# Healthcare

September 6, 2022

# A monthly report by Benesch on the

Dialysis & Nephrology Industry

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#### **Calendar of Events**

OCTOBER 1-3, 2022 ANNA: 2022 Nephrology Nursing Practice, Management, & Leadership Conference For information, please click <u>here</u>.

OCTOBER 5–7, 2022 Renal Healthcare Association 2022 Annual Conference

For information, please click <u>here</u>.

NOVEMBER 3-6, 2022 American Society of Nephrology Kidney Week 2022 For information, please click here.

JANUARY 16-19, 2023 ISET: International Symposium on Endovascular Therapy For information, please click <u>here</u>.

FEBRUARY 17-19, 2023 ASDIN: American Society of Diagnostic and Interventional Nephrology 19th Annual Scientific Meeting For information, please click <u>here</u>. MARCH 30-APRIL 2, 2023 **RPA 2023 Annual Meeting** For information, please click <u>here</u>.

MAY 7-10, 2023 ANNA: 2023 National Symposium For information, please click <u>here</u>.

MAY 19-20, 2023 OEIS 10th Annual National Scientific Meeting For information, please click here.

MAY 30-JUNE 2, 2023 2023 NCVH Annual Conference For information, please click <u>here</u>.

OCTOBER 14-16, 2023

ANNA: 2023 Nephrology Nursing Practice, Management, & Leadership Conference For information, please click <u>here</u>.

APRIL 14-17, 2024 ANNA: 2024 National Symposium For information, please click <u>here</u>.



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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## SAVE THE DATE

# Benesch Healthcare+ Third Annual Dialysis and Nephrology Conference

# Thursday, June 15, 2023

8 a.m. to 4:30 p.m Cocktail reception to follow

Union League Club of Chicago 65 W Jackson Blvd | Chicago, IL 60604

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 (<u>mthomas@beneschlaw.com</u>) for more information about this event or if you require assistance.

Invitation to follow.



### **Nephrology and Dialysis Practices**

AUGUST 19, 2022

# Fresenius CEO resigning; to be replaced by head of company's pharmaceutical business

Michael Sen, President and CEO of Fresenius Kabi, will replace Stephan Sturm as CEO of Fresenius SE on Oct. 1. Shares in the company fell 44% over the past year, in part due to the COVID pandemic and a surge of costs but Fresenius' stock price rose by nearly 6% immediately after Sturm's announcement. The change at the top mirrors the shake up in leadership at Fresenius Medical Care (FMC), where Carla Kriwet will take over as CEO at the world's largest dialysis provider from Rice Powell on Oct. 1. FMC's share price reached a 12-year low in July following a 12% plunge.

Related: Fresenius shares rise on new CEO appointment - Morningstar

#### SOURCE: Reuters

#### AUGUST 25, 2022

#### DaVita involved in crafting federal legislation to counter SCOTUS ruling about payments from private insurers for dialysis

A bipartisan bill <u>introduced</u> to the House of Representatives seeks to circumvent a ruling from the Supreme Court, which sided with a private health plan in a lawsuit brought by DaVita. The dialysis provider alleged the private plan was forcing members to opt for Medicare for dialysis services and accused the plan of discrimination. SCOTUS disagreed and now DaVita is working with members of Congress on legislation that would require private plans to reimburse dialysis patients at the same rate as patients with other kidney ailments. The initiative also has the <u>support</u> of Kidney Care Partners, which represents patients, professional care providers and other stakeholders.

Related: DaVita helped craft new bill to fix loophole left by Supreme Court ruling, documents show - Politico

SOURCE: Denver Business Journal (sub. rec.)

#### AUGUST 11, 2022

#### Dialyze Direct to provide on-site dialysis for rehab company in NY, FL

Infinite Care has over 50 rehabilitation centers in NY and FL, offering sub-acute orthopedic, cardiac, pulmonary and neurological care. <u>Dialyze Direct</u> will provide on-site hemodialysis services at Infinite Care's facilities, bringing the number of sites using its system to more than 170 in 13 states.

SOURCE: Dialyze Direct

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#### Nephrology and Dialysis Practices (cont'd)

AUGUST 18, 2022

#### <u>Medicare expenditures for in-center hemodialysis 11% more than for</u> <u>home-based PD</u>

Between 2008 and 2015, Baylor College of Medicine pegged the average expenditures for in-center hemodialysis at \$108,656 (in 2017 dollars), 11% higher than that for peritoneal dialysis (\$91,716). That cost difference remained unchanged over time, with hemodialysis having higher IV dialysis drug costs (+69%), higher rehabilitation costs (+35%) and higher non-dialysis costs (+34%) than PD. Researchers noted that IV drug costs for hemodialysis declined by \$2,900 per patient per year between 2008 and 2014, compared to \$900 for PD, diminishing one of the main economic incentives for PD when the ESRD Prospective Payment System was established in 2011.

