



Dialysis & Nephrology DIGEST

A monthly report by Benesch on the Dialysis & Nephrology Industry

In This Issue

PAGE 2

Calendar of Events

PAGE 5

Nephrology and Dialysis Practices

Medtronic, DaVita forming kidney tech company to develop dialysis delivery systems

Benesch: CO doubles down on barriers to restrictive covenants with bill expected to become law in Aug.

PAGE 6

DaVita settles lawsuit with supermarket chain over how its health plan covers kidney treatments

Fresenius subsidiary loses NLRB case involving working conditions at PR dialysis center

PAGE 7

Fresenius Medical Care names Carla Kriwet CEO; Helen Giza becomes deputy CEO

FDA warns of possible contamination from Fresenius hemodialysis machines

Somatus acquires AI healthcare platform provider Lumiata

PAGE 8

Physician-led PE firm invests in Nashville-based dialysis provider Sanderling Renal Services

CMS releases expanded eligibility rule for immunosuppressive drug coverage for kidney transplant recipients

AKF supports House bill designed to increase equity, accessibility of healthcare system

PAGE 9

AKF summit calls on Congress to enact bill protecting living donors

NKF collaborating on initiative to recognize employers who support living organ donors

ASN urges action on climate change; calls on professionals to curb contribution to issue

PAGE 10

Satellite Healthcare exec discusses lessons dialysis industry learned from pandemic

Study highlights racism encountered by Black veterans at VA renal clinic

PAGE 11

VAC, ASC and Office-Based Labs

Surgical Care Affiliates rebrands to reflect move beyond ASCs

Envision sues UnitedHealth, alleges physician groups being forced OON as Optum recruitment tool

PAGE 12

Other Interesting Industry News

Somatus, Strive Health discuss how changes to CMS models for CKD, ESRD benefit patients, providers

Strive Health partnering with OH-based health system on value-based kidney care model

Healthmap beneficiary of \$35M funding round to support PHM expansion

PAGE 13

Evergreen Nephrology brings value-based care model to IL, IA

Interdisciplinary care associated with greater likelihood of being listed for kidney transplant for underrepresented patients with ESRD

PAGE 14

Canadian study links continuity of care with acute care use in patients with CKD

June 6, 2022

Dialysis & Nephrology DIGEST

Calendar of Events

JUNE 9–11, 2022

VASA 2022 Vascular Access for Hemodialysis Symposium

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

JUNE 9–11, 2022

VASA 2022 Vascular Access Hemodialysis Symposium: Sponsor Prospectus

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

JUNE 22, 2022

Webinar: Plan, Learn and Plan Again: The Meaning of Ready

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

JUNE 23, 2022

Benesch Healthcare+ Second Annual Dialysis and Nephrology Conference

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

JUNE 24–25, 2022

OEIS 9th Annual National Scientific Meeting

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

FEBRUARY 17–19, 2023

ASDIN 19th Annual Scientific Meeting

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



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.

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Benesch Healthcare+ Second Annual Nephrology and Dialysis Conference

Thursday, June 23, 2022

8:00 A.M. —5:15 P.M.

Cocktail reception sponsored by Somatus to follow

Sheraton Grand Chicago

301 East North Water 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.

Click [HERE](#) to register.

A block of guest rooms has been reserved for attendees for \$279/night + tax. Please contact hotel reservations at 312.464.1000 or click [HERE](#) to reserve your room by June 1, 2022.

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

Please contact SCOTT DOWNING (sdowning@beneschlaw.com), JASON GREIS (jgreis@beneschlaw.com), or JAKE CILEK (jcilek@beneschlaw.com) regarding a limited number of industry Exhibitor Hall opportunities.

Please see important COVID-19 vaccination and testing requirements for all program attendees immediately following the Agenda on the second page.

AGENDA

8:00–8:45 a.m.

Registration and Breakfast
(Sponsored by DocTalk)

8:45–9:00 a.m.

Welcome and Housekeeping

9:00–9:30 a.m.

**News from the Hill: Renal Physicians Association
Dialysis Legislative Update**

ROB BLASER, Director of Public Policy,
Renal Physicians Association

9:30–10:15 a.m.

**A Chief Medical Officer's Clinical Perspective on
Value-Based Care**

Moderator:

LIANNE FOLEY, Attorney, *Benesch Healthcare+*

Presenters:

DR. MARY DITTRICH, Chief Medical Officer,
U.S. Renal Care, Inc.

