



Dialysis & Nephrology DIGEST

A monthly report by Benesch on the Dialysis & Nephrology Industry

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November 3, 2021

Calendar of Events

NOVEMBER 4–7, 2021

ASN's Kidney Week 2021

For information, please click [here](#).

DECEMBER 2, 2021

Benesch Healthcare+ First Annual Nephrology and Dialysis Conference

For information, please click [here](#).

2022 (DATE TO BE DETERMINED)

Fourth Annual Global Summit: Global Kidney Innovations—Expanding Patient Choices & Outcomes

For information, please click [here](#).

FEBRUARY 17–19, 2022

ASDIN: Virtual 18th Annual Scientific Meeting

For information, please click [here](#).

MARCH 4–6, 2022

Annual Dialysis Conference 2022

Presented by the Karl Nolph, MD

Division of Nephrology

For information, please click [here](#).

MARCH 24–27, 2022

Renal Physicians Association (RPA) Annual Meeting

For information, please click [here](#).

MAY 22–25, 2022

2022 ANNA National Symposium

For information, please click [here](#).

MAY 31–JUNE 2, 2022

NCVH 2022 Fellows Course 'Complex Strategies for Peripheral Interventions'

For information, please click [here](#).

MAY 31–JUNE 3, 2022

NCVH Annual Conference

For information, please click [here](#).

JUNE 9–11, 2022

VASA 2022 Symposium

For information, please click [here](#).

Dialysis & Nephrology DIGEST



Please contact us if you would like to post

information regarding your upcoming events or if you'd like to guest author an article for this newsletter.

sdowning@beneschlaw.com

jgreis@beneschlaw.com

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[CLICK HERE TO REGISTER](#)

Benesch Healthcare+ First Annual Dialysis and Nephrology Conference



Thursday, December 2, 2021

8 a.m. to 4:30 p.m.

Cocktail reception to follow

The Gwen Hotel

521 North Rush Street | Chicago, IL 60611

Please join us for this full-day conference addressing business and legal issues facing nephrology and dialysis providers. Hear from industry leaders discussing current and future trends in care delivery, business and payment models and legal and regulatory issues.

Please contact MEGAN THOMAS (mthomas@beneschlaw.com) for more information about this event or if you require assistance.

Invitation to follow.

See agenda [here](#).

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November 3, 2021

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices

OCTOBER 22, 2021

[Carolina Kidney Partners: Addition of Ga.-based nephrology practice expands Medicare, commercial insurance footprint](#)

Savannah's [Nephrology & Hypertension Medical Associates](#) operates seven clinics in Ga. and S. Car. [Carolina Kidney Partners](#) (CKP) says it'll be responsible for care coordination, which includes data analytics and value-based contracting. CKP will also oversee patient outreach and education on topics like home dialysis, kidney transplant and social determinants affecting renal health. CKP consists of over 130 nephrology providers in the U.S. Southeast.

SOURCE: Carolina Kidney Partners

OCTOBER 13, 2021

[Northwest Kidney Centers sells Seattle property as it eyes new location in city's downtown](#)

[Northwest Kidney Centers](#) sold its location in Seattle's First Hill neighborhood for \$42 million to [Healthpeak Properties](#). The dialysis provider will lease back the location for four years as it seeks to develop a new clinic adjacent to the University of Washington's [Harborview Medical Center](#) in Seattle's downtown. It's expected that once Northwest leaves its current home, the five-story, 39-thousand-square-foot building will retain its role as a medical office or life science facility, given that First Hill's medical office market has a 97% occupancy rate.

SOURCE: Puget Sound Business Journal (sub. req.)

OCTOBER 11, 2021

[Seattle kidney care provider partnering on dialysis program for hospice patients](#)

[Northwest Kidney Centers](#) developed a palliative care program with Providence Hospice of Seattle so that end-of-life patients continue receiving dialysis treatment. Under the Medicare Hospice Benefit, many patients with CKD or ESRD transitioning to hospice care choose to forgo dialysis due to the six-month terminal prognosis requirement. Only 2% of Medicare recipients who died in hospice care in 2018 had a kidney condition as their principal diagnosis, while it's estimated just 4% of patients already on dialysis also received palliative care. The Seattle project is being assisted by a \$180-thousand grant from the [Cambia Health Foundation](#).

