



Dialysis & Nephrology DIGEST

A monthly report by Benesch on the Dialysis & Nephrology Industry

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Calendar of Events

Dialysis & Nephrology DIGEST



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+ Second Annual Dialysis and Nephrology Conference



Thursday, June 23, 2022

8 a.m. to 4:30 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.

Please contact MEGAN THOMAS (mthomas@beneschlaw.com) for more information about this event or if you require assistance.

Book your hotel room for this event at special rates, available [here](#) on an exclusive basis.

Invitation to follow.

**Benesch
Healthcare+**

www.beneschlaw.com

March 4, 2022

**Dialysis &
Nephrology**
DIGEST

Calendar of Events (cont'd)

2022 (DATE TO BE DETERMINED)

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

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

MARCH 4–6, 2022

Annual Dialysis Conference 2022

Presented by the Karl Nolph, MD
Division of Nephrology

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

MARCH 24, 2022

2022 Medical Director Workshop

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

MARCH 24–27, 2022

**Renal Physicians Association (RPA)
Annual Meeting**

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](#).

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March 4, 2022

Nephrology and Dialysis Practices

MARCH 1, 2022

CMS calls for applications for second cohort of KCC Model; deadline set for Mar. 25

The Center for Medicare and Medicaid Innovation says performance period participation agreements for the CMS Kidney Care First Option and Comprehensive Kidney Care Contracting Options of the KCC Model are available for the cohort beginning Jan. 1, 2023. CMS Innovation states the applications have a term of four performance years, 2023 through 2026. A [PY2023 Request for Applications](#) and [Application Instructions](#) are available on the CMS website. The deadline for applying to the second cohort of the KCC Model is Mar. 25 and CMS doesn't anticipate any further solicitations for participation in the program.

SOURCE: CMS

FEBRUARY 8, 2022

Report: DaVita ruling in Colo. gives DOJ more latitude to pursue other anti-trust cases

Law360 states that with the refusal of a U.S. District judge in Colo. to throw out a no-poach case against DaVita and former CEO Kent Thiry, the Department of Justice (DOJ) may be emboldened to pursue other criminal cases. It's noted DOJ uses the "per se" or automatic standard in deciding which investigations to launch. The judge in Colo. concluded no-poach agreements can amount to a per se antitrust violation under the Sherman Act as they can be construed as an unreasonable restraint of trade. The DOJ is likely to use the decision in other no-poach and wage-fixing agreements, with Law360 citing a case against alleging healthcare staffing company VDA OC LLC of suppressing the wages of school nurses.

SOURCE: Law360 (sub. req.)

FEBRUARY 18, 2022

Circuit Court asked to revive FCA lawsuit against DaVita over possible unnecessary dialysis treatments

A Calif. physician wants the Ninth Circuit to allow the use of scientific studies he contends provides evidence that DaVita placed some patients on prophylactic dialysis before it was required or beneficial. The plaintiff believes [one of the studies](#) is widely accepted by medical academics but a lower court called it inconclusive and tossed out the False Claims Act suit against the dialysis provider. The physician's [complaint](#), originally filed in 2018, suggests DaVita provided unnecessary care which was "of no medical benefit" and was possibly harmful to senior ESRD patients.

SOURCE: Law 360 (sub. req.)

Dialysis & Nephrology DIGEST

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March 4, 2022

Nephrology and Dialysis Practices (cont'd)

FEBRUARY 22, 2022

[Fresenius CEO hints at divesting from dialysis business over pandemic impacts](#)

While praising his company's diversified portfolio, Stephan Sturm says one business group, dialysis, was hard-hit by COVID-19. The illness is disproportionately lethal for people on dialysis, and the excess deaths among those patients during the pandemic negatively impacted the bottom line at Fresenius Medical Care (FMC). Deaths from COVID-19 are expected to wane among patients on dialysis this year but Sturm states Fresenius would entertain attractive offers for its 32% stake in FMC.

