



# Dialysis & Nephrology DIGEST

A monthly report by Benesch on the  
Dialysis & Nephrology Industry

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## 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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### Calendar of Events

2022 (DATE TO BE DETERMINED)

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

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

JANUARY 10–21 & JANUARY 17–19, 2022

**Biotech Showcase (virtual)**

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

JANUARY 12, 2022

**Webinar: CDC in Action: Updates on Initiatives in Dialysis**

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

FEBRUARY 4, 2022

**Guidance on Delivery of Optimal Advanced CKD Care**

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

FEBRUARY 17–19, 2022

**ASDIN: Virtual 18th Annual Scientific Meeting**

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

FEBRUARY 23, 2022

**Webinar: Improving Safety and Efficiencies by Implementing Strategic Staffing Methodologies**

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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## Nephrology and Dialysis Practices

DECEMBER 1, 2021

### **Benesch reviews state, federal modifications to restrictive covenant laws**

In a “Year-End Review,” Benesch points out there was considerable activity in trade secret and restrictive covenant law in 2021. Some of the highlights include:

- N.Y. tried to join the other 49 states in adopting the Uniform Trade Secret Acts and tabled two bills relating to non-compete agreements but none of the proposed laws made it through the state legislature;
- Nev. enacted a statute prohibiting non-competition agreements covering hourly-waged workers;
- Ore. updated its Non-Competition Statute to decrease the maximum length of a restrictive contract from 18 months to 12 months and bars courts from modifying non-compete agreements that disagree with the statute;
- D.C. is expected to ban all non-competition covenants in 2022 but delayed implementation to Apr. 1 to look at a concern that employees could potentially compete with their employer during employment;
- Ill. undertook the first overhaul of its restrictive covenant statute in 200 years by establishing compensation thresholds and requiring employers to inform employees of their right to consult an attorney prior to signing a restrictive covenant agreement; and federally,
- President Biden issued an executive order encouraging the FTC to examine whether it had any jurisdiction in restrictive covenant law. The agency determined only the states have the power to legislate non-competes but that the FTC may be able to address abuses of agreements. Meanwhile, the Senate introduced a bill to ban non-competition agreements for non-exempt workers but like previous legislation introduced in 2019, it's not gaining any traction with lawmakers.

**SOURCE: Benesch Law**

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## Nephrology and Dialysis Practices (cont'd)

DECEMBER 16, 2021

### **[AHA, AMA joined by five hospital groups in surprise billing rule challenge](#)**

The American Hospital Association and the American Medical Association are among the plaintiffs in a [lawsuit](#) filed in D.C. District Court against HHS relating to [Part Two](#) of CMS' [Surprise Billing Rule](#). The plaintiffs allege the rule's dispute resolution process unfairly favors health plans as it requires arbiters to first consider the health plan's median in-network rate as the appropriate reimbursement amount, giving health plans little incentive to bargain in good faith. They're asking the court to suspend the rule until it can be adjudicated. Five groups, the Federation of American Hospitals, the Association of American Medical Colleges, America's Essential Hospitals, the Catholic Health Association of the United States and the Children's Hospital Association, filed amicus briefs in support of the plaintiffs.

**SOURCE: Becker's Hospital Review**

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DECEMBER 1, 2021

### **[Fresenius follows through on restructuring, names CEO of North American operations head of international care delivery segment](#)**

The change to Fresenius' corporate structure creates two global units: care delivery and care enablement. The former will be headed by the CEO of Fresenius Medical Care North America, [William Valle](#). The latter will be spearheaded by Dr. Katarzyna Mazur-Hofsäss, CEO of Fresenius' operations in Europe, the Middle East and Africa. In other moves, Helen Giza will add the title of Chief Transformation Officer to her role as CFO during the business model transformation, while three senior managers, Harry de Wit, CEO of Asia-Pacific, Kent Wanzek, CEO of global manufacturing, quality and supply and Dr. Olaf Schermeier, CEO of global R&D, were added to Fresenius' executive committee. Executives whose titles will remain the same include Dr. Franklin Maddux as Chief Medical Officer and Rice Powell as Fresenius' CEO. The reorganization comes following lower-than-expected financial results in Q3 and includes the anticipated elimination of 5,000 positions worldwide. The company expects the corporate changes will save them \$579 million annually by 2025.

