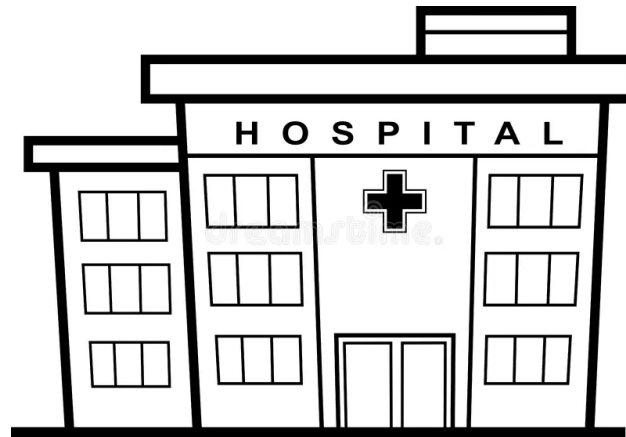
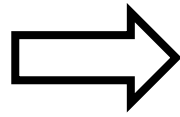


## Challenges We Have to Overcome:

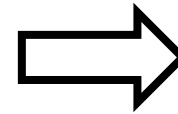
Can the **core strategy** of this PD policy (equal HCP incentives for HD and PD) be successfully **implemented**?



GOVERNMENT



Medical Institution



HCP



# 2025 Revised Taiwan PD Promotion Program: 60% of reimbursement must go to front-line PD teams

台灣腎臟醫學會 函

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發文日期：民國 114 年 1 月 20 日  
發文字號：台腎醫參字第 11400101161 號  
附 件：

主旨：  
因應健保署推動「鼓勵院所加強推動腹膜透析與提升照護品質計畫」，鑑於第一線醫護人員在執行提升腹膜透析照護質量時工作量增加，建議院所能給予第一線腹膜透析醫護人員適當的實質獎勵。

說明：  
一、健保署推動「鼓勵院所加強推動腹膜透析與提升照護品質計畫」，114 年仍維持此計畫之執行，條文除維持原有的獎勵外，同時增加院所持續照護腹膜透析病人之相關獎勵。  
二、感謝各透析院所協助持續推動「鼓勵院所加強推動腹膜透析與提升照護品質計畫」，以提升居家腹膜透析的照護質量，尚未加入此計畫之院所，能盡速加入。  
三、鑑於第一線醫護人員在執行本計畫時工作量增加，建議醫療院所能給予提供腹膜透析照護的第一線醫護人員實質獎勵，以體恤其辛勞與付出。  
四、對於本計畫各院所若有任何建議，歡迎 E-mail 提供高見。

理事長 吳松斯

衛生福利部中央健康保險署 函

送別：普通件  
密等及解密條件或保密期限：  
附件：如主旨

主旨：有關114年「全民健康保險鼓勵院所加強推動腹膜透析與提升照護品質計畫」修訂部分獎勵費「需分配至少六成以上予執行業務之相關醫事人員」一案，本署所擬回復表單格式如附件，請查照。

說明：  
一、依據本署114年5月21日健保醫字第1140110566號公告修訂之「全民健康保險鼓勵院所加強推動腹膜透析與提升照護品質計畫」辦理。  
二、考量醫事人員為醫療業務實際執行者，應給予實質獎勵，旨揭計畫柒、「院所開辦腹膜透析獎勵費-醫院輔導其他院所新成立腹膜透析室/中心」、「腹膜透析新發個案照護團隊獎勵費」、「腹膜透析院所推廣獎勵費」、「提升腹膜透析院所照護品質獎勵費」及捌、「給付項目及支付標準」等診療項目規定「本項費用需分配至少六成以上予執行業務之相關醫事人員」。