Related: [Fresenius Kidney Care wins award for new home dialysis digital training platform](#) — Fresenius Medical Care

SOURCE: Reuters

FEBRUARY 14, 2022

[DaVita offering paid leave for employees who agree to become organ donors](#)

Benefit-eligible employees of DaVita will be offered up to four consecutive weeks of paid leave for donating their kidney, liver or bone marrow. The company notes that most donors are discharged from hospital after four-to-six days but recovery at home can take longer. DaVita adds the benefit offsets concerns employees may have about lost wages or using other time off to donate an organ.

SOURCE: DaVita

FEBRUARY 16, 2022

[DaVita elevates Mihran Naljayan to CMO of home modalities](#)

[Mihran Naljayan](#) was hired by DaVita five years ago and was most recently the company's VP of clinical affairs within the home dialysis program. He replaces Martin Schreiber, who led DaVita's home dialysis program since 2014 and [instituted](#) its 11 value-based kidney care programs in Jan.

SOURCE: DaVita

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March 4, 2022

Nephrology and Dialysis Practices (cont'd)

FEBRUARY 10, 2022

Northwest Kidney Centers appoints CFO, VP of development

[Tonia Campbell](#), the new CFO and VP of finance at Seattle's Northwest Kidney Centers, was most recently CFO at Tacoma-based Community Health Care. In charge of fundraising, the VP of development, [Marsha Heaton](#), comes to the company from the United Way of King County in Seattle, where she was marketing director.

SOURCE: Northwest Kidney Centers

FEBRUARY 23, 2022

Somatus raises \$325M to expand reach of value-based kidney care model

[Somatus](#) says the Series E financing round was oversubscribed and brings the total capital raised by the company to nearly \$500 million. It states the funding will fuel expansion of its value-based kidney care model which offers personalized, in-home services. Somatus claims to have more than 1,350 team members, serving over 150,000 Medicare, MA, Medicaid and commercial members in 34 states.

SOURCE: Somatus

FEBRUARY 7, 2022

Dialyze Direct signs LOI to take over Philadelphia-area provider Compass Home Dialysis; names former Fresenius CEO to board

[Dialyze Direct](#) landed its second regional dialysis provider in a month, signing a letter of intent to take over [Compass Home Dialysis](#), based in Bryn Mawr, Pa. Compass operates nine skilled nursing facility (SNF) dialysis programs as well as in-center hemodialysis and a transitional outpatient dialysis program. Terms of the deal weren't released but it's expected to close in Q1. In Jan., N.J.-based Dialyze Direct acquired [Renew Dialysis](#) from [Saber Healthcare](#) of Cleveland, Ohio. Dialyze Direct also named former Fresenius CEO Robert Ehrlich to the company's board of directors. He previously served on the company's strategic advisory board.

SOURCE: Dialyze Direct

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Nephrology and Dialysis Practices (cont'd)

FEBRUARY 15, 2022

Satellite Healthcare expands to Southeast; opens regional office in Denver

San Jose-based [Satellite Healthcare](#) acquired majority stakes in three dialysis centers in Ga. and one in S. Car. from [New Renality](#) of Franklin, Tenn. Terms weren't disclosed. The move expands Satellite's reach to the Southeast U.S. The company also [revealed](#) that a regional office was opened in Denver to support business development efforts as it seeks to expand into new markets.

SOURCE: Satellite Healthcare

JANUARY 24, 2022

US Renal Care CMO, Tufts University prof say for home dialysis, quality of care as important as access

Dr. Mary Dittrich, CMO at US Renal Care, explains that COVID-19 accelerated the move toward home dialysis, mainly because patients with CKD are more at risk of contracting the virus. To assist in the transition, policymakers and the industry expanded telehealth services and in-home lab testing to improve access. However, Dittrich contends that quality of care is just as important as access but that CMS' ESRD Quality Incentive Program (QIP), which uses a pay-for-performance compensation formula, may be sacrificing quality in cases where the patient has multiple comorbidities and/or is socioeconomically-disadvantaged. Meanwhile, the patient-reported outcome measure under the QIP, the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey, is too long, says Dr. Daniel Weiner, an associate professor at Tufts University School of Medicine, which contributes to low response rates. Another metric, the bloodstream infection measure, disincentivizes tracking by rewarding dialysis facilities that don't report any incidents. Weiner concludes that the Kidney Care Quality Alliance (KCQA) is developing a pair of home dialysis measures that address initiation and retention of the service.