SOURCE: Hospice News

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October 6, 2021

Nephrology and Dialysis Practices (cont'd)

OCTOBER 25, 2021

FTC rules DaVita must divest from Provo, Utah market; imposes limits on future mergers

The FTC issued a [consent agreement](#) following an investigation into DaVita's proposed merger with the University of Utah Health's dialysis clinics. The agency stated the acquisition would create a near-monopoly for DaVita in the Provo, Utah market. It ordered DaVita to sell three dialysis clinics in that market to Nashville-based [Sanderling Renal Services](#). Furthermore, the FTC prohibits DaVita from entering into or enforcing non-compete agreements and other employee restrictions. As well, the commission will require DaVita to seek prior approval before embarking on any acquisitions of dialysis clinics anywhere in Utah for 10 years. The FTC noted, "DaVita has a history of attempting to buy up competing dialysis clinics in an industry that is already highly concentrated," adding "it is compounded by the fact that the limited number of nephrologists available to work at the clinics creates an opportunity for anticompetitive restrictions on labor."

Related: [FTC approves Sanderling as buyer of four clinics in Utah being divested by DaVita](#)—Sanderling Renal Services

SOURCE: Federal Trade Commission

OCTOBER 18, 2021

DaVita exec contends future of home dialysis built on bedrock of personalized care

[Dr. Mahesh Krishnan](#), the group VP of R&D at DaVita Kidney Care, notes the current home dialysis landscape came about because providers adapted advancements in medical technology to meet the needs of patients. The care and data platforms dotting the home dialysis landscape, he states, were developed through close partnerships with patients to ensure they not only provide high-level care but a satisfying consumer experience. Krishnan says several technologies will continue to be modified as the home dialysis industry looks to the next decade and beyond, including:

- Personalized home dialysis training: VR headsets attuned to patients' reading levels and language that permit interactive training;
- Automated patient support at home: Augmented reality could allow caregivers to 'see what patients see' to better troubleshoot issues;
- New modalities: Integrated wearable kidneys that permit dialysis to occur anywhere;
- Nutritional support: Leveraging technology used to home deliver groceries, nutritionists can suggest food orders that promote kidney health; and
- Inventory control and connectivity: RFID technology tied to home dialysis systems can track supplies and automatically order inventory as necessary.

SOURCE: Healio/Nephrology (registration optional)

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November 3, 2021

Nephrology and Dialysis Practices (cont'd)

OCTOBER 12, 2021

[Fresenius exec says differences in Internet access impeding growth of home dialysis](#)

[Jeff Burbank](#), the chief strategy and transformation officer for Fresenius, notes that while 80% of white adults in America have a broadband connection at home, that number drops to 71% for Black adults and 65% for Hispanic adults. Meanwhile, only 61% of Americans 65 or older own a smartphone or have Internet access. That technology gap is important, he explains, in that it exacerbates the divide in home dialysis delivery. The equipment necessary for home dialysis requires connectivity to caregivers to properly manage care. Burbank adds the home dialysis industry should advocate for broader Internet access, especially for patients in rural and remote areas, saying connectivity is “a basic part of the home treatment itself.”

SOURCE: Healio/Nephrology (registration optional)

OCTOBER 18, 2021

[Fresenius, Baxter headline list of new products, product updates for renal care](#)

The renal care industry introduced several technologies recently, including the following:

- The [Kinexus Therapy Management Platform](#), developed by Fresenius, connects with the Liberty Select Cycler home dialysis system to provide caregivers with real-time treatment data to manage a patient's PD therapy;
- Baxter introduced two products: the [Artificial Kidney 98](#) (AK98) portable hemodialysis machine and the [Homechoice Claria](#) APD system;
- TNTMoborg released a [Tape Kit](#) designed for home HD and in-center dialysis; and
- TQM unveiled [Anasept Skin and Wound Cleaner](#) to inhibit bacterial growth around wounds.

