



# Taiwan Perspective

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

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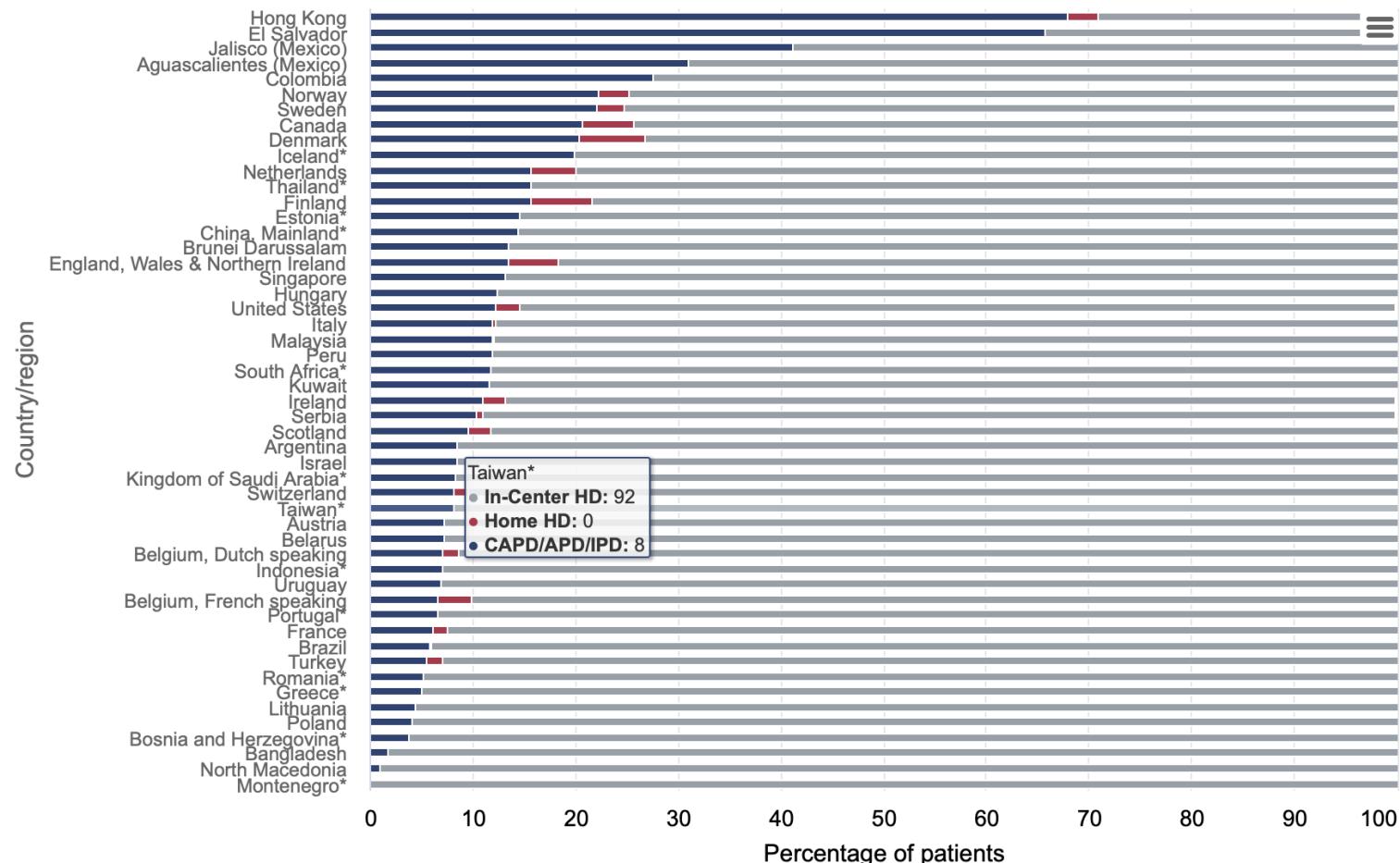
5 Dec. 2025



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# 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