第1頁 共2頁

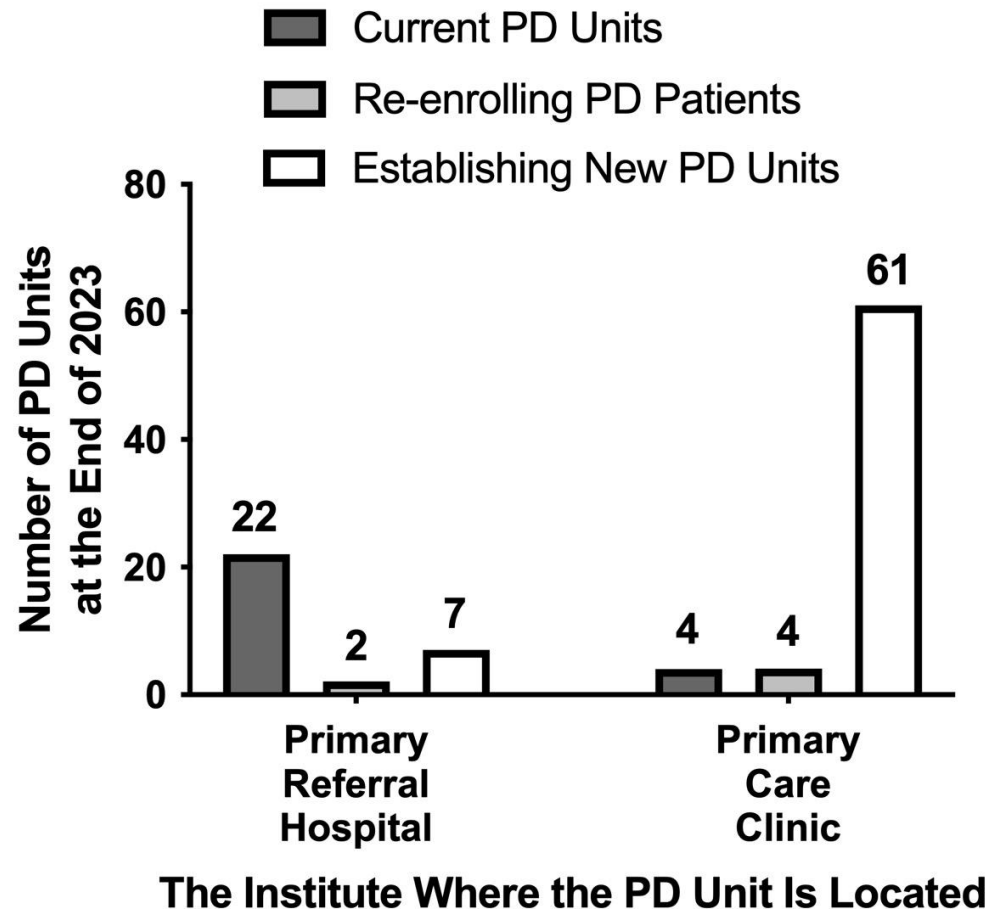
三、為確認各院所執行情形，本署於114年獎勵金核付後1個月內將依旨揭表單格式請貴院填復。

署長 石崇良



# Challenges We Have to Overcome:

Front-line PD teams in some **community clinics** have low confidence in PD practice and lack a stable patient source



However, a minority of PD clinics are ambitious, have begun taking care of new PD patients, and have performed quite well

## Medical Institutions in Taiwan

### Equivalent to

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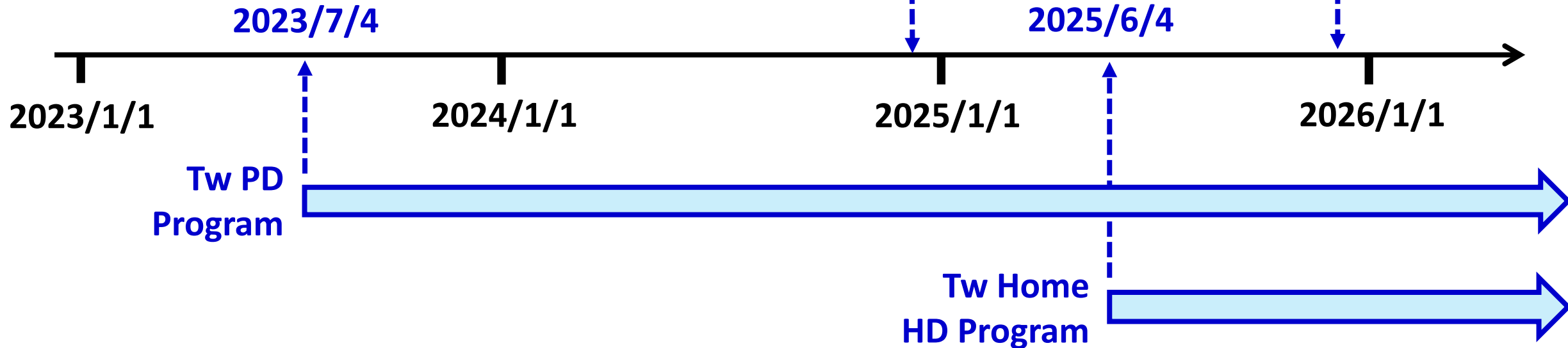
# The milestones



TSN-ISPD  
MOU (合作備忘錄)



Home Dialysis White Paper  
& IHDC Manifesto (宣言)



