DOPPS Practice Monitor (DPM):
Trends in US dialysis practices and the latest policy updates following the Advancing American Kidney Health initiative

Arbor Research Collaborative for Health
November 21, 2019

www.dopps.org/DPM
Topics and Speakers Today

• Welcome and Introduction  
  Bruce Robinson

• Recent US Trends  
  Doug Fuller

• Depression in Dialysis  
  Bruce Robinson

• Featured topic: AAKH  
  Miriam Godwin
DOPPS Funding Acknowledgements 2019

The DOPPS Program would not be possible without the support for independent scientific research to improve patient care from the following organizations:

- Akebia Therapeutics, Inc.
- Amgen Inc (since 1996, founding sponsor)
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- Bayer Yakuhin, Ltd
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- Kidney Foundation Japan (KFJ)
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- Terumo Corporation
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Join the conversation on Twitter

• Follow us @DOPPStudy
• Use #DOPPS for tweets about today’s presentation
We welcome your questions throughout the session and will pause to answer them at the end of each section.

Please submit your questions using the “Chat with Presenter” feature, accessed by the blue icon located at the bottom left corner of the screen.
Interactive Polling

• Throughout today’s presentation, we will offer several poll questions about treatment practices in your unit. Please be assured that individual responses will remain confidential.

• When the poll is opened and displays on your screen, please answer the question and don’t forget to hit the ‘Submit’ button.
US DOPPS Practice Monitor: Highlights
November 2019

Doug Fuller, MS
Arbor Research Collaborative for Health
US DPM: Monthly data, updates every 6 months; >1900 figures & tables
Stratified random sample (since 2010)
Now ~180 US facilities, ~12,000+ patients with data from 2 LDOs and Visonex
Dialysis Session Length
– National Sample –

Source: US-DOPPS Practice Monitor, October 2019; http://www.dopps.org/DPM
Ultrafiltration rate
– National Sample –

Source: US-DOPPS Practice Monitor, October 2019; http://www.dopps.org/DPM
ESA Use, by Type
– by Dialysis Organization (DO) Size –

Values for each month reflect prescription among ESA-treated patients.
Source: US-DOPPS Practice Monitor, October 2019; http://www.dopps.org/DPM
Values for each month reflect any prescription during the prior three months. Vitamin D includes active or analog forms.

Source: US-DOPPS Practice Monitor, October 2019; http://www.dopps.org/DPM
Most recent (single) monthly pre-dialysis value. Values at each month are based on the most recent measurement obtained within the prior 3 months; vertical lines extend from 10th to 25th (lower) and 75th to 90th (upper) percentiles; circle represents median.

Source: US-DOPPS Practice Monitor, October 2019; http://www.dopps.org/DPM
Phosphate Binder Use, by Type
– National Sample –

Values for each month reflect prescription among patients prescribed a phosphate binder.
Source: US-DOPPS Practice Monitor, October 2019; http://www.dopps.org/DPM
Values at each month are based on the most recent measurement obtained within the prior 3 months; vertical lines extend from 10th to 25th (lower) and 75th to 90th (upper) percentiles; circle represents median.

Source: US-DOPPS Practice Monitor, October 2019; http://www.dopps.org/DPM
### Calcimimetic Use, by Type

#### – by Dialysis Organization (DO) Size –

| N Pts | FEB16 | AUG16 | FEB17 | AUG17 | FEB18 | AUG18 | FEB19 | AUG19 | FEB16 | AUG16 | FEB17 | AUG17 | FEB18 | AUG18 | FEB19 | AUG19 | FEB16 | AUG16 | FEB17 | AUG17 | FEB18 | AUG18 | FEB19 | AUG19 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|       | 5125  | 4915  | 4702  | 4786  | 4724  | 4590  | 4611  | 4453  | 6359  | 6117  | 5932  | 5862  | 5946  | 5899  | 5922  | 5895  |       |       |       |       |       |       |       |       |       |       |       |       |       |

#### Percent

- **Cinacalcet (oral)**
- **Etelcalcetide (IV)**
- **Both**

#### Values for each month reflect prescription among ESA-treated patients.

**Source:** US-DOPPS Practice Monitor, October 2019; [http://www.dopps.org/DPM](http://www.dopps.org/DPM)
Summary of Recent US Trends

• Recent uptake of PEGylated epoetin beta in small DO, independent, and hospital-based units
  – Long-acting ESAs: ~55% overall

• Treatment time continues to creep higher (mean, 222 min)

• Ultrafiltration rate has stabilized
  – UFR \( \geq 13 \): 19% in 2010, 9% in 2019
  – Overall effect uncertain (are patients being left heavier?)

