

Patient Pathways

Renal Discharge Planning and Placement



Overview

Discharging renal patients is labor intensive and nuanced. They are among the most vulnerable and medically complex chronic populations and require outpatient dialysis placement coordination specific to their unique needs.

Patient PathwaysSM is a provider-neutral renal discharge planning and placement service committed to efficiently placing patients at a center of their choice, while educating them with compassion and understanding.

Our Service

With an exclusive focus on end stage renal disease (ESRD) and acute kidney injury patients, we complement your care management staff with a placement expert who educates and places your most complex and time-consuming discharges. We aim to save your team the time and headache of having to coordinate dialysis placements and enhance patient care and patient satisfaction.

Patient Pathways can help facilitate a smooth transition of care, increase care team coordination and enhance the capacity of your team by:

- Serving as a single point-of-contact for your staff
- Providing personalized one-on-one time with patients
- Placing patients in a dialysis clinic of their choice
- Sending clinical and placement data to a patient's clinic of choice
- Increasing transparency into key metrics to optimize the discharge process, inform day of discharge dialysis and manage length of stay

DIALYSIS PATIENT PLACEMENT

 Emergency Room Visit

 Hospitalization

 Discharge

- Place patients who do not require hospitalization

- Educate patients and caregivers
- Obtain info needed for placement
- Facilitate patient selection of a clinic
- Complete dialysis center admissions process

- Confirm chair placement
- Share patient information with dialysis clinic
- Prepare patient for what to expect

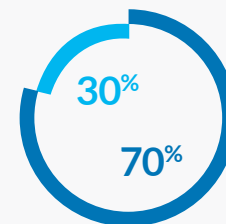
Why Hospitals Partner with Patient Pathways¹

Hospitals save an average of **6 hours** per discharge*

Hospital satisfaction **4.6** out of 5.0

Patient satisfaction **9.5** out of 10.0

Typical Breakdown of Patients Placed



- Patients Requiring a Placement
- Patients Returning to Existing Dialysis Center

Patients Requiring a Placement

SNF & Rehab..... 13%
New to Dialysis..... 13%
With a Trach/Vent.... 2%
Undocumented/
Uninsured..... 1%
With Mental/
Behavioral Issues..... 1%

¹ March 2016 survey of 95 hospital partners.
*Requires placement for any reason. Represents average time saved across all patients placed and may vary based on type of placement.

Program Options

Patient Pathways can be customized to meet your hospital's specific needs and goals and our experts easily integrate with your case management team. While the majority of our hospital partners prefer onsite services, some find our telephonic services more cost-effective.

All of our customized programs include:

- Placement for dialysis patients
- Patient education
- Detailed analytics and reporting

Approximately 70 percent of dialysis patients who are discharged from the hospital do not require a new placement but can benefit from a smooth transition of care back to their dialysis center. Our programs can be customized to support these patients and coordinate their discharge—which may further alleviate the burden on the case management team.

What Hospital Partners Are Saying



"It has taken away more hours than expected from the case managers' workloads having [Pathways] coordinate the dialysis needs of our patients, especially for new dialysis patients. **The patients get better education and support...**"



"We have complex discharges. **[Pathways] has proven to be exceptional** and works well in tandem with social work, our clinics and the chronic dialysis community."



"We used to struggle trying to find an available slot at an outpatient dialysis center. It took the case manager away from other patients. **Those problems have all but disappeared.**"

For more information about Patient Pathways, email Hospitals@DaVita.com.



ESRD Population Overview

Comprise only 0.2% of Americans

Represent 1% of Medicare beneficiaries but account for 6% of Medicare costs

52% crash into dialysis (unplanned dialysis start in an inpatient setting)

42% of new patients have not seen a nephrologist

Spend ~11 days per year in the hospital

94% of patients have 4+ comorbidities. Of those patients:*

98% have hypertension

78% have diabetes

62% have heart failure

40% have chronic obstructive pulmonary disease

*HCC comorbidity definition applied to 2011 CMS FFS 5% ESRD sample claims data for members enrolled for 12+ months with 2+ outpatient or 1+ inpatient occurrence of a comorbidity-related charge. Rates may be higher among Medicare FFS patients.