



# 'Reimbursement in Medicare: Impact on CKD patients'

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# Summary

- CKD patients are complex and at high medical risk
- The current system is not optimally configured to provide coordinated longitudinal support for these patients –
- Many of the costly impacts of its absence are avoidable.
- There is growing evidence that care coordination helps, improve the health status and lowers costs for these patients
- Reimbursement is a key challenge for wider diffusion of care coordination practices, delivery system redesign and innovation in the care of these patients
  - Work effort is largely in the part B area while benefits accrue in the part A area
  - Part B reimbursement is focused on episodes of care rather than longitudinal care of the complex and chronically ill
  - There are no patient incentives to follow evidence based practice



# Co Morbid Conditions among CKD Demonstration Participants

N = 1,370 participants

Number of Co Morbidities	Percent of Population
1	5%
2	18%
3+	77%



# The Likelihood of death or dialysis in Stage 3 and 4 CKD

- During 5 years of observation (mean 3.3 yrs)

	Stage 3 (11,278)	Stage 4
<u>(777)</u>		
ESRD	1.3%	18%
Died	24%	46%
Alive	64%	28%



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# Potentially Avoidable Impacts

- Targeted efforts to slow the progression of renal disease are largely not present
- Few patients have mature ready to use permanent vascular access at start of dialysis.. (43%)
- Many patients start dialysis in the hospital under emergent conditions (50%)
- Few patients have renal replacement options fully explained



# Perceived knowledge among patients cared for by nephrologists

- A self administered questionnaire was given to 676 patients with stage 3–5 chronic kidney disease
  - about one-third reported limited or no understanding of their chronic kidney disease and no awareness regarding their treatment options.
  - only about half of patients with 4 or more nephrology appointments in the prior year reported knowing of hemodialysis, continuous ambulatory peritoneal dialysis or transplant.

Finkelstein F, Kid Int 2008



# Analysis of Village Health DM Data

## Over 50% of Patients have an emergent start to Dialysis

Client	#ESRD's	# ESRD Pts with emergent start in hospital	%
Payor #1	136	68	50.0%
Payor #2	221	105	47.5%
Payor #3	54	40	74.1%
Payor #4	48	39	81.3%
Payor #5	278	158	56.8%
Payor #6	198	98	49.5%
Payor #7	301	179	59.5%
Payor #8	385	246	63.9%
Payor #9	527	297	56.4%
Payor #10	107	53	49.5%
<b>Total</b>	<b>2,255</b>	<b>1,283</b>	<b>56.9%</b>



# The Cost of Emergent Starts is High (approx \$20k/patient)

Payor	#ESRD Patients Starting Emergently	% Emergent Starts	In-Patient Cost of the Crash
Payor #1	68	50.0%	\$28,042
Payor #2	105	47.5%	\$16,780
Payor #3	40	74.1%	\$22,948
Payor #4	39	81.3%	\$21,310
Payor #5	158	56.8%	\$18,955
Payor #6	98	49.5%	\$14,148
Payor #7	179	59.5%	\$13,910
Payor #8	246	63.9%	\$19,359
Payor #9	297	56.4%	\$21,618
Payor #10	53	49.5%	\$17,703
<b>Total</b>	<b>1,283</b>	<b>56.9%</b>	<b>\$19,283</b>

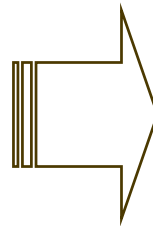


# Areas for Care Coordination CKD

- Early Referral to the nephrologist
- Management of co morbid conditions – HTN, Lipids, Diabetes, HF
- Management of medications (adherence, avoiding complications)
- Management of the complications of renal failure (anemia, bone disease, nutrition)
- Early referral for access and transplant evaluation
- Preventive care
- Advance Care Planning
- Modalities education

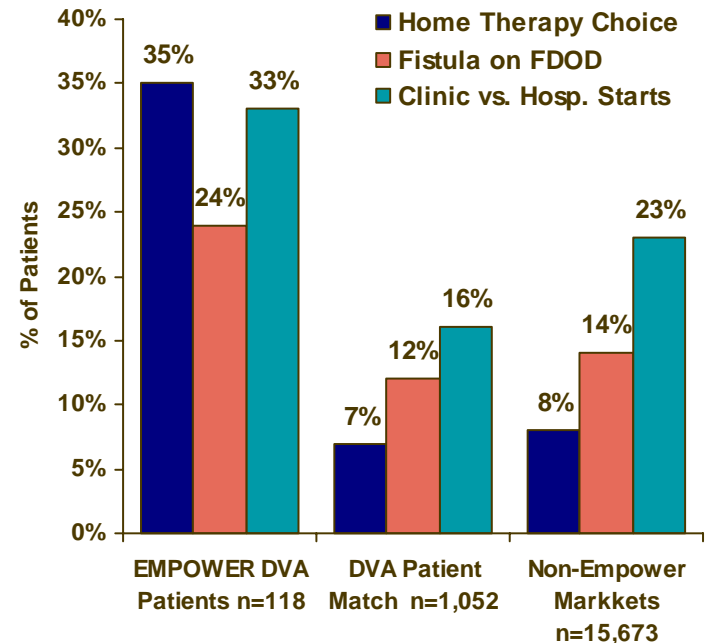
## What is it?

- Innovative patient education and coaching program for early stage CKD patients
- Designed to help patients feel empowered to work with their healthcare team to make the best decisions for their health and future



## Results in 2008

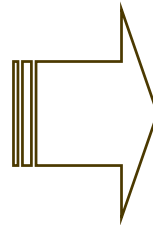
### EMPOWER Patient Dialysis Starts



# Village Health - RCT

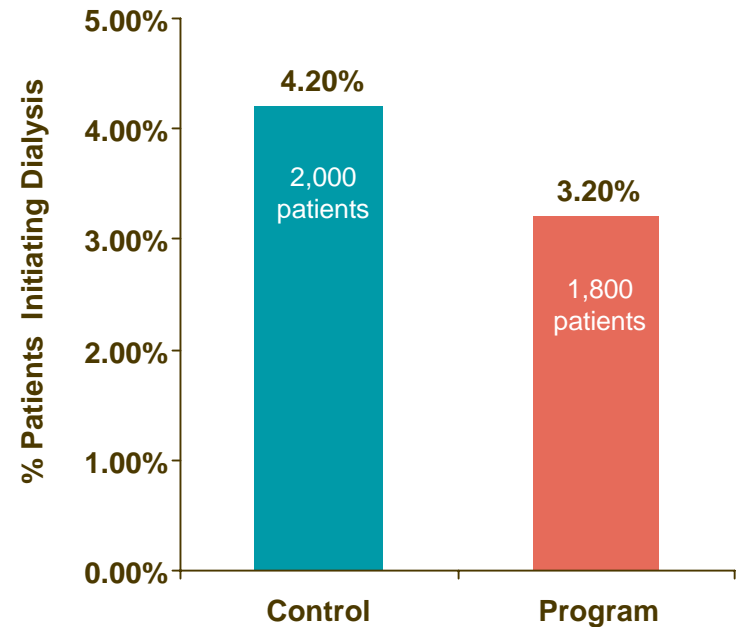
## What is it?

- Village Health provides care management services to CKD patients through a Medicare demonstration program called Key to Better Health (KTBH)
- KTBH enables thousands of Medicare beneficiaries with CKD in NY state to access specially trained nurse case managers to help manage their health



## Results in 2008

### CKD Demo Impact\*



\*Results of DaVita internal analysis; not validated by CMS



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