Early Interventions for Kidney Patients Improve Outcomes and Reduce Costs



Patients with chronic kidney disease (CKD) are among the most vulnerable populations and typically are not aware they have kidney disease. CKD patients who progress to end stage kidney disease (ESKD), or kidney failure, become some of the most medically complex and costly patients, with an average of 4 comorbidities and multiple hospitalizations per year.

DaVita Integrated Kidney Care (IKC) partners with health plans to improve outcomes and reduce costs for CKD and ESKD member populations. Our provider-neutral program, VillageHealth, can help your members detect CKD earlier and slow progression to ESKD.

CKD Care Management: Leading Results

The DaVita IKC program provides holistic, patient-centered care to help members detect CKD earlier, slow progression to ESKD and improve their overall quality of life.

35,000+

CKD patients managed

48

States where we delivered care

10+

Years of experience managing CKD patients

DaVita IKC leverages predictive analytics, patient education, digital patient engagement and nephrologist alignment to empower patients to make active choices in their care, avoid unnecessary hospitalizations and reduce medical costs. Our care team helps patients who are progressing to ESKD to make informed modality and treatment choices that are best for them, including home dialysis, transplant and conservative therapy.

The multidisciplinary care team collaborates with kidney care and other providers to ensure integration of patient care plans across all comorbidities. The care team actively coordinates care, helping patients navigate local and health plan resources to address critical health care access barriers, including social determinants of health challenges, such as transportation and kidney-friendly nutrition.

The DaVita IKC program has achieved the following results:

- 93% of patients engaged with a nephrologist (vs. 36% baseline)
- 74% of ESKD transition patients ready with an optimal vascular access in place (vs. 40% baseline)
- 72% of ESKD transitions in an outpatient setting, not the hospital (vs. 27% baseline)
- 38% fewer admits in the first 180 days of dialysis for patients who transition to ESKD

Kidney Disease Facts

37M

Number of U.S. adults estimated to have CKDⁱ

90%

People unaware of their kidney diseaseⁱⁱ

1.2M

Patients with late-stage CKD (CKD stage 4 or 5)ⁱⁱⁱ

50%

Cases that lead to unplanned dialysis starts before learning of diagnosis^{iv}

\$40-60K

Higher cost per patient for unplanned starts^v



Supporting Tools and Programs

Advanced Predictive Analytics

To help drive targeted interventions on the right patient population, DaVita IKC uses advanced analytics and risk stratification powered by more than 1 billion unique patient data points. Our proprietary CKD predictive model identifies 75% of patients who are most likely to transition to dialysis in the next 6-18 months, allowing for timely modality education and vascular access planning to help improve clinical outcomes. Additionally, DaVita IKC has a proprietary model to identify patients at risk of CKD who are not yet diagnosed.

Patient Education

Through Kidney Smart®, an award-winning CKD education program, participating patients learn through interactive, in-person and online classes covering kidney disease basics, diet and lifestyle changes, comorbidity management and modality and treatment options. Patients who transition to ESKD having received Kidney Smart education have experienced better outcomes than patients who have not received Kidney Smart educationxi:





Home dialysis





Digital Patient Experience and Engagement

DaVita IKC utilizes digital technologies to improve CKD patient engagement and experience, including:

- Texting education for patients interested in home modalities or transplant, following Kidney Smart® classes
- Al-enabled chat with regular check-ins to maintain patient engagement and accountability
- Online patient platform with personalized education, patient community, lab results, medication data, caregiver tools, advanced care planning resources, assessments and surveys

Nephrologist Alignment

DaVita IKC works with the Nephrology Care Alliance, a physician-provider collaboration to advance value-based care. To date, over 1,200 nephrologists have joined the nephrologist-led organization and have access to advanced analytics, a CKD-specific Epic EHR and Kidney Disease Education to improve clinical outcomes and lower cost of care.

The Future of Kidney Care

DaVita IKC is partnering with leading regional and national payors to transform kidney care through value-based CKD care programs. Together, we can fundamentally change patient trajectory, improve clinical outcomes, reduce total cost of care and enhance member experience. For more information on integrated care partnerships for your CKD members, contact us at partnerships@davita.com.

USRDS – Prevalence of CKD by stage among NHANES participants, 2001-2016

USRDS – Prevalence of CKD by stage among NHANES participants, 2001-2016

National Kidney Foundation, https://www.kidney.org/news/one-seven-american-adults-estimated-to-have-chronic-kidney-disease

Risk Factors for Unplanned Dialysis Initiation: A Systematic Review of the Literature (2019)

https://journals.sagepub.com/doi/full/10.1177/2054358119831684#_i42
*DaVita Internal Data: Unplanned start is defined as having an IP admission within 4 days of starting dialysis

*DaVita Integrated Kidney Care 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. vi35,000 patients served in total over more than 10 years of CKD care management.

viiiVillageHealth internal data compared to USRDS baselines or internal baselines where appropriate.

*Central venous catheter (CVC) use is associated with higher likelihood of infection.
*Net Promoter, Net Promoter System, Net Promoter Score, NPS and the NPS-related emoticons are registered trademarks of Bain &

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