

Value-Based Kidney Care Partnership Improves Member Outcomes and Reduces Costs



THE SITUATION

A national commercial payer and health services company recognized the growing cost of its end stage kidney disease (ESKD) members on dialysis and decided to partner with an established value-based care provider, DaVita Integrated Kidney Care (DaVita IKC)¹, to help address the members' complex care needs and manage the total cost and quality of care.

THE SOLUTION

The partnership between the national payer and DaVita IKC is a 50-50 shared savings program that was designed to **coordinate and improve the quality of care provided to ESKD patients with greater efficiency, lower total medical costs and overall improved clinical outcomes**. Members qualified for the value-based program if they had commercial insurance from the national payer and received dialysis services in a DaVita center.

Program Approach. The approach leveraged the national payer's resources and DaVita[®] IKC integrated care management programs to help identify and close care and process gaps for ESKD patients. The value-based program applied a patient-centered model of care to address members' complex needs. Patient and care partner education and engagement were fundamental. Continuity of care across providers, nephrologist engagement and personalized interventions for all program members were also critical to success.

Care Plans. An interdisciplinary care team, comprised of specialists from the national payer and DaVita IKC, created robust care plans to manage both kidney- and non-kidney-related comorbidities, including congestive heart failure, chronic obstructive pulmonary disease, hypertension and behavioral health conditions, that affected overall patient health.

Risk Stratification. The team's care delivery approach used advanced predictive analytics and qualitative, real-time clinical evaluations by dialysis staff to help identify patients who were at higher risk of hospital admissions (see Figure 1, page 2).

Grand Rounds Process. Grand Rounds, a monthly review process designed to address the needs of the highest acuity patients, provided additional interventions, including kidney pharmacist support, behavioral health support and end-of-life advance care planning, as needed to a subset of patients. By refining and nationally scaling interventions and outcomes, Grand Rounds helped improve outcomes across the entire managed population.