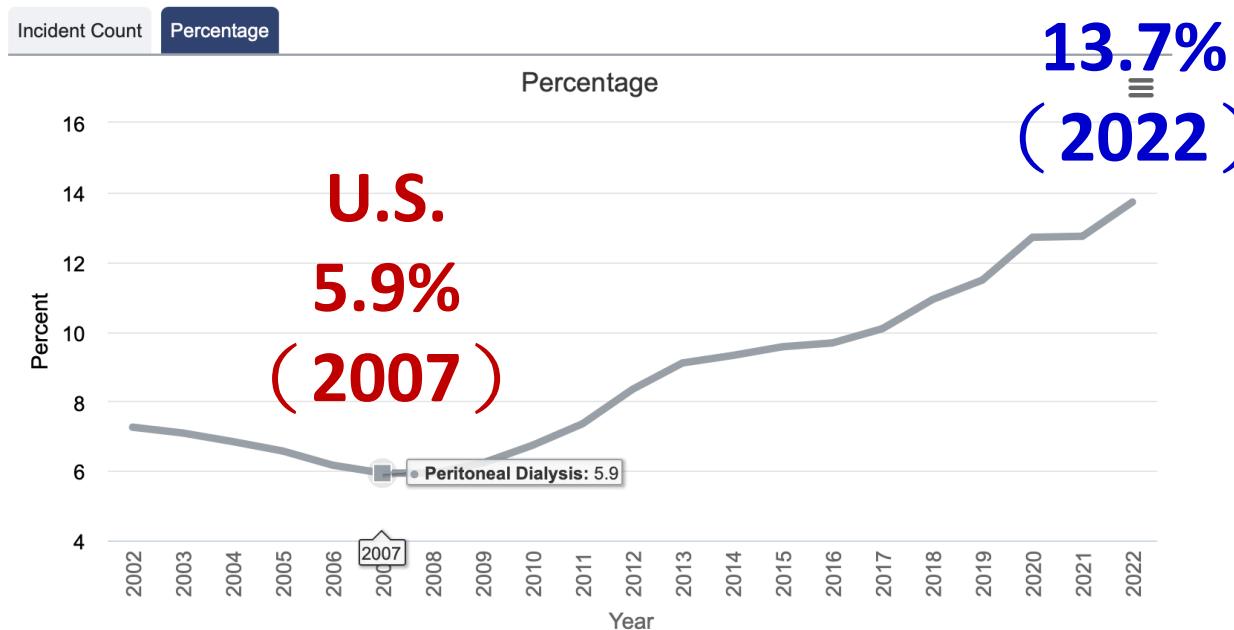
1. 2008 – The U.S. PD Policy to Balance Healthcare Professional (HCP) Incentives between HD and PD
2. 2023 – The Taiwan NHIA PD Promotion Program
3. 2025 – The Taiwan NHIA 10-Year Home Dialysis White Paper



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

## U.S. PD incidence:

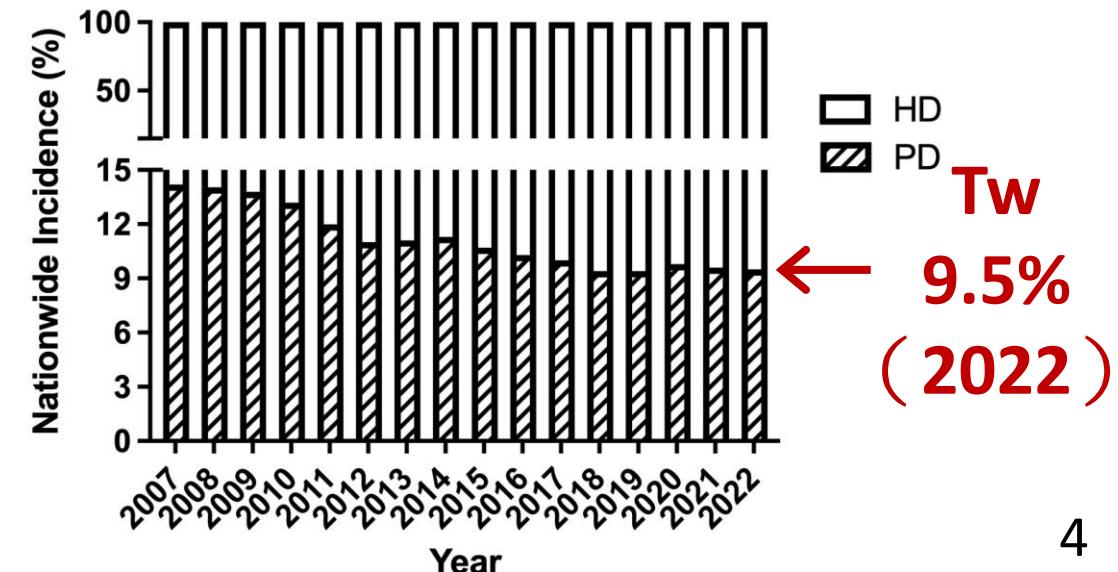
Figure 1.2 Incident ESRD by modality, 2002-2022



