Superior Patient Clinical Outcomes Confirms DaVita's Leadership Position on Quality Dialysis Care

Outcomes data confirms that the risk of mortality faced by patients at DaVita facilities may be 8% lower than the national average

DaVita Inc., a leading provider of kidney care services for those diagnosed with chronic kidney failure and disease (CKD), significantly exceeds national averages with regard to patient quality, as validated by both the Clinical Performance Measures Report published in 2006 by the Centers for Medicare and Medicaid Services (CMS), and the December 2007 Fistula First Vascular Access Improvement Initiative. This achievement is notable among the nation's kidney care community because DaVita® serves more than 1-in-4 dialysis patients in America.

(Logo: http://www.newscom.com/cgi-bin/prnh/20020729/DAVITALOGO)

"At DaVita, our highest priority is the health and well-being of the more than 100,000 patients cared for by our professional partners and teammates," said Kent Thiry, CEO of DaVita. "We're pleased that this commitment has once again been validated by the findings from CMS."

Research studies show that patients who meet all four of the CMS Clinical Performance Measures (CPM) and the National Kidney Foundation's (NKF) Kidney Disease Outcomes Quality Initiative (KDOQI) achieve the lowest mortality.(a,b) Outcomes data confirms that the risk of mortality faced by patients dialyzed at DaVita facilities may be as much as 8% lower than the national average.

DaVita consistently surpasses national averages for CMS CPM and KDOQI outcomes. Most recently, DaVita outperformed the national averages by as much as 44% on four key clinical performance outcomes. A recent study that compared the mortality trends for the major dialysis providers found that DaVita had a significant improvement in survival compared to non-chain facilities.(c)

Performance Indicator	DaVita	National Average	DaVita % Favorable to the National Average
Kt/V < 1.2 (lower is better)	5% (1)	9% (2)	44% improvement
Fistula In Use	50.0% (1)	48.5% (3)	3% improvement
Albumin < 3.5 g/dL (lower is better)	18% (1)	20% (2)	10% improvement
Mortality (lower is better)	17.0%	18.6% (4)	8.6% improvement

(1) DaVita Inc., Q1 2008;
(2) 2006 CMS Clinical Performance Measures Report (most recently published data; results from 2005 calendar year);
(3) Fistula First National Vascular Access Improvement Initiative Website (http://www.fistulafirst.org/), results from December 2007.
(4) 2007 USRDS Annual Data Report (most recently reported data; results from 2005 calendar year, Table J 16)

"An important part of measuring and tracking our clinical performance is through the DaVita Quality Index, or DQI," explained Dr. Allen Nissenson, DaVita Chief Medical Officer. "The DQI focuses on the performance of seven key clinical parameters, giving physicians a snapshot of how the patients in their clinics are performing. We have seen a clear correlation over the past five years of using the DQI that as overall DQI scores improve, overall mortality decreases."

"By focusing on clinical training and continuous quality improvement, we are able to partner with nephrologists," said Robertson.

"As a doctor still in practice myself, I want my patients to feel their best and enjoy their lives. DaVita's tools and teammate training help me reach these goals."

DaVita is a registered trademark of DaVita Inc. All other trademarks are the property of their respective owners.

About DaVita Inc.

DaVita Inc., a FORTUNE 500® company, is a leading provider of kidney care in the United States, providing dialysis services and education for patients with chronic kidney failure and end stage renal disease. DaVita manages more than 1,300 outpatient facilities and acute units in more than 700 hospitals located in 43 states and the District of Columbia, serving approximately 107,000 patients. As part of DaVita's commitment to building a healthy, caring community, DaVita develops, participates in and donates to numerous programs dedicated to transforming communities and creating positive, sustainable change for children, families and our environment.

For more information about DaVita, its kidney education and its community programs, please visithttp://www.davita.com/.

Reference List
a. Tentori F, Hunt WC, Rohrscheib M, Zhu M, Stidley CA, Servilla K, Miskulin D, Meyer KDB, Bedrick EJ, Johnson HK, Zager PG. Which Targets in Clinical Practice Guidelines Are Associated with Improved Survival in a Large Dialysis Organization?, 1998 to 2004. J Am Soc Nephrol 18: 2377-2384, 2007. doi: 10.1681/ASN.2006111250.
b. Wolfe RA, Hulbert-Shearon TE, Ashby VB, Mahadevan S, Port FK. Improvements in dialysis patient mortality are associated with improvements in urea reduction ratio and hematocrit, 1999 to 2002. Am J Kidney Dis 2005; 45(1):127-135.
c. Duong, Uyen, Kalantar-Zadeh K, Kovesdy,C, Mehrotra, R. Mortality Trend of Hemodialysis Chains in the USA: 1996-2004. National Kidney Foundation Spring Clinical Meeting 2008.

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