DR. STANLEY CRITTENDEN, Chief Medical Officer,
Evergreen Nephrology

DR. JAY AGARWAL, Chief Medical Officer,
Satellite Healthcare, Inc.

DR. SHAMINDER GUPTA, FACP, Chief Medical Officer,
Monogram Health

10:15–10:30 a.m. **Break**

(continued on next page)

Benesch Healthcare+ Second Annual Nephrology and Dialysis Conference

AGENDA

10:30–11:15 a.m.

Structuring Physician Compensation and Incentive Models in the Era of Value-Based Care

Moderator:

LAURI COOPER, Of Counsel, *Benesch Healthcare+*

Presenters:

WILL STOKES, Co-Founder and Chief Strategy Officer, *Strive Healthcare*

ASHISH SONI, M.D., President, *Nephrology Associates, PC*, Nashville, TN

DR. DYLAN STEER, President, Value Based Care, *Balboa Nephrology Medical Group and Balboa United*

NESKO RADOVIC, Attorney, *Benesch Healthcare+*

DR. GURDEV SINGH, Co-Founder, Chief Operating Officer, *Panoramic Health*

11:15 a.m.–12:00 p.m.

A Closer Look at the Staff-Assisted Home Dialysis Model

Moderator:

JAKE CILEK, Partner, *Benesch Healthcare+*

Presenters:

SHAWN MCKENNA, Vice President, *Home, Outset Medical*

JEROME TANNENBAUM, M.D., President, *Sanderling Dialysis*

12:00–1:15 p.m. **Lunch (Sponsored by BOK Financial)**

1:15–1:45 p.m.

Doing Well While Doing Good: Tax Reduction Strategies for Physicians and Executives

DAVID MANDELL, JD, MBA, Partner, *OJM Group*

1:45–2:30 p.m.

The Value of Data to Payors, Providers, Strategic Partners and Cybercriminals

Moderator:

CHRIS DEGRANDE, Attorney, *Benesch Healthcare+*

Presenters:

RYAN SULKIN, Partner, *Benesch*

ALICIA PALMER, Chief Legal Officer, *Somatus*

2:30–2:45 p.m. **Break**

2:45–3:30 p.m.

Unsilenced Care: Moving Your Practice Toward a Multi-Specialty Care Model

Moderator:

JASON GREIS, Partner, *Benesch Healthcare+*

Presenters:

DR. BHAJAN DARA, M.D., *Metro St. Louis Renal Services*

BALA SANKAR, M.D., President, *PPG Health, P.A.*

DR. JOSH LOWENTRITT, MD, FASN, Senior Medical Director, *Aledade*

3:30–4:15 p.m.

Professionalizing Your Practice Management

Moderator:

SCOTT DOWNING, Partner, *Benesch Healthcare+*

Presenters:

LUCAS HUTCHISON, Director, *Pinnacle Healthcare Consulting*

LAUREN ELLENBURG, Senior Vice President, Strategy and Informatics, *Panoramic Health*

4:15–5:15 p.m.

Lightning Round: Need to Know Companies and Current Events

Federal and State Non-Compete Developments

SCOTT HUMPHREY, Partner, and CHARLES LEUIN, Partner, *Benesch*

Application of the No Surprises Act to Nephrology and Dialysis Companies

LAURI COOPER, Of Counsel, *Benesch Healthcare+*

A Primer on Vaccine Mandates

MARGO WOLF O'DONNELL, Partner, and JORDAN CALL, Associate, *Benesch*

Kidney Care Companies to Know

CHAS SANDERS, CEO, *Margin*

ERIK CONRAD, President and Founder, *INCommercial*

SARAVAN BALAMUTHUSAMY, M.D., Co-Founder, *Optmycare*

5:15–6:45 p.m.

Concluding Remarks and Cocktail Reception (Sponsored by Somatus)

COVID-19 Vaccination and Testing Requirements

All conference speakers and attendees must provide proof of full vaccination against COVID-19 at the registration booth on the day of the event. Please bring either your original vaccination card or a printed copy (with evidence that at least two weeks have passed since receiving the final vaccination dose). Alternatively, unvaccinated, or not fully vaccinated attendees will be required to provide proof of a negative COVID-19 diagnostic test taken within 48-hours prior to the conference. Benesch will not have diagnostic tests available onsite at the conference. Benesch reserves the right to turn away speakers or attendees who do not comply with Benesch's COVID-19 protocols.

