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%

© 2024 Sanofi. All rights reserved. | MAT-US-2404621-v1.0-05/2024

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)

This guide is provided for informational purposes only and does not constitute legal or reimbursement advice. It is not intended to substitute for the physician's independent diagnosis or treatment of each patient. The information contained herein is gathered from various resources and is subject to change.

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.