Related: [CareDx's AlloSure demonstrates better accuracy than current SOC in independent kidney transplant study](#)—CareDx

SOURCE: Healio/Nephrology (registration optional)

Dialysis & Nephrology DIGEST

November 3, 2021

Nephrology and Dialysis Practices (cont'd)

SEPTEMBER 29, 2021

[Congressional bill to expand home dialysis would reimburse home visits by renal care medical specialists](#)

The [bill](#), introduced in the House of Representatives by Bobby L. Rush (D-Ill.) and Jason Smith (R-Mo.), would provide Medicare reimbursement for medical staff to visit dialysis patients in their homes and assist them with their treatments. The legislation also would ensure that kidney patients are educated about treatment options early in their diagnoses and are provided with support for home dialysis. Another provision of the bill would require HHS to research racial disparities relating to home dialysis provide concrete data comparing outcomes from in-center and home dialysis. The co-sponsors state their legislation has the support of the National Kidney Foundation, the American Society of Nephrology and Home Dialyzors United.

SOURCE: U.S. Congressman Bobby L. Rush

OCTOBER 21, 2021

[KCP chair calls on Congress to pass legislation addressing inequities in kidney care](#)

John Butler, chair of Kidney Care Partners (KCP), says both [S.1971](#) and [H.R.4065](#) are meant to close care gaps for patients living with or at risk of developing kidney failure, particularly for people of color. He states the bills would provide opportunities to educate patients about their risk for kidney illnesses and steps they can take to mitigate disease progression. Among these, Butler notes, would be the ability of kidney care specialists to provide education services to Medicare beneficiaries with Stage 5 CKD before kidney failure. As well, Medicare patients would be allowed CKD screening during physical examinations. The legislation would also ensure Medicare patients under age 65 with ESRD would have access to Medigap plans. Butler adds the bills also include a research and innovation initiative that would deliver a report to Congress on issues like barriers to kidney transplants and post-transplant care and how to increase organ donation rates.

SOURCE: The Hill

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Nephrology and Dialysis Practices (cont'd)

OCTOBER 18, 2021

Expert outlines how patient education, transitional care unit key to HHD growth

Dr. Megha Salani, an assistant professor of medicine on the nephrology and hypertension faculty at Vanderbilt University, says the home dialysis clinic experienced a 124% increase in PD patients (to 106) and a 38% increase in HHD patients (to 11) since 2018. She explains patient education is driving the growth, as patients learn about the ease of using the technology from the dialysis team. Nurses can identify possible challenges patients may face regarding home dialysis and suggest solutions, including outside assistance. Candidates for the program are assessed during care plan meetings prior to home dialysis enrollment to evaluate patients' readiness for self-care and treatment adherence. Salani adds Vanderbilt has a transitional care unit to expose patients to both the in-clinic and the home dialysis machines to gauge their comfort levels and alleviate anxieties about performing HHD on their own.

SOURCE: Healio/Nephrology (registration optional)

OCTOBER 18, 2021

Nephrologist recruitment firm says COVID will exacerbate existing shortfall in specialists

The president of [NephrologyUSA](#), Martin Osinski, notes that between 2011 and 2020, the number of nephrologists who opt for private practice fell from 70% to 46%. This is on top of the specialty's match figure of 62% last year, which means 38% of positions were either unfilled or were given to candidates from the supplemental offer and acceptance program. COVID was partly to blame, Osinski says, in that with travel restrictions and a lack of in-person interviews, it was difficult to sell nephrology fellows on the merits of a particular practice or geographic location. This was particularly true for fellows looking at private practice. Many of these specialists, he states, opted to remain where they were to do additional training or work in a different specialty if no nephrology positions were available. Osinski is optimistic that more fellows will come out of nephrology training programs than in the past two years and that private practices will be an option due to retirements and the end of hiring freezes. As such, he expects significant movement in the specialty in the coming year.

SOURCE: NephrologyUSA

November 3, 2021

Nephrology and Dialysis Practices (cont'd)

OCTOBER 7, 2021

Satellite Healthcare names new head of home therapy unit; appoints brand strategy leader

[Dr. Graham Abra](#) was named Chief Medical Officer, Home Therapies by Satellite Healthcare. Abra, a clinical assistant professor of nephrology at Stanford University, has been at Satellite since 2012, most recently as the VP for medical affairs and home therapy. In his new role, he'll expand the company's peritoneal and home hemodialysis business to more patients, introduce technologies and cultivate partnerships. Satellite Healthcare claims to have the highest rate of home dialysis usage among ESRD patients, at 20%, compared to the national average of 12%. In another move, Satellite Healthcare [appointed Robert Miller](#) as VP of brand strategy and experience. He's a longtime marketing leader for companies such as Abbott and Baxter.

