



# Dialysis & Nephrology DIGEST

A monthly report by Benesch on the Dialysis & Nephrology Industry

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OSHA stepping up inspections of skilled nursing care facilities that treat COVID-19 patients

CareDx collaborating on clinical trial of AI-enabled technology designed to predict long-term survival of donated kidney

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Healthmap to provide kidney care management platform to Highmark members

Research suggests transplantation of kidney from deceased donor with COVID safe

**April 8, 2022**

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# Dialysis & Nephrology DIGEST

## Calendar of Events

2022 (DATE TO BE DETERMINED)

**Fourth Annual Global Summit: Global Kidney Innovations—Expanding Patient Choices & Outcomes**

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

APRIL 20, 2022

**Webinar: The Future is Now: Innovative Companies in the Dialysis Space**

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

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 3, 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](#).



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](mailto:sdowning@beneschlaw.com) | [jgreis@beneschlaw.com](mailto: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 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](mailto:mthomas@beneschlaw.com)) for more information about this event or if you require assistance.

Please contact SCOTT DOWNING ([sdowning@beneschlaw.com](mailto:sdowning@beneschlaw.com)), JASON GREIS ([jgreis@beneschlaw.com](mailto:jgreis@beneschlaw.com)), or JAKE CILEK ([jcilek@beneschlaw.com](mailto: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**

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8:45–9:00 a.m.

**Welcome and Housekeeping**

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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*

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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. DYLAN STEER, *Balboa* [Invited]

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

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10:15–10:30 a.m. **Break**

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*(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*

JAY AGARWAL, M.D., *Satellite Healthcare, Inc.* [Invited]

ASHISH SONI, MD, President, *Nephrology Associates, PC*, Nashville, TN

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**

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+*

Presenter:

RYAN SULKIN, Partner, *Benesch*

2:30–2:45 p.m. **Break**

2:45–3:30 p.m.

### **Unsilenced Care: Moving Your Practice Toward a Multi-Specialty Care Model**

Moderator:

JASON GREIS, Partner, *Benesch Healthcare+*

Presenters:

MATTHEW NAMANNY, President, *Arizona Vascular Specialists* [Invited]

BALA SANKAR, M.D., President, *PPG Health, P.A.*

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*

JOHN MURPHY, Partner, *Pinnacle Healthcare Consulting*

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*

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**

#### **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.

April 8, 2022

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## Nephrology and Dialysis Practices

MARCH 2, 2022

### [SCOTUS questions appear to support DaVita's position in dialysis care discrimination case](#)

Private plans are supposed to provide coverage for dialysis for the first 30 months before the patients can transition to Medicare and there's a [statutory framework](#) in place to ensure plans don't lowball reimbursement. On Mar. 1, SCOTUS heard verbal arguments in the case [Marietta Memorial Hospital Employee Health Benefit Plan v. DaVita Inc.](#), in which the dialysis provider alleges the plan adopted reimbursement rates for dialysis services that were so low, members dropped their private coverage for Medicare. DaVita argues the practice is discriminatory but Marietta contends the dialysis plan is the same for everyone and so no differentiated care is being offered. Justice Sotomayor stated the petitioner's plan appeared "on the face of the statute not legal" because it doesn't adhere to the "reasonable and necessary costs" standard of the framework. Justice Kagan questioned whether a private plan could find an end around the differentiation measure in the statute by finding a proxy that would cover all members.

Related: [Kagan puzzled by gov't bid to ax DaVita's dialysis win](#) — Law 360

SOURCE: SCOTUS Blog

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MARCH 21, 2022

### [Fresenius merging kidney care operations with InterWell Health, Cricket Health](#)

Fresenius claims its merger with San Francisco-based [Cricket Health](#) and Waltham, Mass.-based [InterWell Health](#) will create the largest value-based kidney care organization in the U.S., with a valuation of \$2.4 billion. The company will operate under the InterWell Health brand and the deal is expected to close by the second half of the year. By focusing on mid- and late-stage kidney disease, the partners predict that by 2025 it'll provide care to 270,000 patients and manage \$11 billion in medical costs annually. The management team for the new InterWell Health will include:

- CEO [Robert Sepucha](#), currently CEO at Cricket Health;
- President and COO [David Pollack](#), currently president of the integrated care group at Fresenius Medical Care; and
- CMO [George Hart](#), currently co-CMO at InterWell Health.

