Innovating the ESRD Model of Care to Achieve the Triple Aim

THE GOAL  Achieve the Triple Aim

The shift toward value-based healthcare is providing a substantial opportunity to improve patient care experiences and clinical outcomes while reducing costs.

While many providers and health plans are deploying chronic care management programs for the general patient population, few are pulling ahead of the curve to launch comprehensive models of care that address the unique needs of the highest-risk, most medically complex outlier groups, such as patients with end stage renal disease (ESRD).

A top-10 U.S. health plan is among a select few that have pulled ahead of the curve through attention on ESRD population health management. Reevaluation of the care model for such a high-cost, low-volume group would allow the health plan to advance toward achieving the 

**Triple Aim:** enhanced patient experience, improved population health and reduced costs.

THE CHALLENGE  Managing Medically Complex ESRD Patients

The health plan recognized that its ESRD patients would benefit from an enhanced level of complex care management. Covered by both Medicare Advantage and commercial insurance, the population had more than $13 million in addressable costs, with an average of two hospitalizations and 13 hospital days per patient per year.

Despite a strong affiliation with an aligned health system and a physician network that enhanced the care coordination for approximately 30 percent of its ESRD population, capability gaps and care team misalignment remained challenges for the health plan in addressing these patients.

How would the health plan implement a comprehensive care management program for ESRD patients, improving the quality of care delivery and patient quality of life while simultaneously reducing costs?
THE SOLUTION An Innovative ESRD Model of Care

The health plan wanted to partner with an industry leader that could provide advanced care management capabilities and a collaborative model to align incentives. The health plan developed a partnership with VillageHealth to implement an ESRD model of care that encompassed kidney care management and dialysis coordination.

Achieving the Triple Aim

Two-Year Results

Enhanced Patient Experience
- 30% decrease in central venous catheter rate
- 24% reduction in admit rate
- 29% reduction in hospital bed days, resulting in more days at home with family
- 34% increase in advanced care plans
- 209% increase in depression screening

Improved Population Health
- 22% improvement in Medicare Advantage inpatient utilization
- 43% improvement in commercial inpatient utilization
- 37% improvement in avoidable admissions

Reduced Costs
- More than $5 million in cost reduction over 2 years
- 18% addressable cost savings
- Savings of approximately $12,000 per patient per year

THE IMPACT Improved Outcomes and Reduced Costs

By partnering to create a comprehensive, evidence-based program to manage ESRD patients across the care continuum, the health plan advanced the Triple Aim. Year-over-year comparisons that span the duration of the program show continuous reduction in admits, central venous catheters (CVCs) and addressable costs.

As a result, the health plan improved ESRD patient quality of care, enhanced patient quality of life and reduced unnecessary costs by more than $5 million over two years, or approximately $12,000 per patient per year.