

END STAGE SEAMLESS CARE ORGANIZATION (ESCO)

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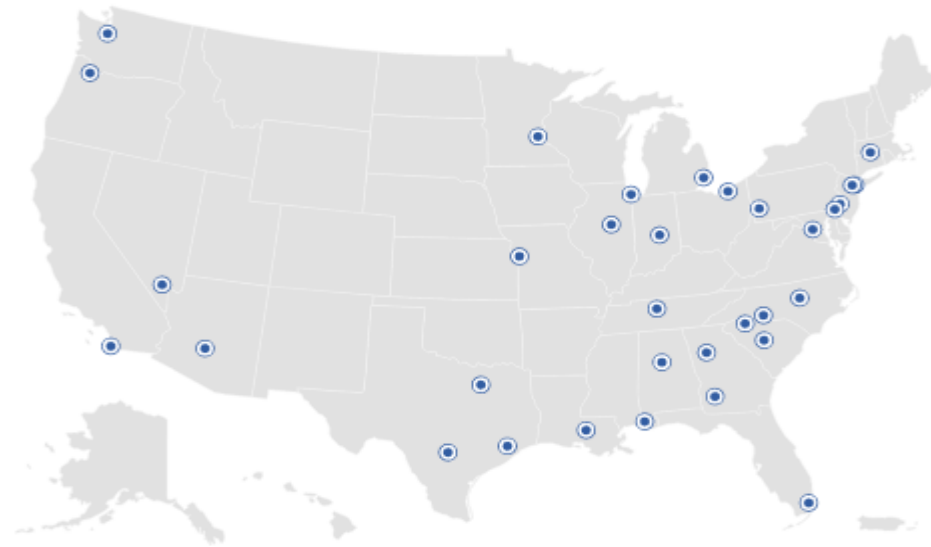
Author's Note: Prepared for review at the Keystone Chapter ANNA
meeting.

Agenda

- CEC AND ESCO OVERVIEW
- VALUE BASED DELIVERY OF CARE MODEL
- CMS ESCO WAIVERS
- ESCO QUALITY INDICATORS
- PRELIMINARY OUTCOMES AND REPORTING

Understanding the Comprehensive ESRD Care Model (CEC)

- The CEC model began September 1, 2015 and will run through December 31, 2020. In 2016, solicitation was performed to add more ESCO's that started in PY2 of the model for January 1, 2017.



Source: Centers for Medicare & Medicaid Services

Framing the Challenge

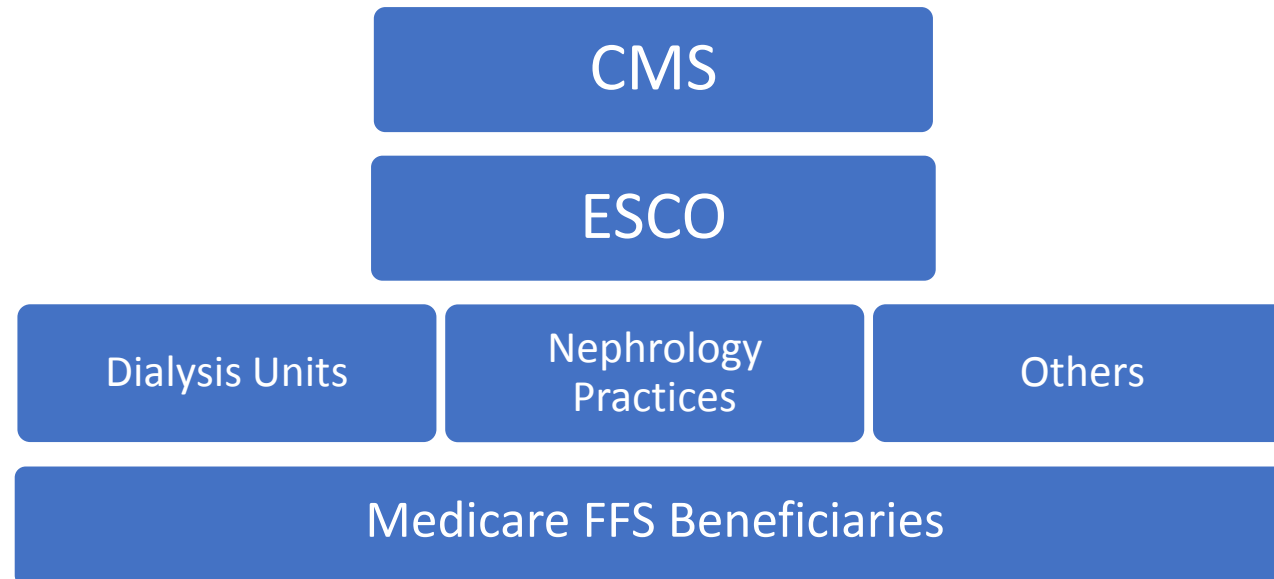
- In 2015 ESRD beneficiaries comprised less than 1% of the Medicare population, however these beneficiaries accounted for an estimated 7.1% of total Medicare fee-for-service spending. This spend totals over \$33.9 billion. This population has complex health needs and beneficiaries often require visits to multiple providers and follow multiple care plans, all of which can be challenging for beneficiaries if care is not coordinated. The CEC Model seeks to create incentives to enhance care coordination and to create a person-centered, coordinated, care experience, and to ultimately improve health outcomes for this population.