台灣腎臟醫學會  
Taiwan Society of Nephrology



International Home Dialysis  
Consortium



ISN  
INTERNATIONAL SOCIETY  
OF NEPHROLOGY



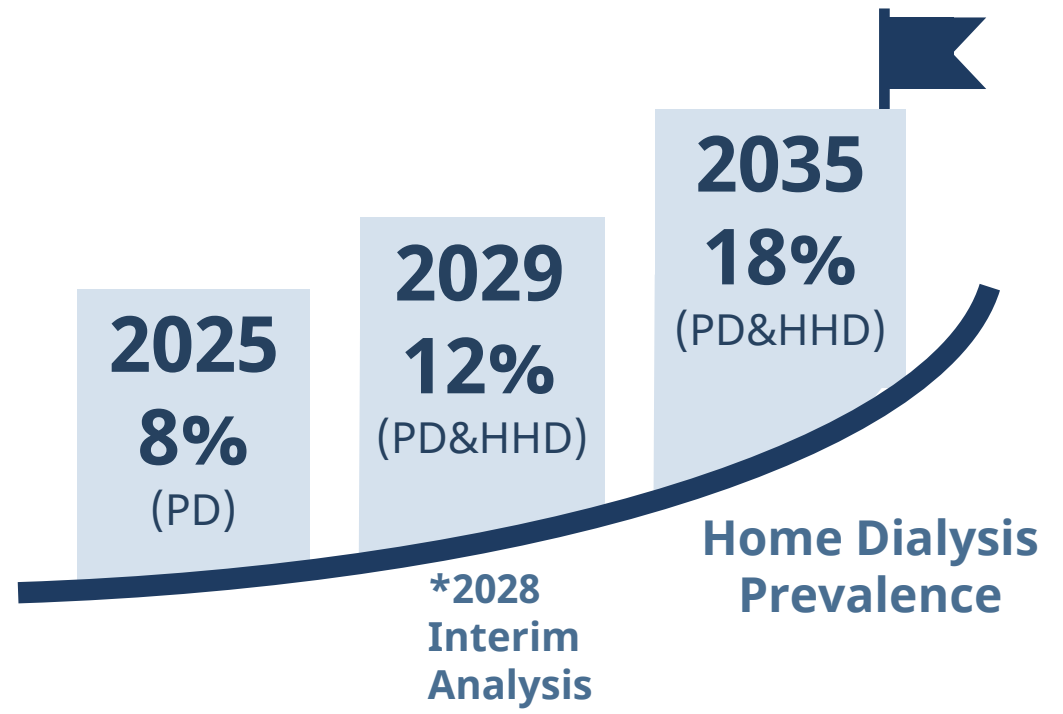
INTERNATIONAL  
SOCIETY FOR  
PERITONEAL DIALYSIS



Tw NHIA Dr. Shih  
 ISPD Dr. Liew

Taiwan 2026-2035  
 Home Dialysis  
 White Paper

Person-Centered Care  
 Healthy Aging  
 Sustainability



Five Strategic Pillars

				
Payment Reform	Empowerment	Integrative Care	Innovative Care	Quality Excellence
Hospital-Led Patient-Centered Outcome-Driven	HCP Excellence Empowered Patients SDM	Community Dialysis Long-Term Care Effective Referral	Digital Management Telemedicine Smart Healthcare	Well-Being for All Global Model Sustainable Systems





# Conclusions



1. **Equal Healthcare Professional (HCP) incentives for HD and PD:** A Core Strategy Adopted in the U.S. PD Policy
  - To enhance PD care quality and quantity
  - To directly reimburse front-line HCPs
2. 2023-2025 – The Taiwan PD Promotion Program: **Challenges we have to overcome:**
  - Front-line HCPs in some **Referral Hospitals: Limited** personal reimbursement
  - Front-line HCPs in some **Community Clinics: Low** confidence in PD practice, but a **minority of PD clinics are ambitious** and began to care new PD patients
3. 2025 – **The Taiwan 10-Year Home Dialysis White Paper**
  - TSN works closely with Taiwan NHIA/ISPD/IHDC to overcome challenges



# Taiwan NHI Home Hemodialysis Pilot Program (Effective on 4 June 2025)

- **In-center HD fee (USD 130 per HD session)** fully reimbursed for home HD
- Home visit reimbursement: USD 40 for in-person visits and USD 14 for video visits, limited to twice per year.
  - Covers patient training, monitoring, and follow-up
  - Hospitals must provide 24/7 support and maintain strict safety standards
  - Patients must complete training and accept periodic home/tele-visits
- Patients are responsible for the cost of the **home hemodialysis machine and water treatment system**, with all **out-of-pocket expenses capped at USD 4,000 per year** and no additional co-payment beyond this annual limit

