Is Comprehensive ESRD Care the Responsibility of a Society

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Disclosures

• Consultant/Advisory Board: WL Gore, Medtronic, Bard-BD, Humacyte, Cormedix, Akebia, Vifor-Relypsa, Bayer, Reata, inRegen
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Outline

• Is ESRD care the responsibility of a society?  YES
• Is comprehensive ESRD care the responsibility of a society?  YES

We are very lucky: we have a single payer (CMS) system for ESRD care

• Gottschalk Report – 1967
• Dialysis is no longer an experimental procedure
• 1972 Legislation (Section 2991 of PL 92-603)
• Only disease specific entitlement in the Medicare program

We are very lucky: no more death (GOD) panels

• Who will Live
• Social worth
• Value to society
Rest of the world is not so lucky

• 10 million people who need RRT
• 2.5 million people are receiving it
• Unacceptable that we still need to ration a Life vs Death technology that is 50 years old
• The decision in most parts of the world is based on cost and the ability to pay

Is comprehensive ESRD care the responsibility of a society?

1% Medicare population has kidney failure
7% Medicare budget dedicated to their care
100,000 START DIALYSIS every year: >50% of them will DIE WITHIN 5 YEARS

$35 BILLION Annual Medicare = NIH Budget $39 Billion

Medicare population has kidney failure

Provide very poor value in ESRD care

Poor Value = Bad Outcomes

Cost 35 billion

41% 5 yr survival

Poor Value in Vascular Access Care

Poor Value = Bad Outcomes

Cost 5 billion/year

50-60% patency at 1 year

Without any mention of quality of life

Health care is changing

• The push towards value is much easier to achieve in single payer systems such as ESRD care

Executive order is going to accelerate this

Volume → Value
Individual → Population
FFS → Global

ADVANCING AMERICAN Kidney Health
Three executive order policy goals

<table>
<thead>
<tr>
<th>Goal</th>
<th>Metric: 2025-2030</th>
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<tbody>
<tr>
<td>Reduce the risk of kidney failure</td>
<td>Reduce incidence of kidney failure by 25%</td>
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<td>Improve access to and quality of person-centered treatments</td>
<td>Have 80% of new kidney failure patients receive home dialysis or a transplant or a new form of therapy</td>
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<td>Increase access to transplant</td>
<td>Double the number of available kidneys for transplant</td>
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Rehabilitation

Willem Kolff

If the treatment of chronic uremia cannot fully rehabilitate people then that treatment is inadequate!

Takeaway’s

• The kidney care market in the United States is undergoing a series of transformative changes
• Sacred cows in the dialysis industry are no longer safe
• Bipartisan effort within the U.S. government for greater innovation and incentives are being realigned to achieve it
• Decades of stagnation in kidney care = abundance of opportunity

Dialysis access impact

• Home hemodialysis and peritoneal dialysis access
• Devices and apps that allow dialysis to occur safely at home
• Vascular access for next generation RRT (portable/wearable/implantable devices)

In Summary

• If you are going to provide ESRD care
• Essential to provide holistic and comprehensive care as described in the executive order

If not us then who...and if not now then when?