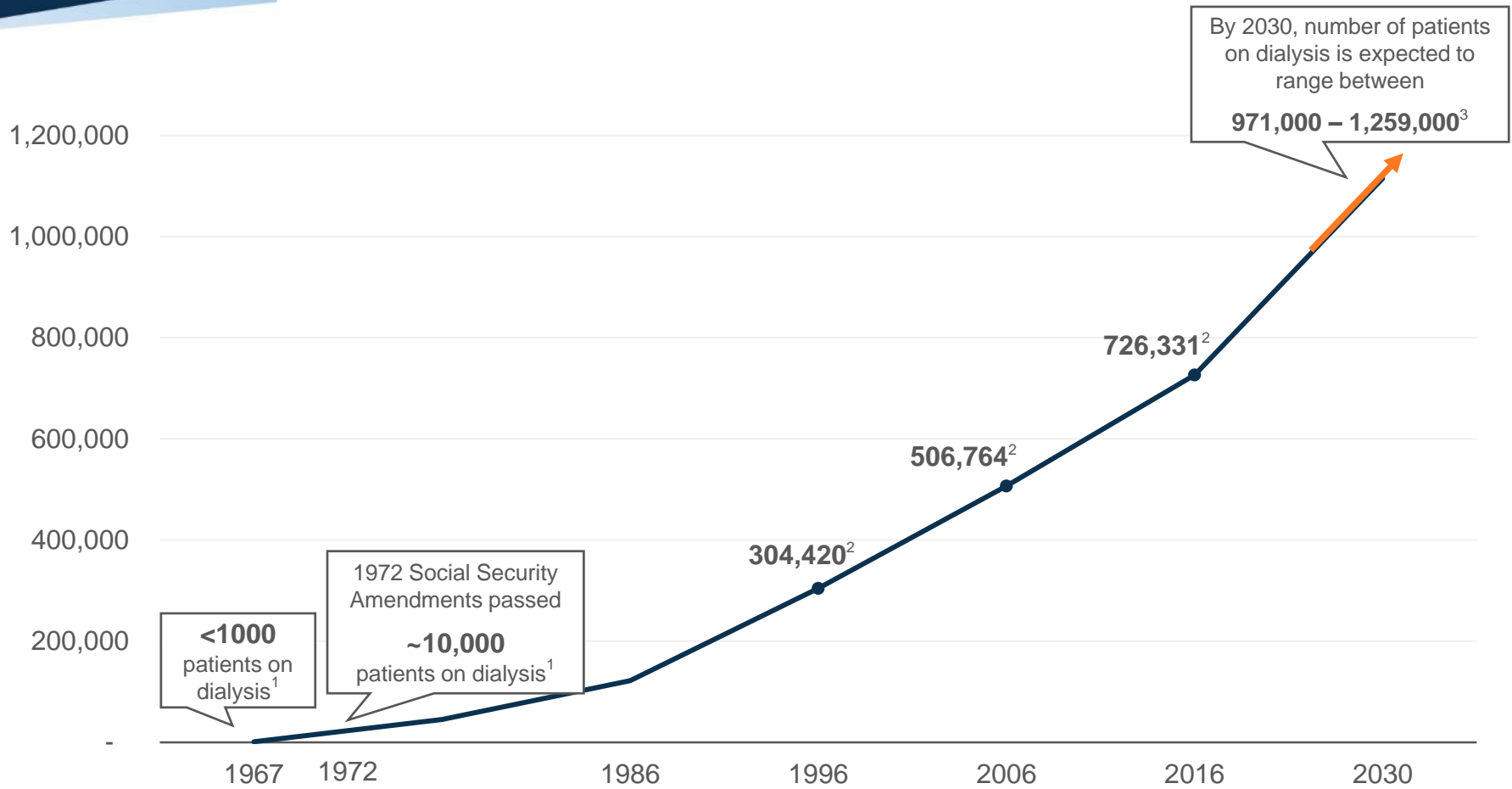


Redefining Dialysis Patient Comprehensive Care

Ikenna Okezie, MD, MBA
Chief Executive Officer and Co-Founder

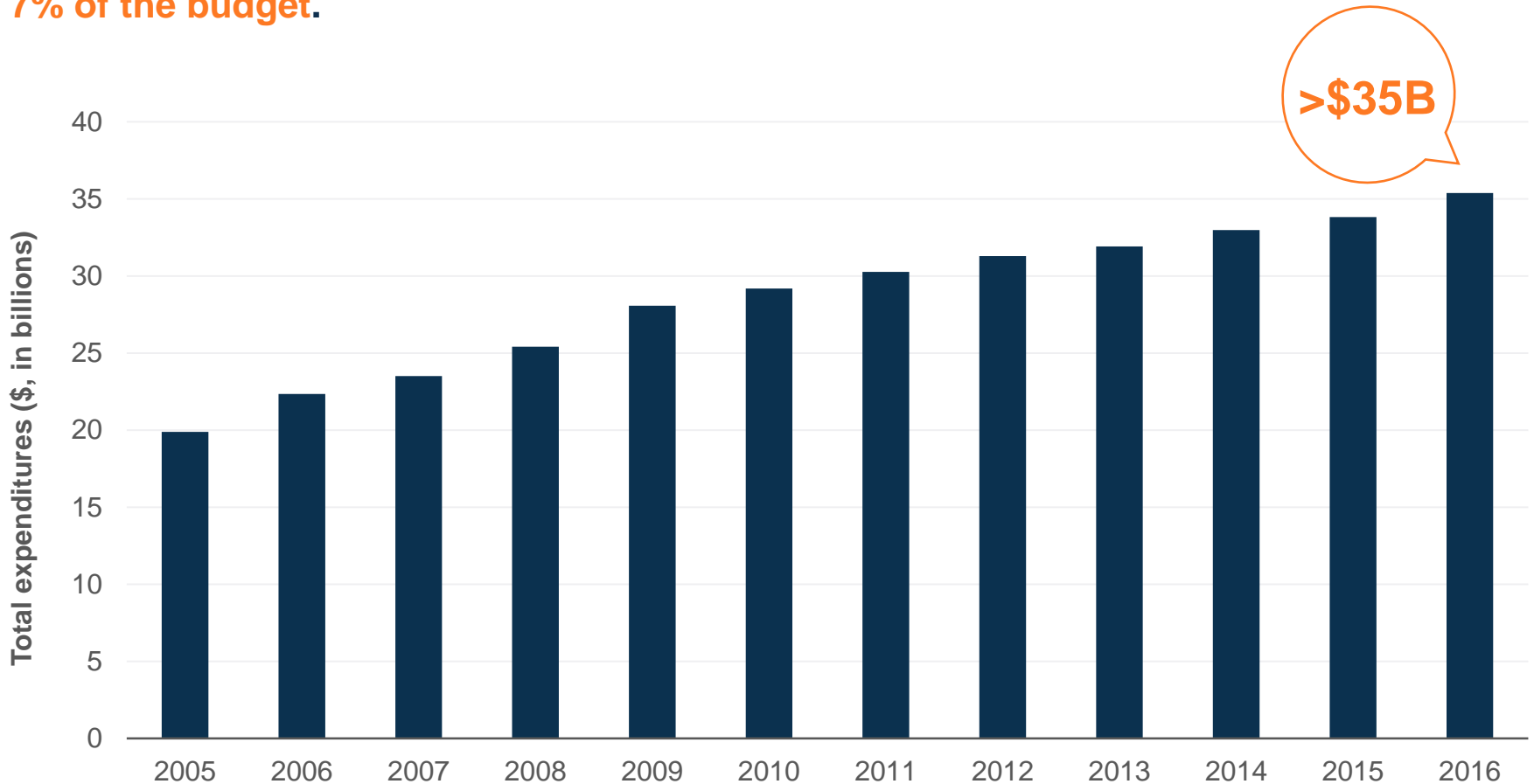
Unprecedented Growth in Number of ESRD Patients



1| Institute of Medicine (US) Committee to Study Decision Making; Hanna KE, editor. Biomedical Politics. Washington (DC): National Academies Press (US); 1991. Origins of the Medicare Kidney Disease Entitlement: The Social Security Amendments of 1972
 2| Actual 3| Projected based on [Projecting ESRD Incidence and Prevalence in the United States through 2030](#)

Medicare Spending on ESRD Continues to Reach Exorbitant Amounts

Patients with ESRD account for only **1% of the Medicare population**, but account for **7% of the budget**.



USRDS ESRD Database; Reference Table K.1. Abbreviations: ESRD, end-stage renal disease; FFS, fee-for-service

Recognition of a Broken System



CMS is looking at a trial payment design that would improve care in the early stages of kidney disease, increase access to kidney transplants and favor home dialysis over clinic-based treatment. “A lot of the way the program has been set up, it creates **a lot of perverse incentives to actually keep people in an institutional setting.**”

- Seema Verma, CMS Administrator, Reuters, 3/2019

JAMA[®]

...**Private health plans paid four times more than government programs for dialysis treatments...** Medicare pays a fixed rate for dialysis care but private insurers must negotiate with dialysis providers for the prices to pay.

- *A Comparison of Payments to a For-Profit Dialysis Firm From Government and Commercial Insurers, JAMA Intern Med., 5/2019*

GAO

...In the short term, we found that **expanding the provision of in-center hemodialysis at a facility generally tends to increase that facility's Medicare margin** and that the estimated increase is more than would result if the facility instead expanded the provision of either type of home dialysis.

