



Dialysis & Nephrology DIGEST

A monthly report by Benesch on the Dialysis & Nephrology Industry

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Other Interesting Industry News

Newcomer Duo Health launching value-based kidney care in multiple markets this year

JV between Skylight Health, CHS highlights value-based care, population health management

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Strive Health providing value-based kidney care expertise to Evolent ACO participants in MI, NC

Evergreen Nephrology bringing value-based kidney care model to Colo. following agreement with nephrology practice

Fresenius launches campaign to boost registry for kidney-focused genomics project

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Northwest Kidney Centers: \$5M grant from Premera funded community education initiatives

Research reveals pediatric patients with CKD less likely to access doctors, EDs if on public insurance

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Study suggests educating families, providing services in Spanish to increase home dialysis uptake in Latinx community

Research correlates patient mobility with access to kidney transplantation

May 9, 2022

Dialysis & Nephrology DIGEST

Calendar of Events

MAY 11–12, 2022

Dialysis Facility Operations 101: Back to Basics

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

MAY 18, 2022

Day on the Hill - Advocacy Program

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 2, 2022

NCVH Annual Conference

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

JUNE 9–11, 2022

VASA 2022 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](#).



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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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:

JUAN MORADO, Partner, *Benesch Healthcare+*

Presenters:

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

DR. STANLEY CRITTERDEN, Chief Medical Officer,
Evergreen Nephrology

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

SHAMINDER GUPTA, MD, 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, *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.

Unsiloes 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:

BRIAN O'DEA, CFO/COO, *Nephrology Associates of Northern Illinois and Indiana*

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.



Ready for what's next.

BENESCH ADDS ATTORNEY IN CHICAGO.

We are pleased to welcome our newest attorney, **Nesko Radovic!**



Nesko Radovic

Associate, *Chicago*

nradovic@beneschlaw.com | (312) 506-3421

Nesko has joined Benesch's Chicago office as an associate and focuses his practice on a variety of regulatory, compliance, and corporate matters within the healthcare and life sciences industries. He advises clients on transactional matters including mergers, acquisitions, and joint ventures, as well as the establishment and operation of value-based organizations.

Nesko also advises clients regarding the Stark law, federal Anti-Kickback Statute, state and federal fraud and abuse laws, compliance with the corporate practice of medicine and fee-splitting prohibitions, and matters related to provider-payor relationships. He regularly lectures and writes on transactional and regulatory issues affecting a wide range of healthcare businesses.

Prior to private practice, Nesko worked for a regional health system, where he gained valuable experience in matters concerning the Anti-Kickback Statute, Stark Law, and state fraud and abuse laws, as well as an in-house perspective of a large-scale corporate merger and restructuring project. He also served as a legal extern at the Illinois Attorney General's office, where he assisted in prosecutions of complex financial, tax, and revenue crimes.

Nesko's experience in both the transactional and litigation practice of law provides him with a comprehensive perspective when guiding clients in structuring health care transactions within the complex regulatory and business environment.

For full bio, please [click here](#).

About Benesch

Benesch is an AmLaw 200 business law firm and limited partnership with offices in Chicago, Cleveland, Columbus, Hackensack, New York, San Francisco, Shanghai, and Wilmington. The firm is known for providing highly sophisticated legal services to national and international clients that include public and private, middle-market and emerging companies as well as private equity funds, entrepreneurs, and not-for-profit organizations. Benesch's core practice areas include Corporate & Securities, Healthcare, 3iP (Innovations, Information Technology & Intellectual Property), Labor & Employment, Litigation, and Real Estate & Environmental. Some of the industries the firm concentrates in include Private Equity, Data Security & Privacy, Specialty Chemicals, Banking, Healthcare, Polymers, Payment Systems, Transportation & Logistics, Energy & Natural Resources, Construction and Not-for-Profit. For more information, visit www.beneschlaw.com.

May 9, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices

APRIL 15, 2022

[Denver jury acquits DaVita, former CEO, of all charges in antitrust trial](#)

After two days of deliberations, a Denver jury found DaVita and former CEO Kent Thiry not guilty of all charges relating to charges they conspired with competitors not to hire each other's senior managers. The Department of Justice argued the dialysis provider's non-poaching agreement violated the Sherman Anti-trust Act and considered DaVita a test case ahead of other possible criminal charges in similar instances. If convicted, DaVita was facing a maximum penalty of a \$100 million fine on each of three counts, while Thiry could've been fined \$1 million on each of three charges and sent to prison for up to 10 years.

