

Dialysis PATIENTS Demonstration Act (H.R. 4143 / S. TBD)

Patient Access To Integrated-care, Empowerment, Nephrologists, Treatment, and Services

What does the legislation mean for Medicare Fee-for-Service (FFS) patients?

- Join the demo based on the facility where they dialyze; multiple opportunities to opt-out
- Keep Medicare FFS Part A and B benefits, and access to Medicare supplemental insurance
- Supplemental benefits may include Part D, transportation, dental, vision, lower co-pays, etc.
- Receive education and transition support for transplantation, palliative care, and hospice
- A dedicated care coordination team led by nephrologists to help navigate complex health system
- Individualized care plan to address comprehensive patient needs
- Can continue to see any provider that accepts Medicare

How would the PATIENTS Act work?

- Dialysis providers, nephrologists, and other physician groups can form an organization
- Geographic region(s) to be defined by HHS/CMS and selected by the PATIENTS Act organization
- Organization may select clinics affiliated with participating dialysis providers
- Providers receive monthly capitated payments; responsible for total cost of patient care
- Combines proven Medicare precedents from ACOs, ESCOs, and Medicare Advantage (MA)
- Providers succeed if they deliver better care, better health, lower costs, and exceed quality targets

What does the legislation mean for nephrologists?

- Nephrologists may serve on the governing body and/or lead interdisciplinary care teams
- Flexible participation: ownership, performance-based incentives, clinical leadership, or no involvement
- Organization qualifies as an Advanced APM; nephrologists may be eligible for 5% MACRA bonus

This legislation is important and the kidney care community is poised to succeed

- High need: dialysis patients struggle with many comorbidities, spend 11 days a year in the hospital¹, and have complex care needs, that, if addressed, keep patients healthier and out of the hospital.
- High cost: ESRD patients account for 1% of Medicare FFS beneficiaries, but 7% of spending¹, with a large portion of cost due to hospitalizations that could be avoided.
- Results: dialysis providers have 10+ years of success in integrated care. Beneficiaries in MA ESRD Chronic Special Needs Plans have 15% fewer hospital stays, 41% fewer readmissions, and 66% fewer catheters².
- Frequent beneficiary contact: patients visit their dialysis clinic three times a week, for 12 to 15 hours.
- Physicians: nephrologists are dialysis patients' principal care provider and round regularly in the clinic.
- Pave the way: this demo could be the role model in caring for high-need, high-cost patients.

How do we get there?

- PATIENTS Act introduced and passed through both the House and the Senate
- President signs the bill into law
- After passage, Secretary has one year to establish an application process

1) 2016 USRDS Annual Report (2014 results); adjusted mortality rate for dialysis patients; 2) Internal analysis of 2016 DaVita MA ESRD SNP results vs. 2016 USRDS (2014 results) and ESRD National Coordinating Center