CEC Value Based Delivery of Care Model

- Dialysis clinics, nephrologists and other providers join together to coordinate care for their matched beneficiaries.
- ESCO's are accountable for the clinical quality outcomes and financial outcomes measured by Medicare Part A and B spending.
- This model encourages “dialysis providers to think beyond their traditional roles in care delivery and supports them as they provide patient-centered care that will address beneficiaries needs”.

Understanding ESCOs

- End Stage Renal Disease **S**eamless **C**are **O**rganization or **ESCO**
- Partnerships between nephrologists and dialysis providers
- Accountable for all facets of their matched beneficiaries' care
- Share savings with CMS if matched beneficiaries' expenditures decrease **and** quality is maintained or improved
- Share losses if beneficiaries' expenditures increase



ESCO Patient Eligibility

- Enrolled in Medicare Parts A and B
- Medicare is primary payer
- Not be enrolled in a Medicare Advantage plan, cost plan, or other non-Medicare Advantage Medicare managed care plan
- Not be affiliated with an existing shared savings program
- At least 18 years of age & reside in the US
- Not received a kidney transplant in the last 12 months
- Matching through “**first touch**”
- Receive at least 50% of annual dialysis services in the ESCO’s market area

Evolution of the Healthcare System

Insurers are changing how providers get paid

- See more patients
- Provide more services



Managing costs
while providing
better health
outcomes

Fee-for-service

Value Based Care



Complex health needs lead to fragmented care which negatively impacts the patient's quality of life and increases the risk of hospitalizations



On average, ESRD patients are admitted to the hospital nearly twice a year. About 30% of those are readmitted within the 30 days following discharge.