- *US Government Accountability Office, Medicare Payment Refinements Could Promote Increased Use of Home Dialysis Report, 10/2015*



CMS Office of Minority Health (OMH) awarded 3 “seats” in the CMS Virtual Research Data Center (VRDC) to assist researchers in gaining access to CMS restricted data for minority health research... This will allow CMS and its agents to **realize gains in efficiency and effectiveness by focusing on the identification and eradication of health disparities in disadvantaged populations.**

Identifying Gaps in Care

Across a population of 350+ patients with end-stage renal disease, we saw hundreds of gaps in care that had previously gone unidentified and unaddressed.

SKIN & WOUND CARE

- Home health referrals for wound care and therapy
- Assistance with acquiring hospital beds for wound healing
- Specialist referrals



MEDICATIONS

- Medication reconciliations
- Phosphate binder education
- Medication costs assistance
- Medication copay assistance



TRAVEL & TRANSPORTATION

- Identification of convenient dialysis center locations to avoid hour+ drive
- Identification of reliable transportation (i.e. Uber, Lyft)



DIALYSIS & ACCESS

- Back-up permanent access acquisition
- PD education and transfers
- Dialysis adequacy education
- Inhalers and oxygen acquisition



QUALITY

- Breast cancer screenings
- Colorectal screenings
- Eye exams
- Dental appointments
- Home monitoring devices check-ups
- POST forms



HOUSING & HOME SUPPORT

- Home making services referrals
- Senior housing application assistance
- Caregiver stress identification and assistance
- Lower income housing resources research



TRANSPLANT

- Transplant referrals and education for all patients
- Application submission and status

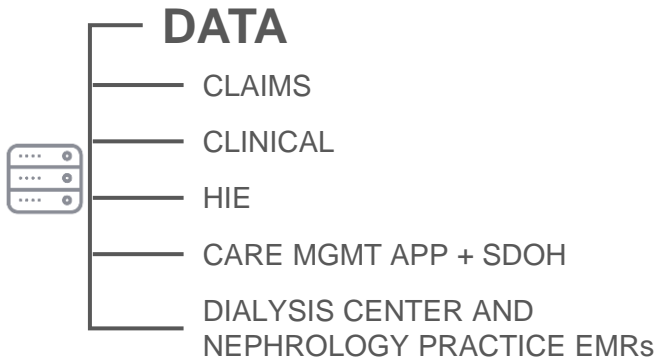


NUTRITION & FOOD

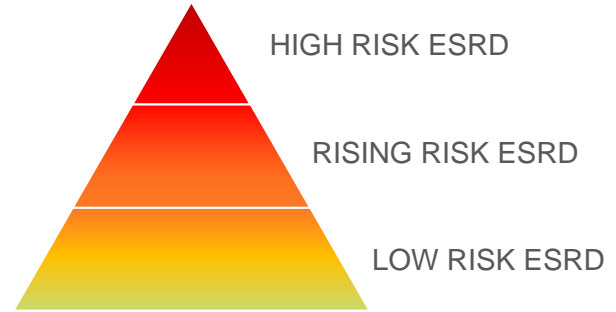
- Meal assistance program referrals
- Renal dietitian referrals
- Protein supplement acquisitions
- Food assistance applications



Creating a Structure to Close Gaps in Care

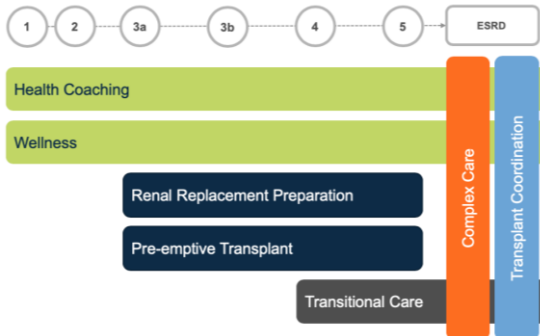


RISK STRATIFICATION

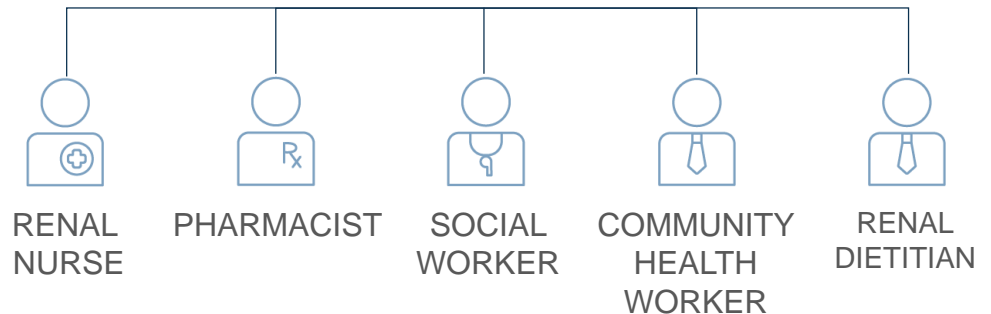


PROGRAMS AND RESOURCE APPLICATION

Evidence-based Clinical Programs*



Multidisciplinary Renal Care Team



What Needs to be Done to Close Gaps in Care?



