Place Your Transplant-Eligible Patients With
Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD) on the

Path to a Preemptive Kidney Transplant

The Advancing American Kidney Health (AAKH) Initiative Is Changing the Landscape of Kidney Transplantation[1]

AAKH Goals

Have 80% of new patients with ESRD receive either home dialysis or a **kidney transplant** in 2025[1]

Double the number of kidneys available for **transplant** by 2030[1]

The US Department of Health and Human Services has implemented a multipronged approach, including **the ESRD Treatment Choices (ETC)** and **Kidney Care Choices (KCC)** models, to achieve the goals established by the AAKH initiative[1,2]

- **~53%** of nephrologists are participating in value-based care models with more than **400,000** aligned beneficiaries with **CKD** and **ESRD**[3-5,*,†]
- **Comprehensive Kidney Care Contracting (CKCC)**
  The referring nephrologist may receive an incentive, paid out over 3 years, for every aligned beneficiary who receives a kidney transplant[2]

Strategies to Increase Kidney Transplantation

1. Identify your eligible patients with CKD stages 4 and 5 to help improve health equity and fragmented care[6-8]

~4x — **higher** incidence of ESRD among **Black patients** compared with White patients[8,‡]

~37% — of patients aged 45-64 years had **less than 12 months** of **nephrology care** prior to developing ESRD[8,‡]

CASE STUDY

The Healthy Transitions in Late-Stage Kidney Disease Program, Northwell Health[9]

Randomized (1:1)
controlled trial

130
patients with CKD stages 4 and 5

3
nephrology sites

Control group: Standard late-stage CKD care

Intervention: Nurse care managers—partnered with nephrologists and aided by an informatics system—provided care to patients by monitoring clinical status, disseminating patient-centric CKD education, and facilitating preparation for treatment of ESRD

Limitations: Relatively small sample size and limited geographic scope

- The **hospitalization rate** was **significantly lower** in the intervention group vs the control group
- **Home dialysis or preemptive kidney transplant (PKT)** was the **initial ESRD treatment** in **37%** (11 of 30) of participants receiving the intervention vs 10% (3 of 29) of those receiving standard care
- The **rate of PKT** was **13%** vs the national average of 2.6%

sanofi

2. Educate your patients on renal replacement therapies[10]

~1% of patients had a claim submitted for the **Kidney Disease Education (KDE)** benefit in 2018[11]

Use the CMS KDE benefit for your patients with stage 4 CKD[10]

Utilization of the CMS KDE benefit resulted in[10,§]

38% Increase in pre-ESRD wait-listing

36% Increase in PKT

3. Follow the KDIGO Guidelines and refer your appropriate patients with CKD stage 4 to a transplant center for evaluation[6]

~5% of kidney transplant candidates were wait-listed for a kidney transplant prior to initiating dialysis in 2021[8]

Use the Kidney Failure Risk Equation tool to estimate the 2- and 5- year probability of kidney failure in your patients with CKD stages 3 to 5[12]

4. Use an EHR reminder for nephrology professionals to discuss kidney transplant with appropriate patients at CKD stage 4 and refer to evaluation[13]

CASE STUDY

New EHR Tool for Documenting Transplant Option Discussion, Kaiser Permanente[13]

Evaluated throughout
52 months

Single site

1,747 patients
were included
(eGFR ≤ 20 mL/min/1.73 m²)

Goal: Evaluate documentation of discussions related to transplant options, numbers of patients who were wait-listed and who received PKT, and transplant opportunities

Intervention: Provided training for providers to document discussions relating to kidney transplant options through a new EHR tool, which included regular reminders for documentation and referral

- There was a 75% increase in the number of members within the **kidney transplant continuum** (554 at baseline; 972 in 2022); 216 of these members received a kidney transplant, 232 were wait-listed, and 524 remained in the referral and evaluation stage

In the first year of intervention, there was:

- **~47% increase** in the number of **patients on the waiting list** vs the previous year (n=70 in 2017 vs n=103 in 2018)
- **~41% increase** in **kidney transplants** vs the previous year (n=46 in 2017 vs n=65 in 2018)

To learn more about the implications of increasing access to kidney transplantation for eligible patients, please visit https://www.partnersintransplant.com/preemptive-kidney-transplant.html

CMS, Centers for Medicare & Medicaid Services; **eGFR**, estimated glomerular filtration rate; **EHR**, electronic health record; **KDIGO**, Kidney Disease: Improving Global Outcomes; **PKT**, preemptive kidney transplant.

*Based on 11,678 nephrologists with valid certificates in all states and US territories (2023), 5,656 participating managing clinicians within the ETC model (2021-2022), and 516 nephrology providers within the KCC model (2024).[3-5] † There were 121,451 aligned beneficiaries in 2021-2022 (ETC model) and 282,335 in 2024 (KCC model).[4,5] ‡ As of 2021.[8] § Based on 2013-2017 US data from adults aged ≥67 years who had CKD stage 4 (n=106,465); use of kidney disease education was examined in the 2 years prior to ESRD onset.[10]

References: 1. US Department of Health and Human Services. Advancing American kidney health. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//190001/advancingamericankidneyhealth.pdf. Accessed March 1, 2024. **2.** Jain G, Weiner DE. *Kidney360*. 2021;2(10):1677-1683. **3.** American Board of Internal Medicine. Candidates certified – all candidates. www.abim.org/Media/vaqdilmh/candidates-certified-all-candidates.pdf. Accessed March 12, 2024. **4.** CMS Center for Medicare and Medicaid Innovation. Findings at a glance. https://www.cms.gov/priorities/innovation/data-and-reports/2024/etc-2nd-eval-rpt-aag. Accessed March 12, 2024. **5.** CMS Center for Medicare and Medicaid Innovation. KCC model CY 2024 participant list. https://www.cms.gov/files/document/kcc-model-participants-cy2024.pdf. Published January 29, 2024. Accessed March 12, 2024. **6.** Chadban SJ, et al. KDIGO clinical practice guideline on the evaluation and management of candidates for kidney transplantation. *Transplantation*. 2020;104(4 suppl 1):S11-S103. **7.** Educational guidance on patient referral to kidney transplantation. OPTN website. https://optn.transplant.hrsa.gov/professionals/by-topic/guidance/educational-guidance-on-patient-referral-to-kidney-transplantation/. Accessed March 12, 2024. **8.** United States Renal Data System. 2023 USRDS Annual Data Report: epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2023. https://usrds-adr.niddk.nih.gov/2023. Accessed March 20, 2024. **9.** Fishbane S, et al. *Am J Kidney Dis*. 2017;70(4):498-505. **10.** Johansen KL, et al. *J Am Soc Nephrol*. 2020;31(suppl):18. Kidney Week abstract FR-OR11. **11.** United States Renal Data System. 2020 USRDS Annual Data Report: epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2020. https://usrds-adr.niddk.nih.gov/2020. Accessed March 20, 2024. **12.** The Kidney Failure Risk Equation. Kidney Failure Risk website. https://kidneyfailurerisk.com. Accessed March 2, 2024. **13.** Yishak AA, et al. *Am J Transplant*. 2023;6(suppl 1):S618. ATC abstract A14.