Value-Based Care: Achieving the Triple Aim for ESKD Patients

THE GOAL

Achieve the Triple Aim

Value-based care continues to take hold of the health care community, providing opportunity to achieve the **Triple Aim: improve patient-care experiences and clinical outcomes while reducing care costs**.

Highmark, one of the largest Blue Cross Blue Shield Association health insurers in the country, recognizes comprehensive, integrated care as a way to address the unique needs of people with end-stage kidney disease (ESKD)—one of the highest risk, most medically complex groups. Developing and fine-tuning the care model for this high-cost, low-volume group has allowed Highmark, in partnership with DaVita Integrated Kidney Care (IKC), to continuously achieve the Triple Aim.



THE CHALLENGE

Improve Quality of Care for ESKD Patients

Highmark recognized that its Medicare Advantage and commercially insured ESKD members would benefit from an enhanced level of complex care management. In 2013, the population had over \$13 million in addressable costs, with an average of two hospitalizations and 13 hospital days per patient, per year.

Highmark members benefited from an aligned health system and a physician network that enhanced care coordination for approximately 30% of its ESKD population. However, capability gaps and lack of care team alignment remained challenging.

Would implementing a comprehensive care management program for ESKD patients improve care delivery and patient quality of life—and help reduce costs?

Patients with ESKD

Traditional fee-for-service systems create a fragmented experience—often leaving ESKD patients' needs unmet.

Clinical Needs and Utilization

- Close to 800,000 people living with ESKD¹
- Comprise 1% of the Medicare population but 7% of overall costs²
- Are hospitalized nearly 2 times per year³
- Have a 32% readmission rate⁴

Patient Experience

- Over 19 pills taken a day on average
- Dialyze 12-15 hours a week, if receiving in-center hemodialysis
- Have a 78% diabetes comorbidity rate
- Have a 98% hypertension comorbidity rate
- Spend approximately 11 days per year in the hospital
- 1. 2021 USRDS Annual Data Report, Figure 1.5, Prevalence of ESKD
- USRDS 2021 Annual Data Report
 2021 USRDS Annual Data Report,
- Figure 5.1a, All-cause hospitalization rates in adult ESKD patients
- 2021 USRDS Annual Data Report, https://adr.usrds.org/2021/end-stagerenal-disease/5-hospitalization



THE SOLUTION

An Innovative ESKD Model of Care

Highmark chose to partner with an industry leader—DaVita IKC—who has proven to effectively engage ESKD patients, deliver advanced care management capabilities and deploy a collaborative model to align incentives. Together, they implemented a holistic ESKD model of care that encompassed kidney care management and dialysis coordination.

Patient

RN

ESKD Model of Care

Patient Engagement:

High program engagement was driven through collaboration between IKC renal nurses, in-person clinic teams and dedicated home modality nurses.

Aligned Incentives:

Highmark, DaVita IKC and nephrologists shared savings based on clinical innovation and efficiencies.

Late Stage CKD Interventions:

Nephrologists focused on home modalities and starting patients with access in place.

THE IMPACT

Improved Outcomes and Reduced Costs

By collaborating with DaVita IKC to create a comprehensive, evidence-based program to manage ESKD patients across the care continuum, Highmark continues to advance the Triple Aim. Year-over-year, the program has shown a continuous reduction in admits and addressable costs.

Annual Results



Highmark improved ESKD patient quality of care, enhanced patient quality of life and reduced unnecessary costs by more than \$23 million over eight years.

Care Team: IKC renal nurses worked with dialysis clinic teams.

with dialysis clinic teams, nephrologists and hospitals to share clinical data and coordinate care plans.

Customized ESKD Interventions:

Multidisciplinary

Predictive modeling and risk stratification enabled timely care team interventions that increased positive outcomes and prevented hospitalizations.

Renal Pharmacy:

Targeted medication reviews reduced medication-related hospitalizations.

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Cost Savings

- 19% addressable cost savings over 8 years⁵
- Over \$23 million in cost reduction over 8 years⁶
- 5. Clinical metrics tracked by DaVita IKC. Admission and cost metrics based on claims data
- 6. Per contract methodology.



CASE STUDY | VALUE-BASED CARE: ACHIEVING THE TRIPLE AIM FOR ESKD PATIENTS ©2022 DaVita Inc. MISC22-001 Highmark Case Study.

Achieving the Triple Aim

Eight-Year Results⁵

Enhanced Patient Experience

- Advanced Care Plans increased from 15% to 60% of the population
- Increased depression screenings from 31% to 94% of the population
- NPS score of 54 in program year 8 against a health care industry benchmark of 38, ensuring patients feel cared for

Improved Population Health

- 28% improvement in Medicare Advantage inpatient utilization
- 35% improvement in commercial inpatient utilization
- 32% average cumulative decrease in central venous catheter rate
- 30% reduction in hospital admit rate
- 35% reduction in hospital bed days, resulting in more days at home with family