June 6, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices

MAY 26, 2022

Medtronic, DaVita forming kidney tech company to develop dialysis delivery systems

The healthtech and the dialysis provider will be 50-50 partners in the venture, which will include the entirety of Medtronic's renal care business: renal access and acute and chronic therapy devices, as well as pipeline products, R&D teams and manufacturing facilities. However, Medtronic notes that neither the AV access portfolio nor the peripheral vascular health business are included in the collaboration. [Ven Manda](#), president of Medtronic's renal care segment, will take on the role of chief executive of the new firm, which won't be named until the deal closes, likely in the next 12 months.

SOURCE: Medtronic

MAY 27, 2022

Benesch: CO doubles down on barriers to restrictive covenants with bill expected to become law in Aug.

Colorado's Misdemeanor Reform law, [SB21-271](#), went into effect in Mar., with [one provision](#) (8-2-113), making it a Class 2 misdemeanor to intimidate workers subject to non-compete agreements, punishable by up to 120 days in jail, a fine of \$750 or both. That law restricts non-compete agreements to:

- The sale or purchase of a business;
- The protection of trade secrets;
- Executives or management personnel; and
- The recovery of expenses relating to education or training.

Meanwhile, a second piece of legislation, [HB22-1317](#), would go even further. Benesch Law Partner [J. Scott Humphrey](#) explains that under this law, in CO, no employee earning less than a highly compensated worker (2022: \$101,252/yr.) could be party to a non-competition agreement, while no employee earning less than 60% of a highly compensated worker (2022: \$60,750/yr.) could be party to either a non-competition agreement or a non-solicitation agreement. It would also include language that waters down the trade secrets provisions of the earlier law. Humphrey states there are a few carrots with the stick, as the provisions wouldn't be retroactive and companies could recoup education and training expenses. The bill also requires restrictive covenants be in writing, have clear and conspicuous language and be signed by the employee. Failure to comply with notice requirements could result in CO companies being fined \$5,000 per employee, on top of the criminal penalties in the earlier law. With Gov. Jared Polis expected to sign HB22-317, Humphrey says the law could be in force in Aug., giving companies operating in CO a little time to ensure their restrictive covenants comply with state laws.

SOURCE: Benesch Law

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June 6, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

MAY 17, 2022

DaVita settles lawsuit with supermarket chain over how its health plan covers kidney treatments

The employee benefit plan of Boise-based [WinCo Foods](#) was **accused** by DaVita in 2018 of effectively removing in-network coverage for dialysis. The dialysis provider says this was accomplished in two ways:

1. The plan began working with a company called EthiCare Advisors, which wasn't named as a defendant in the case. The complaint stated that beneficiaries with ESRD wanting in-network treatment had to get treated by providers within EthiCare's network. However, it was alleged there was no EthiCare network; and
2. The plan sliced payments for out-of-network dialysis treatment to DaVita for dialysis work on WinCo beneficiaries.

WinCo **managed** to get part of the lawsuit tossed in 2019 before agreeing to the settlement with DaVita. WinCo's employee benefits plan must maintain network coverage for dialysis treatment and not make dialysis coverage conditional on a member's Medicare eligibility. The company is also paying DaVita an unspecified monetary amount.

SOURCE: Bloomberg Law (sub. rec.)

MAY 16, 2022

Fresenius subsidiary loses NLRB case involving working conditions at PR dialysis center

Four unionized nurses at Biomedical Applications of Puerto Rico were disciplined by the Fresenius subsidiary for speaking out about the lack of air conditioning at the facility and for delaying dialysis treatment while the issue was resolved. The employer said not starting therapy when directed was a breach of its workplace policy and the nurses' code of ethics but the nurses countered that the excessive heat in the facility would make administering care difficult. A **decision** from the National Labor Relations Board (NLRB) finds that the nurses' actions didn't constitute a work stoppage, as the employer contended, adding that the delay in treatment didn't create such a risk of harm to patients that the nurses' rights under the National Labor Relations Act should be deprived. Biomedical Applications was ordered to make whole one nurse who was suspended for five days over the incident and to expunge the employment records of all four nurses of any disciplinary reference.

SOURCE: Law360 (sub. rec.)