SOURCE: Healio (sub. req.)

Dialysis & Nephrology DIGEST

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March 4, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

FEBRUARY 8, 2022

Research estimates size of global dialysis market at \$132.8B by 2027

The [study](#) (available for purchase) from Renub Research features information about innovations from industry players like Baxter, DaVita, Fresenius and Medtronic. It pegs the value of the global dialysis market in 2021 at \$95.2 billion and projects the industry worldwide will grow by 5.7% annually through 2027. North America will continue to dominate market share, as the prevalence of CKD and ESRD, coupled with the availability of treatments, means the U.S. and Canada will lead the world during the forecast period. Europe will continue to occupy second place among regions as the population ages, while Asia-Pacific will “witness relatively significant growth in value.”

SOURCE: Research and Markets

FEBRUARY 16, 2022

RHA releases code of ethics, standards of professional behavior for renal healthcare administrators

The Renal Healthcare Association says the [Code of Ethics for the Renal Healthcare Administrator](#) sets out standards of conduct and professionalism for the role, with an emphasis on:

- Promoting optimal care for the person with kidney disease;
- Maintaining high standards of personal character and professional integrity;
- Upholding legal, ethical and professional obligations of their organizations;
- Working within the renal community and the healthcare community at large to advance the care of patients with kidney disease; and
- Honoring the commitment to the profession of leadership and healthcare management.

The [Standards of Professional Performance for the Renal Healthcare Administrator](#) (available for purchase) outlines 10 areas related to desired and achievable performance metrics.

SOURCE: Renal Healthcare Association

March 4, 2022

Nephrology and Dialysis Practices (cont'd)

FEBRUARY 24, 2022

[Benesch: As NLRB considers changing worker classification test, analysis shows 2019 ruling results in more favorable outcomes for independent contractors](#)

An [analysis](#) conducted by Bloomberg Law suggests a 2019 [decision](#) by the NLRB resulted in more independent contractors being recognized as employees than an earlier test unveiled during the Obama Administration. As NLRB contemplates revising or reversing the Trump-era worker test, Benesch Law explains the existing parameters provide employers with a measure of certainty. It states that the current test will continue to resonate as the economy becomes more reliant on gig employees, noting the NLRB received several briefs in recent weeks relating to gig workers. Benesch Law adds the board's general counsel recommends only slight modifications to the existing test.

SOURCE: Benesch Law

FEBRUARY 7, 2022

[Bipartisan U.S. Senate bill would extend Medicare payments for patients receiving telehealth services](#)

The [bill](#), co-sponsored by Catherine Cortez Masto (D.-Nev.) and Todd Young (R.-Ind.) would continue coverage by CMS for telehealth services for Medicare enrollees for at least two more years. It would also provide reimbursement for remote care services provided by critical access hospitals, federally qualified health centers and rural health clinics. The bill also would pay for virtual substance abuse treatment and the prescription of controlled substances. The proposed legislation would authorize a study about how a more flexible telehealth regime will impact outcomes, with the hope the results would inform Congress' decision-making about covering certain telehealth services permanently.

Related: [Telehealth adoption highest among diabetes, GI care providers; nephrologists in top five](#)—mHealth Intelligence

SOURCE: U.S. Senator Catherine Cortez Masto

Dialysis & Nephrology DIGEST

March 4, 2022

Dialysis & Nephrology DIGEST

Nephrology and Dialysis Practices (cont'd)

FEBRUARY 1, 2022

Ga. legislature debating bill to protect living organ donors; includes tax credits for individuals, employers

Bill [SB330](#) passed the Ga. Senate with no dissenting votes. Republican State Sen. John Albers says he was inspired to sponsor the legislation after he donated a kidney to his son. The bill has three provisions:

1. Prohibits carriers from denying or changing life insurance coverage to organ donors;
2. Increases the state's tax credit to organ donors from \$10,000 to \$25,000 to cover expenses; and
3. Creates a tax credit for Ga. employers who allow an employee six weeks of paid leave for either donating or receiving an organ.