• High PTH levels possibly stabilizing
  – Calcimimetics: ~30% overall
  – Greater uptake of etelcalcetide in small and independent DO, hospital-based units

• Phosphorus trending higher
  – Iron-based phosphate binders: ~12%, largely substituted for sevelamer
  – Cause of rising P not yet clear
Discussion:

Please submit your questions using the “Chat with Presenter” feature, accessed by the blue icon located at the bottom left corner of the screen.

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Prevalence of Depressive Symptoms in the Dialysis Population

Bruce Robinson, MD MS
DOPPS Program Scientific Director
Arbor Research Collaborative for Health

21 November 2019
CMS Quality Incentive Program (QIP)*
Clinical Depression Screening and Follow-Up

- Facilities must report whether they conduct screening, and if so whether a follow-up plan is established
  - Multiple screening tools identified, none preferred

- Current = reporting measure:
  - Facilities are not required to screen or establish follow-up, and do not provide results of screening to CMS

- Potential = clinical measure:
  - Facilities would be required to screen and establish follow-up
  - Facilities will not be measured or penalized on their patients’ mental health

2015 ESRD PPS Final Rule, implemented in 2018 payment year based on 2016 performance period
PPS = Prospective Payment System (‘bundle’)
Depression Screening Questionnaires

Overview

- Beck Depression Inventory (BDI)
  - First published in 1961, most recent update is BDI-II (1996)
  - 21 items, cut point ≥13
  - Copyrighted, fee for use
  - Reliability and validity not clearly greater than other instruments
- Center for Epidemiologic Studies Depression Scale (CESD)*
  - Created in 1977, most recent update is CESD-R
  - 20 items, cut point ≥16
  - CESD-10 (kappa 0.97 v CESD in older persons; good agreement in other populations, not tested in dialysis)
- Patient Health Questionnaire, e.g., PHQ-9*
- Others*

Generally, capture 9 symptoms of depression; score ≥ cut point identifies probable/possible MDD or subthreshold depressive symptoms


* Open access
**Depression Screening Questionnaires**

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- **Others**

* Open access

CESD-10

Used in DOPPS since 1996

Select an answer choice for each question that best describes how often you felt or behaved this way – DURING THE PAST WEEK...

1. I felt depressed
2. I felt that everything I did was an effort
3. My sleep was restless
4. I was happy
5. I felt lonely
6. People were unfriendly
7. I enjoyed life
8. I felt sad
9. I felt that people disliked me
10. I could not get “going”

0: Rarely or none of the time (less than 1 day)
1: Some or a little of the time (1-2 days)
2: Occasionally or a moderate amount of time (3-4 days)
3: All of the time (5-7 days)


Kohout FJ, Berkman LF, Evans DA, Comon-Huntley J. Two Shorter Forms of the CES-D Depression Symptoms Index. J Aging Health 1993; 5; 179-193, from which we have used the 10-item CES-D “Boston Form” while maintaining the 4 response categories used in the 20-item CES-D “Yale Form” for greater precision.
Prevalence of Depression Among Dialysis* Patients

**Interim Summary**

- By structured interview (SCID) = 20-30%
  - Gold standard
- By questionnaire = 30-40%
  - Overestimate due to overlapping somatic symptoms with uremia
  - Varies little over time or by country, by CESD-10

* ICHD (consistently lower on PD)
Prevalence of Depression Among Dialysis* Patients

Interim Summary

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  - Gold standard
- By questionnaire = 30-40%
  - Overestimate due to overlapping somatic symptoms with uremia
  - Varies little over time or by country, by CESD-10
- Chart diagnosis/rx v questionnaire
  - Agreement poor…
  - Messages are:
    1. Screening helps [>50% at risk are undiagnosed]
    2. Screening false-negatives occur [be aware]

* ICHD (consistently lower on PD)
Relative Risk of All-Cause Mortality, by CESD-10 Score

Hazard Ratio†

All-Cause Mortality

<table>
<thead>
<tr>
<th>CESD-10 Score</th>
<th>Hazard Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>1.00</td>
</tr>
<tr>
<td>5 - 9</td>
<td>1.12</td>
</tr>
<tr>
<td>10 - 14</td>
<td>1.34*</td>
</tr>
<tr>
<td>15 - 30</td>
<td>1.84*</td>
</tr>
</tbody>
</table>

Hospitalization

<table>
<thead>
<tr>
<th>CESD-10 Score</th>
<th>Hazard Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>1.00</td>
</tr>
<tr>
<td>5 - 9</td>
<td>1.10</td>
</tr>
<tr>
<td>10 - 14</td>
<td>1.16*</td>
</tr>
<tr>
<td>15 - 30</td>
<td>1.22*</td>
</tr>
</tbody>
</table>