*(Continued on next page)*

## Dialysis & Nephrology DIGEST

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April 8, 2022

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## Dialysis & Nephrology DIGEST

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

Related: [Fresenius Medical creates kidney care business with InterWell, Cricket](#) — Bloomberg  
[Fresenius Health Partners, InterWell Health and Cricket Health to merge](#) — Healthcare Innovation  
[Executives at new InterWell Health, formed by 3-way merger, want to turn kidney care on its head](#) — MedCity News  
[Healthcare merger aims to advance value-based kidney care](#) — RevCycle Intelligence  
[5 takeaways from the Fresenius-InterWell-Cricket deal](#) — Digital Health

SOURCE: Fresenius Medical Care

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MARCH 23, 2022

#### **[Global Nephrology Solutions rebrands as Panoramic Health](#)**

The Tempe, Ariz.-based company claims to have over 600 care providers in 15 states, serving over 275,000 patients with chronic kidney disease. The CEO of [Panoramic Health](#), Rajiv Poduval, says the rebrand from Global Nephrology Solutions reflects the firm's commitment to holistic care with end-to-end solutions. Panoramic says it's the largest non-dialysis participant in Medicare's Comprehensive Kidney Care Choices model, serving nearly 10,000 patients in four states.

SOURCE: Panoramic Health

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MARCH 27, 2022

#### **[Conspiracy trial for DaVita, former CEO rescheduled to Apr. 4](#)**

DaVita and former CEO Kent Thiry are charged with three counts of conspiracy relating to allegations the company entered into no-poach agreements with some of its competitors. The proceedings were supposed to get underway Mar. 28 but were postponed by one week. No reason was given for the delay. The case before the Colorado District Court is the first of its kind to prosecute deals between competitors to not recruit each others' senior managers under the Sherman Anti-Trust Act.

SOURCE: Denver Post

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April 8, 2022

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## Dialysis & Nephrology DIGEST

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

MARCH 24, 2022

#### **[DaVita sued by employees alleging mismanagement of pension plan](#)**

The proposed [class action](#) before Colorado District Court alleges DaVita failed in its fiduciary duty by allowing the company's pension plan to be charged with what the plaintiffs contend are exorbitant fees. The plan counts over 67,000 members and has \$2.6 billion in assets under management but the plaintiffs believe the excess fees cost the plan millions. The suit argues DaVita should've conducted periodic RFPs to determine if the fees they were being charged were in line with similar plans. As well, the plaintiffs state the way the fees were administered by the dialysis provider left members on the hook for above-market fees.

Related: [Kidney care co. mismanaged retirement plan, suit says - Law 360](#) (sub. req.)

**SOURCE: Pensions & Investments**

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MARCH 3, 2022

#### **[IKC paper proposes changes to CMS regulations for ESRD facilities to improve uptake of new health tech, home dialysis](#)**

[Innovate Kidney Care's](#) (IKC) position paper [contends](#) CMS' conditions for coverage rule for ESRD facilities does not account for technological advances that would permit more patients to undergo hemodialysis at home. It posits that reimbursement rules should be updated to provide patients and caregivers with more options for kidney care. To modernize its payment model, IKC says CMS should focus on:

- Alleviating the nursing shortage by permitting multidisciplinary care teams;
- Promoting competition and patient choice, with a particular emphasis on home dialysis; and
- Furthering patient centrality of kidney care by ensuring regulations are in concert with advances in medical and digital technology.

