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### The Impact of treatment modality on employment and the economic benefit above the cost of providing direct treatment.

End Stage Renal Disease, or ESRD, impacts the lives directly of 660,000 for transplant, hemodialysis, and peritoneal dialysis patients. Much has been discussed and researched regarding to the type of treatment modalities via transplant, peritoneal dialysis, in-center hemo dialysis, and home hemodialysis and the ability to continue employment. Without including transplant, the treatment of ESRD on an on-going basis is quite expensive. Studies have shown that the cost of in-center hemodialysis is less expensive

than both peritoneal dialysis (both CCPD and CCPD) and home hemodialysis due to the cost of supplies despite an advantage (or disadvantage depending on in center utilization). However, these studies have only concentrated on the cost and not the economic benefit in a quantitative nature. It is this study's conclusion that home hemodialysis, despite its higher costs, as well as peritoneal dialysis, is the clear economic benefit to the United States health care system although may have the same economic drawbacks to peritoneal dialysis, but will certainly contribute above and beyond the simple cost analysis. This analysis also is correlation with studies that support these two modalities for treatment outcomes from a clinical perspective.

### Biography

John D Sullivan is an expert in health care policy, finance, and asset valuation. Prior to joining Boston University, he worked for Fresenius Medical Care, completing the acquisitions of over one hundred health care companies with an estimated value of over \$5 billion. In 2008, Sullivan co-founded Reliant Renal Care with private equity funding. He has provided strategic guidance for many of the largest health care organizations in the United States. Sullivan presently teaches mergers and acquisitions, corporate finance, investments, and financial markets and institutions.

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