ESCOs
Are They A Viable Model For the Future?

Toros Kapoian, MD, FACP
Chief Medical Officer
Metropolitan Kidney Care Alliance

No financial disclosures to report.

Answer:

Yes

Triple Aim

* Better Health Care
* Better Health
* Reduced cost

What is an ESCO?

* Group of healthcare providers and suppliers who will work together to provide beneficiaries with a more patient-centered, coordinated care experience.
* The ESCO and its participants agree to become accountable for the quality, cost and overall care of matched beneficiaries and to comply with the terms and conditions of the ESCO Model Participation Agreement. Participants include participant owners and participant non-owners

Why ESCO?

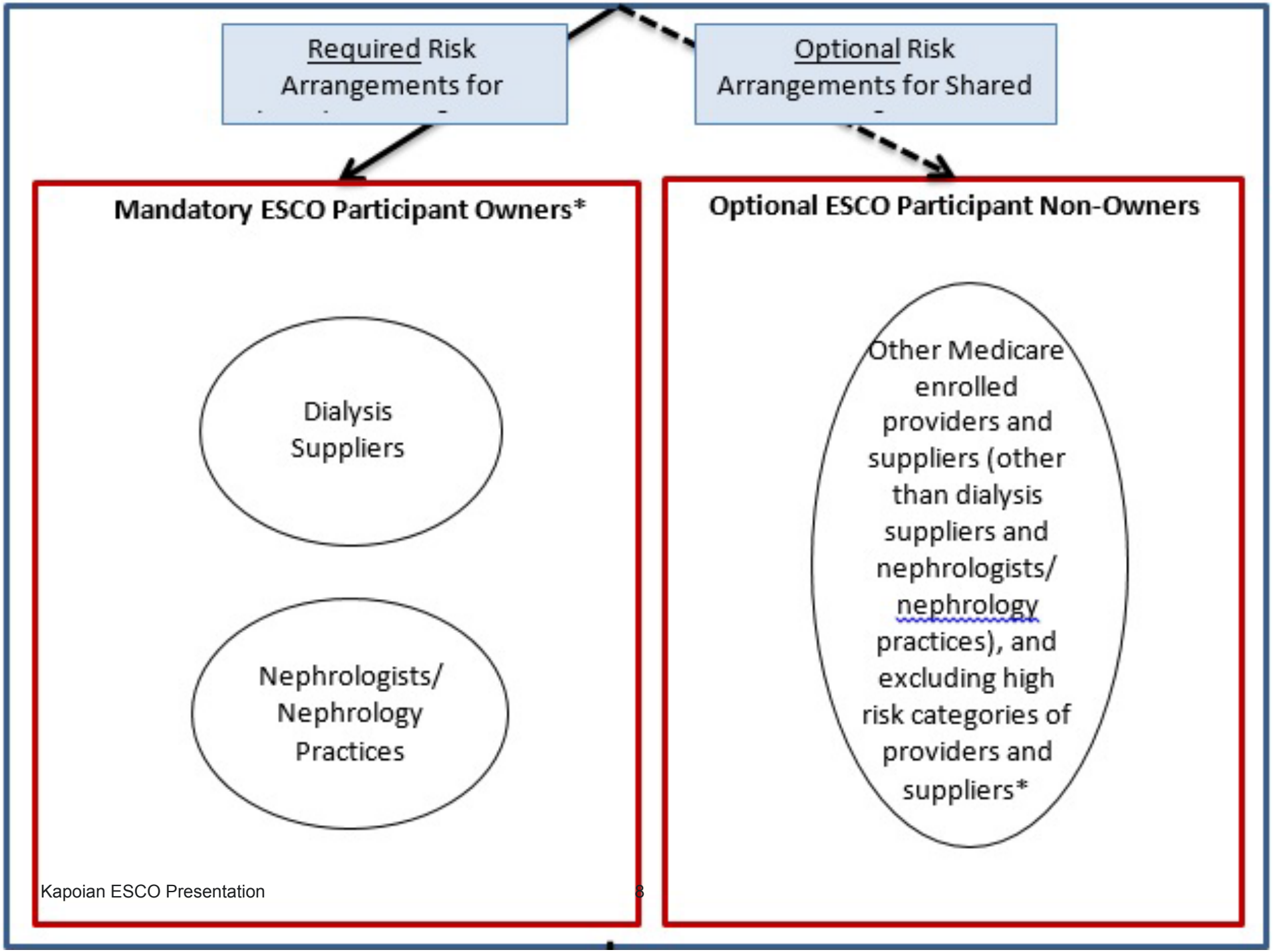
We Have A Seat At The Table As CMS Plans Changes in Kidney Care

"When CMS is changing the rules, you want a seat at the table.

