



# Rural America



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#### Our story is about ...

The Rural Hospitals living their mission in Keeping Care Local for the patient community with End-Stage-Kidney Disease (ESKD) and Chronic Kidney Disease (CKD). The cost of transportation for ESKD patients is over \$3B annually. Rural America is transferring a lot of these patients outside of the community. Today we will discuss how one CAH Hospital

- Stop the transfers
- Stop the drive
- Stop the flow of money leaving the community
- And let neighbors take care of neighbors

**Keep Care Local** 

#### Chronic Kidney Disease (CKD) ...

#### • How big is CKD?

- Over 11% of the US population has CKD 37M
- 2% of the CKD patients have End Stage Renal Disease (ESRD)
- 50% of ESRD patients are 65 or older
- Average ESRD patients goes to the hospital twice a year
- 33% use a wheelchair or walker
- 50% are transport dependent
- Transportation cost for ESRD patients annually over \$3B
- In 2018 CMS spent **\$130B** for CKD

# Number of ESKD patients in AZ Counties

AZ County	ESKD	CKD Population	Unaware they have CKD	AZ County	ESKD	CKD Population	Unaware they have CKD
Maricopa	10,471	523,550	471,195	Graham	90	4,500	4,050
Pinal	1,080	54,000	48,600	Greenlee	22	1,100	990
Gila	126	6,300	5,670	Cochise	294	14,700	13,230
Pima	2,445	122,250	110,025	Santa Cruz	109	5,450	4,905
Yavapai	549	27,450	24,705	Navajo	259	12,950	11,655
La Paz	50	2,500	2,250	Apache	168	8,400	7,560
Yuma	499	24,950	22,455	Coconino	335	16,750	15,075
Mohave	496	24,800	22,320	Total Arizona	16,993	849,650	764,685

## Review why ESRD patients are going to the Hospital ...

#### **Top 10 Common Hospitalization Diagnoses\***

- 1. Septicemia (15.8%)
- 2. Acute and Unspecified Renal Failure (13.5%)
- 3. Congestive Heart Failure; Non-Hypertensive (6.2%)
- 4. Diabetes Mellitus with Complications (3.5%)
- 5. Pneumonia (3.0%)
- 6. Acute Myocardial Infarction (2.8%)
- 7. Complication of Device; Implant or Graft (2.4%)
- 8. Respiratory Failure; Insufficiency; Arrest (2.4%)
- 9. Urinary Tract Infections (2.1%)
- 10. Cardiac Dysrhythmias (2.1%)

<sup>\*</sup> Statistical Brief #231. Healthcare Cost and Utilization Project (HCUP). April 2018. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb231-Acute-Renal-Failure-Hospitalizations.jsp.

# Critical Access Hospital in Globe, AZ



## CAH Business Case - background

- Location: Arizona 1.5 hours away from Phoenix
- Population:
  - City: 7,000+ ESRD: 17
     County: 54,000+ ESRD: 126
- Hospital:
  - CAH with 25 beds
- Team Approach
  - CFO / CEO reviewed financial impact and revenue projections
  - Clinical Team building trust with all involved
  - Training / Support
  - Dry run
- Today
  - In 12 months over 100 ESRD patients

#### New Service Line for the rural hospital

#### New service lines are key to the success of rural hospitals

- Steps to successful preparation
- Steps to successful implementation
- Steps to successful program evaluation
- Steps to successful maintenance of the new service line
- Lessons learned

#### Steps to Successful Preparation

- Market Evaluation
- Board of Directors Support
- Nephrologist Support / Team Member
- Timeline Development
- Equipment and Supply Review

#### Steps to Successful Implementation

- Business Plan / Project Charter
  - Financial Impact
  - Potential Revenue
  - HR
  - Supply Chain
  - Operations
  - Marketing
- Build the Team
- Training
- Staffing and Scheduling Plan
- Nephrology Support

# What changed?



## Fresenius Dialysis Machine in Hospitals (BEFORE)

#### 2008T BlueStar Dialysis Machine FMCNA

- It is BIG and not very portable
- More complex
- More expensive
- Learning curve is longer