**SOURCE: Fresenius Medical Care**

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# Dialysis & Nephrology DIGEST

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## Dialysis & Nephrology DIGEST

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

NOVEMBER 29, 2021

#### **Fresenius introduces FX CorAL dialyzer for hemodialysis in overseas markets**

Fresenius is launching the [FX CorAL](#) dialyzer in Switzerland and plans further rollouts in Europe, the Middle East and Africa. The company says the technology's membrane reduces protein adsorption during dialysis, which tamps down the body's immune response without sacrificing permeability for the removal of toxins and excess water from patients. Fresenius adds the FX CorAL dialyzer was introduced at its NephroCare clinics, where it claims it was used in over three million treatments.

**SOURCE:** Fresenius

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NOVEMBER 30, 2021

#### **Rejuvenate says agreement with RFK Medical Plan should introduce more Hispanic CKD patients to kidney transplants**

Toledo, Ohio-based [Rejuvenate Kidney Transplant Solutions](#) explains that the Robert F. Kennedy Medical Plan was established by Cesar Chavez and the United Farm Workers, mainly to serve Hispanic workers and their families. As the Hispanic population is one-and-a-half times more likely to develop kidney disease than other Americans, it anticipates offering kidney transplantation to a community with a high need for the service. Rejuvenate claims it tripled kidney transplant rates for large U.S. self-funded health plans.

**SOURCE:** Rejuvenate Healthcare

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DECEMBER 17, 2021

#### **CMS reports payers rebated members nearly \$2B in 2020 coverage year**

CMS revealed that close to \$1.3 billion of the total was from some 4.8 million individual market consumers, while 675 million was awarded to five million small and large group members. Payers are required to reimburse individual and small group market members if they spend less than 80% of after-tax premiums on member medical claims. The threshold jumps to 85% for large group members. CMS also released [data](#) on Medical Loss Ratio refunds by state and market for 2020 as well as a [list](#) of health insurers owing refunds for 2020.

**SOURCE:** CMS.gov

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## Nephrology and Dialysis Practices (cont'd)

DECEMBER 2, 2021

### **AMA report finds nearly \$14B decline in Medicare payments for physician services in 2020**

The AMA [report](#) suggests a 14% YOY reduction in the amount paid out in Medicare Physician Fee Services (MPFS) between 2019 and 2020. That represents a YOY shortfall of \$13.9 billion. The AMA states the drop-off was most pronounced in Q1 of 2020, during the onset of COVID-19. Although there was a recovery in Q2, MPFS spending stalled the remainder of the year and never recovered to pre-pandemic levels. Overall, Medicare spending on physician services totaled \$82.9 billion in 2020, down from \$95 billion the year prior and below the \$96.9 billion that was projected for the year. The AMA acknowledges that reimbursements for telehealth did pick up some of the payment slack in 2020, with virtual health accounting for \$4.1 billion in spending. However, the report points out that while the loss in spending on physician services was spread out nationwide and across all health sectors, gains in telehealth were only realized in a handful of service categories.

**SOURCE: AMA**

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DECEMBER 6, 2021

### **American Renal Associates agrees to \$2M civil penalty following SEC probe into accounting fraud**

Beverly, Mass.-based [American Renal Associates](#) (ARA) was the subject of a probe by the SEC into alleged revenue manipulation. The company and three former senior executives, including two former CFOs and a former controller, were charged by the agency with improperly embellishing the company's financial performance in 2017 and 2018 through so-called "topsides." The former executives were also charged with making false statements to ARA's auditors. Without admitting or denying the allegations, ARA offered to settle the complaint by consenting to a permanent injunction and a \$2-million civil penalty, which needs to be approved by a N.Y. District Court judge.

Related: [SEC hits dialysis co., execs with accounting fraud claim](#)—Law360 (sub. req.)

**SOURCE: Reuters**

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## Dialysis & Nephrology DIGEST

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

DECEMBER 7, 2021

#### **Detroit Medical Center ends kidney transplant program; 146 patients affected**

The Detroit Medical Center (DMC) denies the closure of its kidney transplant service is related to the departure of the specialist hired to run the hospital's nephrology department. It's reported the nephrologist wasn't UNOS-certified. Healthcare providers must have at least one UNOS-certified specialist on their staff to operate a kidney transplant program. It's estimated 146 patients are affected by the DMC's move. The center says it'll support patients on transplant waiting lists or receiving post-transplant care in the program through their transition into another program in the area.