Meanwhile, the [American Nephrology Nurses Association](#) (ANNA) disagrees with the IKC's stance on allowing non-nurses to conduct training for home hemodialysis, [saying](#) that relegating its members to a supervisory role would be dangerous to patients.

**SOURCE: Innovate Kidney Care**

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April 8, 2022

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## Dialysis & Nephrology DIGEST

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

MARCH 2, 2022

#### **Dialysis raises \$24M to support regulatory, marketing efforts for portable hemodialysis system**

The Calif.-based medtech is developing technology that would enable hemodialysis to occur in a variety of care settings, including patients' homes, as well as nursing homes, hospitals and dialysis centers. The solution eliminates the need for pre-mixed dialysate bags or external water treatment, Dialysis states. The Series B2 financing round will fuel the company's bid to initiate a home clinical study of the technology and to build up its commercial organization.

**SOURCE:** Dialysis

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MARCH 1, 2022

#### **U.S. Renal Care augments its presence in southwest Fla. with four more dialysis facilities**

The four latest locations bring the total of U.S. Renal Care dialysis centers in the Fort Myers, Fla.-area to seven. The company states the facilities, all built since fall of 2020, contain state-of-the-art equipment and offer home and in-center hemodialysis treatment for patients with ESRD.

**SOURCE:** U.S. Renal Care

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MARCH 1, 2022

#### **Quantum Health unveils Preferred Partners program; includes U.S. Renal Care's KidneyLink**

[Quantum Health](#), a healthcare navigation and care coordination company based in Ohio, says its Preferred Partners program is one of its specialized [Comprehensive Care Solutions](#). Preferred Partners is an integrated specialty care and member guidance solution for members with acute health issues and chronic conditions such as diabetes, cancer, as well as gastrointestinal and musculoskeletal disorders. Among the offering of Quantum's Preferred Partners program is KidneyLink, a nephrologist-centered online platform to improve care for patients with ESRD and CKD that was developed by [U.S. Renal Care](#).

**SOURCE:** Quantum Health

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April 8, 2022

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## Nephrology and Dialysis Practices (cont'd)

MARCH 2, 2022

### [SageWest expands telehealth offering to include kidney care through STeM partnership](#)

[SageWest Health Care](#) of Wy. will provide inpatient hemodialysis and telenephrology services to patients using technology developed by Denver-based [Specialist TeleMed](#) (STeM). STeM provides telemedicine services to acute care and critical access hospitals, health systems and skilled nursing facilities worldwide in a number of specialties, including [nephrology](#) and [vascular surgery](#).

SOURCE: SageWest Health Care

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MARCH 2, 2022

### [Va. latest state to introduce anti-discrimination law for organ donors](#)

The Virginia House of Delegates unanimously approved a [bill](#) that would bar life, disability and long-term insurance companies from limiting or restricting coverage for individuals that donate organs. A [second bill](#) in the Senate would go a bit further and require employers to provide unpaid leave: 60 days for organ donors and 30 days for bone marrow donors. That stipulation was rejected by the House but the State Senator who sponsored the legislation is hopeful the unpaid leave provision will be added in the final version of the bill. Some 20 states passed legislation banning insurers from discriminating against donors.

SOURCE: U.S. News & World Report

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MARCH 25, 2022

### [CVS Kidney Care president says technology key to providing value-based service](#)

CVS Kidney Care President Lisa Rometty says telehealth and digital technology enable companies like hers to provide personalized, end-to-end kidney care. The CVS business model is to begin interventions with patients before their condition worsens to CKD or ESRD and to provide care at home whenever possible. Rometty states the company co-developed a hemodialysis device that's in clinical trials and could be approved for use next year. She says the key behind this technology is that its simplified design is meant for at-home use by non-medical personnel. Rometty adds that value-based care models are driving innovation as providers seek efficiencies in managing kidney care.