The bill is currently before the state House of Representatives. If enacted, the insurance portion would go into effect on July 1, while the tax credits would come into force on Jan. 1, 2023.

Related: [AKF applauds introduction of Calif.'s Living Organ Donor Reimbursement Act](#)—American Kidney Fund

SOURCE: Fox News

FEBRUARY 24, 2022

Solutions Healthcare Management joins Pinnacle Healthcare Consulting to create comprehensive physician advisory firm

Denver-based [Pinnacle Healthcare Consulting](#) says the addition of Indianapolis' [Solutions Healthcare Management](#) (SHM) marries its strategic, financial/valuation and operational/regulatory/compliance services to the healthcare industry with SHM's expertise in practice management, which includes 50 private nephrology groups in the U.S. SHM President, Todd Hoopingarner, states "the consolidation within all areas of the healthcare industry provides a natural platform for uniformity and coordination between trusted advisors." Through the agreement, SHM's ownership will transition to Pinnacle, with Hoopingarner becoming CTO for cloud-proven networks.

Related: [Focused advisory services to optimize your nephrology group's success](#)—Pinnacle Healthcare Consulting

SOURCE: Pinnacle Healthcare Consulting

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Dialysis & Nephrology DIGEST

VAC, ASC and Office-Based Labs

FEBRUARY 10, 2022

Mich. vascular surgeon convicted in \$19M false billing case targeting Medicare, Medicaid, BCBSM

Under a plea agreement, the specialist from Bay City, Mich., admitted he defrauded Medicare, Medicaid and Blue Cross/Blue Shield of Michigan of close to \$19.5 million. Beginning around 2009, the doctor initiated a scheme whereby he'd bill insurers for the placement of multiple stents in the same vessel in patients on dialysis. The multiple stents, the U.S. Attorney's Office notes, weren't placed and the physicians falsified medical records to justify the fraudulent billing. The scheme also involved billing for arterial thrombectomies for occluded arteries that were never performed. Sentencing in the case is set for Sept. 15, with possible penalties including 10 years in prison and the forfeiture of \$19.5 million in restitution to the insurers. A civil forfeiture case involving nearly \$40 million in assets seized from the specialist's accounts is ongoing.

SOURCE: Newsweek

FEBRUARY 2, 2022

SCA exec believes high-acuity cases, anesthesiology have potential to drive ASC growth this year

Kathy Grichnik, the chief of anesthesia services at Surgical Care Affiliates (SCA), identifies four areas that could drive growth in the ASC industry in 2022:

1. With the advent of value-based care models, more high-acuity cases in many specialties will migrate to ASCs;
2. Larger integrated care delivery systems can provide greater access to health services at a more affordable cost;
3. Investing in physician practices provides a pipeline to more value-based care models; and
4. Expanding to include anesthesia services as ASCs become home to higher acuity surgical procedures.

SOURCE: Becker's ASC Review

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March 4, 2022

VAC, ASC and Office-Based Labs (cont'd)

FEBRUARY 1, 2022

Expert says outpatient endovascular centers should embrace chaos theory to achieve growth

Chas Sanders, the CEO of N.J.-based [Margin Care](#), says the pandemic was a litmus test in that many outpatient endovascular centers weren't prepared for the disruptions caused by COVID-19. Moving forward, he proposes that industry players embrace the idea that chaos is a natural phenomenon and leverage it for their benefit. Sanders outlines three ways facilities can ensure setbacks have a minimal effect on their business while encouraging growth. These are:

1. Get horizontal and flexible - organizations with autonomous leadership structures are more efficient, while flexibility equates with optionality;
2. Evaluate as a team - all stakeholders must have a say in how to mitigate upcoming cuts in CMS rates, which could include augmenting the procedure mix or improving supply management; and
3. Consider a new structure - with reimbursement shifting to value-based models, it may make more sense for a center to switch from an OBL to an ASC.