**SOURCE: Becker's Hospital Review**

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DECEMBER 10, 2021

#### **Congress passes bill to delay cuts of nearly 10% to Medicare payments**

The bill passed quickly through the House and the Senate and was signed into law by President Biden on December 10. Included in the measure are the following:

- Postponing the 2% Medicare spending sequester cut until April 2022. The bill would also lower the sequester cut to 1% from April to June of 2022;
- Halting the 4% cut under the budget-balancing pay-as-you-go (PAYGO) program that's supposed to kick in when reimbursements reach a certain level until at least 2023; and
- Reducing the cut to the Physician Fee Schedule from 3.75% to 0.75%.

The president of the AMA, Dr. Gerald Harmon, **applauded** both houses of Congress for their quick resolution of the matter, saying it buys time for lawmakers to institute reforms that address MPS' flaws.

Related: [Last Minute Congressional Action Saves Physicians from a Nearly 10% Cut to Medicare Payments](#)—National Law Review

**SOURCE: Fierce Healthcare**

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## Dialysis & Nephrology DIGEST

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

DECEMBER 9, 2021

#### **DaVita claims North American operations completely powered by renewable energy sources**

DaVita partnered with Longroad Energy to construct a wind farm and a solar farm in Tex. which it says offsets all of the electricity it consumes in its North American operations. The construction was part of a plan the company instituted in 2019 which included a 19% reduction in its carbon footprint from 2015 levels, installing building management systems to optimize energy use at over 320 sites and installing LED lighting at more than 1,200 dialysis centers. DaVita says the success of its North American initiative means it'll try to be 100% renewable across its entire global operation by 2025.

**SOURCE: DaVita**

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DECEMBER 13, 2021

#### **Baxter completes \$10.5B takeover of medtech firm Hillrom**

Baxter claims the takeover of Chicago-based Hillrom will create a global medtech company worth around \$15 billion. Baxter's president and CEO, José Almeida, says integrating the complementary capabilities of the two firms will provide growth opportunities and drive innovation in the digital health technology sphere. Baxter expects the acquisition will result in annual savings of approximately \$250 million in three years, exclusive of revenue growth created by the combination.

**SOURCE: Baxter**

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DECEMBER 17, 2021

#### **Health insurance group joins initiative to advance access to home dialysis**

America's Health Insurance Plans (AHIP) is joining [Innovate Kidney Care \(IKC\)](#) as a supporting member. Through the IKC partnership, AHIP wants to convince CMS to update its ESRD Conditions for Coverage guidance and to expand care options for MA members. AHIP CEO Matt Eyles explains that health insurance providers support home dialysis as an affordable and convenient choice for ESRD patients.

**SOURCE: AHIP**

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## Dialysis & Nephrology DIGEST

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

NOVEMBER 18, 2021

#### [NKF-ASN joint task force report recommends removing race from kidney function estimation](#)

The American Society of Nephrology (ASN) explains the NKF-ASN Task Force published a [report](#) on reassessing the inclusion of race in diagnosing kidney disease. The report recommended nephrology join obstetrics and gynecology in removing race as a metric in clinical algorithms and clinical decision support tools. Specifically, the task force targeted the CKD-EPI equation, calling for a national effort to use cystatin C to diagnose kidney failure risk and to explore GFR algorithms that eliminate racial and ethnic disparities. Meanwhile, the [majority report](#) from Congress' Ways & Means Committee, which drew upon the expertise of ASN and 30 other medical professional societies, noted that "data on race and ethnicity should be used to measure the social and health impact of racism-not for biological racial distinctions," adding the inclusion of race and ethnicity data in diagnostic tools may create "worse health outcomes for patients of color."