If you don't have a seat at the table, you may be on the menu."

**** This statement does not reflect the view of CMS or CMMI***

RISK


Required Risk Arrangements for
Optional Risk Arrangements for Shared
Mandatory ESCO Participant Owners*
Dialysis Suppliers
Nephrologists/ Nephrology Practices
Optional ESCO Participant Non-Owners
Other Medicare enrolled providers and suppliers (other than dialysis suppliers and nephrologists/ nephrology practices), and excluding high risk categories of providers and suppliers*

Matching (Attribution)

* Must be
  * enrolled in Medicare parts A and B
  * receiving dialysis services
  * aged 18 or over
  * Living in the United States and within the market area of the ESCO
  * Receiving at least 50% of his/her annual dialysis services (measured by expenditures) in the ESCO's geographic area

Matching (Attribution)

* Must not
  * Be enrolled in a Medicare Advantage plan, cost plan, or other non-Medicare Advantage Medicare managed care plan
  * Be matched to another Medicare ACO or another Medicare program/demonstration/model involving shared savings at the date of initial matching for the CEC Model
  * Have a functioning transplant
  * Have Medicare as a secondary payer

ESCO

* Must have a minimum of **350 matched beneficiaries**
* Must maintain at least 350 matched beneficiaries throughout the life of the Model
* If the ESCO does not meet the minimum threshold as of the first quarterly matching of the next performance year, CMS may terminate the Participation Agreement.

ESCO

* The same ESCO may not include dialysis facilities owned by different LDOs.
* Dialysis facilities owned by LDOs cannot partner with dialysis facilities owned by non-LDOs. There are no limitations on partnerships among non-LDO organizations/facilities in the submission of a single ESCO application

ESCO Participant Owners

* No owner can have more than 50% ownership in the ESCO
* All ownership shares must add up to 100%

What is an ESCO?

* Group of healthcare providers and suppliers who will work together to provide beneficiaries with a more patient-centered, coordinated care experience.
* The **ESCO** and its participants agree to become **accountable** for the **quality**, **cost** and **overall care** of matched beneficiaries and to comply with the terms and conditions of the ESCO Model Participation Agreement. Participants include participant owners and participant non-owners

Minimum Savings Rate

* To qualify for shared savings, an ESCO must meet or exceed a prescribed Minimum Savings Rate (MSR).

Governance & Leadership

* ESCO must maintain an identifiable governing body that must have:
  * Authority to execute the functions of the ESCO
  * Authority for final decision-making for the ESCO
  * A conflict of interest policy
  * A transparent governing process to ensure CMS has the ability to monitor and audit as appropriate

Governance & Leadership

* ESCO participants (owners & non-owners) must have at least 75% control of the ESCO's governing body
* No one participant in the ESCO can represent more than 50% of the membership on the governing body
* Members must place their fiduciary duty to the ESCO before the interests of any ESCO participant
* The governing body must include an **independent ESRD Medicare beneficiary** representative and a trained and/or experienced non-affiliated, **independent consumer advocate** on the governing body

CMS.gov
Centers for Medicare & Medicaid Services

Home > Newsroom > Media Release Database > Press releases > 2015 Press releases items > CMS launches new ACO dialysis model

CMS launches new ACO dialysis model

Date	2015-10-07
Title	CMS launches new ACO dialysis model
Contact	go.cms.gov/media

CMS launches new ACO dialysis model

Affordable Care Act model designed to improve care for beneficiaries with kidney failure while reducing costs

More than 600,000 Americans have end-stage renal disease (ESRD), also known as kidney failure, and require life sustaining dialysis treatments several times per week. These individuals typically have many health problems, are at higher risk of hospital readmissions, and suffer from fragmented care. In 2012, ESRD beneficiaries comprised 1.1% of the Medicare population and accounted for an estimated 5.6% of total Medicare spending.

