

Early Interventions for Kidney Patients Improve Outcomes and Reduce Costs

Patients with chronic kidney disease (CKD) are among the most vulnerable populations and typically are not aware they have kidney disease. CKD patients who progress to end stage kidney disease (ESKD), or kidney failure, become some of the most medically complex and costly patients, with an average of 4 comorbidities and multiple hospitalizations per year.

DaVita Integrated Kidney Care (IKC) partners with health plans to improve outcomes and reduce costs for CKD and ESKD member populations. Our provider-neutral program, VillageH[®] aged health members (ESKD) | K | s !

DaVita IKC leverages predictive analytics, patient education, digital patient engagement and nephrologist alignment to empower patients to make active choices in their care, which can reduce hospitalizations and associated medical costs. Our care team helps patients who are progressing to ESKD to make informed care and treatment decisions that are best for them, including home dialysis, transplant and conservative therapy.

The multidisciplinary care team collaborates with kidney care and other providers to ensure integration of patient care plans across all comorbidities. The care team actively coordinates care, helping patients navigate local and health plan resources to address critical health care access barriers, including social determinants of health challenges, such as transportation and kidney-friendly nutrition.

The DaVita IKC program has achieved the following results:

- **93%** of patients engaged with a nephrologist (vs. 36% baseline)
- **74%** of ESKD transitions on patients ready with an optimal vascular access in place (vs. 40% baseline)
- **72%** of ESKD transitions in an outpatient setting, not the hospital (vs. 27% baseline)
- **38%** fewer admits in the first 180 days of dialysis for patients who transition to ESKD

Kidney Disease Facts

Number of U.S. adults estimated to have CKDⁱ

People unaware of their kidney diseaseⁱⁱ | DaVita Kidney Care program

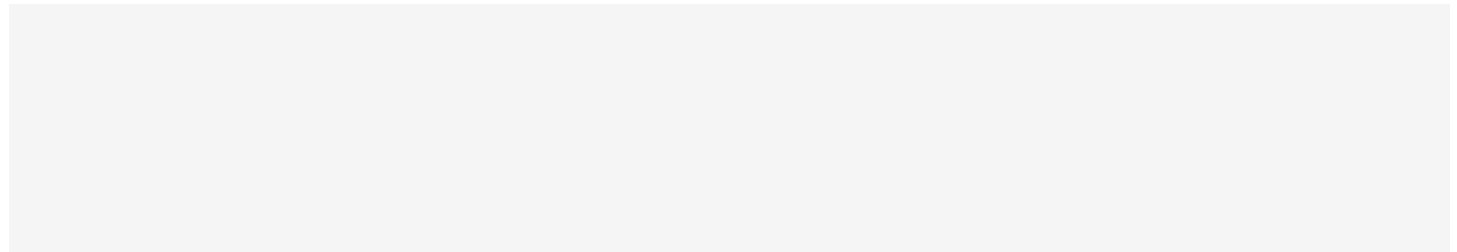
Patients with late-stage CKD (CKD stage 4 or 5)ⁱⁱⁱ

Cases that lead to unplanned dialysis starts before learning of diagnosis^{iv}

Higher cost per patient for unplanned starts^v

To help drive targeted interventions on the right patient population, DaVita IHC uses advanced analytics and risk stratification powered by more than 1 billion unique patient data points. Our proprietary CKD predictive model identifies 75% of patients who are most likely to transition to dialysis in the next 6–18 months, allowing for timely modality education and vascular access planning to help improve clinical outcomes. Additionally, DaVita IHC has a proprietary model to identify patients at risk of CKD who are not yet diagnosed.

Through Kidney Smart[®], an award-winning CKD education program, participating patients learn through interactive, in-person and online classes covering kidney disease basics, diet and lifestyle changes, comorbidity management and modality and treatment options. Patients who transition to ESKD having received Kidney Smart education have experienced better outcomes than patients who have not received Kidney Smart education^{x1}:



¹USRDS – Prevalence of CKD by stage among NHANES participants, 2001-2016

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³National Kidney Foundation, <https://www.kidney.org/news/one-seven-american-adults-estimated-to-have-chronic-kidney-disease>

⁴Risk Factors for Unplanned Dialysis Initiation: A Systematic Review of the Literature (2019)