## Taiwan PD incidence:

Tw  
14.2%  
(2007)

### Dialysis Modalities in Taiwan



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

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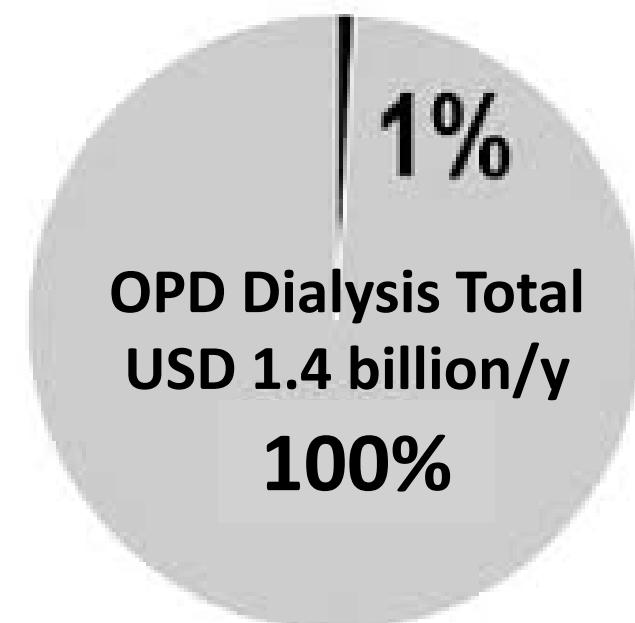


- 2. 2023 – The Taiwan NHIA PD Promotion Program**

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

## Reimbursement Items

Restore the utilization rate of PD therapy

1. Reimburse start-up expenses for establishing a new PD unit
2. Reimburse PD units for new PD patients who have remained stable on PD therapy for more than six months
3. Reward PD units based on their unit-annual growth in the number of PD patients

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

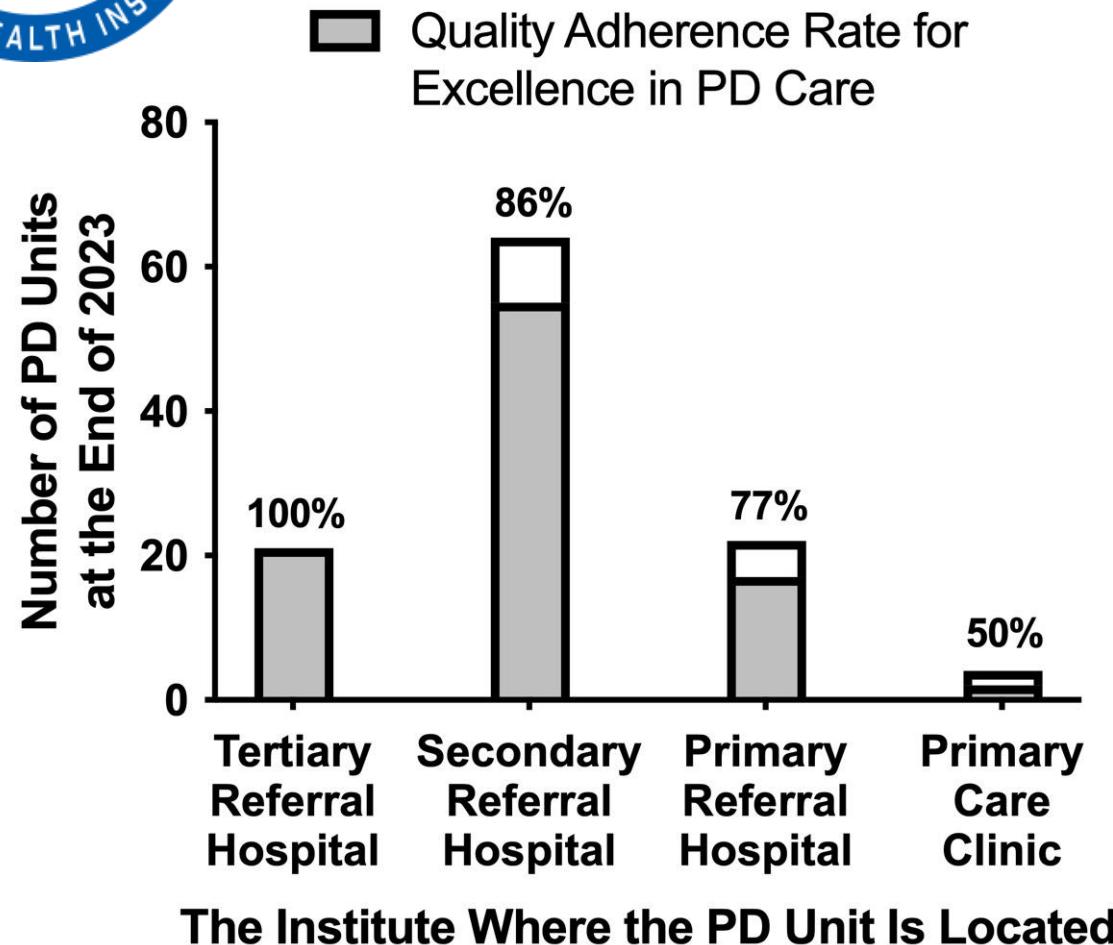
Reward PD units for achieving high-standard quality indices on a PD unit-scale basis, which include limited use of high-glucose dialysate, reductions in hyponatremia, hypokalemia, and the cardiothoracic ratio, preservation of residual renal function, and reductions in peritonitis incidence and hospitalization rates

