Home Hemodialysis Can Help Providers Reduce Total Cost of Care in Risk-based Contracts with Medicare Advantage Organizations

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METHODS

We modeled a health system with full risk on 500 dialysis members.

Modeling was performed in MS Excel and included inputs in Tables 1 and 2

BACKGROUND

• The Advancing American Kidney Health (AAKH) Executive Order set a goal of 80% of new ESRD patients initiating on home dialysis or with a transplant.

• Home hemodialysis (HHD) has lower hospitalization vs. in-center hemodialysis (ICHD), yet Medicare Advantage (MA) HHD use other payers.

OBJECTIVES

• To estimate the per member per month (PMPM) costs and five-year savings generated by establishing a Tablo® HHD program vs. ICHD, for a health system with full risk for a dialysis population delegated by a MA health plan.

RESULTS

At the end of the modeled five years, we estimated that 172 members would be on Tablo HHD (30%), and a total of 508.2 member years over the 5-year term of the model.

The five-year average HHD PMPM provided $1,749 in savings vs. ICHD, yielding $10.7M total cost of care savings over the five years. (Figure 1)

DISCUSSION

• Medicare Advantage plans are increasingly delegating population risk to providers through VBCs.

• This analysis demonstrates substantial cost savings to health systems by taking full risk from private payers while improving patient choice and care quality with an innovative home dialysis technology, like Tablo.

CONCLUSION

• A health system taking full-risk on MA dialysis members could reduce costs by $1,749 PMPM and drive $10.7M in savings over five years, achieving AAKH goals by growing Tablo HHD utilization.