Typical Dialysis Patients²

Account for **1%** of Medicare beneficiaries and **7.2%** of costs

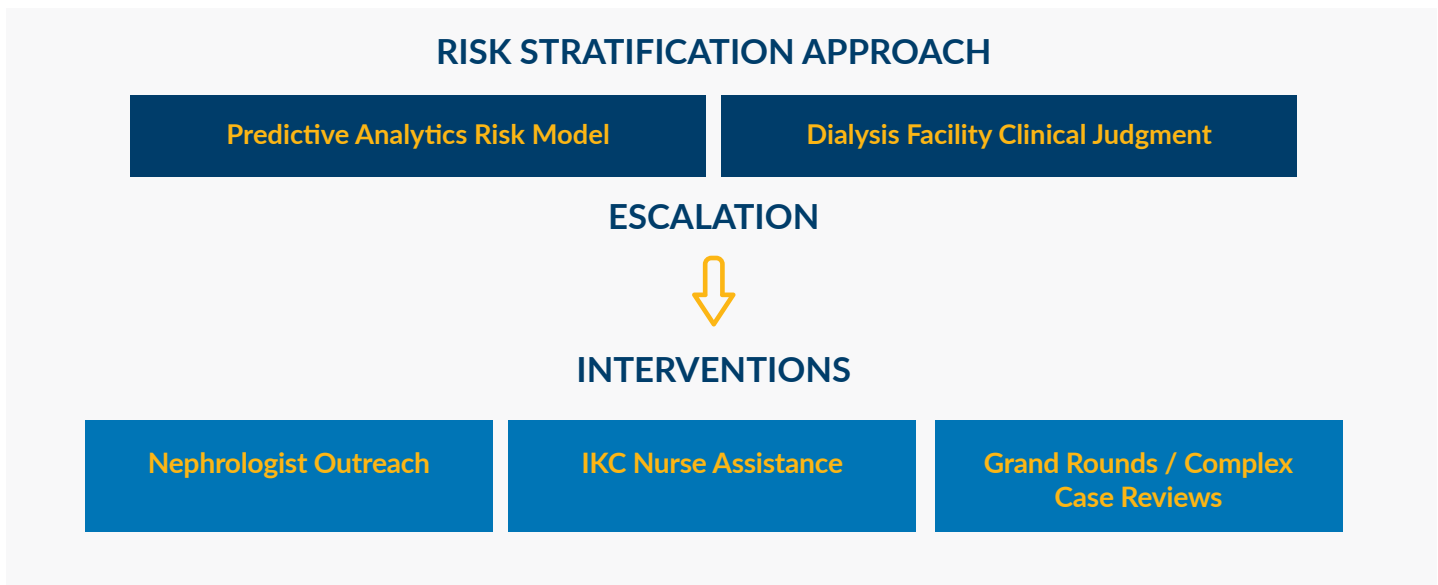
Have **4 or more** comorbidities

Take **19 or more** pills each day

Spend approximately **11 days** per year in the hospital

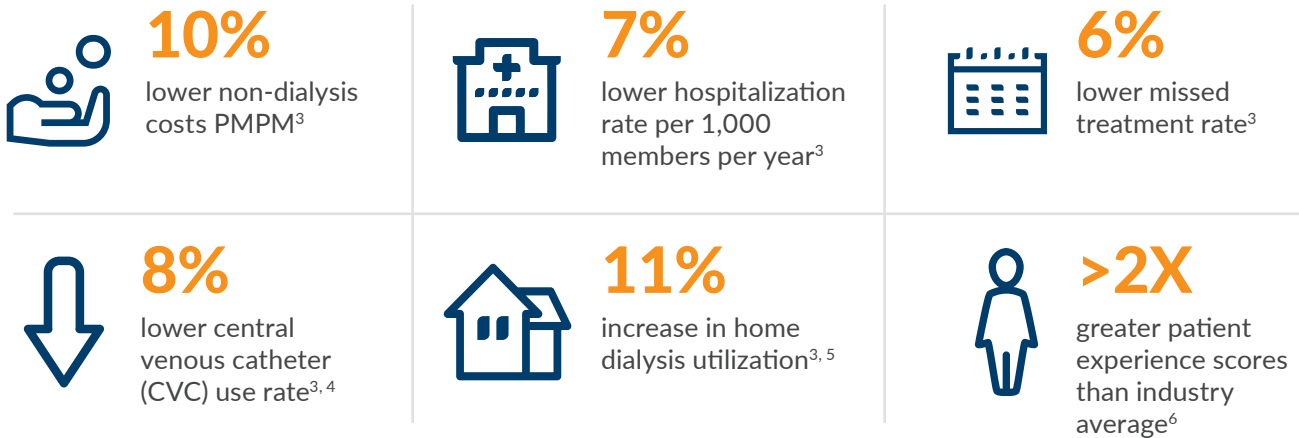
1. DaVita Integrated Kidney Care ("DaVita IKC") is the integrated care division of DaVita Kidney Care with programs operating under the DaVita[®] and VillageHealth[®] brands for Total Renal Care, Inc. and VillageHealth DM, LLC, respectively.
2. Source: United States Renal Data System. 2018 USRDS annual data report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2018.

Figure 1: Approach to Risk Stratification and the Grand Rounds



THE IMPACT

After one year, the value-based program achieved the following results:



\$10 million total in shared savings

Through a multifaceted approach that leveraged claims, analytics and clinical insights, the interdisciplinary team more effectively identified the unique needs of patients to deliver the right resources at the right time for the right level of care. The results reported here are from program year one; however, the value-based program continues. The innovative partnership between the national payer and DaVita IKC validates that payer-provider collaboration can improve care quality, reduce medical costs for complex, chronic patients and deliver value for members, health plans and providers.

To learn more about DaVita IKC value-based care, visit [DaVita.com/HealthPlans](https://www.davita.com/HealthPlans).

3. Results after program year one (May 2018 through April 2019) are compared to pre-program baseline, except for patient experience scores.

4. CVC is an infection-prone vascular access.

5. Home dialysis is associated with better patient outcomes than in-center dialysis. Source: Miller BW, Himmele R, Sawin DA, Kim J, Kossman RJ. Choosing home hemodialysis: A critical review of patient outcomes. *Blood Purif* 2018;45:224-229.

6. Net promoter score of 64 versus 28 for pharmacy or 13 for health insurance. Source for industry average: Retently. What is a good net promoter score? (2020 NPS benchmark). <https://www.retently.com/blog/good-net-promoter-score/>. Published March 5, 2020.