

# Transforming Kidney Care



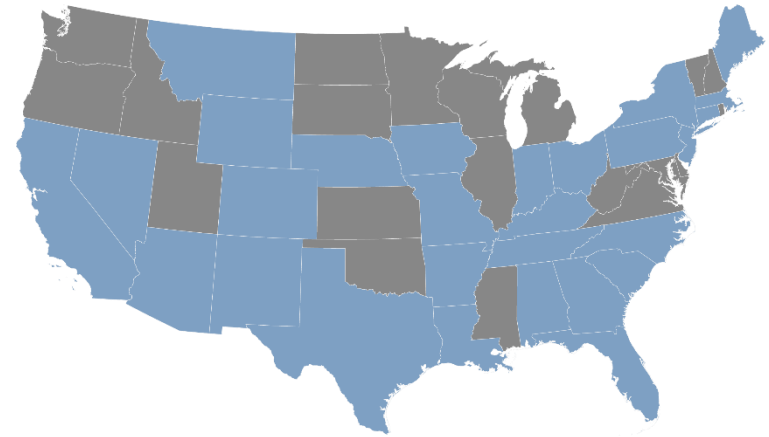
**Dialysis Clinic, Inc.**  
A Non-Profit Corporation

**Douglas S. Johnson, MD**  
Vice Chair of the Board  
Dialysis Clinic, Inc.

# We Are

## Dialysis Clinic, Inc.

- **Largest non-profit dialysis provider in the U.S.**
- **Founded in 1971 (48 years ago)**
- **Serving over 18,000 patients (> 3,000 CKD, > 15,000 dialysis) in more than 240 clinics across 28 states**
- **Lowest mortality and hospitalization rates in U.S. 2002 - 2014 (USRDS stopped comparing in 2017)**



## REACH Kidney Care

- **Managing over 3,000 patients with chronic kidney disease (CKD)**
- **8 locations in 7 states**
- **Managing >400 patients in Stage 5 CKD, not on dialysis.**
- **Primary objective is to decrease the number of patients requiring dialysis care**

# We Are

## ESRD Seamless Care Organizations (ESCOs)

- ACO for patients on dialysis; responsible for total cost of care
- Launched 3 ESCOs on October 1, 2015, covering 1,485 lives
- **Lowered total cost of care** for population by **\$6.9 million\***
- Currently operating three ESCOs, caring for > 1600 beneficiaries



## DCI Donor Services

- Organ Procurement Organizations in Tennessee, New Mexico, and Northern California
- **647 kidney transplants in 2017**
- Histocompatibility lab
- Tissue bank
- Commitment to Life, Health & Hope

\* The statements contained in this presentation are solely those of the authors and do not necessarily reflect the views or policies of CMS. The author assumes responsibility for the accuracy and completeness of the information contained in the presentation

# Kidney Care Is Broken

**Financial incentive  
to put people with  
kidney disease on  
dialysis**

**Financial  
disincentive  
for transplant**

**No financial incentive for  
better care of people with  
chronic kidney disease**



**Adam Boehler, Deputy Administrator, Director of CMMI–  
No industry is good or bad  
Providers will follow financial incentives**

# Kidney Care Today

## Lack Of Awareness



Only **47%** of Stages 4 & 5 CKD patient know that they have CKD ( $\geq 70\%$  of their kidney function is lost)

## Early Initiation of Dialysis



11.3% (13,660) of patients who started dialysis in 2016 still had **15% or more** of their kidney function remaining.

Dialysis provides about **10%** of kidney function

\* 2017 USRDS ADR

\* 2018 USRDS ADR



# Dialysis is the Default



Only 2.8% of patients avoided dialysis by receiving a pre-emptive transplant

22.8% (28,407) of patients starting dialysis in 2016 were 75 years or older

- Many would have lived just as long if they had not started dialysis
- How many of these patients knew that they could choose not to start dialysis?

\* 2018 URDS ADR

# Better CKD Care



# REACH Kidney Care



## **In-person care + Strong relationship + Trust = Enduring patient engagement**

As a person with kidney disease builds a trusting relationship with the care coordinator, the person becomes more engaged in her care, her clinical outcomes improve, and her cost of care decreases



## **Trusting patient and family relationship**

We are at the patient's side to guide and empower her and her family throughout her entire kidney disease journey



# Early Focus on Chronic Kidney Disease

Delay (if not avoid) the start of dialysis by “going upstream”

- CKD care coordination for stage 3 CKD with severe proteinuria, stage 4 and stage 5 CKD
- Transplant—the optimal therapy—both pre-emptive and after initiation—ideally within the first year.



Safely and effectively transition to dialysis—eGFR less than 10, greater the 5 (avoid “crashing” into the hospital)

Increase patient engagement in their own care and delay transition to dialysis

*“You are two-thirds of the way to the dialysis clinic. We would like to work with you to help you stay off dialysis.”*



# Methodology for Patient Stratification CKD Patient Identification

Percentage of US  
Population by eGFR  
and Albuminuria  
Category: KDIGO 2012  
and NHANES 1999-2006

				Persistent albuminuria categories Description and range			
				A1	A2	A3	
				Normal to mildly increased	Moderately increased	Severely increased	
				<30 mg/g <3mg/mmol	30-300 mg/g 3-30 mg/mmol	>300 mg/g >30 mg/mmol	
GFR categories (mL/min / 1.73m <sup>2</sup> ) Description and range	G1	Normal or High	≥90	55.6	1.9	0.4	57.9
	G2	Mildly decreased	60-89	32.9	2.2	0.3	35.4
	G3a	Mildly to moderately decreased	45-59	3.6	0.8	0.2	4.6
	G3b	Moderately to severely decreased	30-44	1.0	0.4	0.2	1.6
	G4	Severely decreased	15-29	0.2	0.1	0.1	0.4
	G5	Kidney Failure	<15	0.0	0.0	0.1	0.1
				93.2	5.4	1.3	100.0





**Scott Gongaware**





**Lynn Ashworth**

# Improved Care

## >3,000 patients, 8 locations, 7 states

Measure	National Average	REACH	Savings
More Choose To Not Start Dialysis	2% (?)	10.5%	
Increase Preemptive Transplant Rate	2.8%	6.6%	\$50,000 per patient per year. Excludes cost of surgery
Delay Start By Six Months			\$30,000 per start
Decrease Dialysis Start GFR $\geq 15$	11.3%	<5%	Spartanburg, SC
Increase Dialysis Start GFR 5-10	47.3	70%	Spartanburg, SC
First Dialysis Treatment <u>Not</u> In Hospital	33%	55.2%	\$25,000 per avoided hospitalization
Start Dialysis on a Home Therapy	10%	22.9%	\$45,000 per patient per year
Start Dialysis with Permanent Access	20%	51.3%	\$45,000 per patient per year

# Living the Breadth of Life

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<https://www.youtube.com/watch?v=HqdNDZ5EWzl&feature=youtu.be>

# Questions?



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