ESRD Seamless Care Organization (ESCO)

<u>Started October 1, 2015</u>:

- **13 ESCOs**
  - **Fresenius – 6 ESCOs**
  - **DCI – 3 ESCOs**
  - **DaVita – 3 ESCOs**
  - **Rogosin – 1 ESCO**

Large Dialysis Organizations:

Dialysis Organization	ESCO Name	Location
DCI	Metropolitan Kidney Care Alliance, LLC	Newark, NJ
DCI	Palmetto Kidney Care Alliance LLC	Spartanburg, SC
DCI	Music City Kidney Care Alliance, LLC	Nashville, TN
DaVita	Phoenix-Tucson Integrated Kidney Care	Phoenix, AZ
DaVita	South Florida Integrated Kidney Care	Miami, FL
DaVita	Philadelphia - Camden Integrated Kidney Care	Philadelphia, PA
Fresenius	Fresenius Seamless Care of San Diego, LLC	San Diego, CA
Fresenius	Fresenius Seamless Care of Chicago, LLC	Chicago, IL
Fresenius	Fresenius Seamless Care of Charlotte, LLC	Charlotte, NC
Fresenius	Fresenius Seamless Care of Philadelphia, LLC	Philadelphia, PA
Fresenius	Fresenius Seamless Care of Columbia, LLC	Columbia, SC
Fresenius	Fresenius Seamless Care of Dallas, LLC	Dallas, TX

Small Dialysis Organization:

Dialysis Organization	ESCO Name	Location
Rogosin Institute	Rogosin Kidney Care Alliance	New York, NY

2017

* CMS closed their second Request for Applications on 15 July 15 2016.
* This second round of ESCOs have a tentative start date set for 1 Jan 2017.

