

Online-Only Supplemental Material

Supplementary File 1

Details on Representativeness of Data on Chinese Hospitals

The cost data we selected were from the study with the largest, widespread and well-distributed patient sample we could acquire in China. The 6,008 patients were selected from 6 provinces and 41 hospitals in China, including 2,295 HD patients and 3,713 PD patients. The 6 provinces were Jiangsu, Zhejiang, Liaoning, Henan, Hubei and Hunan province, which belongs to different socioeconomic GDP levels as shown in sTable1 (the national GDP per capita in 2015 was ¥ 50,028).

To minimize the bias from cost data, we listed all the cost parameters from different studies in different regions in Table1 (main manuscript), in the forms of direct and indirect costs with different renal replacement therapy modalities, and we used all of them in sensitivity analyses with all the results listed in Table 3 (main manuscript).

The data we used in base-case analysis could be considered as representative as possible given the available data in the literature.

Supplementary Table 1. Socioeconomic Status of the 6 provinces included for the base-case analysis.

Provinces	GDP (million/¥)	GDP Per Capita (¥)	Urban Residence Average Income (¥)
Jiangsu	701.1638	87909.20	61783
Zhejiang	428.8649	77426.41	62460
Henan	370.0216	39031.81	42670
Hubei	295.5019	50495.88	54367
Hunan	289.0221	42609.77	52357
Liaoning	286.6902	65424.51	48190

Data were required from National Bureau of Statistics of China. <http://www.stats.gov.cn>

Details on Insurance Reimbursement Levels

Data showed that 93.83% HD patients and 98.88% PD patients were covered by Basic Medical Insurance System. The Basic Medical System in China consists of three key programs: the Urban Employee Basic Medical Insurance (UEBMI) for urban employees, the Urban Resident Basic Medical Insurance (URBMI) for unemployed urban residents, and the New Cooperative Medical Scheme (NCMS) for rural residents.

According to national policy, the insurance programs cover at least 50% of costs for major diseases, including ESRD. But, detailed implementing rules are made by different regions, and the percentage of

out-of-pocket spending might differ according to the levels of medical institutions providing the treatment. But, insurance would cover at least 50% of the costs regardless of region.