DaVita VillageHealth
bringing quality to life℠

Renal Population Overview >

CHRONIC KIDNEY DISEASE PATIENTS

52% crash into dialysis (unplanned dialysis start in an inpatient setting)

24% crash without ever being diagnosed with CKD

74% start dialysis without the preferred vascular access in place

Crashes increase per-patient costs by **$53k** during the first year on dialysis[1]

END STAGE RENAL DISEASE PATIENTS

Represent only **1%** of Medicare population but **6%** of costs

94% have 4+ comorbidities

42% of new patients have not seen a nephrologist

Spend **~11** days per year in the hospital and have a **35%** readmission rate

55% of hospitalizations are controllable

Renal Population Health

OVERVIEW

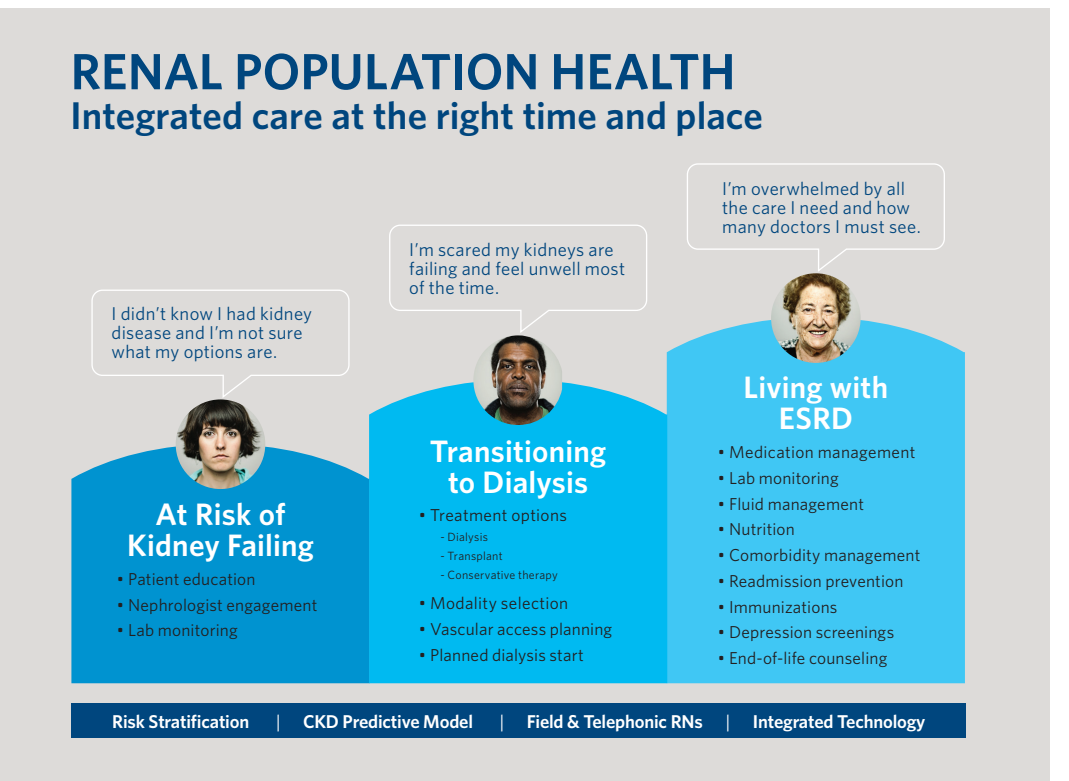
Kidney patients are among the most vulnerable and medically complex chronic populations. These patients, especially those on dialysis, are outliers in our healthcare system. Despite the small size of this population, it consistently falls into the top five percent of most-costly patients. For health plans and health systems moving to value-based reimbursement, managing risk is all about managing outliers.

As the country's largest renal NCQA-accredited provider, VillageHealth integrates care for patients with late-stage chronic kidney disease (CKD) and for patients with end stage renal disease (ESRD) who depend on life-sustaining dialysis. By coordinating care before and during the transition to dialysis (or transplant) and inside and outside of the dialysis clinic, we help improve your patients' experience and clinical outcomes, which translates to a reduced total cost of care for your renal population.