Reimburse telemedicine

1. Reimburse telemedicine video consultations for PD patients
2. Reinforce remote management of automated PD patients (2025)



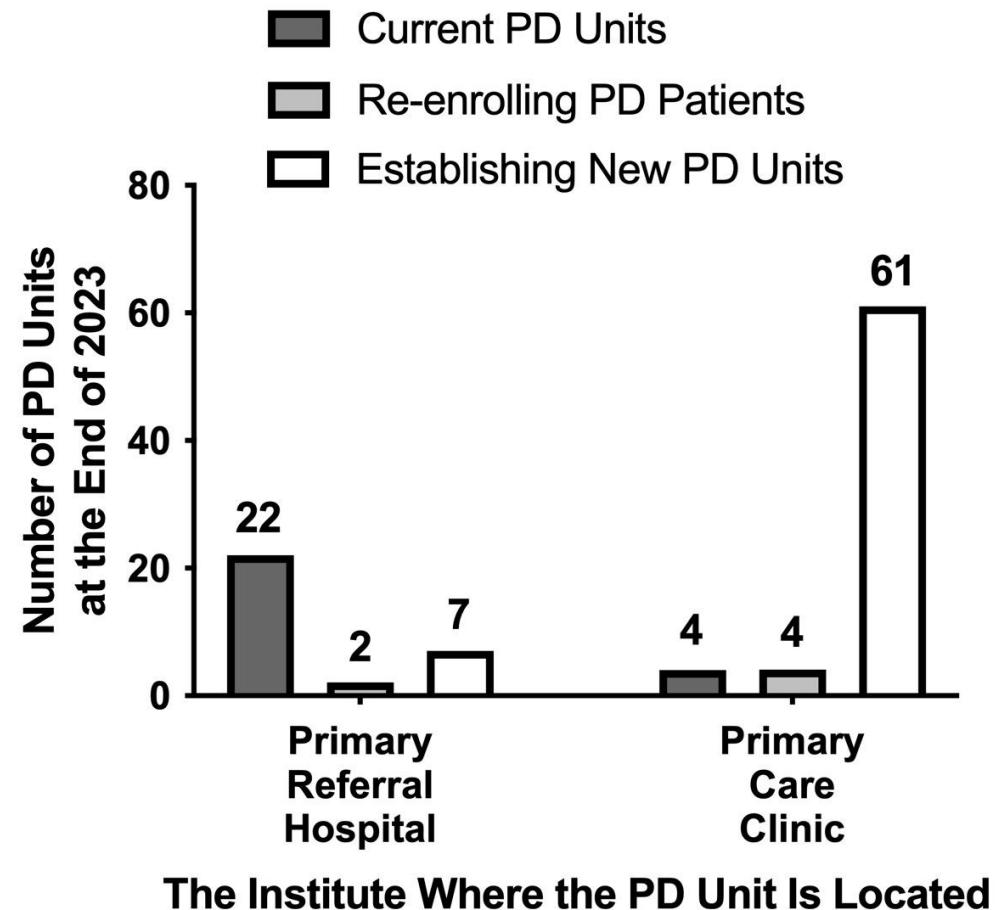
# The PD Program's Short-term Outcomes: Taiwan PD **quality** by the end of 2023



| 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)

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# 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

