Redefining Dialysis Patient Comprehensive Care

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Chief Executive Officer and Co-Founder
Unprecedented Growth in Number of ESRD Patients

By 2030, number of patients on dialysis is expected to range between 971,000 – 1,259,000.

2| Actual
3| Projected based on Projecting ESRD Incidence and Prevalence in the United States through 2030
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

...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.


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.


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.

<table>
<thead>
<tr>
<th>SKIN &amp; WOUND CARE</th>
<th>MEDICATIONS</th>
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<tbody>
<tr>
<td>• Home health referrals for wound care and therapy</td>
<td>• Medication reconciliations</td>
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<tr>
<td>• Assistance with acquiring hospital beds for wound healing</td>
<td>• Phosphate binder education</td>
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<td>• Specialist referrals</td>
<td>• Medication costs assistance</td>
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<tr>
<th>TRAVEL &amp; TRANSPORTATION</th>
<th>DIALYSIS &amp; ACCESS</th>
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<tr>
<td>• Identification of convenient dialysis center locations to avoid hour+ drive</td>
<td>• Back-up permanent access acquisition</td>
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<tr>
<td>• Identification of reliable transportation (i.e. Uber, Lyft)</td>
<td>• PD education and transfers</td>
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<tr>
<td></td>
<td>• Dialysis adequacy education</td>
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<td></td>
<td>• Inhalers and oxygen acquisition</td>
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<tr>
<th>QUALITY</th>
<th>HOUSING &amp; HOME SUPPORT</th>
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<tbody>
<tr>
<td>• Breast cancer screenings</td>
<td>• Home making services referrals</td>
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<tr>
<td>• Colorectal screenings</td>
<td>• Senior housing application assistance</td>
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<tr>
<td>• Eye exams</td>
<td>• Caregiver stress identification and assistance</td>
</tr>
<tr>
<td>• Dental appointments</td>
<td>• Lower income housing resources research</td>
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<tr>
<td>• Home monitoring devices check-ups</td>
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<td>• POST forms</td>
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<tr>
<th>TRANSPLANT</th>
<th>NUTRITION &amp; FOOD</th>
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<tr>
<td>• Transplant referrals and education for all patients</td>
<td>• Meal assistance program referrals</td>
</tr>
<tr>
<td>• Application submission and status</td>
<td>• Renal dietitian referrals</td>
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<td></td>
<td>• Protein supplement acquisitions</td>
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<td>• Food assistance applications</td>
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Creating a Structure to Close Gaps in Care

**DATA**
- CLAIMS
- CLINICAL
- HIE
- CARE MGMT APP + SDOH
- DIALYSIS CENTER AND NEPHROLOGY PRACTICE EMRs

**RISK STRATIFICATION**
- HIGH RISK ESRD
- RISING RISK ESRD
- LOW RISK ESRD

**PROGRAMS AND RESOURCE APPLICATION**

Evidence-based Clinical Programs*

- Health Coaching
- Wellness
- Renal Replacement Preparation
- Pre-emptive Transplant
- Transitional Care

Multidisciplinary Renal Care Team
- RENAL NURSE
- PHARMACIST
- SOCIAL WORKER
- COMMUNITY HEALTH WORKER
- RENAL DIETITIAN

*Illustrative and not comprehensive
What Needs to be Done to Close Gaps in Care?

Complex Care Coordination

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

Health Coaching

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

Wellness Coordination

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**: -14%
- **IP MEDICAL ADMITS / 1000**: -8%
- **IP SURGICAL ADMITS / 1000**: -24%
- **IP SNF UTILIZATION / 1000**: -27%

**COST**
February 2019 Compared to Previous Year Average

- **TOTAL COST OF CARE**: -10%
- **INPATIENT COSTS**: -42%
- **OUTPATIENT COSTS**: -10%
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.
The New Look and Feel of Dialysis Centers
Unfavorable Economics

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

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<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>DIALYSIS</td>
<td>32%</td>
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<tr>
<td>SNF-HH-HOSPICE</td>
<td>5%</td>
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<tr>
<td>OUTPATIENT</td>
<td>6%</td>
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<tr>
<td>PART D</td>
<td>11%</td>
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<tr>
<td>PHYSICIAN</td>
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<tr>
<td>INPATIENT</td>
<td>31%</td>
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<tr>
<td>NON-DIALYSIS</td>
<td>15%</td>
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Medical Cost Per ESRD Member (Medicare)