#### NxSTAGE (NOW)

#### Founded in 1998, part of Fresenius Medical Care

- Pre-mixed bagged dialysate
- No water source, filtration or quality testing require
- Intuitive touchscreen navigation
- Simple instructions for operating, monitoring and trouble shooting
- Wireless capability to integrate with EMR system
- Generate data reports to measure and guide progra improvements







#### Tablo

- Founded in 2003
- Based in San Jose, CA
  - The Tablo Hemodialysis System,
     FDA cleared for use from the hospital to the home
  - Serve as a dialysis clinic on wheels, with 2-way wireless data transmission and a proprietary data analytics platform powering a new holistic approach to dialysis care

# Outset Better begins now.





# Rural Hospital (59 beds) – Year 1

Quarter	1	2	3	4	Year
Inpatients	18	21	21	32	93

Net Patient Revenue	\$124,827.88	\$149,793.46	\$149,793.46	\$224,690.19	\$649,104.98
Dialysis Supplies	(\$11,156.24)	(\$13,387.49)	(\$13,387.49)	(\$20,081.24)	(\$58,012.47)
Cost for TeleNeph Package	(\$36,330.77)	(\$37,246.15)	(\$37,246.15)	(\$41,806.73)	(\$152,629.81)
Net Revenue to the Hospital	\$77,340.87	\$99,159.81	\$99,159.81	\$162,802.22	\$438,462.70

Based on assumptions listed in this presentation. Actual numbers may vary.

#### CAH – Dialysis Program Impact

	Total Dialysis	Initial Service		Acute	Observation	Total
	Treatments	Date	Total Charges	Patient Days	Days	Patient Days
Patient #1	1	07/06/19	37,574		3.1	3.1
Patient #2	1	07/17/19	10,501		2.3	2.3
Patient #3	3	07/23/19	74,184	5.0		5.0
Patient #4	1	07/23/19	19,932	6.0		6.0
Patient #5	3	07/25/19	38,851	6.0		6.0
Patient #124	3	04/10/20	60,445	7.0		7.0
Patient #125	1	04/14/20	7,361	2.0		2.0
Patient #126	1	11/11/19	38,928	5.0		5.0
	225		3,703,318	335	65	400

Est. Net Revenue (7/6/2019 - 5/13/2020) 1,351,711

Annualized Gross (Est.) 4,304,812

Net Revenue (Est.) 1,571,256

Avg Dialysis Treatments Per Patient

1.8

Dialysis ADC

0.7

#### Nephrologist Drives the program

- Dedicated Nephrologist available 24 x 7 / licensed / credentialed
- Collaboration the patient's nephrologist, dialysis center and PCP
- Doctor's medical notes integration with EHR via pdf / fax / API
- Integration with Dialysis Equipment Nephrologist receives alerts
- Face to face clinical team meetings building trust with the team
- Training on-site
- 24 x 7 access to support (equipment & nephrologist)
- Provide CME education to clinical staff
- Provide processes & procedures for the tele-nephrology solution
- Tele-Nephrology platform access to 24 x 7
- It is the hospital's patient

## Per the Hospital ...

"All those patients now stay here," said the **CEO of CAH in AZ**. "All that business stays in the local community, which is very positive for the hospital. Overall, it's been nothing but a positive."

Today, patients needing dialysis at CAH consult with Dr. Sahani via telemedicine and, if necessary, are administered dialysis at the hospital from trained nurses. This system has been a win-win—for patients, their families, and the hospital per the **Chief Nursing Officer**.

For dialysis patients, traveling back and forth to Phoenix was "really very burdensome on them and their families," said the **Chief Nursing Officer**. "To be able to provide [dialysis] here, where their families are close and they can come in, I really think it's made a huge difference."

"They may need surgical intervention, they may need cardiac intervention...and so those service lines are doing better because we're more efficient and more able to care," **CEO** said. "It makes a lot of sense," **CEO** said. "It's actually far more successful than we ever dreamed of."

# Open for Discussion

# TeleNeph Keeping Care Local

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