

Patient Pathways



Overview

Discharging renal patients is labor intensive and nuanced. They are among the most vulnerable and medically complex chronic populations and require outpatient dialysis placement coordination specific to their unique needs.

Patient PathwaysSM is a provider-neutral renal discharge planning and placement service committed to efficiently placing patients at a center of their choice, while educating them with compassion and understanding.

Our Service

With an exclusive focus on end stage renal disease (ESRD) and acute kidney injury patients, we complement your care management staff with a placement expert who educates and places your most complex and time-consuming discharges. We aim to save your team the time and headache of having to coordinate dialysis placements and enhance

Patients Requiring
a Placement

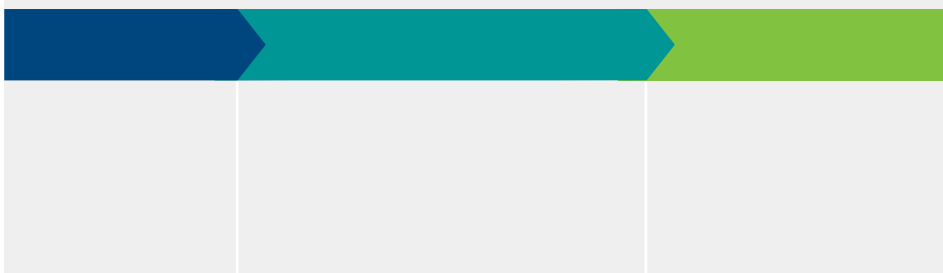
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Existing Dialysis Center

enF s d d pl nF s



DIALYSIS PATIENT PLACEMENT



Patient Pathways can be customized to meet your hospital's specific needs and goals and our experts easily integrate with your case management team. While the majority of our hospital partners prefer onsite services, some find our telephonic services more cost-effective.

All of our customized programs include:

- Placement for dialysis patients
- Patient education
- Detailed analytics and reporting

Approximately 70 percent of dialysis patients who are discharged from the hospital do not require a new placement but can benefit from a smooth transition of care back to their dialysis center. Our programs can be customized to support these patients and coordinate their discharge—which may further alleviate the burden on the case management team.

What Hospital Partners Are Saying



"It has taken away more hours than expected from the case managers' workloads having [Pathways] coordinate the dialysis needs of our support..."



"We have complex discharges. [Pathways] and works well in tandem with social work, our clinics and the chronic dialysis community."



"We used to struggle available slot at an center. It took the case manager away."

email

Overview

Comprise only 0.2% of Americans

Represent 1% of Medicare beneficiaries but account for 6% of Medicare costs

crash into dialysis (unplanned dialysis start in an inpatient setting)

of new patients have not seen a nephrologist

Spend days per year in the hospital

have hypertension

have diabetes

have heart failure

have chronic obstructive pulmonary disease

*HCC comorbidity definition applied to 2011 CMS FFS 5% ESRD sample claims data for member obstructive pulmonary disease