Kidney Doctors, Transplant Providers Work with DaVita in New Government Program to Help Improve the Lives of Medicare Patients with Kidney Disease

Programs aim to slow the progression of kidney disease and increase access to home dialysis and kidney transplantation

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DENVER, Jan. 19, 2022 /PRNewswire/ -- DaVita Integrated Kidney Care (DaVita IKC)—along with nearly 1,000 kidney doctors, transplant providers, hospice providers and advanced care practitioners—today announced the launch of 11 value-based care programs across the U.S., which are expected to reach an estimated 25,000 kidney patients. The goals of the programs are to help slow the progression of chronic kidney disease (CKD) and help more patients with kidney failure access kidney transplants and dialysis in their homes.

These programs are part of the government's new voluntary Kidney Care Choices (KCC) model—a value-based care demonstration that began on Jan. 1, 2022 and will run for five performance years. DaVita IKC and its partners are participating in the Comprehensive Kidney Care Contracting (CKCC) option within KCC.

"We're honored to be part of this program and be the partner of choice for so many purpose-driven providers who, like us, are committed to setting a new standard for kidney care," said Dr. David Roer, chief medical officer for DaVita IKC. "We've honed our approach to integrated kidney care for over a decade and, together, we believe we can improve the lives of our shared patients."

Similar to the government's past value-based care demonstrations, CKCC allows dialysis centers, nephrologists and other health care providers to form kidney-focused accountable care organizations to manage care for Medicare patients. What makes the CKCC demonstration unique is that it boosts financial incentives to manage care for Medicare patients with CKD stages 4 and 5, to delay the onset of dialysis and to incentivize kidney transplantation.

CKD affects approximately 1 in 7 (37 million) U.S. adults. Unfortunately, most people with CKD don't know their kidney function is declining.[1] Currently, an estimated 50% of people diagnosed with kidney failure "crash" into dialysis—starting treatment without warning in an emergency situation.[2] Crashing not only causes physical and emotional stress for patients but also it costs, on average, an additional $53,000 per patient in the first year of dialysis treatment.[3]

"There's an opportunity to make a positive difference in the lives of more patients by reaching them with the right interventions and education before their kidneys fail," said Misha Palecek, chief transformation officer for DaVita. "We can help patients better plan for their future kidney care needs—whether that's a pre-emptive transplant or an optimal start on dialysis at home—and improve their overall health while helping reduce the cost to our health care system."

Other, similar value-based care programs have worked particularly well in high-need, high-cost patient populations, such as those with CKD and end stage kidney disease (ESKD).[4] Such programs empower patients, physicians and care teams to help delay CKD progression by better managing risk factors like diabetes and hypertension—the two leading causes of ESKD.

"Patients with CKD and ESKD are some of the most medically complex in health care, and they need advanced models of care to meet their diverse health needs," said Chris Aycrigg, MBA, MHCA, executive director of Nephrology Associates ofCentral Florida (NACF). "NACF and DaVita have a long history of achieving clinical excellence together, and we believe this foundation will drive success as we evolve in the integrated kidney care space. We are excited to build on DaVita's demonstrated history of results in value-based care to help enhance the outcomes and experience of our patients and our physicians."

For patients in the CKCC program, DaVita IKC and its partners are focused on better coordinating their kidney and non-kidney care needs, as well as improving interventions to help keep them healthy and out of the hospital. In fact, reducing

hospitalizations not only gives these patients more moments at home doing what they love but also it can lower the total cost of care—a hallmark of any successful value-based care program.

Because these programs will reach a diverse population of Medicare patients in multiple urban geographies, DaVita IKC also sees an opportunity to continue helping generate greater health equity within transplantation and kidney care more broadly.

With the launch of its CKCC programs, DaVita IKC expects to more than double the number of patients receiving integrated kidney care in the first performance year alone. In addition to its numerous value-based care programs with health plans across the U.S., this helps advance DaVita IKC's goal of delivering the benefits of integrated kidney care to all patients.

DaVita's participation in value-based care programs underscores its overall commitment to unify and actively improve the experience and care at every stage and setting along a patient's kidney care journey. Currently, DaVita manages patients from CKD to ESKD through transplantation, and does so regardless of whether a patient dialyzes at home, in the hospital or in one of its outpatient centers.

To learn more about DaVita IKC's CKCC programs and locations, visit CKCC.DaVita.com. For more information about DaVita IKC's other programs and results, visit DaVitaIKC.com.

About DaVita Integrated Kidney Care
DaVita Integrated Kidney Care (DaVita IKC) is the integrated care division of DaVita Kidney Care with programs operating under the DaVita® and VillageHealth® brands for Total Renal Care, Inc. and VillageHealth DM, LLC. DaVita IKC is the country's largest kidney care provider accredited by the National Committee for Quality Assurance (NCQA). It provides comprehensive care and complex chronic condition management to patients nationwide, whether they are in the early stages of kidney disease, transitioning to end-stage kidney disease, seeking a kidney transplant or receiving life-sustaining dialysis. Over 100,000 lives have been impacted by over 20 years of delivering integrated kidney care. Visit DaVita.com/IKC for more information.

About DaVita Inc.
DaVita (NYSE: DVA) is a health care provider focused on transforming care delivery to improve quality of life for patients globally. The company is one of the largest providers of kidney care services in the U.S. and has been a leader in clinical quality and innovation for more than 20 years. DaVita cares for patients at every stage and setting along their kidney health journey—from slowing the progression of kidney disease to helping to support transplantation, from acute hospital care to dialysis at home. As of September 30, 2021, DaVita served 203,000 patients at 2,822 outpatient dialysis centers in the United States. The company also operated 333 outpatient dialysis centers in ten countries worldwide. DaVita has reduced hospitalizations, improved mortality, and worked collaboratively to propel the kidney care industry to adopt an equitable and high-quality standard of care for all patients, everywhere. To learn more, visit DaVita.com/About.

Forward-Looking Statements
Certain statements in this press release are forward-looking statements that are subject to risks and uncertainties. These forward-looking statements are based on management's current expectations. Various important factors could cause actual results to differ materially from these forward-looking statements, including the risks identified in our U.S. Securities and Exchange Commission filings. DaVita disclaims any obligation to update any forward-looking statement contained in this press release, except as may be otherwise required by law.

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[1] According to the Centers for Disease Control and Prevention (CDC) Chronic Kidney Disease Fact Sheet, 2019.

[2] Risk Factors for Unplanned Dialysis Initiation: A Systematic Review of the Literature (2019) https://journals.sagepub.com/doi/full/10.1177/2054358119831684#_i42

[3] 2009–2012 Medicare 5% sample data weighted average across all states for patient costs in first twelve months of dialysis.

[4] Roer, D., Fukui, M., Smith, N., Nissenson, A., & Becker, B. (2019). The American Journal of Accountable Care. Current Value-Based Care Models Need Greater Emphasis on Specialty Care, 7(3). https://doi.org/10.37765/ajac

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