# Challenges and Barriers for Taiwan HHD Program

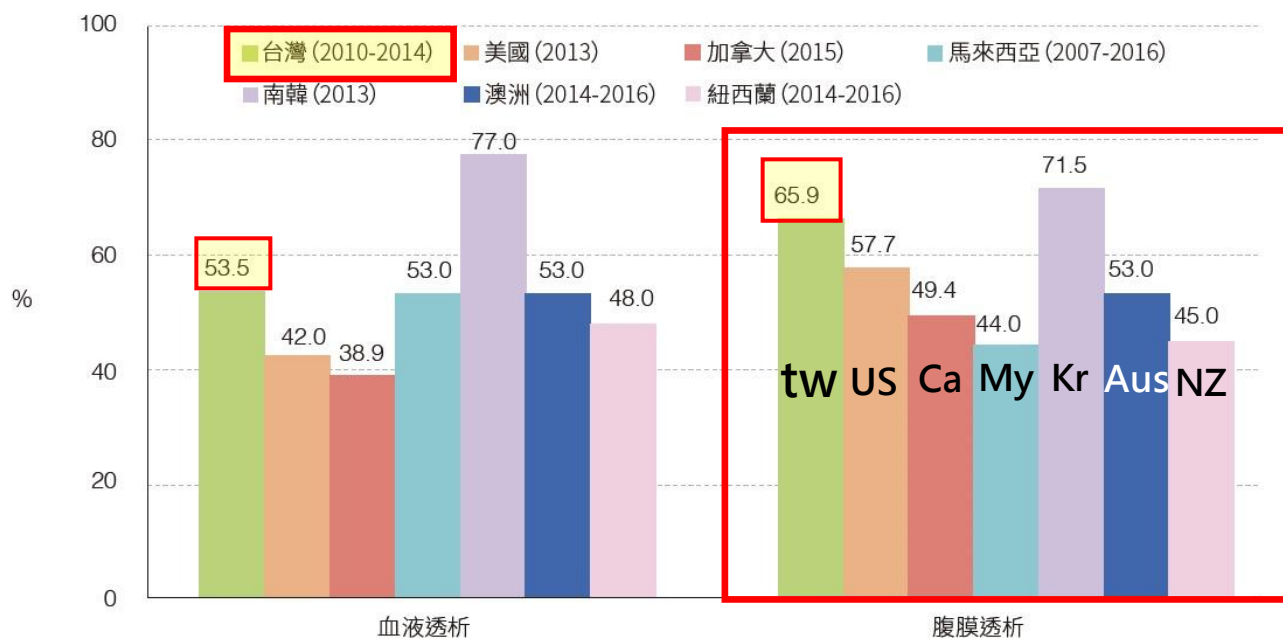
- The current NHI payment structure does **not cover rental fees for dialysis machines or water-treatment systems**, placing a heavy financial burden on patients and limiting the adoption of home hemodialysis
- the **monthly delivery system for consumables** is not yet streamlined, requiring patients to collect supplies at the hospital, which is highly inconvenient
- The existing reimbursement framework also offers **limited incentives for most healthcare institutions** to actively promote this modality

# Future Directions of Taiwan HHD Program

- If NHI can fully cover the cost of home hemodialysis, just like it does for peritoneal dialysis, patients will have much less financial pressure and more people will be willing to choose this treatment. **Government subsidies, tax breaks, or group purchasing** can also help lower the overall cost
- Using technology such as cloud-based **telehealth**, AI safety alerts, and IoT monitoring can make home treatment safer and help patients follow their care plans more easily
- **Newer, smaller dialysis machines** will make training faster and make patients more comfortable starting home hemodialysis
- For long-term kidney care, the healthcare system can gradually move toward patient-centered, home-based treatment as a major model of care
- **Learning from Australia, Canada, and the United States**, Taiwan can create better incentive programs so home hemodialysis can grow and reach a meaningful scale

# Taiwan delivers **world-class PD quality** of care, with **patient survival rates** second only to those in Korea

圖53 台灣、美國、加拿大、馬來西亞、南韓、澳洲與紐西蘭新發透析患者五年累積存活率(%)  
(依透析模式別)



資料來源：美國2020腎臟病年報(USRDS)；2021加拿大器官替代登記年報；2016馬來西亞透析與移植登記報告；南韓2020腎臟病年報(KORDS)；ANZDATA 2020年報；台灣健保資料庫。