Related: [Trade secrets/Non-compete quarterly update](#)—Benesch Law
[DaVita, ex-CEO Thiry acquitted of labor collusion charges](#)—Associated Press
[DaVita, ex-CEO acquitted in antitrust no-poach trial](#)—Law360 (sub. rec.)
[DOJ vows to continue antitrust scrutiny despite DaVita verdict](#)—Denver Business Journal (sub. rec.)
[DOJ antitrust head: No 'chickenshit club' despite losses](#)—Law360 (sub. rec.)
[UnitedHealth unit says DOJ losses bolster dismissal bid](#)—Law360 (sub. rec.)

SOURCE: Bloomberg Law (sub. rec.)

APRIL 12, 2022

[Former general counsel at Fresenius sues company; alleges retaliatory firing after reporting possible criminal activity](#)

Douglas Kott [contends](#) he was demoted and eventually terminated for informing senior executives at Fresenius about possible misconduct and embezzlement at the company. Kott was general counsel in 2019 when the dialysis provider paid a \$231-million settlement to the DOJ and the SEC over allegations it bribed foreign officials. Kott states he first alerted the former CEO of Fresenius' U.S. subsidiary and the company's compliance department about "apparent misconduct" in 2014. Later, he claims he informed the company about possible embezzlement and waste of corporate funds. His suit states the compliance department didn't act on his 2014 complaint, while following his subsequent reports, he says he was demoted from his role as general counsel. He was let go by Fresenius in Mar., which Kott believes breached his employment contracts.

Related: [Fresenius former general counsel files suit alleging retaliatory firing](#)—Wall Street Journal (sub. rec.)

SOURCE: Reuters

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May 9, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

APRIL 5, 2022

Fresenius appoints Penn prof. as head of strategy, operations for company's Global Medical Office

[Dr. Nwamaka Eneanya](#) was most recently an assistant professor of medicine and epidemiology at the University of Pennsylvania, as well as the university's director of health equity, anti-racism and community engagement in the nephrology division. As the head of strategy and operations for Fresenius' Global Medical Office, she'll use her expertise in health equity, patient-reported outcomes and social engagement in healthcare and public health to advance kidney care outcomes.

SOURCE: Fresenius Medical Care

APRIL 6, 2022

Fresenius offering up to six weeks paid leave to employees who donate organs, bone marrow

Fresenius notes that live donors account for only one-fourth of kidney transplants in America, with many potential donors scared off due to the negative financial implications associated with the surgery and recovery. These can take four-to-six weeks, with many donors opting to use vacation time or unpaid absences. To counter this, employees at the dialysis provider who donate organs or bone marrow will be entitled to up to six weeks' paid leave, which should remove one of the impediments for potential live organ donors. Fresenius' employee benefit follows a similar [program](#) at DaVita, in which workers can receive up to four weeks of paid leave if they're an organ or bone marrow donor.

SOURCE: Fresenius Medical Care

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Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

APRIL 21, 2022

FDA clears Fresenius' next-gen portable automated PD system

The [Versi PD Cyclor System](#) was developed by Fresenius to make home PD easier to use for people with kidney failure. It features a touchscreen as well as embedded videos with audio guidance to assist patients through setup and treatment. The unit's battery and cart facilitate portability and the machine is quieter so it can be used while the patient sleeps. Fresenius plans a limited rollout in the U.S. this year, with wider availability beginning in 2023.

SOURCE: Fresenius Medical Care

APRIL 7, 2022

DaVita appoints Cardinal Health CFO to board of directors

[Jason Hollar](#) has a quarter-century worth of experience in corporate finance, including the past two years as CFO at Ohio-based healthcare provider [Cardinal Health](#). He'll sit as an independent on the DaVita board, beginning May 6.

SOURCE: DaVita

APRIL 28, 2022

Strive Health, NANI expand collaboration; establish platform to bring Medicare, MA patients with CKD, ESRD on board

[Strive Health](#) and [NANI](#) began their strategic partnership [last year](#) with the Chicago-based nephrology practice taking a stake in the Denver-based kidney care company. Under the expanded agreement, NANI will up its equity investment in Strive by an undisclosed amount and the collaboration's timeline was extended to 10 years. The partners unveiled a risk-bearing platform for nephrologists, saying they'll manage the financial risk and governance of risk contracts with Medicare and MA plan members with CKD and ESRD. The partners believe the changes will enable them to reach a further 20,000 patients in IL and IN.