Related: [After NKF/ASN task force report, CMS takes on equity issues](#)— Healio (sub. req.)  
[Use of race in clinical diagnosis and decision making: Overview and implications](#)—Kaiser Family Foundation

**SOURCE:** American Society of Nephrology

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NOVEMBER 24, 2021

#### [Kidney care advocates call on Congress to ensure Medigap coverage for ESRD patients](#)

Lori Hartwell, CEO of Renal Support Network, Andrew Conklin, president of Dialysis Patient Citizens and Cherrie Crockett, patient ambassador at The American Kidney Fund explain how Medigap was instituted to bridge the coverage gap between what Medicare pays and the balance of healthcare costs. This is important, they say, for patients with ESRD, as Medicare typically covers 80% of costs, with no cap on the remaining 20%. However, they point out that 20 states don't guarantee Medigap coverage for patients under the age of 65. Of those that do, only eight have Medigap plans that are considered affordable for non-elderly ESRD patients. To address this inequality, which the advocates state strikes the black community disproportionately, they urge passage of a [House bill](#) that would expand Medigap coverage for ESRD patients under the age of 65. As well, two other measures, one in the [House](#) and the other in the [Senate](#), include provisions meant to extend Medigap coverage for all ESRD patients.

**SOURCE:** The Hill

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## Nephrology and Dialysis Practices (cont'd)

DECEMBER 16, 2021

### **Fist Assist receives BTM from FDA for first-ever wearable vein dilation device for ESRD**

**Fist Assist** says the breakthrough designation from the FDA is for its **Fist Assist Model FA-1** device. The Silicon Valley startup claims the technology is the world's first wearable for pre-surgical vein dilation in patients with ESRD. It's an intermittent pneumatic compression device that's attached to the arm and is designed for patients whose vein size is deemed inadequate for an AV fistula for hemodialysis. Fist Assist says the FDA's decision means the Model FA-1 is available for patients in the U.S. market.

**SOURCE: Fist Assist**

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NOVEMBER 2, 2021

### **University of Buffalo develops AI-enabled technology to detect ESRD precursor**

The University of Buffalo reports developing the PodoSighter, an online, cloud-based technology that can identify and quantify podocyte nuclei in animal models and in human samples. Podocytes are kidney cells that undergo damaging changes that can lead to ESRD but they're difficult to locate within tissue samples. PodoSighter uses digital pathology and a machine learning technique called convolutional neural networks to uncover podocytes. The algorithm can also determine the density of podocytes in the sample, with low levels of podocytes often associated with ESRD. The university is optimistic the technology will become routine in kidney care clinics for human use within a few years.

**SOURCE: University of Buffalo**

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## VAC, ASC and Office-Based Labs

DECEMBER 27, 2021

### **[Multi-year deal ensures Anthem clients in Ga. have access to Emory's ASCs, dialysis centers](#)**

Anthem Blue Cross Blue Shield didn't divulge how long the contract with [Emory Healthcare](#) will last nor the financial implications, only that it covers Georgians with HMO, POS, Pathway, HPN, PPO and MA health plans. The deal, which takes over from one that expired Dec. 31, covers Emory's eight ASCs, five dialysis centers, hospitals and outpatient rehab centers in the state. Anthem adds a separate agreement covers transplants, including kidney, performed at Emory's facilities.

**SOURCE:** Anthem

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DECEMBER 1, 2021

### **[Arise Vascular opens first OBL in Chicago area; will offer ESRD services](#)**

[Arise Vascular](#) says its 14th location, Infinity Vascular Institute, will be built in a 4,400-square-foot facility in the Chicago suburb of Mount Prospect, Ill. Austin, Tex.-based Arise states the new OBL will offer ESRD services, among other surgical specialties. Arise's other operations are in Tex., Ark. and La.

**SOURCE:** Becker's ASC Review

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DECEMBER 3, 2021

### **[UBMD Physicians' Group planning surgery center in Buffalo-area medical complex](#)**

[UBMD Physicians' Group](#) expects to break ground in the winter of 2022 on a 163,200-square-foot medical building in Amherst, N.Y. The facility will include a surgery center capable of performing robot-assisted hip and knee replacements, vascular procedures and complex abdominal surgeries. UBMD says the complex is expected to cost north of \$67 million.