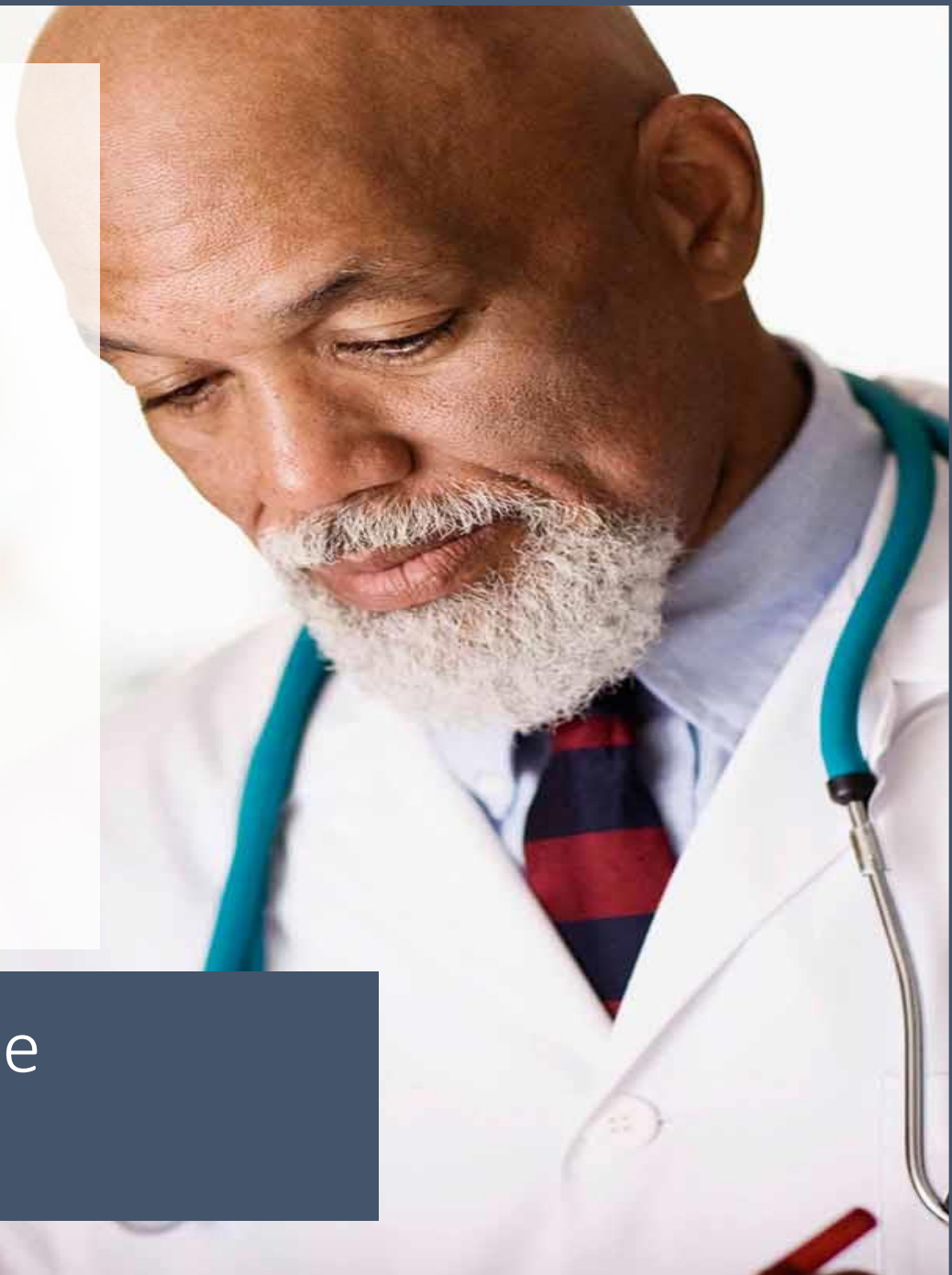


Hospitalization represents a significant societal and financial burden, accounting for approximately 40% of total Medicare expenditures for dialysis patients.



ESRD patients comprise 1% of the Medicare population but their cost of care is 7x that of an average Medicare recipient

What is Driving the Shift to Value Based Care for ESRD?



Waivers

- Distribution of Shared Savings
- Patient Engagement Incentives
- ESCO Health Information Technology (participants)
- Performance Based Payments (participants)
- Care Coordination Arrangements
- Remuneration Furnished by the Company to the ESCO.

ESCO Quality Measure Set

Exhibit 1: CEC Quality Measure Set

Measure Title	NQF #	Measure Steward	National Quality Strategy Priority	PY 3 Pay-for-Performance Status ¹
<i>Data Source: Hybrid – Claims and Medical Records</i>				
Diabetes Care: Eye Exam	0055	NCQA	Effective Clinical Care	P
Diabetes Care: Foot Exam	0056	NCQA	Effective Clinical Care	P
Advance Care Plan	Adapted from 0326 ²	NCQA	Person- and Caregiver-Centered Experience and Outcomes	P
Medication Reconciliation Post-Discharge	0554 ³	NCQA	Communication and Care Coordination	P
Influenza Immunization for the ESRD Population	Adapted from 0226	KCQA	Population Health	P
Pneumococcal Vaccination Status	Adapted from 0043 ³	NCQA	Population Health	P
Screening for Clinical Depression and Follow-Up Plan	Adapted from 0418	CMS	Population Health	P
Tobacco Use: Screening and Cessation Intervention	Adapted from 0028	PCPI Foundation	Population Health	P
Falls: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls	Adapted from 0101	NCQA	Patient Safety	P
<i>Data Source: Survey</i>				
Kidney Disease Quality of Life (KDQOL)	N/A	IMPAQ/NCQA	Person- and Caregiver-Centered Experience and Outcomes	N/A
<i>Data Source: Dialysis Facility Data</i>				
ICH CAHPS: Nephrologists' Communication and Caring	0258	CMS	Person- and Caregiver-Centered Experience and Outcomes	P
ICH CAHPS: Quality of Dialysis Center Care and Operations	0258	CMS	Person- and Caregiver-Centered Experience and Outcomes	P
ICH CAHPS: Providing Information to Patients	0258	CMS	Person- and Caregiver-Centered Experience and Outcomes	P
ICH CAHPS: Rating of Kidney Doctors (Nephrologist)	0258	CMS	Person- and Caregiver-Centered Experience and Outcomes	P