Withdrawal

<table>
<thead>
<tr>
<th>CESD-10 Score</th>
<th>Hazard Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>1.00</td>
</tr>
<tr>
<td>5 - 9</td>
<td>1.22</td>
</tr>
<tr>
<td>10 - 14</td>
<td>1.61*</td>
</tr>
<tr>
<td>15 - 30</td>
<td>2.10*</td>
</tr>
</tbody>
</table>

† Model adjusted for age, sex, black race, living status, marital status, education level, employment status, 14 summary comorbid conditions, albumin, time on dialysis, country (N=9,382)

* p<0.05 compared to reference (CESD-10 = 0-4)

Regulatory and Rulemaking Update - Implications for Dialysis Practice

Miriam Godwin, MPP, Health Policy Analyst, National Kidney Foundation
Overview

1. Advancing American Kidney Health Initiative
2. Implications for Dialysis Practice
   – Kidney Care Choices
   – ESRD Treatment Choices Model
3. CY 2020 ESRD Prospective Payment System
4. Next Steps for 2020?
5. Questions & Answers
Advancing American Kidney Health
Executive Order on Advancing American Kidney Health

• **Section 3**: Kidney disease awareness initiative
• **Section 4**: Voluntary kidney care payment models
• **Section 5**: Mandatory ESRD Treatment Choices (ETC) payment model
• **Section 6**: Development of the artificial kidney
• **Section 7**: Increasing utilization of kidneys
• **Section 8**: Financial support of living donors
Goals of the Payment Models

Shift Medicare dollars to reward:

- Management of CKD 4 and 5 patients
- Optimal ESRD starts
- Choice of KRT modality
- Reduced hospitalizations and total cost of care
- Kidney transplantation
- Maintaining health of transplant

Dialysis
What is Kidney Care Choices?

- **ESCO 2.0**
  - Advanced CKD patients (CKD 4 and 5)
  - Patients aligned through the nephrologist
  - Addresses nephrologist payment
  - Medicare Benefit Enhancements
  - Incentives for transplant

- **Payment structure:**
  - Quarterly Capitated Payment
  - Adjusted Monthly Capitated Payment
  - Performance-Based Adjustment
  - Kidney Transplant Bonus

- Model runs from 2020 – 2023 with possibility to extend to 2024 or 2025
### Kidney Care Choices Options

<table>
<thead>
<tr>
<th>Payment Options</th>
<th>Overview</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Care First (KCF) Model</td>
<td>Based on the Primary Care First (PCF) Model – nephrology practices will be eligible to receive payment adjustments for effective management of beneficiaries</td>
<td>Nephrologists/nephrology practices only</td>
</tr>
<tr>
<td>Graduated Model</td>
<td>Based on existing CEC Model One-Sided Risk Track – allowing certain participants to begin under a lower-reward one-sided model and incrementally phase in risk and additional potential reward</td>
<td>Must include nephrologists and nephrology practices; may also include transplant providers, dialysis facilities, and other kidney care providers on an optional basis</td>
</tr>
<tr>
<td>Professional Model</td>
<td>Based on the Professional Population-Based Payment option of the Direct Contracting Model – with 50% of shared savings or shared losses in the total cost of care for Parts A and B services</td>
<td></td>
</tr>
<tr>
<td>Global Model</td>
<td>Based on the Global Population-Based Payment option of the Direct Contracting Model – with risk for 100% of the total cost of care for all Parts A and B services for aligned beneficiaries</td>
<td></td>
</tr>
</tbody>
</table>
CKD Quarterly Capitated Payment

- Combines payment for outpatient E/M codes into a single capitated payment
- Payment equal to the MCP for dialysis services provided during 2-3 visits/month
- =$242.90/quarter or $971.60 per patient annually

Goal: Provide an upfront, predictable, flexible payment stream to care for patients with advanced CKD

Table 3. Services Included in the CKD QCP

<table>
<thead>
<tr>
<th>Services Included in the Development of the CKD QCP</th>
<th>CPT3/HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office/Outpatient Visit E/M</td>
<td>99201-99205</td>
</tr>
<tr>
<td>Prolonged E/M</td>
<td>99354-99355</td>
</tr>
<tr>
<td>Transitional Care Management Services</td>
<td>99495-99496</td>
</tr>
<tr>
<td>Advance Care Planning</td>
<td>99497-99498</td>
</tr>
<tr>
<td>Welcome to Medicare and Annual Wellness Visits</td>
<td>G0402, G0438, G0439</td>
</tr>
<tr>
<td>Chronic Care Management Services</td>
<td>99490</td>
</tr>
</tbody>
</table>