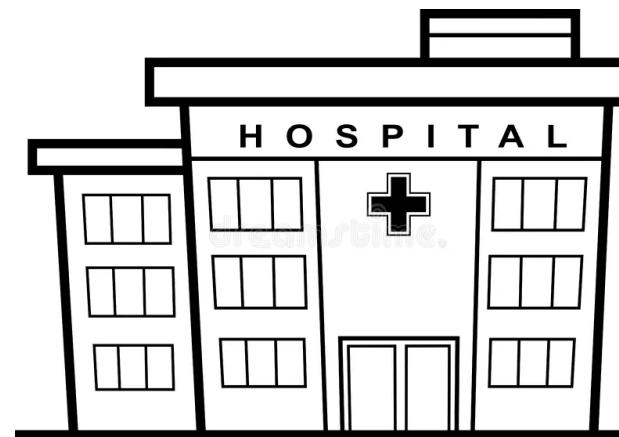
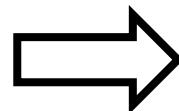


# Challenges We Have to Overcome:

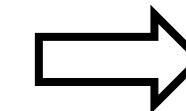
Can the **core strategy** of this PD policy (equal HCP incentives for HD and PD) be successfully **implemented**?



GOVERNMENT



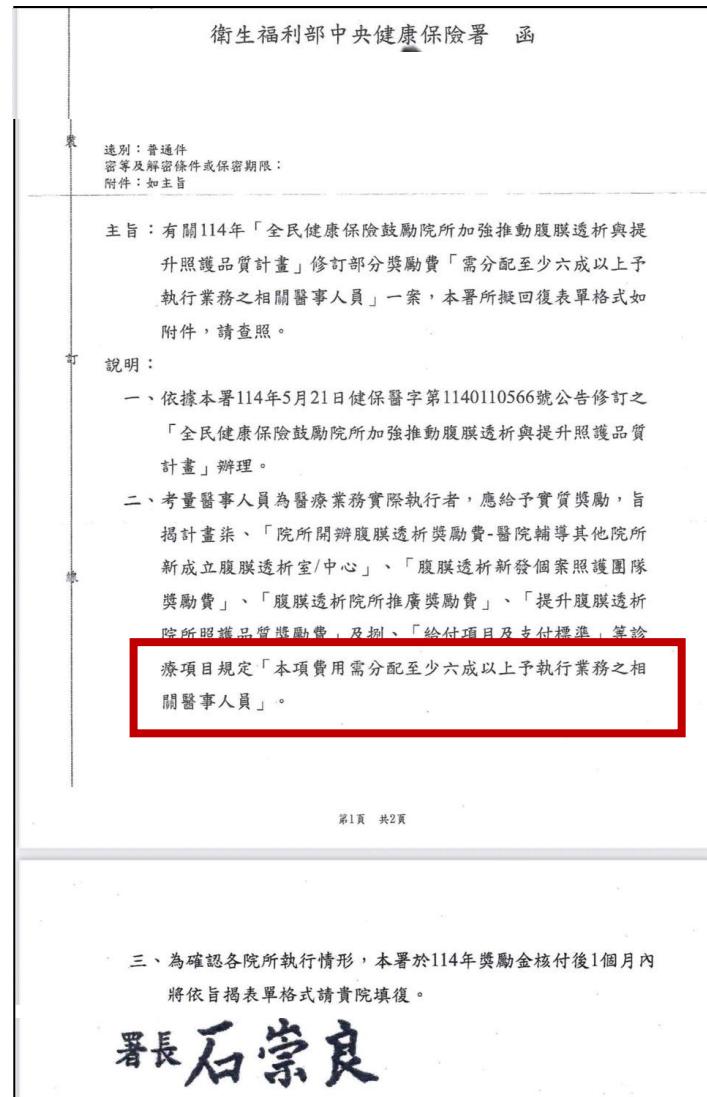
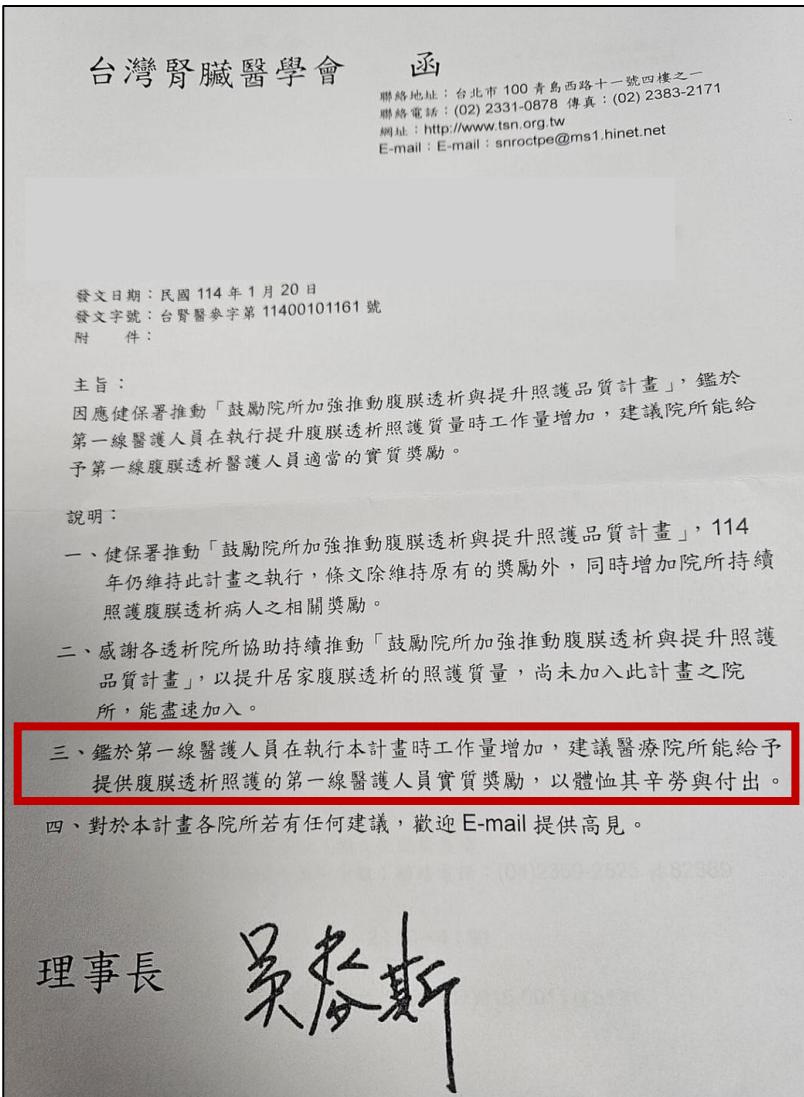
Medical Institution