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June 6, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

MAY 3, 2022

Fresenius Medical Care names Carla Kriwet CEO; Helen Giza becomes deputy CEO

[Dr. Carla Kriwet](#) will replace the retiring Rice Powell once his contract ends Dec. 31. Kriwet is CEO and president of German home appliance company BSH. Between 2013 and 2020, she was at healthtech company Royal Philips' U.S. operations, the final three years on that company's executive board. In a related move, [Helen Giza](#), Fresenius' CFO, accepted a five-year contract in which she'll add the titles of Deputy CEO and CTO.

Related: [Fresenius Medical Care taps former Philips exec to take the reins after CEO's retirement](#)—Fierce Biotech

SOURCE: Fresenius Medical Care

MAY 6, 2022

FDA warns of possible contamination from Fresenius hemodialysis machines

The letter to healthcare providers warns of potential risk for patient exposure to toxic compounds associated with the use of certain models of hemodialysis machines marketed by Fresenius Medical Care. The company states the models are no longer in production or being distributed but may still be in use at certain dialysis centers in the U.S. The agency knows of no contamination of patients but is concerned compounds associated with silicone tubing could back filter into patients' circulatory systems. The FDA recommends providers continue with dialysis treatment but consider using alternate machines if practicable.

SOURCE: FDA

APRIL 28, 2022

Somatus acquires AI healthcare platform provider Lumiata

McLean, VA-based kidney care provider [Somatus](#) says the acquisition of [Lumiata](#), an AI-enabled healthcare platform, will enable it to identify high-cost claimants and predict the likelihood of disease progression. Somatus says Lumiata's predictive analytics work with its home-built RenallQ technology platform to provide personalized, community-based care to patients that'll lead to better outcomes at a lower cost.

SOURCE: Somatus

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June 6, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

MAY 16, 2022

Physician-led PE firm invests in Nashville-based dialysis provider Sanderling Renal Services

[Pharos Capital Group](#) didn't divulge the amount of its equity stake in [Sanderling](#) but typically invests between \$25 million and \$50 million into rapidly growing mid-market companies. Sanderling operates in-center and home-based dialysis from 14 centers in six states. The investment from Pharos will support growth of its home dialysis operations, plus implementation of telemedicine and eDialysis contracts with hospitals.

SOURCE: Pharos Capital Group

MAY 6, 2022

CMS releases expanded eligibility rule for immunosuppressive drug coverage for kidney transplant recipients

Congress agreed to the expanded coverage late last year for patients who receive an organ transplant. Previously, lifetime immunosuppressive drug coverage was only available to patients over 65, while for younger patients, coverage was cut off after three years unless the individual then qualified for Medicare. The new [rule](#), slated to take effect in Jan. 2023, would provide immunosuppressive drug coverage to all organ transplant recipients. HHS estimates the program would be a net gain for Medicare because the cost of coverage would be more than offset by a reduction in the number of patients returning to dialysis because of graft failure.

SOURCE: Healio (sub. req.)

MAY 10, 2022

AKF supports House bill designed to increase equity, accessibility of healthcare system

Congresswoman Robin Kelly (D-IL) introduced [H.R. 7585](#) to address health inequities relating to demographic factors like race and ethnicity, immigration status, age, disability, sex, gender, sexual orientation, gender identity and expression, language and socio-economic status. The American Kidney Fund is among 60 stakeholders that support the proposed legislation. CEO LaVarne Burton says the bill includes language on high impact minority diseases that affect people of color more frequently, like kidney disease. The legislation would increase research into kidney disease in communities of color, while encouraging the inclusion of more people of color in clinical trials. The bill would also create a national action plan to address kidney disease, expand public health programs, increase use of home dialysis in communities of color, increase transplants for people of color and expand Medigap access for people with kidney failure.

SOURCE: American Kidney Fund

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June 6, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

MAY 4, 2022

[AKF summit calls on Congress to enact bill protecting living donors](#)

The American Kidney Fund (AKF) held its annual summit with members of Congress to urge federal lawmakers to support two bills meant to support patients with kidney disease:

1. [H.R. 1255/S.B. 377](#) would prohibit insurance companies from discriminating against living organ donors and add living organ donation to the Family Medical Leave Act so donors would have their jobs protected while they recover from surgery; and
2. [H.R. 3893](#) would create a national action plan to address kidney disease in historically underserved populations, including communities of color and rural communities.

Meanwhile, the AKF applauded two more state legislatures that passed bills protecting the rights of living donors. [GA](#) and [DE](#) become the 24th and 25th states to enact legislation.