SOURCE: Satellite Healthcare

OCTOBER 7, 2021

Renalytix appoints exec to oversee government contracts as it rolls out AI-enabled DKD diagnostic tool in VA hospitals

RenalytixAI has a 10-year contract to supply VA hospitals with the [KidneyIntelX](#) system, which uses AI to identify patients with diabetic kidney disease (DKD) are at risk of developing kidney failure. The company notes the prevalence of DKD among the veterans community is between 4% and 14%, a rate approximately three times higher than the general population. To assist the rollout of the KidneyIntelX system, Renalytix appointed [Jed Fulk](#) as VP of sales, government accounts. He'll oversee up to 42 regional sales teams, which should be in place by next year.

SOURCE: RenalytixAI

Dialysis & Nephrology DIGEST

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November 3, 2021

Nephrology and Dialysis Practices (cont'd)

OCTOBER 20, 2021

N.Y. hospital successfully transplants genetically-modified pig kidney into human patient

NYU Langone Health in New York claims a kidney taken from a genetically-modified pig worked as expected when it was transplanted into a human patient. The woman patient had been declared brain dead and had a kidney dysfunction at the time of the procedure. Her family gave the medical team permission to conduct the experimental surgery before she was to be taken off life support. Although pig organs are similar to humans', a sugar molecule the animal produces results in near-immediate rejection when organs are transplanted into humans. The pig used for the procedure was genetically-modified by United Therapeutics' [Revivicor](#) unit so it didn't produce the alpha-gal glycan molecule. The kidney taken from the animal produced the expected amount of urine over a three-day period and returned the woman's creatinine to normal levels. Researchers say the experiment could result in other human trials among patients with ESRD within the next two years.

SOURCE: Reuters

OCTOBER 29, 2021

CMS final rule sets reimbursement rates for dialysis, makes changes to ETC model

CMS issued a [final rule](#) which raises the 2022 rates for AKI dialysis payments for individuals by 1.9% to \$257.90, to keep them in line with the increased ESRD PPS base rate for renal dialysis services at kidney care facilities. Under the ESRD PPS, CMS expects to disburse \$8.8 billion next year to nearly 7,700 clinics, a year-over-year increase in payments of 2.5%. Fixed-dollar loss (FDL) and Medicare allowable payment (MAP) amounts for 2022 will fall for pediatric beneficiaries from \$44.78 to \$26.02, and from \$30.88 to \$27.15, respectively. For adult beneficiaries, the FDL amount will drop from \$122.49 to \$75.39, while the MAP amount will decrease from \$50.92 to \$42.75. The rule also introduces changes to the ESRD Quality Incentive Program (QIP) to take into account circumstances created by the pandemic, so that kidney care facilities aren't unduly penalized financially for failing to meet the minimum total performance score. Several measures will be suppressed, while scoring and payment policies adopted for next year will ensure no facility receives a payment reduction. CMS is also making the following changes to the ESRD Treatment Choices (ETC) model:

- Health equity incentives for ESRD facilities and clinicians which provide alternatives to in-center dialysis such as home dialysis and transplantation to patients of lower socioeconomic status;

(Continued on page 10)

Dialysis & Nephrology DIGEST

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Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

- ETC Participants who demonstrate significant improvement in the home dialysis rate or transplant rate among their beneficiaries who are eligible for Medicare and Medicaid or for the Low Income Subsidy (LIS) could earn additional improvement points;
- Achievement benchmarks will be stratified by the proportion of beneficiaries who are dual-eligible for Medicare and Medicaid or are LIS recipients to ensure that ETC participants with a high volume of these patients aren't negatively affected; and
- CMS also finalized additional modifications to the ETC Model, including changes to the home dialysis and transplant rates and a process for sharing beneficiary attribution and performance data with ETC participants.

