

(05)

居家透析的新時代：現況、挑戰與未來展望

A New Era of Home Dialysis: Current Status, Challenges, and the Road Ahead

時 間：115 年 6 月 27 日(星期六) 08:30~12:00

地 點：臺北榮民總醫院 致德樓第五會議室

08:20-08:30	Opening Remarks	陳金順教授 Jin-Shuen Chen
	座長：唐德成 教授 (Der-Cherng Tarnq)	
08:30-09:10	國際居家透析聯盟之全球願景與使命 The Global Vision and Mission of the International Home Dialysis Consortium (實體出席)	留成竹醫師 Adrian Liew (新加坡)
09:10-09:50	引領腎臟照護轉型：臺灣居家透析 2035 年的願景與策略 (暫擬題目) Leading Renal Care Transformation: The Vision and Strategies of Taiwan Home Dialysis 2035	鄭本忠醫師 Ben-Chung Cheng
09:50-10:00	綜合討論 Panel Discussion	唐德成教授 Der-Cherng Tarnq
10:00-10:30	Coffee Break	
	座長：林志慶 教授 (Chih-Ching Lin)	
10:30-11:10	因應腹膜透析病患成長之管理策略：從數位轉型到中榮 實務經驗 Transforming Peritoneal Dialysis Care in the Era of Rapid Growth: The Taichung Veterans General Hospital experience	鍾牧圻醫師 Mu-Chi Chung
11:10-11:50	居家血液透析:現況、挑戰與推廣策略 Home Hemodialysis: Current Status, Key Challenges and Promotion Strategies	黃秋錦教授 Chiu-Ching Huang
11:50-12:00	綜合討論 Panel Discussion	林志慶教授 Chih-Ching Lin

The global vision and mission of the International Home Dialysis Consortium

國際居家透析聯盟之全球願景與使命

Adrian Liew

留成竹

Renal Medicine, Mount Elizabeth Novena Hospital, Singapore

伊莉莎白諾維娜醫院 腎臟科

Home dialysis confers multiple benefits, including better quality of life, lifestyle and treatment satisfaction for patients, and lower financial costs and lesser dependence on trained professionals for health care systems. Moreover, disruptions to health provision during the COVID-19 pandemic, natural and man-made disasters have further highlighted the benefits of peritoneal dialysis, including treatment continuation, better survival and lower infection transmission risks. In addition, with an ageing population and a reduced healthcare workforce, home dialysis provides significant relief on the strain to healthcare resources.

Despite the advantages of home dialysis, its utilization remains low in most countries. Challenges for expanding home dialysis differ between lower-income countries and high resource settings, posing peculiar obstacles across patients, healthcare professionals, policy and cultural factors. The International Home Dialysis Consortium, spearheaded by the International Society for Peritoneal Dialysis and International Society of Nephrology, represented by key international and regional professional societies and industry partners, seeks to increase home dialysis uptake and improve clinical outcomes through various strategies: (i) standardizing education on peritoneal dialysis and home hemodialysis for clinicians with a focus on reducing dialysis burden for patients and caregivers, (ii) providing education and support for patients and caregivers using technology such as remote patient monitoring where appropriate and feasible to enable involvement in care decisions and choice of treatments, (iii) creating a culture of broad support for home dialysis within medical and kidney care teams, (iv) engaging with institutional and national policy leaders to advocate for provision of resources needed for home dialysis, and (v) developing and implementing locally appropriate methodologies to optimize delivery of home dialysis in different settings.

In addition, members of the International Home Dialysis Consortium have developed a set of manifestos, inviting professional groups to make a public declaration and commit to advocating for the promotion of home dialysis globally by raising awareness and education, implementing shared decision-making with provision of appropriate and accurate information on home dialysis and pursuing advocacy efforts to facilitate and incentivize home dialysis propagation. Strategically, the International Home Dialysis Consortium also holds public policy forums for home dialysis across different regions at opportunistic congresses and meetings, engaging policy makers, payors and key professional leaders to drive and blueprint home dialysis effort locally.

Leading renal care transformation: A strategic shift toward home-based therapies and value-based outcomes

邁向居家治療與價值導向成效的策略轉型

Ben-Chung Cheng

鄭本忠

Division of Nephrology, Department of Medicine, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan, ROC

高雄長庚醫院 內科部 腎臟內科

As the burden of CKD and ESKD continues to grow, kidney care must move beyond a facility-centered model toward one that is more sustainable, flexible, and patient-centered. The COVID-19 pandemic further exposed the vulnerabilities of in-center hemodialysis (HD) and underscored the importance of home-based therapies. In this context, a PD-preferred strategy—meaning peritoneal dialysis (PD) is considered first when clinically appropriate, rather than used exclusively—represents an important direction for modern renal care.

