

As of January 2017, the Centers for Medicare & Medicaid Services (CMS) began covering outpatient dialysis treatments for patients with acute kidney injury (AKI). As a result:

- Medicare-certified ESRD dialysis centers are now paid by CMS for providing outpatient dialysis services to AKI patients that already have Medicare.
- 2. CMS reimburses nephrologists to care for dialysisdependent AKI patients with Medicare as outpatients. CMS has not restricted the frequency of direct physician evaluation for this unique set of patients.
- 3. CMS currently does not reimburse for PD treatments at home for AKI patients. However, PD at home can be provided for many commercial AKI patients, pending insurance counselor confirmation.

DAVITA'S WAY OF CARING FOR AKI PATIENTS

Physicians and discharge planners should be aware of the changes in order to promote the opportunity to discharge AKI patients in a timely manner—ultimately helping to improve patient safety and reduce costs for the hospital.

To assist dialysis centers that are beginning to treat AKI patients, DaVita has designed a host of resources, care pathways, and guidelines specifically for AKI patients' unique needs, which include more-frequent laboratory monitoring and clinical evaluations. Additionally, DaVita has provided educational opportunities for physicians to focus on the intricate nuances of transitioning these patients off dialysis or to ESRD status.

ACUTE KIDNEY INJURY FACTS

- AKI: an abrupt decrease in kidney function that occurs over a period of 7 days or less
- AKI affects up to 20% of all hospitalized patients and can increase costs to hospitals by approximately \$8K per patient¹
- Approximately 25% of incident patients at outpatient dialysis facilities enter as AKI
- Patients who recover from AKI usually recover in 1-2 months²
- **Greater than 50%** of AKI patients transition to ESRD within 2-3 months²
- Most patients who transition to ESRD do so with a CVC only, and tend to be resistant to permanent access placement
- Of those surveyed, greater than 60% of nephrologists are comfortable with AKI patients receiving modality and permanent access education, as well as vessel mapping or PDC evaluation, prior to their ESRD diagnosis²



AKI CLINICAL CARE RESOURCES OFFERED BY DAVITA

AKI Assessment and Monitoring Clinical Policy

- Provides the treatment team with guidance on effective, appropriate care of AKI patients.
- Allows the team to provide select ancillary services (lab draws, CVC care) to AKI patients during held treatments upon physician request.

Recommended AKI Standing Orders and Lab Panel

• Provide guidance regarding in-center hemodialysis orders for AKI patients, which can be more frequent (weekly) and allow the team to better evaluate renal recovery and transitions to ESRD.

AKI Clinical Playbook

 Supports the interdisciplinary team in providing a higher level of care to AKI patients, helping to streamline admissions, monitor for renal recovery, provide education, document correctly, and transition patients to ESRD status once appropriate.

AKI Patient Education

• A suite of education materials specifically oriented towards the needs of AKI patients, with an emphasis on the importance of a permanent access when appropriate.

For more information about AKI patients in the hospital setting, email hospitals@davita.com.

For more information about AKI patients at DaVita, email AKIQuestions@davita.com.

About DaVita Inc.

DaVita is a Fortune 500® health care provider focused on transforming care delivery to improve quality of life for patients around the globe. The company is the largest provider of kidney care services in the U.S. and has been a leader in clinical quality and innovation for 20 years. Through DaVita Kidney Care, the company treats patients with chronic kidney failure and end stage renal disease. DaVita is committed to bold, patient-centric care models, implementing the latest technologies and moving toward integrated care offerings for all. As of March 31, 2019, DaVita serves 203,000 patients at 2,664 outpatient dialysis centers in the United States. The company also operates 241 outpatient dialysis centers in nine countries across the world. DaVita has reduced hospitalizations, improved mortality, and worked collaboratively to propel the kidney care industry to adopt an equitable and high-quality standard of care for all patients, everywhere. To learn more about how DaVita is leading the health care evolution, please visit DaVita.com/About.



^{1.} Hobson C, Ozrazgat-Baslanti T, Kuxhausen A, et al. Cost and mortality associated with postoperative acute kidney injury. Ann Surg. 2015 Jun; 261(6):1207-14.

^{2.} Internal DaVita data