Related: [Our mission to transform kidney care](#)—CVS Health

[Accelerating innovations in kidney disease to improve health equity and outcomes](#)—CVS Health

SOURCE: Fierce Healthcare

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April 8, 2022

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## Nephrology and Dialysis Practices (cont'd)

MARCH 21, 2022

### DaVita CEO discusses COVID impacts, kidney care payment models

Javier Rodriguez says the biggest challenge for the company during COVID was keeping vulnerable patients safe from the virus. He notes DaVita continued its strategic shift to integrated kidney disease care despite the pandemic and introduced the CMS' value-based kidney care payment model in 11 markets. Rodriguez also briefly discussed several legal issues involving his company, namely an anti-poaching case set to go to trial in Colorado, an FTC decision to divest clinics in Utah and a case before SCOTUS involving possible discrimination by a private care plan.

**SOURCE: Fierce Healthcare**

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FEBRUARY 28, 2022

### DaVita's Javier Rodriguez lands near top of 'overpaid' healthcare CEOs list

A [report](#) by non-profit [As You Sow](#) lists what it calls the most overpaid CEOs among S&P 500 companies. The formula determines what a CEO's pay would be if it was tied to shareholder return. The data is weighted thusly:

- Excess CEO pay (40%);
- Shareholder votes on CEO pay (40%); and
- CEO-to-worker pay ratio (20%).

Javier Rodriguez, CEO at DaVita, was rated as being the second-highest overpaid CEO among healthcare firms, with a pay of \$73.43 million, a CEO-to-worker pay ratio of 1,137:1 and a calculated excess pay of \$59.8 million.

**SOURCE: Becker's ASC Review**

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# Dialysis & Nephrology DIGEST

April 8, 2022

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## Nephrology and Dialysis Practices (cont'd)

MARCH 1, 2022

### [Baxter reports its remote patient management platform improves effectiveness of home dialysis](#)

Baxter analyzed data from home peritoneal dialysis patients in Colombia between 2017 and 2019 and claims the use of its Sharesource remote patient management platform improved time on therapy by 3.4 months. Overall, patients using Sharesource stayed on therapy for an average of 18.9 months, compared with 15.5 months for those who didn't use the technology. Baxter states that Sharesource allows healthcare professionals to monitor patients' home dialysis treatments and remotely adjust therapy in real time.

Related: [Remote patient monitoring can improve home dialysis adherence, outcomes](#)—Healio (sub. req.)

SOURCE: Baxter

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MARCH 9, 2022

### [Renalytix unveils provider access portal for its KidneyIntelX digital diagnostic tool](#)

myIntelX supports the KidneyIntelX system by providing clinicians with an online interface for Renalytix's online prognostic testing technology. The myIntelX portal enables virtual ordering and reporting support for physicians and other kidney care providers. Renalytix says the portal is compatible with testing locations such as CDPHP health plans in N.Y. and testing in the VHA in Fla. As part of the regional and VHA expansion for KidneyIntelX, testing is underway at the Mount Sinai Health System in N.Y. and at Wake Forest in N. Car., with additional centers in N.Y., Miss. and Utah to be added before the end of the year.

Related: [Renalytix reaches enrollment milestone for building KidneyIntelX as premier precision medicine platform for kidney disease and diabetes](#)—Renalytix

SOURCE: Renalytix

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# Dialysis & Nephrology DIGEST

**April 8, 2022**

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

MARCH 5, 2022

### **Satellite Healthcare pilot suggests assisted PD eliminates infections in patients, aids transition to home dialysis**

Satellite Healthcare points out that 70% of the patients referred to its study had a physical impairment and the median age of the participants was 75. The focus of the pilot was to develop self-management skills and to wean dialysis patients from requiring staff assistance for PD. Non-medical Satellite staff conducted 369 visits, 12% of them virtual, with patients, mostly to direct them in the proper set up of PD equipment or with supply management. Over the 17-day study period, patients who received staff-assisted PD showed no exit site infections or peritonitis. Ninety-four percent of patients were allowed to continue PD by themselves or with a partner.

