## An Advanced Payment Model for the Transition from Chronic Kidney Disease (CKD) to End-Stage Renal Disease (ESRD)

# Thoughts from the Renal Physicians Association (RPA) Payment Workgroup

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#### Disclosures

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- Fulltime employee of DaVita

All opinions are my own and are reflective of work done ONLY on behalf of the RPA. None of these slides reflect work done on behalf of, recommendations of, or advice from of any other organization(s) with which I am affiliated.



#### Overview

- Highly prevalent disease state
- Often have a long lead time
- Well defined patient population
  - Quantitative, simple and validated measurement (eGFR)
  - Clear set of ICD9/10 codes for categorization (stages of CKD)
  - Clear, documented time of dialysis initiation (2728 form)
- Measurable and cost-effective treatments/outcomes
- Reasonable attribution possibilities
- Significant savings potential



## What is Chronic Kidney Disease CKD?

Diminished renal function which, if progressive, ultimately results in death or the need for dialysis and/or transplant.

Exact rate of renal function loss difficult to predict, but can be monitored with lab work and symptoms

Appropriate and timely referral to a Nephrologist has been shown to decrease morbidity, mortality and costs associated with dialysis



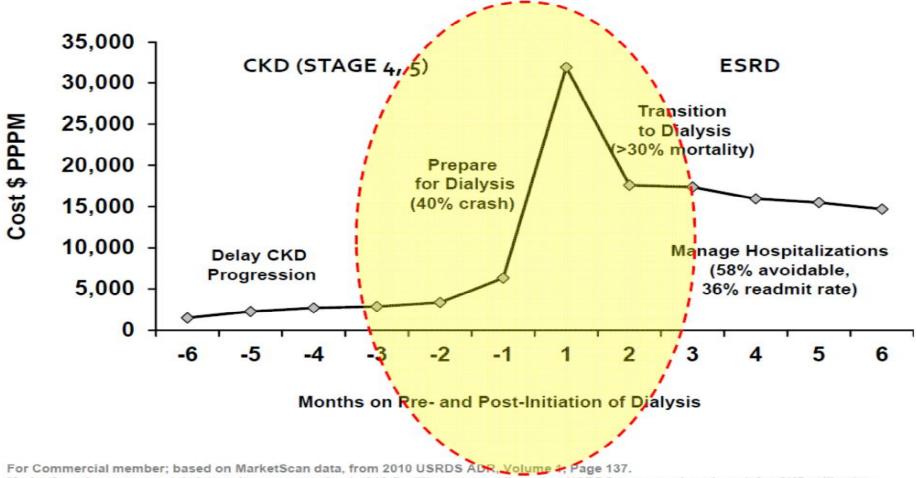
## Measuring, Categorizing and Acting in CKD

Stage I	Stage II	Stage III	Stage IV	Stage V/ESRD
GFR ≥ 90	GFR 60-89	GFR 30-59	GFR 15-29	GFR < 15
Identify + Mitigate Risk Factors	Identify + Mitigate Risk Factors	+ Manage Sequela of CKD	Prepare for dialysis, transplant, and/or hospice	Begin dialysis, transplant and/or hospice
Primary Care	Primary Care +/- NON-nephrology care	+Nephrologist +/- other specialists	+ Vascular Surgery + Transplant team + Dialysis education + Cardiology	+ dialysis + hospitalizations



#### **Costs of CKD to ESRD Transition**

AVERAGE & PPPM COST THROUGH TRANSITION TO DIALYSIS



MarketScan is a commercial claims dataset comprised of 10.5 million covered lives that USRDS uses as a benchmark for CKD utilization.



#### Other Considerations

- >66% of dialysis patients are Medicare beneficiaries (USRDS 2016)
- Dialysis patients comprise 1% of Medicare Beneficiaries and ~7% of costs (2014=\$>30 Billion) (USRDS 2016)
- Avg. annual cost of \$86,000 per patient on Medicare including 10-12 hospitals days per year (USRDS)
- Commercial costs are higher (>\$100K) per member per year
- Incident patients are stable and prevalent patients are increasing slightly (USRDS 2016)



## Goals for Appropriate Dialysis Preparation

- Fewer central venous catheters
- More home dialysis
- Earlier transplantation
- Reduced hospitalization
- Increase patient satisfaction



## Thoughts on an CKD->ESRD APM



## Measurable Quality and Savings Opportunities



## Concerns



## Thank you

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