Related: Medicare expenditures could be reduced by increased peritoneal dialysis use -Healio (sub. rec.)

SOURCE: American Society of Nephrology

#### AUGUST 3, 2022

#### Survey finds over half of transplant nephrologists satisfied with their job

A survey (sub. rec.) of transplant nephrologists from the American Society of Transplantation Medical Director Task Force <u>estimates</u> the mean annual compensation for the specialty at \$274,460. Eighty percent of those surveyed felt their compensation was unfair, while 70% reported they didn't understand how they were compensated. It was revealed that 90% of respondents had fixed base compensation, while two-thirds received a bonus based on clinical workload (68%), academic productivity (31%), service (32%), and/or teaching responsibility (31%). Fifty-five percent of participants were satisfied with their work, with new graduates and the most-highly compensated more likely to express this sentiment.

SOURCE: Healio (sub. rec.)

#### AUGUST 15, 2022

## AAKP initiates campaign to lobby insurers, CMS for better access to innovative kidney treatments

The American Association of Kidney Patients (AAKP) says the initiative will show stakeholders how to use social media, letters to insurers and shareholders, online petitions, Congressional contact software and voter registration tools to advocate for access to new care options. The association notes while the FDA is being proactive in approving advancements in kidney care, these innovations are facing headwinds from private insurers and CMS who balk at providing coverage. The AAKP hopes to reverse this through an aggressive consumer engagement and mobilization campaign aimed at government red tape and "byzantine" payer policies.

#### SOURCE: American Association of Kidney Patients

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#### Nephrology and Dialysis Practices (cont'd)

#### AUGUST 23, 2022

# Advocate calls for better kidney care options for undocumented immigrants

Dr. Lilia Cervantes, director of immigrant health at the University of Colorado, says while undocumented immigrants are excluded from Medicare, most Medicaid programs and the ACA, however, some states make exceptions for dialysis or ESKD. She estimates between 6,000 and 9,000 undocumented immigrants in the U.S. have kidney failure and many of them have difficulty accessing care. Cervantes urges all state Medicaid directors to modify their policies so that outpatient and home dialysis and directed living donor kidney transplants are covered. She points to the example set by CO, which set up a Medicaid program that covers undocumented immigrants under the age of 18 and postpartum persons for at least a year, of how states can improve access to healthcare to this marginalized community.

SOURCE: Healio (sub. rec.)

#### AUGUST 11, 2022

## Accelerator KidneyX offering \$10.5M for innovations leading bioartificial kidney

With funding from Health and Human Services, <u>KidneyX</u> opened <u>Phase 2</u> of the Artificial Kidney Prize. There are two components to the \$10.5 million in awards, with submissions being accepted for either a prototype bioartificial kidney or components or tools which advance the development of bioartificial kidneys. Entries are expected in the fields of regenerative medicine, cellular engineering, tissue engineering, systems biology and synthetic biology.

SOURCE: American Society of Nephrology

#### AUGUST 29, 2022

#### DaVita asks Colo. judge to toss suit relating to excessive fees for employee retirement plan

Four DaVita employees are seeking to certify a class action alleging fees for certain investment options under the company's retirement plan were too expensive. In a motion to dismiss, the dialysis provider counters that none of the plaintiffs selected the option in question and weren't materially affected by that possible choice. DaVita also points out the plaintiffs' attorneys filed over 80 ERISA class actions. The company adds comparing the cost of three actively managed investment options with the average fees in an industry survey is flawed. DaVita states it provided the plaintiffs with all relevant documents that dispute their claims but the employees say they're still awaiting details about the company's alleged mismanagement.

SOURCE: Law360 (sub. rec.)

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## VAC, ASC and Office-Based Labs

AUGUST 18, 2022

# Expert: Technologies for VAC beyond WavelinQ, Ellipsys include VasQ device, Amplifi vein dilation system

Dr. Monnie Wasse, the vice-chair and director of interventional nephrology at Rush University Medical Center, notes <u>WavelinQ</u> and <u>Ellipsys</u> are the only two FDA-approved technologies for preventing vascular access dysfunction. She says several other options for vascular access include:

- Radial artery deviation and re-implementation surgical technique;
- The <u>VasQ device</u>;
- The Alio smartwatch app; and
- The Amplifi vein dilation system.

Wasse adds two technologies from <u>Bluegrass Vascular</u>, drug-coated balloons and the Surfacer Inside-out Access Catheter system, also bear monitoring by stakeholders in the VAC sector.