SOURCE: Outpatient Endovascular & Surgical Journal

FEBRUARY 9, 2022

Despite acceleration of pandemic-related consolidation, VMG Health expects ASC industry to remain fragmented

[VMG Health](#), a healthcare strategy and transaction advisory firm based in Dallas, explains that 72% of surgery centers are independent and lists four reasons why consolidation seen during the pandemic is unlikely to continue:

1. Large ASC companies are looking for rapid growth, which means acquiring smaller chains to increase market share rapidly;
2. Health systems see value in ASCs and are developing networks internally, sometimes by partnering with high-profile ASC companies;
3. Insurance companies are investing in independent ASCs to maintain competition and keep costs in line; and
4. Surgical specialists find the idea of running a practice outside of a hospital attractive, while the decline of non-compete agreements could spur hospital-based physicians to strike out on their own.

SOURCE: Becker's ASC Review

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March 4, 2022

VAC, ASC and Office-Based Labs (cont'd)

FEBRUARY 2, 2022

ASC quality report suggests fewer patient falls, hospital transfers in Q3 2021

Using data from AMSURG, SCA, USPI and others, a [report](#) by the [ASC Quality Collaboration](#) shows in Q3 of last year, the rate of patient falls per 1,000 ASC admissions was 0.15, a decrease from 0.18 in Q2 and 0.2 in Q1. The rate of hospital transfers per 1,000 ASC visit was 0.82 in Q3, down from 0.89 recorded in the earlier two quarters. All-cause, same-day ER visits following ASC discharge was 0.74 per 1,000 patients in Q3, which compares favorably to the 0.77 per 1,000 recorded for all of 2020. The report says incidents of wrong site, wrong side, wrong patient, wrong procedure and wrong implant in Q3 was 0.028 per 1,000 ASC admissions, an increase from Q2's rate (0.024) but a decrease from that seen in Q1 (0.029).

SOURCE: Becker's Clinical Leadership & Infection Control

Other Interesting Industry News

FEBRUARY 9, 2022

FMCNA claims 1,000+ nephrology partners participating in KCC value-based models

Fresenius Medical Care says the partnerships comprise 20 of the 55 approved Kidney Contracting Entities (KCEs) revealed by CMS. Through the Comprehensive Kidney Care Contracting (KCC) program, the company will manage care for more than 50,000 patients through specialized education and support services in an effort to slow kidney disease progression, increase preemptive transplants and improve the uptake of life-sustaining treatment.

SOURCE: Fresenius Medical Care

Dialysis & Nephrology DIGEST

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March 4, 2022

Other Interesting Industry News (cont'd)

FEBRUARY 8, 2022

[Strive Health participating with 260 nephrology providers on CKCC payment model](#)

CMS' [Comprehensive Kidney Care Contracting](#) (CKCC) model is a value-based payment system that incentivizes nephrologists and providers to delay the progression of kidney disease to kidney failure. Strive Health says the practices in Ill., Mich., Mo., N.J. and N.Y. will operate as kidney contracting entities (KCE), taking responsibility for the cost and quality of care for their patients in exchange for a percentage of any Medicare savings. Strive will manage the KCEs and provide nephrologists with data and technology resources, administrative support, management expertise and access to an interdisciplinary clinical care team.

Related: [Michigan Kidney Consultants and St. Clair Nephrology Team with Strive Health to launch innovative kidney care partnership](#)—Strive Health

SOURCE: Strive Health

FEBRUARY 1, 2022

[Merger of six nephrology practices creates NKP, covering several major centers in Fla.](#)

National Kidney Partners is formed from the combination of over 50 providers at these independent nephrology practices in Fla.:

- [Renal Hypertension Center](#) of Hudson;
- [Kidney and Hypertension Group of South Florida](#) of Fort Lauderdale;
- [First Coast Nephrology](#) of Jacksonville;
- [Florida Kidney and Hypertension Clinic](#) of Lakeside;
- Kidney Institute of Florida of Fort Myers; and
- Jacksonville Kidney Center of Jacksonville.