SOURCE: CMS.gov

VAC, ASC and Office-Based Labs

OCTOBER 11, 2021

USPI acquires interests in nine ASCs from Compass

Terms weren't released but Tenet subsidiary [United Surgical Partners International \(USPI\)](#) acquired the 20% minority ownership interests in nine ambulatory surgery centers (ASC) from Raleigh-based [Compass Surgical Partners](#). The facilities are in Fla., N. Car. and Tex. and primarily undertake musculoskeletal procedures but also ENT and ophthalmology. The transaction is expected to close in Q4. USPI says the deal is in keeping with its long-term strategy of expanding its ASC business.

Related: [Tenet's surgery center buying spree ramps up as it signs deal for 9 more facilities](#)—HealthCare Dive

SOURCE: United Surgical Partners International

OCTOBER 1, 2021

N. Car. ASC sold to Flagship Healthcare Trust for \$15M

[Flagship Healthcare Trust](#), an outpatient healthcare real estate investment firm in Charlotte, [confirms](#) the acquisition of [Wilmington SurgCare](#) in Wilmington, N. Car. for a reported price of \$15 million. Flagship reports Wilmington SurgCare is a multi-specialty center with seven surgical suites, focused on 16 specialties and procedures and is home to over 100 providers.

SOURCE: WilmingtonBiz

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Other Interesting Industry News

OCTOBER 14, 2021

Walgreens becoming majority owner of primary care provider VillageMD, home care company CareCentrix

Walgreens Boots Alliance (WBA) is investing \$5.2 billion to up its stake in Chicago-based primary care company [VillageMD](#) from 30% to 63%. WBA says the move will support the opening of at least 600 Village Medical at Walgreens primary care locations in over 30 markets by 2025 and in up to 1,000 pharmacies nationwide by 2027. The partners state the doctors' offices will accept different health insurances and provide an option for out-of-pocket transactions as well as for patients with no insurance. Walgreens is also acquiring a 55% stake in Hartford-based [CareCentrix](#) for \$330 million. CareCentrix provides post-acute and home care services, including care coordination and outsourced health management, using a value-based care model. Walgreens says the investments come as it introduces Walgreens Health, a new business segment which aims to turn neighborhood pharmacies into primary healthcare hubs.

Related: [CVS Health is about to turn hundreds of its drugstores into healthcare super-clinics](#)—Fortune (sub. req.)

SOURCE: Walgreens Boots Alliance

OCTOBER 15, 2021

Congress urged to backtrack on planned cuts to MPFS; effort draws support from RPA

U.S. Representatives Larry Bucshon (R-Ind.) and Ami Bera (D-Calif.) presented a [letter](#) to House leaders from both parties signed by 247 other representatives. The signatories urge that legislation be introduced to address planned reductions to the Medicare Physician Fee Schedule next year of at least 9%. The initiative has the support of 139 specialty societies and medical organizations, led by the Renal Physicians Association. Bucshon, chair of the Congressional Kidney Caucus, notes the current payment system isn't keeping up with inflation and that reforms are needed to transition to a value-based care model. He explains the Medicare Access and CHIP Reauthorization Act (MACRA) was meant to switch medical practices from fee-for-service to a patient-centered alternative but contends many practitioners still lack access to models outlined under MACRA.

SOURCE: U.S. Congressman Larry Bucshon, M.D.

November 3, 2021

Other Interesting Industry News (cont'd)

OCTOBER 7, 2021

[NKF releases template to guide research into kidney care innovations, kidney disease treatments](#)

The NKF's Research Roundtable Work Group published a [roadmap](#) to accelerate innovations in the treatment of kidney diseases. The foundation notes the pace of R&D funding in the kidney care space is insufficient, given that many therapies for CKD have changed little in the past 40 years. The NKF is calling on Congress to fund research in preclinical science, genetics, health equity, implementation science and other priorities, particularly healthcare inequity.

SOURCE: National Kidney Foundation

OCTOBER 19, 2021

[Strive Health unveils platform to support holistic care models at nephrology practices](#)

The [Strive Care Partners](#) (SCP) platform will be made available to Strive Health's network of 500 nephrology providers, including NANI. SCP is compatible with payor agreements like Medicare's CKCC program and MA global risk contracts. The platform supports nephrology practices' preventative care and specialized clinical programs, data integration and analytics, as well as value-based contract management. Strive adds that providers gain access to short-term and long-term financial incentives, including equity-based incentives.