SOURCE: Strive Health

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May 9, 2022

Nephrology and Dialysis Practices (cont'd)

APRIL 7, 2022

Dialyze Direct completes takeover of Compass Home Dialysis; claims move solidifies position as leading SNF dialysis provider in U.S.

Compass Home Dialysis operates nine SNF-based dialysis programs, one on-site dialysis center and a transitional outpatient dialysis program in Penn. [Dialyze Direct](#) says the acquisition of Compass, plus recent deals with Satellite Healthcare and Renew Dialysis, mean its on-site dialysis services are available in more than 150 skilled nursing facilities in FL, IL, IN, KY, MD, MO, NJ, NY, OH, PA, TN, TX and VA.

SOURCE: Dialyze Direct

MAY 2, 2022

Satellite's MSO subsidiary partnering with nephrology practices in L.A. suburbs

[Nephrology Associates Medical Group](#) provides nephrology care to patients in Riverside and San Bernardino counties in CA. Its collaboration with National Nephrology Alliance, a management services organization (MSO) that's part of [Satellite Healthcare](#), is designed to grow practices within a value-based care paradigm, while providing support for individualized treatment approaches through analytics. The MSO's platform also manages nephrologists' back-office administration so clinicians can spend more time with patients while still maintaining their autonomy.

SOURCE: Satellite Healthcare

MARCH 30, 2022

Satellite partnering with Dialyze Direct to advance dialysis delivery goals

[Satellite Healthcare](#) says its strategic collaboration with [Dialyze Direct](#) will focus on hemodialysis and CKD management for seniors in skilled nursing facilities (SNF) with an aim of increasing their companies' footprints in various markets. Dialyze Direct CEO Henry Kauftheil says the partnership is an opportunity for the firm to expand its treatment model. The companies also pledged to work together on research projects among older kidney patient populations.

SOURCE: Satellite Healthcare

Dialysis & Nephrology DIGEST

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May 9, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

APRIL 13, 2022

Satellite names CA nephrologist as CMO-Innovation

[Dr. William Raffo](#) is a nephrologist, board member and department head of Nephrology - Cardiothoracic Service Line at [Palo Alto Foundation Medical Group](#). In the newly-created role as the CMO for innovation at San Jose-based Satellite Healthcare, he'll be responsible for the company's nephrology management services affiliate, National Nephrology Alliance, its Ancillary Services Division, as well as developing and overseeing innovations in CKD management, value-based care and home dialysis.

SOURCE: Satellite Healthcare

MARCH 31, 2022

Strive Health hires senior exec from UnitedHealth Group as CFO

[Ted Shannon](#) spent the past seven-plus years at UnitedHealth Group, where he was most recently the CFO at Optum DTC. At Denver-based kidney care company [Strive Health](#), he'll direct strategic financial planning to support the company's growth.

SOURCE: Strive Health

APRIL 11, 2022

NKF sets up fund to accelerate kidney care therapies, treatments, prevention methods

The goal of the [NKF Innovation Fund](#) is to provide financing to startups to fast-track the development of kidney disease treatments, including artificial kidneys, portable dialysis devices, infection reduction technology, xenotransplants and rehabilitation of damaged kidneys. The NKF isn't saying how much money is in the fund, only that typical investments will range from six figures and up. The funding will come from donors looking to make venture-like contributions to innovative firms in the kidney care field. Donors will receive a tax deduction for their investment.

Related: [Kuleana Technology receives the NKF Innovation Fund's first dialysis investment](#)—Kuleana Technology

SOURCE: National Kidney Foundation

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May 9, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

APRIL 13, 2022

Kidney organizations call on Washington to focus on staffing shortages, supply chain issues at dialysis centers

The American Nephrology Nurses Association, the American Society of Nephrology, the National Kidney Foundation and the Renal Healthcare Association wrote to the White House's COVID-19 response coordinator, Dr. Ashish Jha, saying staffing shortages and supply chain issues at dialysis centers may become acute as fallout from the pandemic continues. The groups point to increased rates of kidney injury in patients who were hospitalized due to COVID-19, which mean rates of kidney disease and kidney failure could rise. Among the recommendations the groups made to Dr. Jha was prioritizing patients and staff at dialysis centers for access to new COVID-19 treatments.

