



# Timely CKD interventions drive stage-specific care

Kidney patients can benefit from care management programs that help better manage their disease and delay progression. For patients, this can mean improved health and for health plans—significant cost savings.

From chronic kidney disease (CKD), to end stage kidney disease (ESKD), through transplantation, DaVita has a proven track record of driving positive patient outcomes. With 220K+ CKD and ESKD patients managed, we have over a decade of experience implementing integrated care programs. From early awareness to helping reduce hospitalizations, our care management team and multi-channel engagement platform drive timely interventions, including pre-emptive transplant, to deliver differential clinical outcomes and material financial savings.

Because early-stage CKD patients often show no symptoms, the DaVita® Integrated Kidney Care (IKC) program advocates for advanced screening. An earlier diagnosis enables bringing together primary care providers, nephrologists and other specialists to drive toward a unified CKD care plan that helps deliver timely treatment, personalized support, education on medication adherence, nutrition and lifestyle guidelines, and, eventually—if needed—treatment options. By increasing outpatient dialysis starts and reducing hospitalizations in value-based care programs, we're able to work with nephrologists and care teams to support patients' health and help avoid costly, traumatic crashes into dialysis.

## Care management that goes above and beyond

Not all kidney care management programs are created equal. DaVita IKC is a market-leading program proven to have a differential impact. With multi-disciplinary care teams coordinating treatment across comorbidities and navigating the health care system to address barriers, patients receive truly integrated care plans tailored to their needs.

## Deep Experience

**20+**  
years of CKD care management

**50K+**  
CKD patients

**50**  
states with patients under CKD management

## Proven Results

**93%**  
of patients engaged with a nephrologist (vs. 36% baseline)

**40-50%**  
engagement with CKD patients<sup>2</sup>

**20%+**  
CKD hospital admit rate reduction<sup>2</sup>

**80%**  
increase in outpatient dialysis starts<sup>3</sup>

**38%**  
fewer admits in the first 180 days of dialysis for patients who transition to ESKD

General source note: DaVita IKC internal data compared to USRDS baselines or internal baselines where appropriate.



## Program benefits that fuel results

### Patient Education and Engagement

Our best-in-class patient education leverages the latest in adult learning techniques, and is customizable based on each patient's needs and preferences. Innovative digital engagement tools, deep relationships with providers and personalized care keep patients accountable and increase their ability to proactively manage their health.

### Our multi-pronged approach features:

- Two-way chat (supported by nurses who conduct regular check-ins to maintain patient engagement and accountability)
- Online patient app with tailored education, kidney-friendly recipes, and scheduling capabilities
- Collaboration with the American Diabetes Association (to expand upstream CKD education)
- Extensive national network of nephrologists, PCPs, health systems and transplant centers

### Nephrologist Alignment

DaVita fosters robust local relationships through our physician-led Nephrology Care Alliance,<sup>1</sup> which supports 2,100+ nephrologists improving CKD and ESKD outcomes. Nephrologists gain access to clinical incentive programs and risk-sharing arrangements, technology solutions and practice transformation resources. These tools can help improve clinical outcomes, lower cost of care and support nephrologist success in value-based settings.

### Predictive Analytics

To help drive targeted interventions, DaVita IKC's predictive analytics platform encompasses the kidney care continuum, powered by over 1 billion unique patient data points. Our models help identify undiagnosed CKD patients, patients with high risk of hospitalization (due to kidney disease or other comorbidity), and those likely to transition to dialysis in the next 6-18 months. Based on these analytics, we collaborate with provider teams to conduct frequent risk stratification to create a tailored care plan for each patient. Providers leverage these insights to intervene and implement appropriate, proactive care plans.

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Email [partnerships@davita.com](mailto:partnerships@davita.com) to learn more about how an integrated care partnership can improve member health and reduce health plan costs.

\*Potential

1. Nephrology Care Alliance, LLC is a subsidiary of DaVita Inc.

2. Based on patients active in DaVita CKD value-based program ≥ 4 months

3. Data based on CKD managed lives for 6+ months

4. CDC: Chronic Kidney Disease in the United States, 2023

5. USRDS - Prevalence of CKD by stage among NHANES participants, 2017-2020

6. <https://www.ajmc.com/view/dialysis-costs-for-a-health-system-participating-in-value-based-care>

## CKD Facts

# 35.5M

Number of U.S. adults estimated to have CKD<sup>4</sup>

# 90%

People unaware of their kidney disease<sup>4</sup>

# 1.6M

Patients with late-stage CKD (stage 4 or 5)<sup>5</sup>

# \$40K-60K

Higher cost per patient for unplanned dialysis starts<sup>6</sup>