**SOURCE:** The Buffalo News

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## Other Interesting Industry News

NOVEMBER 30, 2021

### **[Nursing home company Marquis develops initiative addressing post-acute, LTC in nephrology, other specialties](#)**

N.J.-based [Marquis Health Consulting Services](#) says the chronic illness program will be launched at a number of skilled nursing facilities early this year, adding about two-thirds of its 41 locations are capable of implementing the initiative immediately. The company states that some primary health centers may not be equipped to provide long-term or post-acute care to patients, so it's looking to fill that niche. Among the chronic ailments Marquis will focus on are nephrology, pulmonology, cardiology and infectious diseases. As a first step, the company is working with the Inova hospital system by opening an in-house hemodialysis unit at [Woodbine Rehabilitation & Healthcare Center](#) in Va.

**SOURCE:** Skilled Nursing News

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DECEMBER 9, 2021

### **[Clover Health develops clinical program targeting CKD; partners with Cricket Health on value-based care model](#)**

[Clover Health](#) developed the software program Clover Assistant so physicians can access renal care coordination and services to support disease management among patients diagnosed with CKD. Clover Assistant analyzes patient data about a patient's CKD status and progression risk and relays that information to physicians. The MA insurer says the initiative is to reduce the time between diagnosis and the development of a treatment plan for senior patients. Clover is also partnering with value-based kidney care provider [Cricket Health](#) to implement personalized care programs. Clover's patients will have access to the MyCricket patient support program, including access to multidisciplinary care teams and peer mentors to manage their kidney care plan.

**SOURCE:** Clover Health

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## Other Interesting Industry News (cont'd)

DECEMBER 1, 2021

### **Health Catalyst exec says healthcare systems should embrace population health models to promote equity, efficiency**

Dr. Will Caldwell, a senior VP at Utah-based [Health Catalyst](#), says health systems can embrace population health programs through market-driven innovation, horizontal care management and behavioral health transformation. He notes that investors are already on board, with PE seeing the value in services like specialty pharmacy, telehealth, home health, remote monitoring and data integration technology, adding health systems can profit from the monetization of innovations. Caldwell explains that the legacy acute care model in which only the diseases presented are treated is not only outmoded, it fails to reach almost half of a health system's potential patient base. He proposes shifting from a vertically-oriented disease management system to a population health system that's integrated horizontally. This holistic approach, he contends, would contain nutrition and weight management, exercise and physical therapy, financial health, preventative and palliative care and behavioral health, with the ability to reach everyone.

**SOURCE: Modern Healthcare (sub. req.)**

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DECEMBER 1, 2021

### **Research suggests widening disparities in kidney failure incidence based on socioeconomic disadvantage**

In a study led by Brown University School of Public Health, national kidney failure trends based on the level of poverty in individual counties were examined. The data was divided into three time periods: 2000-2005, 2006-2011 and 2012-2017. Researchers found that in the first period, the divergence in kidney failure incidence between high- and low-income counties was 42.8 per million residents. By the third period, however, that discrepancy expanded to 100.1 per million. The study concludes that in spite of national figures showing overall numbers of kidney failure are falling, that trend isn't extending to communities with low incomes.

**SOURCE: Health Affairs (sub. req.)**

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## Other Interesting Industry News (cont'd)

DECEMBER 6, 2021

### [Study finds elderly CKD patients, doctors have issues with telehealth services](#)

In research led by Tufts University, elderly CKD patients, patient care partners and physician specialists were interviewed to assess telehealth as a mode of care. Patients identified convenience, safety, caregiver engagement and an clinician understanding of the patient home environment as benefits of telehealth. Physicians, who generally perceived telehealth negatively, agreed with patients that loss of connection was a drawback of the service. As well, some patients, particular those of color, expressed feelings of mistrust, preferring to meet their clinician in person to gauge their body language.

SOURCE: JAMA Network Open

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DECEMBER 7, 2021

### [Nashville nephrology provider to incorporate Evergreen's value-based kidney care model](#)

Nashville's [Evergreen Nephrology](#) launched in August with a value-based kidney care model and signed Balboa Nephrology Medical Group of Calif. as its first client. [Nephrology Associates](#), also based in the Tenn. capital, will also deliver Evergreen's pay-for-performance system. Nephrology Associates' president, Dr. Ashish Soni, says the model will enable his organization to provide a patient-centered healthcare model that encourages more home dialysis.

SOURCE: Nashville Inno

**For more information regarding our nephrology, dialysis  
and office-based lab experience, or  
if you would like to contribute to the newsletter, please contact:**

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