NKP will work with Fresenius to institute CMS' value-based program, Chronic Kidney Care Contracting and says it plans to collaborate with other stakeholders in the kidney health industry as it seeks to expand the value-based model.

SOURCE: National Kidney Partners

Dialysis & Nephrology DIGEST

March 4, 2022

Other Interesting Industry News (cont'd)

FEBRUARY 1, 2022

Global Nephrology Solutions signals shift in emphasis with naming of Chief Value-Based Care Officer

Chris Schmaltz is a long-time healthcare executive who spent six years in an SVP role at UnitedHealth Group and was most recently COO at Centene and later at Alignment Healthcare. As Chief Value-Based Care Officer at Global Nephrology Solutions (GNS), Schmaltz will lead the company's value-based care operations and payer contracting. GNS also named three other executives to senior roles on its value-based care leadership team:

1. Deepa Shah as SVP of payer contracting and relations;
2. Steven Henry as SVP of health economics; and
3. Dave Miller as VP of value-based care.

SOURCE: Global Nephrology Solutions

JANUARY 28, 2022

Analysis finds volume-based physician compensation in virtually all primary care, specialist group practices

The RAND Corporation investigated physician payment structures for 31 group practices across four states and found that despite health insurers' desire to move toward a value-based compensation system, 80% of primary care physicians and 90% of specialists are paid based on volume of services. The analysis noted 70% of practices follow a volume-based compensation plan, adding value-based metrics like quality and cost affect payments to only 9% of primary care physicians and 5% specialists. RAND concluded health systems' resistance to value-based compensation models is based on maximizing their revenues.

SOURCE: Becker's Hospital Review

Dialysis & Nephrology DIGEST

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March 4, 2022

Other Interesting Industry News (cont'd)

JANUARY 31, 2022

Research casts doubt on efficacy of dialysis in elderly patients with CKD + heart failure

Kaiser Permanente (KP) looked at data from two groups of patients aged 70 and older who had heart failure and chronic kidney disease between 2008 and 2012. One group chose dialysis as part of their normal course of care, while the second selected conservative management of their CKD. That includes measures that maintain kidney function for as long as possible while treating any secondary issues and maintaining the patient's quality of life. By 2013, KP found that 45% of patients who received dialysis died, compared with 50% of those who were treated with conservative management. As well, it was pointed out that patients on dialysis were twice as likely to die in hospital than those treated with conservative management (53% versus 26%). Dialysis was associated with a reduced need for palliative care. KP concluded additional research is required to definitively compare the risk-reward paradigm of the two methods of CKD treatment under controlled settings.

SOURCE: Kaiser Permanente

JANUARY 28, 2022

Study suggests race coefficient in eGFR measure increases racial discrepancies in preemptive kidney transplantations

Northwell Health analyzed data from the Scientific Registry of Transplant Recipients (SRTR) of adults waitlisted for a kidney transplant between 2010 and 2020. It labeled 30% of them as "preemptive": that is they didn't require dialysis or were listed before requiring dialysis. Of those preemptive patients, 72% identified as white while 19% identified as black, 8% were identified as Asian and the remainder identified as multi-racial, Native American or Pacific Islander. Northwell notes the SRTR doesn't specify which eGFR equation it uses to determine preemptive status, so it applied the African American race coefficient to all patients. Compared with their Black counterparts, the odds of white candidates qualifying as preemptive for a kidney transplant declined from 2.01 to 1.18-to-1.37, depending on which measure was used with a race coefficient. Northwell concluded that using race coefficients to calculate eGFR leads to greater disparities between black and white patients in determining who qualifies for a preemptive listing.

SOURCE: Healio (sub. req.)

Dialysis & Nephrology DIGEST

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March 4, 2022

Dialysis & Nephrology

DIGEST

**For more information regarding our nephrology, dialysis
and office-based lab experience, or
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