HCP



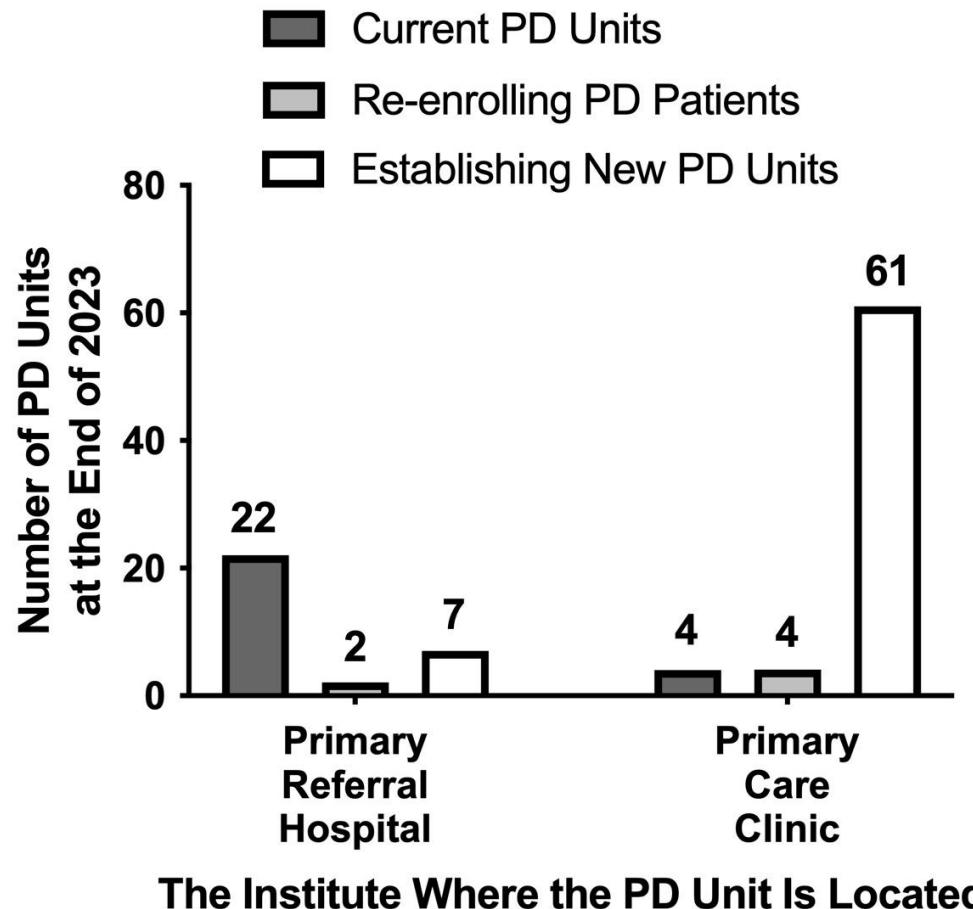
# 2025 Revised Taiwan PD Promotion Program: 60% of reimbursement must go to front-line PD teams