**SOURCE: Healyo (sub. req.)**

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MARCH 16, 2022

### **USRDS report includes data on home dialysis for first time; shows increased use between 2009, 2019**

For the first time, the [U.S. Renal Data System Annual Data Report](#) compared the uptake of home dialysis services between 2009 and 2019. It finds that the percentage of new patients treated at home nearly doubled to 12.6% by 2019. For all dialysis patients, the percentage on home dialysis rose 47% from 8.9% in 2009 to 13.1% in 2019. The report also suggests the use of peritoneal dialysis and home hemodialysis expanded during the study period, by 58% and 45%, respectively.

**SOURCE: Healyo (sub. req.)**

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# **Dialysis & Nephrology DIGEST**

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April 8, 2022

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## Dialysis & Nephrology DIGEST

### VAC, ASC and Office-Based Labs

MARCH 14, 2022

#### **Podcast: Supplying new OBL with disposables, devices requires organization**

Dr. Krishna Mannava, a vascular surgeon and medical director at [Vive Vascular](#) in Columbus, Ohio and Chas Sanders, the founder and CEO of N.Y.-based medical supplier [Margin](#) discuss how an OBL manages supplies. Mannava opened his facility two years ago and spoke about his experience building in supply chains from the ground up. It required a systematic approach, whereby everything needed for his practice has to be itemized and prioritized. Sanders, who worked with Vive Vascular, concurred, saying specialists starting an OBL or ASC are inundated by suppliers with their own agendas. To properly source material and equipment that meets their medical and financial targets, he recommends physicians consult widely with people they trust and be willing to bring in people with expertise in verticals outside their personal experience.

**SOURCE: BackTable Podcast**

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MARCH 2, 2022

#### **Study finds variability in mortality rates at ASCs based on procedure**

Dr. Atul Gupta and his team at the University of Chicago analyzed death rates taken from the Nationwide Ambulatory Surgery Sample database between 2016 and 2018. From approximately 9.9 million records of adult patients who underwent a primary procedure at an ASC, there were 773 recorded deaths, a rate of 7.8 deaths per 100,000 patients. Adjusted for confounding variables, Gupta arrived at a final mortality rate of 6.8 per 100,000. Lens and cataract procedures had the lowest adjusted mortality rate among the specialties studied, at 0.01 per 100,000, while colorectal resection had the highest, at 71.3 per 100,000. The adjusted death rate among patients undergoing the creation, revision and removal of arteriovenous fistula or vessel-to-vessel cannula for dialysis was 11.3 per 100,000. That was based on 84 deaths among 436,507 procedures.

**SOURCE: General Surgery News**

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April 8, 2022

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## Dialysis & Nephrology DIGEST

### Other Interesting Industry News

MARCH 11, 2022

#### **[Penn Medicine contracts with Evergreen Nephrology to provide care to Medicare patients on dialysis](#)**

The University of Pennsylvania Health System formed a JV with Nashville's [Evergreen Nephrology](#) to provide care for Medicare beneficiaries with kidney disease. Penn Medicine says the 50/50 partnership uses a value-based model to keep patients healthier at home and avoid unnecessary doctor's visits and hospitalizations. Penn Medicine's team of nephrologists will work with professionals in various fields to develop a holistic care plan. This strategy may delay dialysis, provide easier access to dialysis at home and expedite kidney transplants.

**SOURCE: Penn Medicine News**

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MARCH 8, 2022

#### **[St. Louis nephrology practices using value-based kidney care program with Strive Health, SSM Health partnership](#)**

The agreement covers approximately 1,300 Medicare beneficiaries at eight independent practices in Greater St. Louis. The partnership involves [Strive Health](#)'s value-based kidney care platform and not-for-profit healthcare provider [SSM Health](#). They and the nephrologists will share responsibility for the cost and quality of care and each will receive a portion of the savings accrued.