CMS
Three Primary Aspects of Care

Access to Care

Quality

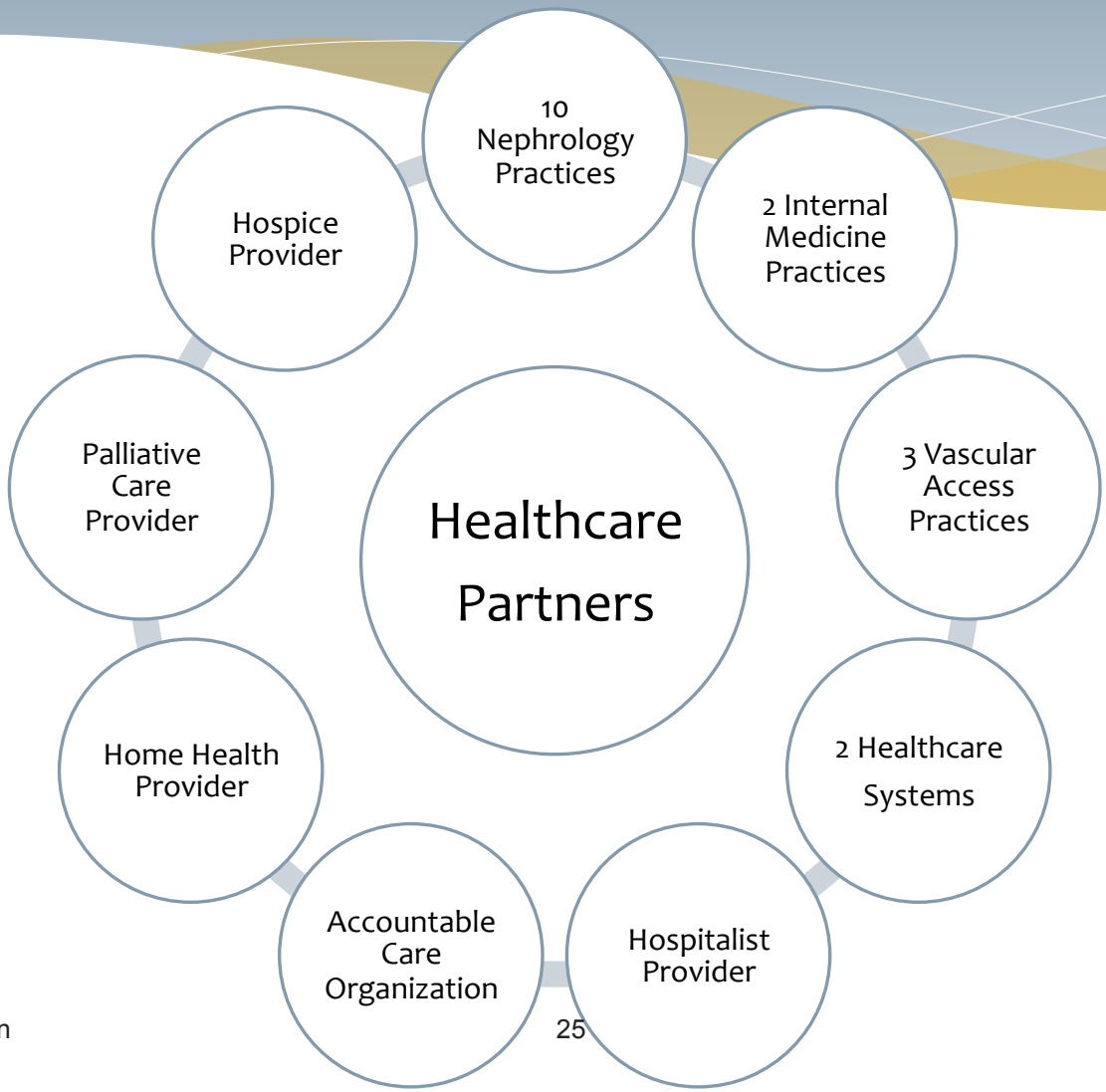
Cost

Measure Title	NQF #	Measure Steward	CEC Data Source
Domain: Patient Safety			
ESCO Standardized Mortality Ratio	0369	CMS	Claims and CMS administrative data
Documentation of Current Medications in the Medical Record	Adapted 0419[1]	CMS	Hybrid[2]
Bloodstream Infection in Hemodialysis Outpatients	1460	CDC	QIP results[3]
Falls: Screening, Risk Assessment and Plan of Care to Prevent Future Falls	Adapted 0101	NCQA	Hybrid
Domain: Person- and Caregiver-Centered Experience and Outcomes			
Kidney Disease Quality of Life (KDQOL) Survey	N/A	RAND	Survey
Advance Care Plan	Adapted 0326	NCQA	Hybrid
ICH-CAHPS: Nephrologists' Communication and Caring	0258	AHRQ	QIP results
ICH-CAHPS: Quality of Dialysis Center Care and Operations	0258	AHRQ	QIP results
ICH-CAHPS: Providing Information to Patients	0258	AHRQ	QIP results
ICH-CAHPS: Rating of Kidney Doctors	0258	AHRQ	QIP results
ICH-CAHPS: Rating of Dialysis Center Staff	0258	AHRQ	QIP results
ICH-CAHPS: Rating of Dialysis Center	0258	AHRQ	QIP results
Domain: Communication and Care Coordination			
ESCO Standardized Hospitalization Ratio for Admissions	1463	CMS	Claims and CMS administrative data
ESCO Standardized Readmission Ratio	2496	CMS	Claims and CMS administrative data
Medication Reconciliation Post Discharge	Adapted 0554	NCQA	Hybrid
Domain: Clinical Quality of Care			
Diabetes Care: Eye Exam	0055	NCQA	Hybrid
Diabetes Care: Foot Exam	0056	NCQA	Hybrid
Hemodialysis Adequacy: Minimum Delivered Hemodialysis Dose	0249	CMS	QIP results
Proportion of Patients with Hypercalcemia	1454	CMS	QIP results
Peritoneal Dialysis Adequacy: Delivered Dose of Peritoneal Dialysis Above Minimum	0318	CMS	QIP results
Hemodialysis Vascular Access: Maximizing Placement of Arterial Venous Fistula	0257	CMS	QIP results
Hemodialysis Vascular Access: Minimizing Use of Catheters as Chronic Dialysis Access	0256	CMS	QIP results
Domain: Population Health			
Influenza Immunization for the ESRD Population	Adapted 0226	KCQA	Hybrid
Pneumonia Vaccination Status	Adapted 0043	NCQA	Hybrid
Screening for Clinical Depression and Follow-Up Plan	Adapted 0418	CMS	Hybrid
Tobacco Use: Screening and Cessation Intervention	Adapted 0028	AMA PCPI	Hybrid