# 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

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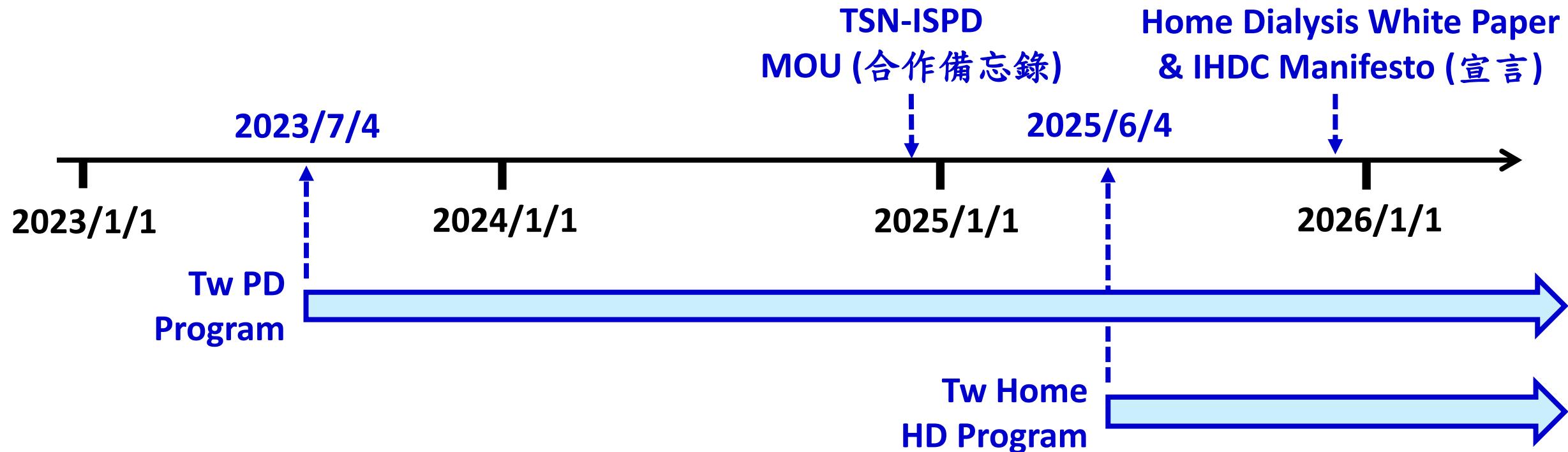
# Advancing Home-based Dialysis Therapy -- Visions and Challenges in Taiwan

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# The milestones



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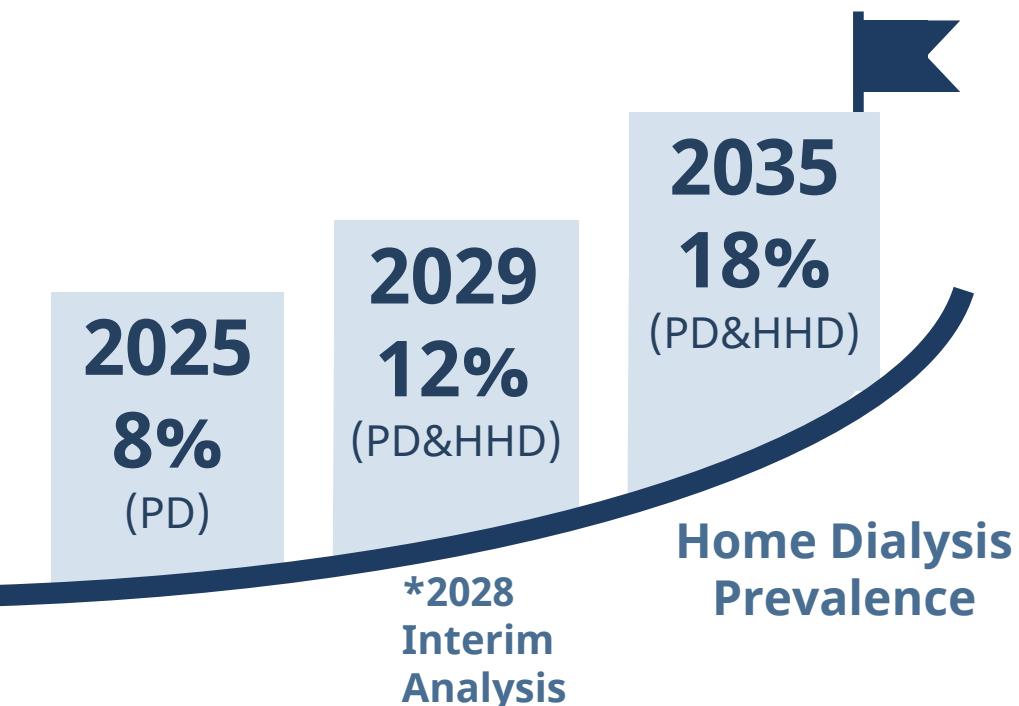