**SOURCE: Strive Health**

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MARCH 16, 2022

#### **[Satellite Healthcare, Northwest Kidney Centers form JV to grow home-based dialysis in Pacific Northwest](#)**

The two non-profit companies formed North Star Kidney Care to share expertise and advance home-based therapies and value-based care arrangements in the Pacific Northwest. Under the arrangement, both [Satellite Healthcare](#) and [Northwest Kidney Centers](#) will continue to operate their existing clinics separately.

**SOURCE: Satellite Healthcare**

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**April 8, 2022**

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## Dialysis & Nephrology DIGEST

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

MARCH 16, 2022

#### **[Ascend Clinical using AI-enabled platform to optimize kidney care](#)**

Ascend Clinical, a dialysis testing lab based in Redwood City, Calif., is using an AI sentiment analysis algorithm, Medical Renal Model, from DeLorean AI on an AI-enabled platform developed by SambaNova Systems. The system takes data such as lab test results, health records, medical procedures and insurance claims to determine a patient's risk for renal disease. The technology can also recommend a best course of action to optimize individual outcomes.

Related: [Ascend Clinical becomes first user of new artificial intelligence renal care solution](#)—Healio (sub. req.)

**SOURCE: Tech Target**

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MARCH 7, 2022

#### **[OSHA stepping up inspections of skilled nursing care facilities that treat COVID-19 patients](#)**

OSHA plans to increase inspections at high-hazard healthcare facilities for three months, until June 9. The rationale is to ensure hospitals and skilled nursing care centers are complying with federal COVID-19 health and safety measures. The agency notes that these facilities are at an elevated risk for infection spread and it wants to do its utmost to protect healthcare workers and support staff from the virus.

**SOURCE: OSHA**

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MARCH 3, 2022

#### **[CareDx collaborating on clinical trial of AI-enabled technology designed to predict long-term survival of donated kidney](#)**

San Francisco-based [CareDx](#) is working with [Cibiltech](#), a French medtech, to develop CIBIL, an iBox artificial intelligence designed to predict organ survival in kidney transplant patients. In the [study](#), the iBox's efficacy will be assessed by determining the number of tissue biopsies that lead to therapeutic change after 18 months. CareDx says the iBox technology already showed efficacy in predicting the failure of donated kidneys in an [earlier trial](#) alongside multimodality testing.

**SOURCE: CareDx**

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April 8, 2022

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## Other Interesting Industry News (cont'd)

MARCH 2, 2022

### [Healthmap to provide kidney care management platform to Highmark members](#)

[Healthmap](#) is a Tampa-based population health management company specializing in kidney care solutions for health systems, ACOs, provider groups and health plans. [Highmark Health](#) members with CKD and ESRD will be able to use Healthmap's kidney health management program, which it touts as providing a personalized approach to care and connects patients to community services that enhance health outcomes and lower costs.

**SOURCE: Healthmap Solutions**

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JANUARY 31, 2022

### [Research suggests transplantation of kidney from deceased donor with COVID safe](#)

Johns Hopkins University School of Medicine reports the case of a patient who died from complications of COVID-19 whose kidney was successfully transplanted into a recipient with ESRD who was on dialysis for five years. Researchers state the donor was an otherwise healthy individual who was admitted to hospital with severe COVID-19 pneumonia and later died from hypoxic brain injury. Although other organs from COVID-19 patients were successfully transplanted into donors before this, researchers note this case involved the collection and molecular testing of the donor's kidney tissue to prove the organ was free from the virus. Johns Hopkins used a simple PCR test on the biopsied material but suggests larger studies are needed to confirm the validity of the molecular analysis and establish an accepted protocol for donated organs from COVID-19 victims.

**SOURCE: EurekAlert!**

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## Dialysis & Nephrology DIGEST

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