SOURCE: Becker's Hospital Review

APRIL 19, 2022

Government programs like ESRD-TCM, KCC catalyzing value-based kidney care initiatives

The federal government introduced the Advancing American Kidney Health program in 2019, from which the ESRD Treatment Choices Model (ESRD-TCM) and the Kidney Care Choices (KCC) demonstrations were born. Value-based kidney care companies have latched onto the KCC program, forming partnerships with dialysis providers to deliver a more integrated approach to CKD and ESRD care in which dialysis is seen as only one pillar in the treatment paradigm. Using Medicare as a lever, the federal government is also pushing kidney care out of hospital and clinic settings to home-based scenarios that provide better outcomes at lower costs, which is being embraced by some of the newer players in the industry who recognize home dialysis as a growing market.

Related: [Implications of value-based models in kidney care](#)—Renal & Urology News

[Video: Value-based payment models offer opportunities for nephrologists](#)—Healio (sub. rec.)

SOURCE: Healio (sub. rec.)

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May 9, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

APRIL 15, 2022

Bipartisan House bill aims to bridge diagnostic, treatment gap for patients with ESRD

Congressmen Gus Bilirakis (R.-FL) and G.K. Butterfield (D.-NC) introduced [H.R. 7506](#), which is designed to increase community and healthcare provider awareness and education about ESRD. They note that Medicare spends \$84 billion annually on critical care for ESRD patients, so removing barriers to diagnosis and treatment by a kidney specialist will improve outcomes. The proposed bill has the endorsement of the American Kidney Fund, which [said](#) H.R. 7506 “will improve diagnosis and increase community and healthcare provider awareness of rare kidney diseases.”

SOURCE: U.S. Congressman Gus Bilirakis

APRIL 6, 2022

Outset Medical estimates cost of PD failure at \$72K per patient

[Outset Medical](#) presented [findings](#) showing the per-patient cost for the three months prior to PD failure and the three months following PD failure totaled \$72,509. The cohort was taken from patients who discontinued PD due to conversion to HD, death or transplantation. Their study also revealed that once a patient transitions to in-center hemodialysis, hospital admissions, lengths of hospital stays and ED encounters are higher than when the patient was undergoing PD. Outset also released results from two surveys relating to its [Tablo](#) hemodialysis system, which found that:

- Seventy-two percent of dialysis patients viewed Tablo’s features as a significant improvement in home hemodialysis, while 77% said Tablo would make them more likely to try home hemodialysis; and
- Seventy-seven percent of nephrologists said Tablo’s features are a significant improvement over existing home hemodialysis devices and 98% said these features would make them more likely to recommend home hemodialysis to their patients.

SOURCE: Outset Medical

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Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

APRIL 16, 2022

Study suggests incremental hemodialysis saves money while providing similar outcomes to standard hemodialysis

A U.K. [study](#) compared patient quality of life and cost savings between incremental hemodialysis and standard hemodialysis. After one year, patients on standard hemodialysis were more likely to be hospitalized and there was a trend toward patients in this group having higher incidences of vascular access events and hyperkalemia. There were no differences in the rate of treatment-related adverse events between the groups. Researchers note healthcare provider costs were 31% higher in the standard hemodialysis group, £26,125 (\$34,109). The per-patient cost to the NHS for incremental hemodialysis was £19,875 (\$25,948).

SOURCE: AJMC

APRIL 7, 2022

Research finds no mortality differences between dialysis patients who are MA recipients vs. those who are Medicare beneficiaries

A study led by Brown University looked at 2016 data from dialysis patients who were “MA stayers” (continuously enrolled in MA during the 12 months prior to dialysis), “TM stayers” (continuously enrolled in traditional Medicare during the 12 months prior to dialysis initiation) and those who switched either from TM to MA or from MA to TM. The unadjusted one-year mortality rate for MA stayers was 2.4 percentage points lower than that for TM stayers. Meanwhile, the unadjusted one-year mortality rate for those who switched from TM to MA was 5.2 percentage points higher than that for TM stayers. Analysis also found that all MA enrollees and all TM enrollees (whether they were “stayers” or switched), yielded no significant differences in mortality, predialysis nephrology care and the use of arteriovenous fistula or graft.