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# Taiwan 2026-2035 Home Dialysis White Paper

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

Tw NHIA Dr. Shih  
ISPD Dr. Liew



# 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

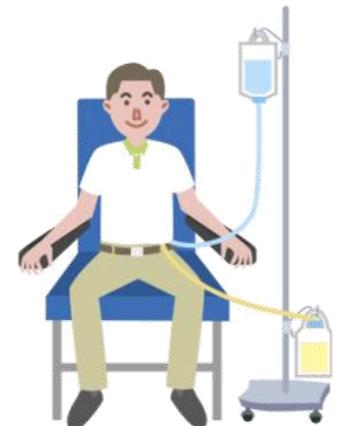
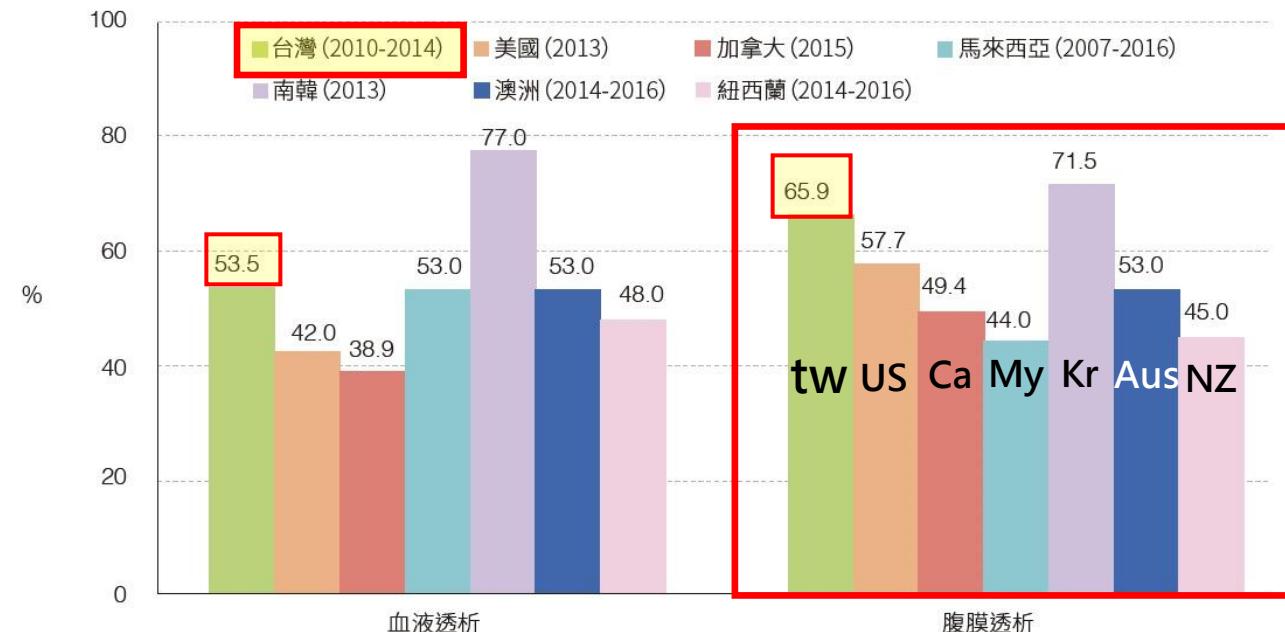
- The current NHI payment structure does **not cover rental fees for dialysis machines or water-treatment systems**, placing a heavy financial burden on patients and limiting the adoption of home hemodialysis
- the **monthly delivery system for consumables** is not yet streamlined, requiring patients 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。