SOURCE: American Kidney Fund

APRIL 28, 2022

[NKF collaborating on initiative to recognize employers who support living organ donors](#)

The National Kidney Foundation is joining the [Circle of Excellence](#) program instituted by the [American Society of Transplantation](#). The program recognizes employers who provide lost wages to employees who donate organs and are recovering from surgery. Members of the Circle of Excellence may also provide financial support to employees who need a transplant whose organ donor may face financial hardship. The NKF notes some members also fund travel, lodging, childcare and other expenses of living donors.

SOURCE: National Kidney Foundation

MAY 25, 2022

[ASN urges action on climate change; calls on professionals to curb contribution to issue](#)

The American Society of Nephrology (ASN) notes maintaining homeostasis in patients with kidney disease is difficult under normal conditions but that it'll become more problematic as global temperatures rise. The group calls on members to lobby governments for direct action on climate change and to advocate for more research on what effects warming temperatures will have on kidney patients. ASN believes kidney care professionals can also play a role in mitigating climate change by diminishing the environmental impacts of their practices, pointing to U.K. research showing in-center dialysis can double an individual's carbon footprint.

SOURCE: ASN

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June 6, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

MAY 6, 2022

Satellite Healthcare exec discusses lessons dialysis industry learned from pandemic

Brigitte Schiller, chief medical officer at [Satellite Healthcare](#), says when the pandemic began two years ago, knowledge of the COVID-19 virus was scant and there was little direction from government officials about what protocols to follow to ensure patients could continue with their dialysis treatments. She says the kidney care community came together to develop protocols to keep patients and staff safe and to ensure care continued. The industry was also an early adopter of large-scale telemedicine, ensuring care teams could continue communicating with patients and each other. Despite ESRD being a comorbid condition, Schiller notes that patients weren't prioritized either for COVID treatments like mAbs or the vaccines. This led to the industry aggressively lobbying officials to ensure delivery of medicines. She concludes that the pandemic showed the industry's capability in driving care innovations. However, the lack of consistent policies at the federal and state levels means the community must continue to provide a unified front to legislators to mitigate care disruptions for vulnerable patients.

Related: [Congress must protect vulnerable chronic kidney patients](#)—The Hill

SOURCE: Fierce Healthcare

MAY 12, 2022

Study highlights racism encountered by Black veterans at VA renal clinic

Researchers from the University of Pennsylvania interviewed 36 Black veterans with CKD who were treated at a VA facility specializing in renal care in Philadelphia in 2018 and 2019. The veterans described how racism they encountered produced emotional and physical stress, which manifested into psychological symptoms like anger and hurt or physiological symptoms such as headaches. Veterans described a strong sense of distrust in the healthcare system and a need to be hyper-vigilant during clinical encounters. Veterans explained that racist experiences sometimes led to maladaptive behavior like substance use and that the encounters at the care facility caused them to relive past trauma. The study suggests that trauma-informed care may be an approach to mitigate the adverse effects of racism in healthcare delivery for Black veterans.

Related: [Prevalence and characteristics of CKD in the U.S. Military Health System: A retrospective cohort study](#)—Kidney Medicine

SOURCE: JAMA Network Open

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June 6, 2022

Dialysis & Nephrology DIGEST

VAC, ASC and Office-Based Labs

MAY 10, 2022

Surgical Care Affiliates rebrands to reflect move beyond ASCs

Now called [SCA Health](#), the company says the rebranding signals it's not just one of the largest ASC networks in the country, with 260 surgical facilities and 8,500 physicians. It also supports physician practices transitioning to value-based care through Optum Specialty Practices and launched the SCA Physician Development Institute educational platform for physicians and other health professionals. As well, SCA Health developed a platform to navigate coverage decisions for surgeries and acquired a value-based platform for its bundled payment contracts. The company's new [logo and tagline](#) are meant to signify forward momentum as it seeks to become a leader in specialty care.

SOURCE: Becker's ASC Review

MAY 9, 2022

Envision sues UnitedHealth, alleges physician groups being forced OON as Optum recruitment tool

In the [lawsuit](#), filed in FL, Envision Healthcare alleges that UnitedHealth Group (UHG) targeted PE-backed medical groups to build out its own provider network, operating under the Optum banner. Envision claims providers were strong-armed by UHG to either accept lower reimbursement rates during contract negotiations or be forced out of network. Then, Envision states, United pays providers for out-of-network care at rates lower than the company offered for in-network providers. Envision is seeking millions in underpayments with the lawsuit.