It's A Whole New World

Are You Going To Get On The Bus
Or Are You Going To Let Us Pass You By?

A Learning Organization



Cost Savings From Improved Outcomes

Savings To CMS

Avoided Hospitalization: ~ $25,000 per hospitalization

Fistula: ~$15,000 per patient per year

PD: ~$16,000 per patient per year

Plan To Improve Care For Patients with Kidney Disease

1. Increase CKD Care Coordination
2. Decrease hospitalization
3. Increase home dialysis
4. Decrease catheters
5. Improve care for end of life

1. CKD Care Coordination

Improved Outcomes from CKD Care Coordination

How Patients start dialysis	All dialysis patients @DCI Spartanburg	Non-Attendees	CKD Attendees
Total Patients	88	57	**31**
Fistula in place	24%	4%	**77%**
Fistula used for 1st tx	20%	0%	**73%**
Start on PD	10%	0%	**29%**
Start in-center, not in hospital		2%	**58%**

2. Decrease Hospitalization

Hospitalization

- 37% of cost of care for patients on dialysis*
- $14.6 million per year
- Decrease 10%
- **Net Savings: $1,460,000 per year**

* 2014 USRDS Vol 2. Figure 9.5

Decreased Rehospitalization After MTM

Data	TMRH reviews	Metro	Music City	Palmetto	Grand Total
#	Index	116	189	117	422
	Re-review	34	35	30	99
%	Index	77.3%	84.4%	79.6%	81.0%
	Re-review	**22.7%**	**15.6%**	**20.4%**	**19.0%**
Total #	TMRH	150	224	147	521
Total %		100%	100%	100%	100%

ESRD Readmission Rate = 35.2% (USRDS ADR 2014)

With 381 Admits… Expect 183 re-admits
Re-admit Avoided = 183-99= 84
Potential Savings ($25K/admit) = $2,100,000

3. Increase Home Dialysis

Very Rough Estimate For Savings

Increase Patients on PD by 5%

- 25 extra patients on PD
- $16,350 in savings per patient

Net – more than $400,000 in savings per year

4. Decrease Catheters

How To Decrease Catheters

1. Go upstream --- CKD Care Coordination
2. Get catheters out as quickly as possible if a patient starts hemodialysis dialysis with a catheter
   - Better to have a graft than a fistula?
   - Can the patient dialyze at home with PD?
3. Partner with a champion access surgeon

Rough Estimate of Savings

- 20 more patients with a fistula
  - $15,000 per patient

Total Potential Savings: $300,000 per year

5. Improve Transition To End Of Life

Care Coordination: Dialysis Palliative Care

Palliative Care

- Educate early on benefits of palliative care
  - CKD Care Coordination
  - First 120 days
- Partner with champion palliative care provider
- Offer palliative care services to patients with complex medical conditions
- Eases transition to Hospice

Care Coordination: Dialysis Hospice Care

Hospice Care

- Educate early on benefits of hospice care
  - CKD Care Coordination
  - First 120 days
- Partner with champion hospice provider
- At the point that burden of dialysis treatment exceeds benefits, empower patent to select hospice

End Of Life
Results – Nashville, TN

Pilot Project (4 clinics):

- Approached 60 patients
- 11 – selected hospice
- 26 – selected palliative care
  - 8 eventually transitioned to hospice care
- 5 ultimately chose palliative care
- 2 ultimately chose hospice

Empowering Patients To Live Their Dreams

Any Questions?

Toros.Kapoian@dciinc.org