### Adjusted Monthly Capitation Payment for Dialysis (AMCP)

- **AMPC** = $242.90/month, $2,914.8/year*

- Set based on the MCP for ESRD services provided during 2-3 visits/month*

- Incentivize high quality dialysis services that are not tied to the number of visits

<table>
<thead>
<tr>
<th>Dialysis Payments</th>
<th>Billing Code</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESRD services for patients 20 years of age and older; 1 visit/month</td>
<td>90962</td>
<td>$187.76</td>
</tr>
<tr>
<td>ESRD services for patients 20 years of age and older; 2-3 visits/month</td>
<td>90961</td>
<td>$242.90</td>
</tr>
<tr>
<td>ESRD services for patients 20 years of age and older; 4+ visits/month</td>
<td>90960</td>
<td>$289.03</td>
</tr>
<tr>
<td>ESRD home dialysis services for patients 20 years of age and older per month</td>
<td>90966</td>
<td>$242.18</td>
</tr>
</tbody>
</table>

Performance-Based Adjustment

• Scale of adjustments that can increase practice revenue up to 30% of combined QCP and AMCP and decrease it by 20% of the same

• Performance-Based Adjustment (PBA) = Relative Performance Component + Continuous Improvement Component*

• PBA magnitude determined by placement in 1 of 8 performance levels based on sets of quality and utilization measures

• Performance evaluated over 6-month performance periods
Kidney Transplant Bonus

$15,000 per patient aligned to the practice who receives a kidney transplant and remains alive with a functioning transplant

- Patient receives transplant
- Transplant + 1 year
- Transplant + 2 year
- Transplant + 3 year

- Practice receives $2500
- Practice receives $5000
- Practice receives $7500
ESRD Treatment Choices Model

**Goal:** to rapidly change incentives in favor of home dialysis and transplants

- Mandatory for 50% of dialysis facilities and nephrology providers billing Medicare for dialysis patients
- Runs from 2020 – mid 2026
- 2 payment adjustments to incentivize increased home dialysis and transplant rates:
  - Home Dialysis Payment Adjustment (HDPA)
  - Performance Payment Adjustment (PPA)
ETC Model Payments

<table>
<thead>
<tr>
<th>Home Dialysis Payment Adjustment (HDPA)</th>
<th>Performance Payment Adjustment (PPA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies to randomly, geographically based selection of ESRD facilities and Managing Clinicians (MCs) (Medicare-enrolled clinicians who bill the MCP for managing ESRD patients); include about 50% of adult ESRD beneficiaries.</td>
<td>Positive or negative payment adjustment to dialysis and dialysis-related services based on a risk and reliability adjusted Modality Performance Score (MPS) based on rates of home dialysis and transplant. Payment adjustments begin July 1, 2021 and go through end of the model, June 30, 2026.</td>
</tr>
<tr>
<td><strong>Clinician HDPA</strong> adjusts MCP for MCs' home dialysis claims. Applies to all selected MCs.</td>
<td><strong>Clinician PPA</strong> adjusts MCP based on MC's Modality Performance Score (MPS). Upward and downward payments increase year-over-year throughout model. Does not apply to MC's managing a low volume of adult ESRD beneficiaries.</td>
</tr>
<tr>
<td><strong>Facility HDPA</strong> adjusts ESRD PPS per treatment base rate for home dialysis claims. Applies to all selected facilities.</td>
<td><strong>Facility PPA</strong> adjusts ESRD PPS per treatment base based on facility's Modality Performance Score (MPS). Upward and downward payments increase year-over-year throughout model. Does not apply to facilities managing a low volume of adult ESRD beneficiaries.</td>
</tr>
</tbody>
</table>

- **ESRD beneficiaries attributed at the end of each month and at the end of each Measurement Year (MY). Attribution to MC submitting MCP claim for month.**
- **ESRD beneficiaries attributed to facility where beneficiary received the plurality of treatments in a month.**
What’s New in the CY2020 ESRD Prospective Payment System?

- ESRD Base Rate for CY 2020 = $239.33
- Updates to the wage index
- Updates to the outlier services fixed-dollar loss (FLD) and Medicare Allowable Payments (MAP)
- **TDAPA Changes**
  - Eligibility criteria
  - TDAPA for calcimimetics
  - ASP+0
- **TPNIES**
  - Add-on payment adjustment for new & innovative renal dialysis equipment and supplies
What’s Next?

- December 2019 TEP
  - Cost reporting, pediatric dialysis, home dialysis, LVPA

- Ongoing AAKH rulemaking

- ETC Model finalized with modifications
  - Interaction with KCC model?

- Legislative efforts to shape TPNIES

- Focus on kidney disease remains into 2020
  - Discussion of adequacy of bundle for pediatric patients
Miriam Godwin
Miriam.godwin@kidney.org