SOURCE: Becker's ASC Review

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June 6, 2022

Dialysis & Nephrology DIGEST

Other Interesting Industry News

MAY 17, 2022

[Somatus, Strive Health discuss how changes to CMS models for CKD, ESRD benefit patients, providers](#)

CMS introduced models like Kidney Care Choices and Comprehensive ESRD Care that address inefficiencies and care coordination limitations of fee for service. It incentivizes providers so that Medicare beneficiaries avoid dialysis and gain greater access to transplantation. Satish Cheema, chief product and strategy officer at Somatus, says the CMS innovations are “focused more on aggressive financial risk-taking arrangements.” Value-based companies like Somatus are also lending their expertise to commercial payers through long-term partnerships. Will Stokes, co-founder and chief strategy officer at Strive Health, points to the CMS decision allowing ESRD patients to enroll in MA plans, which catalyzes solutions that lower costs while improving outcomes. He notes that Strive’s partnerships involve taking on total-cost-of-care risk that ties payments to outcomes for CKD and ESRD patients.

SOURCE: Healthcare Innovation

MAY 17, 2022

[Strive Health partnering with OH-based health system on value-based kidney care model](#)

Denver’s Strive Health’s latest venture is with [Bon Secours Mercy Health](#), a Catholic health system based in Cincinnati that operates in FL, KY, MD, NY, OH, SC and VA. Strive will provide its value-based health technology platform as well as access to its interdisciplinary team of clinical professionals to deliver holistic, whole-person kidney care. Bon Secours estimates in OH alone, 8,000 patients in its system suffer from CKD or ESRD.

SOURCE: Strive Health

MAY 2, 2022

[Healthmap beneficiary of \\$35M funding round to support PHM expansion](#)

Leading the funding round were two BCBS entities that are already Healthmap customers: GuideWell, which serves FL and PR and Highmark, which serves PA, DE, WV and NY. Healthmap says the investment will enable expansion of its population health management solution to new customers across commercial, Medicare and Medicaid lines of business. It estimates that its client base will exceed 150,000 members by the end of the year.

Related: [Insurers invest in Healthmap’s kidney disease management approach](#) —Healthcare Innovation

SOURCE: Healthmap Solutions

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June 6, 2022

Dialysis & Nephrology DIGEST

Other Interesting Industry News (cont'd)

MAY 3, 2022

Evergreen Nephrology brings value-based care model to IL, IA

[RenalCare Associates](#) of Peoria, IL operates 23 facilities in central IL and eastern IA. Through a joint venture, Evergreen Nephrology will partner with RenalCare nephrologists to bring its value-based kidney care model to the region. RenalCare says Evergreen's comprehensive approach to care will enable it to tailor education and treatment for each individual, navigate patients through the healthcare system and provide ancillary resources such as transportation, medications, food and housing.

SOURCE: Evergreen Nephrology

MAY 25, 2022

Interdisciplinary care associated with greater likelihood of being listed for kidney transplant for underrepresented patients with ESRD

The Albert Einstein College of Medicine and Montefiore Medical Center in New York says being in an interdisciplinary care setting resulted in 44% of patients with ESRD from underrepresented groups being listed for a kidney transplant. That compares with just 16% of ESRD patients from underrepresented groups who were referred for transplantation when receiving usual nephrology care. As well, 53% of patients in the interdisciplinary group had an optimal kidney replacement therapy (KRT) start, compared with 44% of patients receiving usual care. Even when factoring out socio-demographic and clinical variables, the researchers determined patients with ESRD from underrepresented communities were more likely to be on a transplant list if they were with an interdisciplinary team.

SOURCE: Healio (sub. rec.)

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Other Interesting Industry News (cont'd)

MAY 24, 2022

Canadian study links continuity of care with acute care use in patients with CKD

The University of Calgary looked at 86,475 patients with Stage 3-4 CKD in the Canadian province of Alberta who made at least three visits to an ED between 2011 and 2014. Of those patients, 51% had high continuity of care, 30% had moderate continuity of care and 18% had low continuity of care. Over the three-year span, there were:

- 77,988 all-cause hospitalizations;
- 6,489 ambulatory care-sensitive condition (ACSC)-related hospitalizations;
- 204,615 all-cause ED visits; and
- 8,461 ACSC-related ED visits.

Researchers found all-cause and ACSC hospitalizations as well as ED use increased with poorer continuity of care in a stepwise fashion across CKD stages.

SOURCE: Annals of Family Medicine

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

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