

Kidney Resource Services: A comprehensive solution



Chronic and costly, renal disease demands a comprehensive solution. Today, the national spend for end stage renal disease (ESRD) and related expenses of dialysis, transplantation, inpatient care, pharmacy and laboratory costs approach \$50 billion.¹ Affecting more than one out of 10 adults, chronic kidney disease (CKD) is on the rise, largely due to the increasing prevalence of obesity and diabetes.^{2,3,4} Members with poorly managed CKD have more complications and hospitalizations and progress more quickly to ESRD. Once the kidneys fail, survival depends upon dialysis or a kidney transplant, if appropriate. Both have profound and costly implications for health plans, employers and members.

Not all health plans have the capacity or clinical expertise to efficiently manage the care for members with CKD or in renal failure. They require clinically sophisticated renal care management that generalized disease management (DM) programs may not provide. Our Kidney Resource Services (KRS) program uses a proactive approach to manage the different disease stages — and their unique challenges.

Early identification

Early engagement is critical for managing CKD. Asymptomatic in the early stages, nearly 90 percent of adults with CKD are unaware they have the disease.⁵ Our proprietary data analytics expertise and specialized identification software scrutinizes claims and lab data, enabling us to identify and engage members before their kidneys fail and dialysis becomes necessary. It also allows us to prioritize members whose condition is deteriorating. Early identification also enables us to educate the member on preemptive transplantation, which has been shown to have the best outcome.

Progressive renal care management

Our intensive, dedicated renal care management requires a team possessing advanced clinical knowledge and experience to proactively recognize and respond to the care complexities of individuals with renal disease. The licensed renal care specialists work one-on-one with the member with CKD, in nearly 500,000 engagements annually, from stages 3, 4 and 5 through ESRD.⁶ While the goal is to preserve as much kidney function as possible, the program also supports and educates the member, leading to informed decisions as the disease progresses. A critical component is care by a nephrologist for members in stages 4 and 5. Our program ensures these members are referred for nephrology care.

ESRD is pervasive and deadly.

- **615,899** patients in kidney failure
 - **115,643** new diagnoses of kidney failure
 - **92,000+** people with kidney failure die²
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**Costs spike once dialysis begins.
A specialized kidney management
program can halt the escalation of
kidney treatment costs.**

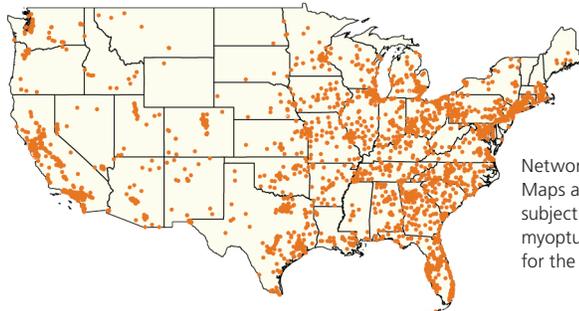
Fewer inpatient admissions

Our personalized approach partners with the member to manage his or her comorbidities and help prevent complications. As a result, the number of inpatient admissions is reduced by 10 to 30 percent.⁷

Reduced dialysis costs

Traditional hemodialysis charges can cost a health plan more than \$200,000 annually.⁸ Access to the Optum™ KRS network of more than 3,200 preferred dialysis facilities can cut a health plan's dialysis costs by 35 to 50 percent.⁹

KRS network of preferred dialysis centers



Network status as of June 1, 2015. Maps are continually updated and subject to change without notice. Visit myoptumhealthcomplexmedical.com for the latest network information.

A full-spectrum response to kidney disease

Taking a proactive, individual approach with each member — through nearly half a million personal interactions each year — our KRS licensed renal specialists:

- Recommend network dialysis centers with superior clinical and financial outcomes
- Communicate with providers, dialysis centers, social workers and others
- Educate patients on kidney-friendly lifestyles
- Inform and coordinate transplant referrals when appropriate

To learn more about Optum, contact your Optum sales representative. Call **1-866-427-6845**, email us at engage@optum.com or visit optum.com.

Sources:

1. United States Renal Data System (USRDS) Annual Data Report, http://www.usrds.org/2013/pdf/v2_ch11_13.pdf. [In 2011, \$14.93 billion for non-Medicare patients and \$34.3 billion for Medicare patients for total of \$49.23 billion.] Last accessed 8/10/2015.
2. American Kidney Fund, 2014 Kidney Disease Statistics. http://www.kidneyfund.org/about-us/assets/pdfs/akf14_kidney-disease-statistics-2014.pdf. Last accessed: 7/7/2015.
3. United States Renal Data System (USRDS) 2014, Vol. 2, intro, pg 80, Table i.1, http://www.usrds.org/2013/pdf/excel/vol2_01_inc_prev_13_web.zip Figure 1.10 Last accessed 7/15/15.
4. James P. Boyle, PhD, Amanda A. Honeycutt, PhD, K.M. Venkat Narayan, MD, Thomas J. Hoerger, PhD, Linda S. Geiss, MA, Hong Chen, MS and Theodore J. Thompson, MS, Diabetes Care, American Diabetes Association, November 2001 vol. 24 no. 11 1936-1940. <http://care.diabetesjournals.org/content/24/11/1936>. Last accessed on 8/18/2015.
5. Center for Disease Control and Prevention, Chronic Kidney Disease (CKD) Surveillance Project, Percentage of CKD stage 3 or 4 Who Were Aware of Their Disease by Stage and Diabetes, 1999-2012. Last accessed 7/16/15.
6. Based on Optum telephonic data for all of Kidney Resource Services and inbound calls, 2014-2015, July 2015. Sanders.
7. Optum analysis of 2013 national commercial membership (K. Haig, 2015) compared to USRDS 2012 national admissions for hemodialysis patients.
8. Optum Health Analysis 2015, based on 80,000 covered commercial lives, 2014 claims data, Northeast United States. Plosser July 2015.
9. Optum Health data analysis 2015, based on review of national contracts. Files, July 2015.

A patient's story:

In September, the patient was identified as having stage 4 CKD and as a potential kidney transplant candidate. The patient had little knowledge of the disease or treatments available. Our KRS Optum nurse educated him about self-care practices and encouraged him to speak with a network nephrologist. The patient followed the lifestyle guidelines his nurse advised, delaying the disease progression for several months.

In May, after meeting with a nephrologist, the patient chose the dialysis appropriate for his lifestyle. His nurse provided the name of a network vascular surgeon to discuss option of receiving a natural access (fistula) to reduce infection risks. In August, the patient started dialysis at a network center near his home and avoided a hospital stay. This reduced the time away from work and ultimately the cost of initiation.

Our intensive renal care management helps patients:

- Preserve kidney function
 - Manage comorbidities
 - Adhere to medications
 - Follow their diet
 - Plan for dialysis
 - Reduce inpatient stays
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