SOURCE: AJMC

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May 9, 2022

Dialysis & Nephrology DIGEST

VAC, ASC and Office-Based Labs

MARCH 30, 2022

RPA president speaks to payment differences for dialysis access procedures performed in VACs, OBLs

Dr. Timothy Pflederer says the updated Medicare Fee Schedule shows a slight increase in payments for dialysis access procedures performed at VACs of 3%. However, the Renal Physicians Association is concerned that the same procedures performed at OBLs will face 4% annual cuts over the next five years, with Pflederer noting many offices won't be able to bear the 20% overall reduction in payments and may have to close. He adds the RPA will continue to lobby Washington to have the cuts rolled back and it's working with other specialties starting down payment cuts targeting OBLs.

SOURCE: [Healio \(sub. rec.\)](#)

APRIL 7, 2022

Talent acquisition, retention requires investments in career growth opportunities, says SCA exec

The group president at Surgical Care Affiliates, [Oren Shill](#), calls staffing shortages one of the biggest challenges facing ASCs. The COVID-19 pandemic, practice consolidation and retirements mean there aren't enough specialists, nurses and support staff available. With integrated care delivery systems and value-based care models now in vogue, he says ASCs should highlight their connections to value-oriented primary care doctors and payers to attract talent. Shill notes ASCs that offer leadership programs and training for clinical and support teams will have a leg up on competitors in retaining specialized care staff.

SOURCE: [Becker's ASC Review](#)

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May 9, 2022

Dialysis & Nephrology DIGEST

Other Interesting Industry News

MARCH 30, 2022

Newcomer Duo Health launching value-based kidney care in multiple markets this year

Chicago-based medical group [Duo Health](#) didn't specify into which markets it plans to enter this year, only that it's committed to address the challenges of patients, physicians and plans in managing CKD and ESRD. It's co-founded by Chicago Pacific Founders, a strategic healthcare investment fund focused on value-based care models. Duo Health offers:

- Fully-capitated financing to ensure continuity of care and to provide practice expansion opportunities to nephrologists;
- A comprehensive care model and multi-disciplinary, team-based professionals with low caseloads and local market presence;
- Service delivery is site and facility agnostic but Duo's preferred treatment location is in the patient's home; and
- Health Mobilization, an AI- and machine learning-enabled platform that predicts adverse events and engages with patients and providers to optimize care and outcomes.

Related: [Duo Health adds to clinical leadership to support unique model for serving patients with CKD](#)— Duo Health

SOURCE: Duo Health

APRIL 5, 2022

JV between Skylight Health, CHS highlights value-based care, population health management

[Skylight Health](#), a primary care management firm from Toronto, and [Collaborative Health Systems](#) (CHS), a population health management services organization from Tampa, are collaborating on a value-based care contracting framework in Jacksonville, FL, Harrisburg, PA and Denver and Colorado Springs, CO. The JV includes joint efforts in payer contracting, taking on risk within MA and population health improvement, including data and analytics that support care coordination and quality improvement programs.

SOURCE: Skylight Health Group

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May 9, 2022

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Other Interesting Industry News (cont'd)

APRIL 12, 2022

[Strive Health providing value-based kidney care expertise to Evolent ACO participants in MI, NC](#)

Through an agreement with Arlington, Va.-based [Evolent Health](#)'s Evolent Care Partners ACO, [Strive Health](#) will bring its value-based kidney care model to 211 primary care providers in Mich. and N. Car. It's estimated up to 1,200 patients with CKD or ESRD may benefit from the partnership. Evolent will utilize Strive's data and technology tools, administrative support, management expertise and an interdisciplinary clinical care team with an aim of determining the risk for hospitalization and disease progression.

SOURCE: [Strive Health](#)

APRIL 7, 2022

[Evergreen Nephrology bringing value-based kidney care model to Colo. following agreement with nephrology practice](#)

The JV between Nashville's [Evergreen Nephrology](#) and [Colorado Kidney Care](#) will bring Evergreen's physician-focused kidney care program to Greater Denver. Colorado Kidney Care, a single-specialty nephrology practice, says it'll take advantage of its partner's expertise in providing resources for an expanded care model, the financial backing to cover the total cost of care risk, as well as a platform built for a value-based environment. Evergreen says its business model means nephrologists receive "full clinical, technical and financial support" to extend value-based care to its patients, adding it plans to rollout an MA plan by next year.

SOURCE: [Evergreen Nephrology](#)

APRIL 13, 2022

[Fresenius launches campaign to boost registry for kidney-focused genomics project](#)

Fresenius [initiated](#) a global, renal-focused genomic registry last year with the aim of enrolling dialysis patients whose data could serve as a baseline for research into the diagnosis and treatment of CKD and ESRD. To meet its goal of 100,000 participants in the registry in five years, Fresenius introduced the [My Reason](#) program. Through the campaign, patients in the U.S. will be provided an opportunity to enroll in the registry as a standard offering at Fresenius' dialysis centers.