SOURCE: Strive Health

OCTOBER 20, 2021

[Somatus earns national accreditations for population health, case management programs](#)

The National Committee for Quality Assurance (NCQA) awarded its Population Health Program (PHP) and Case Management (CM) accreditations to Somatus. The company claims to be the only value-based kidney care provider in the country to achieve both recognitions. CEO Dr. Ikenna Okezie says the accreditations validate Somatus' belief that it's the national standard for in-home care delivery for CKD and ESRD. The NCQA says the PHP and CM accreditations demonstrate a healthcare organization's commitment to quality improvement and patient-centered innovations. Somatus also [appointed](#) two executives: [Roseline Agboke](#) was named CFO and [Chet Akiri](#) COO.

SOURCE: Somatus

November 3, 2021

Other Interesting Industry News (cont'd)

SEPTEMBER 24, 2021

Dialysis facility rating associated with greater likelihood of patient being put on transplant waitlist, says study

A study led by Brigham and Women's Hospital in Boston analyzed data from long-term dialysis patients who were treated at facilities with a five-star-based quality rating system. Researchers found that patients at the highest rated (five star) dialysis clinics had a 47% greater likelihood of being waitlisted for a kidney transplant than those at the lowest rated (one star) facilities. Other findings included:

- White kidney patients were more likely to be placed on an organ waitlist than black patients;
- Patients at urban dialysis clinics were more likely to be waitlisted than those at rural clinics; and
- Non-profit dialysis clinics were more likely to place their patients on kidney waitlists than their for-profit counterparts.

The researchers recommended waitlisting rates for kidney transplantation be integrated into the CMS DFC star ratings to incentivize dialysis facility referrals to transplant centers.

SOURCE: JAMA Network Open

OCTOBER 7, 2021

Research suggests KFRE overestimates kidney failure risk in elderly patients with advanced CKD

The Ottawa Hospital in Canada says the Kidney Failure Risk Equation (KFRE) diagnostic tool may lack efficacy in regards to elderly patients with an advanced case of CKD. Looking at nine-years of data for four age cohorts (under 60, 60-69, 70-79, and 80 or older), it found KFRE overestimated the risk of kidney failure in the oldest group of patients. In fact, the degree of overestimation in age 80 or older group was highest among patients with the highest predicted risk for kidney failure. KFRE estimations of kidney failure for patients in the youngest age bracket were consistent with actual risk. Researchers noted that although risk overestimation may be preferable to underestimation, it could impact patient decisions on invasive procedures and allocation of kidney failure resources.

SOURCE: Kidney International Reports

Dialysis & Nephrology DIGEST

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Other Interesting Industry News (cont'd)

OCTOBER 11, 2021

Study suggests individualized coaching may be effective in enhancing ACP for CKD patients

George Washington University researchers led a study in which participants were divided into two groups. One group received individualized in-person advanced care planning (ACP) from a healthcare professional specializing in nephrology or palliative care. The second (control) group received educational materials to be reviewed and completed on their own. Fifty-four percent of the participants had Stage 3 CKD and nearly half were between the ages of 65 and 74. The data showed that coached patients scored on average 1.9 points higher on the ACP engagement scale at 14 weeks. Also, one-third of those in the intervention group had an advance directive, nearly double the rate of those in the control group. While the results indicated coached patients were 79% more likely to have a documented advance directive or portable medical order, the researchers explained the effect was most pronounced at one location, so it's possible the benefits of individualized coaching in enhancing ACP is site-dependent.

SOURCE: American Journal of Kidney Diseases

**For more information regarding our nephrology, dialysis
and office-based lab experience, or
if you would like to contribute to the newsletter, please contact:**

Jake Cilek

jcilek@beneschlaw.com | 312.624.6363

Christopher DeGrande

cdegrande@beneschlaw.com | 312.624.6364

Scott Downing

sdowning@beneschlaw.com | 312.624.6326

Jason Greis

jgreis@beneschlaw.com | 312.624.6412

Juan Morado, Jr.

jmorado@beneschlaw.com | 312.212.4967