SOURCE: Healio (sub. rec.)

#### AUGUST 19, 2022

## Medical services broker questions whether existing bundle, rebate programs are optimized for OBLs, ASCs

The founder of Margin, Chas Sanders, says the trend of health services being removed from hospitals to OBL and ASC settings represents an opportunity to rethink the relationship between medical device providers and the care industry. He explains that once they step out from under the hospital umbrella, specialists are confronted for the first time about pricing, which he considers a significant predictor of future success. Traditionally, medical device vendors relied on bundles and rebates to advance their value propositions with providers. Bundles are groups of products sold by a single vendor at a lower cost than if each is sold individually. Sanders argues that if the items can be sold at a discount, they should be offered to physicians at OBLs and ASCs at that reduced price. Specialists may prefer devices from multiple suppliers due to cost or clinical needs. Instead of providing rebates based on usage, he contends a more open dialogue between suppliers and providers to agree on fair pricing upfront to further develop business relationships. Sanders concludes that "fair and transparent pricing without hooks" will enable outpatient facilities to flourish in the marketplace.

SOURCE: Vein Magazine

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### **Other Interesting Industry News**

AUGUST 24, 2022

<u>Three-way merger involving Fresenius closes, creates value-based kidney</u> <u>care company InterWell Health</u>

Closing conditions were met for the merger between Fresenius Health Partners, the company's value-based care division, Cricket Health and InterWell Health. The entity will operate under the <u>InterWell Health</u> banner. The partners predict by 2025, the company will manage care for more than 270,000 patients with kidney disease and manage over \$11 billion in medical costs annually, more than double current levels for both figures. The merger creates arguably the largest value-based kidney care organization in the U.S., with a valuation of \$2.4 billion.

Related: Fresenius completes \$2.4B merger with digital health startup - Becker's Hospital Review

SOURCE: Fresenius Medical Care

#### AUGUST 19, 2022

# Patients on transplant waitlists would accept lower-quality kidneys if it means shorter wait times

Northwestern University <u>asked</u> patients who were waiting for or had received a transplant for their preferences relating to deceased-donor kidneys. On average, a patient would accept a kidney with an expected lifespan of 6.5 years if it meant not having to wait two years for an organ expected to last 11 years. The study divided the cohort into three classes:

- 1. Class 1 was averse to additional waiting time but still responsive to improvements in kidney quality;
- 2. Class 2 was less willing to accept increases in waiting time for improvements in kidney quality; and
- 3. Class 3 was willing to accept increases in waiting time even for small improvements in kidney quality.

Respondents in Class 3 tended to be 61 years of age or older and more likely to be waitlisted before starting dialysis than Class 1. Those in Class 2 were more likely to be older, Black, not have a college degree and have lower kidney function than Class 1.

#### SOURCE: American Society of Nephrology

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#### Other Interesting Industry News (cont'd)

AUGUST 9, 2022

# Research finds link between for-profit dialysis facilities, kidney transplant waitlists for children

A study (sub. rec.) led by Children's Hospital of Philadelphia looked at data for pediatric patients with CKD between 2000 and 2018 and found 60% were treated at a non-profit facility, 27% at a for-profit facility, while 13% switched facilities. Three-fourths of the cohort were registered on the wait list and 69% had a kidney transplant. The research determined patients were less likely to be waitlisted at a for-profit facility (36.2 per 100 person-years) than at a non-profit site (49.8 per 100 person-years). It was also shown that the incidence of kidney transplant was lower at for-profit centers (21.5 per 100 person-years) than at non-profit centers (31.3 per 100 person-years).

SOURCE: Healio (sub. rec.)

#### AUGUST 9, 2022

## <u>Study: ESRD patients at ETC-assigned facilities had lower prevalence of transplantation, waitlisting, PD</u>

Researchers at Emory University <u>compared</u> patients with ESRD receiving treatment at facilities randomly assigned to Medicare's <u>ETC model</u> with control facilities not operating under ETC. It found patients at ETC model facilities were 9% less likely to receive a living donor transplantation, 12% less likely to be waitlisted for a transplant and had a 4% lower prevalence of peritoneal dialysis. As well, the analysis showed that facilities marked for ETC were 14% more likely to be owned by the second-largest private dialysis provider but were 37% less likely to be for-profit or independent. ETC model facilities treated one-third fewer patients of Hispanic ethnicity than controls and were generally located in communities that were 4% below the median for household income. The study concludes that evaluators should account for pre-intervention imbalances to minimize bias in their inferences about the model's association with post-intervention outcomes.

SOURCE: Revcycle Intelligence





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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