Related: [Fresenius seeks to enroll 100,000 in kidney disease genomic registry](#)—Healthcare Innovation

SOURCE: [Fresenius Medical Care](#)

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May 9, 2022

Other Interesting Industry News (cont'd)

MARCH 30, 2022

Northwest Kidney Centers: \$5M grant from Premera funded community education initiatives

Seattle-based [Premera Blue Cross](#) provided a three-year, \$5-million grant to Northwest Kidney Centers in 2020 and the non-profit kidney care provider says the funding went toward the following [education programs](#):

- Eating Well, Living Well nutrition classes saw a 21% increase in attendance, as 529 patients and family members learned how diet impacts kidneys;
- Choices classes grew by 16%, as 701 patients and family members gained access to information about treatment options before dialysis becomes necessary; and
- Next Step classes increased by 37%, as 258 patients and family members explored transplants and the different types of dialysis that are available, such as home and peritoneal dialysis.

Noting the number of patients receiving home dialysis rose by 24% since 2020, Northwest says the money from Premera also allowed it to augment its home nursing staff and to bolster its home dialysis technology and infrastructure.

SOURCE: Northwest Kidney Centers

MARCH 24, 2022

Research reveals pediatric patients with CKD less likely to access doctors, EDs if on public insurance

Using data from the Chronic Kidney Disease in Children [study](#), researchers determined that between 2005 and 2019, 49.2% of children with CKD had private health insurance, 49.6% had public insurance and 1.2% had no insurance. The data indicated that patients with public insurance were more likely to not visit a private physician or an ER and less likely to seek hospitalization in the previous year, relative to those with private insurance. Furthermore, compared with participants with private insurance, participants who were uninsured were significantly more likely to have not visited a private physician.

SOURCE: Kidney Medicine

May 9, 2022

Dialysis & Nephrology DIGEST

Other Interesting Industry News (cont'd)

APRIL 15, 2022

Study suggests educating families, providing services in Spanish to increase home dialysis uptake in Latinx community

The University of Colorado surveyed providers in the Greater Denver area and identified the following barriers for patients from the Latinx community in accessing home dialysis:

- Not wanting to be a burden on the family;
- Poor understanding of disease progression;
- Living space challenges; and
- Insurance for undocumented immigrants.

Noting that all the participating providers spoke to clients in English, the study suggests providing patient education in Spanish. As well, researchers recommend leveraging the close ties in Latinx households by bringing families into training and education programs. Another step for providers could be having a dietitian that can provide culturally-relevant meal suggestions that promote kidney health.

Related: [Roadblocks need to be eliminated to improve access to transplants](#)—Healio (sub. rec.)

SOURCE: Healio (sub. rec.)

APRIL 21, 2022

Research correlates patient mobility with access to kidney transplantation

Emory University School of Medicine looked at kidney dialysis patients living in the U.S. between 2014 and 2020 who were assigned a transplant center based on the transplant referral region (TRR) that corresponded to their ZIP codes. The cohort was then divided into three groups:

1. Those who didn't travel outside their TRR;
2. Those who traveled to an adjacent TRR; and
3. Those who traveled beyond an adjacent TRR.

It was **found** that traveling to a neighboring TRR increased the likelihood of securing a kidney from a deceased donor by 7%. For those traveling beyond a neighboring TRR, the likelihood was 19%. An analysis pointed out that the more mobile kidney transplant candidates tended to be white, had at least some college education and lived in ZIP codes with lower poverty rates. Mobility had no correlation with living donor transplants and waitlist mortality but did provide a mortality after transplant benefit.

SOURCE: Healio (sub. rec.)

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Positions Open:

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Location: San Antonio, TX Base Salary: \$250,000 Sign-on Bonus: \$25,000 Relocation Allowance: up to \$10,000 Dialysis Medical Directorships and JV Opportunities Available: Income varies up to \$40,000 per year CME allowance: \$1,500 Per year	Health Benefits: Family Health Insurance Dental Insurance Vision Insurance Disability Insurance Life Insurance 401(k) Roth or Post Tax	Covered Expenses: Malpractice Coverage All Texas Licenses (Medical License, DEA) MOC Credits Scrubs & Lab Coats Marketing
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