Complex Care Coordination



Health Coaching



Wellness Coordination

High Risk

Moderate Risk

Lower Risk

Face-to-Face Visits with telephone support to address high acuity needs, such as arranging permanent access & addressing social barriers to care

Face to Face Visits with Telephone Support to engage member in self-management skills, such as education, symptom / response management, and goal setting

Telephone Support (with face-to-face support as needed) to ensure gaps in care are addressed and member is stable in ESRD management



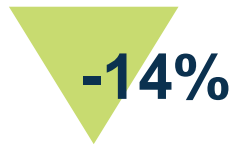
Transitional Care Coordination

- 30-day program to reduce readmissions for members discharged from the hospital
- Face-to-face visits to safely transition the member home and back to the dialysis unit and manage needs during 30-day post-discharge period

What Kind of Results Can You Get?

UTILIZATION

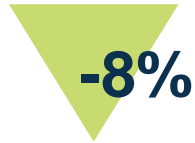
February 2019 Compared to Previous Year Average



IP ADMITS / 1000



IP SURGICAL
ADMITS / 1000



IP MEDICAL
ADMITS / 1000



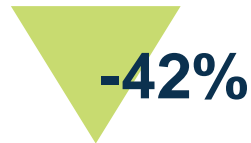
IP SNF
UTILIZATION / 1000

COST

February 2019 Compared to Previous Year Average



TOTAL COST
OF CARE



INPATIENT
COSTS



OUTPATIENT
COSTS

What Type of Results Do Patients Experience and Feel?

The following pictures are HIPAA compliant and permission was obtained from the patient for use.



SŌ - MAT' - US

Derived from the latin word, somata, plural of soma, meaning our bodies, free of “germs.”

Somatus is our healthy bodies.



8000 Towers Crescent Drive
Suite 1100, Vienna, VA 22181

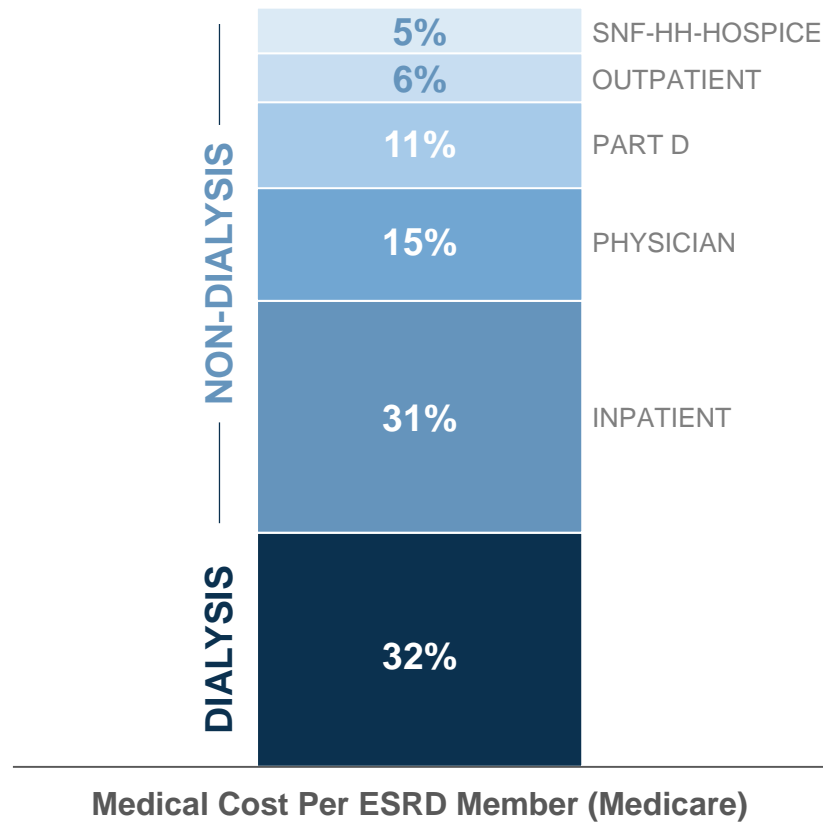
somatus.com

The New Look and Feel of Dialysis Centers



Unfavorable Economics

Average Medicare ESRD Cost:
~\$87,000 PMPY
(commercial costs even higher)



Source: USRDS Annual Data Report on ESRD & CKD, 2016