OUR SOLUTION

The foundation of our Renal Population Health program is our integrated care model, which is supported by predictive analytics, renal-specific care protocols, a comprehensive technology platform and access to patients while they dialyze. A VillageHealth nurse serves as the primary patient liaison to coordinate care between the patient caretakers, nephrologist, specialists, primary care provider, dietitian, social worker and dialysis care team.

Our nurses and care coordinators tailor care plans to meet the unique clinical, social and behavioral needs of every patient—enhancing quality of life, clinical outcomes and total cost of care. By partnering with existing provider networks, we also help maximize use of in-network care providers.



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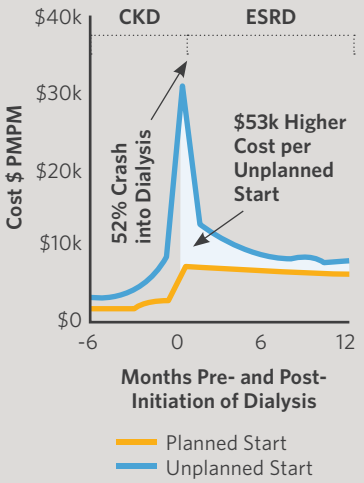
National Cost of Transition to ESRD >



The Necessity of Managing the CKD to ESRD Transition >

Appropriate preparation for transitions to ESRD can improve patient experience, clinical outcomes and cost of care during the first year on dialysis.

The financial impact is significant:

- **~$25k savings** for every patient with a fistula access instead of central venous catheter[8]
- **~$20k savings** for every patient who selects peritoneal dialysis over hemodialysis treatment[9]
- **~$12k savings** for every hospitalization avoided[9]

PROVEN RESULTS

Most patients in our Renal Population Health program are leading healthier lives, and many of our health system and health plan partners are realizing savings from the reduction in total cost of care for their managed populations.

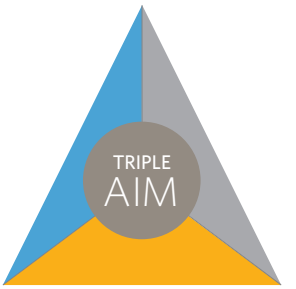
Enhanced Patient Experience

80%
of patients say they're more engaged with their healthcare[1]

84%
of patients start dialysis in the appropriate setting[2]

29%
fewer days in hospital[3]

90+%
nephrologist engagement prior to transition[4]



Reduced Costs

Up to **18%**
addressable cost savings[5]

Up to **$12k**
per-patient per-year savings[5]

Improved Population Health

20%
lower hospitalization rate compared to industry average[5]

27%
lower readmission rate compared to industry average[5]

66%
central venous catheter rate reduction[3]

50+%
of patients start with appropriate access[6]

"The VillageHealth program is like having an angel. The [nurses] always help...with appointments and get things done quickly...if VillageHealth can't take care of it, then no one can."

—Vickie, VillageHealth patient

ABOUT VILLAGEHEALTH

VillageHealth, the renal population health management division of DaVita Inc., has delivered integrated care programs under all types of value-based reimbursement—including full risk—since 1996. VillageHealth partners with health systems, health plans, nephrologists and government entities to measurably improve clinical outcomes, patient experience and cost of care for ESRD and CKD patients. VillageHealth impacts the lives of more than 30,000 kidney patients, with nearly 7,000 under clinical and financial risk arrangements.

Our partnership models include traditional per-member per-month disease management, shared savings and fully delegated risk arrangements. Every partnership begins with a dedicated account team and a seamless implementation plan, which is typically executed within less than 90 days.

For a customized analysis and to discuss options to help you better understand and manage your renal population, contact VillageHealth at **Inquiries@VillageHealth.com**.

1. Medicare 5% sample data weighted average across all states for patient costs in first 12 months of dialysis, 2009-2012. 2. VillageHealth Patient Satisfaction Survey, 2015. 3. VillageHealth client analysis of patients managed nine month before transitioning to ESRD. 4. VillageHealth client monthly Scorecard, 2013-2015. 5. VillageHealth CKD managed members with GFR<25 2014-2015. 6. VillageHealth client reporting 2013-2015. 7. VillageHealth client patient, avg. from 2013-2015. 8. DaVita analysis of 2009 linked DaVita/Medicare Parts A & B claims data. 9. USRDS Annual Data report, 2013 and 2015.