Measure Title	NQF #	Measure Steward	National Quality Strategy Priority	PY 3 Pay-for-Performance Status ¹
ICH CAHPS: Rating of Dialysis Center Staff	0258	CMS	Person- and Caregiver-Centered Experience and Outcomes	P
ICH CAHPS: Rating of the Dialysis Facility	0258	CMS	Person- and Caregiver-Centered Experience and Outcomes	P
Standardized Mortality Ratio	0369	CMS	Patient Safety	P
Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients	N/A	CMS	Communication and Care Coordination	R
Percentage of Prevalent Patients Waitlisted	N/A	CMS	Communication and Care Coordination	R

Model Performance Year 1 Results

Medicare Comprehensive End Stage Renal Disease Care Model Performance Year 1 (Oct 2015 - Dec 2016) Results														
ESCO Name	Music City Kidney Care Alliance	Palmetto Kidney Care Alliance	Metropolitan Kidney Care Alliance	Fresenius Seamless Care of Philadelphia	Fresenius Seamless Care of San Diego	Fresenius Seamless Care of Chicago	Fresenius Seamless Care of Columbia	Fresenius Seamless Care of Dallas	Fresenius Seamless Care of Charlotte	Phoenix-Tucson Integrated Kidney Care	South Florida Integrated Kidney Care	Philadelphia-Camden Integrated Kidney Care	Rogosin Kidney Care Alliance	Total for all ESCOs
ESCO Dialysis	DCI	DCI	DCI	Fresenius	Fresenius	Fresenius	Fresenius	Fresenius	Fresenius	DaVita	DaVita	DaVita	Rogosin	
ESCO Location	Nashville, TN	Spartanburg, SC	Newark, NJ	Philadelphia, PA	San Diego, CA	Chicago, IL	Columbia, SC	Dallas, TX	Charlotte, NC	Phoenix, AZ	Miami, FL	Philadelphia, PA	New York, NY	
Total Aligned Beneficiary-Years¹	575.42	431.50	478.08	1,196.08	892.33	2,249.25	936.25	2,632.17	1,266.08	1,053.75	1,445.83	2,526.42	402.00	16,085.17
Total Benchmark Expenditures^{2,3}	\$48,295,980	\$34,641,071	\$45,460,690	\$109,713,810	\$82,538,064	\$204,070,377	\$77,977,736	\$223,642,115	\$93,343,314	\$89,368,136	\$131,483,963	\$239,645,108	\$35,336,919	\$1,415,517,283
Total Actual Expenditures for	\$46,839,332	\$30,747,968	\$43,971,321	\$102,846,756	\$72,268,207	\$192,893,194	\$73,598,970	\$215,478,399	\$90,941,119	\$86,685,460	\$127,698,247	\$221,646,807	\$34,780,665	\$1,340,396,446
Total Benchmark Expenditures Minus Total Aligned Beneficiary	\$1,456,648	\$3,893,103	\$1,489,369	\$6,867,054	\$10,269,857	\$11,177,183	\$4,378,765	\$8,163,716	\$2,402,195	\$2,682,677	\$3,785,716	\$17,998,301	\$556,254	\$75,120,837
Total Benchmark Minus Aligned Beneficiary Expenditures as %	3.02%	11.24%	3.28%	6.26%	12.44%	5.48%	5.62%	3.65%	2.57%	3.00%	2.88%	7.51%	1.57%	5.31%
Earned Shared Savings Payments/Owe Losses⁶	\$399,260	\$2,670,669	\$1,021,707	\$4,710,799	\$7,045,122	\$7,667,547	\$3,003,833	\$5,600,309	\$1,647,906	\$1,840,316	\$2,597,001	\$12,346,834	\$0.00	\$51,151,304

References List

- Centers for Medicare & Medicaid Services (n.d.) Comprehensive ESRD care model. <https://www.cms.gov>

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