PD is more than simply an alternative dialysis modality. It promotes patient empowerment, greater independence in daily life, and treatment choices guided by shared decision-making. For some patients, PD serves as a bridge to kidney transplantation; for others, it is a long-term therapy that better fits their lifestyle and personal goals.

The clinical rationale is also compelling. Evidence from international registries and Taiwanese data suggests that PD offers comparable early survival than HD in incident dialysis patients. PD is associated with better preservation of residual renal function, which contributes to improved volume control, solute clearance, cardiovascular stability, and transplant readiness. It also avoids many vascular access-related bloodstream infections seen in catheter-based HD. In Taiwan, peritonitis rates remain within international quality targets, reflecting continued progress in PD practice and monitoring.

With advances such as remote patient monitoring, tele-nephrology, and multidisciplinary team support, PD is becoming even more practical and accessible. Expanding urgent-start PD and addressing barriers in physician training, patient awareness, and reimbursement policy will be essential to building a more resilient, value-based, and humane future for kidney care.

Transforming peritoneal dialysis care in the era of rapid growth: The Taichung Veterans General Hospital experience

因應腹膜透析病患成長之管理策略：從數位轉型到中榮實務經驗

Mu-Chi Chung

鍾牧圻

Division of Nephrology, Department of Medicine; and Division of Clinical Toxicology, Department of Medical Toxicology, Taichung Veterans General Hospital, Taichung, Taiwan, ROC

臺中榮民總醫院 內科部 腎臟內科 / 毒物醫學部臨床毒物科

As Taiwan transitions into a super-aged society, the demand for home-based renal replacement therapy has surged. At Taichung Veterans General Hospital (TVGH), we have observed a significant increase in new peritoneal dialysis (PD) patients over the past two years. Managing this rapid growth while maintaining high-quality care requires a paradigm shift from traditional methods to a “Smart Care Model.”

Our management strategy is built on three pillars: Digital Transformation, Structured Education, and Continuous Quality Improvement (CQI). First, the integration of Remote Monitoring Automated Peritoneal Dialysis (RM-APD) via the Sharesource platform has revolutionized patient surveillance. It allows for early detection of complications, such as catheter migration or peritonitis, thereby reducing hospitalization rates and improving technique survival. Currently, over 95% of our APD users are enrolled in RM-APD. Second, we addressed the “barrier of entry” for elderly and complex patients through Shared Decision Making (SDM) and assisted PD models, ensuring that age and physical frailty are no longer absolute contraindications. Third, our multidisciplinary team utilizes PD electronic management system and regular CQI meetings to streamline workflows, ensuring a nurse-to-patient ratio of approximately 1:30–35 remains sustainable without compromising patient safety.

In conclusion, the TVGH model demonstrates that by leveraging digital innovation and a robust team-based approach, it is possible to accommodate a rapidly growing PD population while enhancing clinical outcomes and patient quality of life. This scalable model provides a roadmap for PD centers facing similar demographic challenges in Taiwan..

Home hemodialysis: Current status, key challenges and promotion strategies

居家血液透析：現況、挑戰與推廣策略

Chiu-Ching Huang

黃秋錦

Department of Nephrology, China Medical University and Hospital, Taichung, Taiwan, ROC

中國醫藥大學附設醫院 腎臟醫學中心

Nocturnal home hemodialysis provides better long-term patient survivals (similar to cadaveric renal transplantation) and better quality of life for patients with end-stage renal disease. First home hemodialysis (HHD) program in Taiwan was established 15 years ago by myself at Division of Nephrology, China Medical University Hospital. On-Line Monitoring and Alert system were established in 2018, which improved patients' compliance and treatment safety.

In June 2025, The National Health Insurance Administration started to provide the reimbursement for home hemodialysis except the renting fees for hemodialysis machine and RO system. The Taiwan Society of Nephrology also cooperated with the government policy by offering HHD training courses to train nephrologists and hemodialysis nurses. Using the traditional hemodialysis machines, patients need two to three months of training before they can operate hemodialysis at home independently. With new HHD machines, training period may be reduced to 2-4 weeks. The current goal is for 1% of end stage renal disease patients to receive HHD in the future.

Key challenges include high technical barrier, fear of self-puncture, caregiver stress, environmental constraints and the “convenience” paradox. Promotion of HHD in Taiwan involves navigating a unique landscape where high-quality clinical care is already very accessible. The current promotion strategies include policy and financial Incentives, smart medical on-line monitoring and establishing comprehensive support systems.