

**California Pacific Medical Center
Outpatient Dialysis Transition
Proposition Q Hearing
San Francisco Health Commission
September 7, 2010**



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Overview

Presenter: Delvecchio Finley, FACHE
Vice President ,Operations
Support and Professional Services

- Background
- Current Infrastructure for Outpatient Dialysis in San Francisco
- Trends and Projected Needs for San Francisco's Dialysis Population
- Quality Metrics Comparison between CPMC and Davita
- Ensuring Quality of Care Through Transition
- Patient Forums



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Background: Situation

- CPMC operates two dialysis clinics at the Pacific and Davies Campuses
- 245 Hemodialysis patients
- 30 Peritoneal dialysis patients
- Increased regulation
- Decreasing reimbursement
- Capital reinvestment necessary
- Evaluating ability to stay in program all together



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Background: Goal

- Continue to offer outpatient chronic dialysis at our facilities into the future.
- To identify a high quality partner to maintain continuity of care and enhance the outpatient chronic dialysis experience for our current dialysis patients.
- Maintain employment for our dialysis employees.



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Background: Plan

- The centers will remain in their current locations at Pacific and Davies.
- The same physicians will continue to direct the clinical care of the centers.
- Every employee will be offered a job with Davita at the same center.
- Inpatient and acute dialysis will continue to be provided by CPMC nurses



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Ensuring Quality of Care Through Transition: Questions

Quality of Care Issue	Impact/Change
Access and Coverage	
Licensing and Regulatory	
Quality Metrics	
Lab services	
Code Blue	
Wait Time for Appointments	
Staffing Levels	
Quality of Equipment/Technology	
Patient Care Plans	
Enhanced Patient Experience	

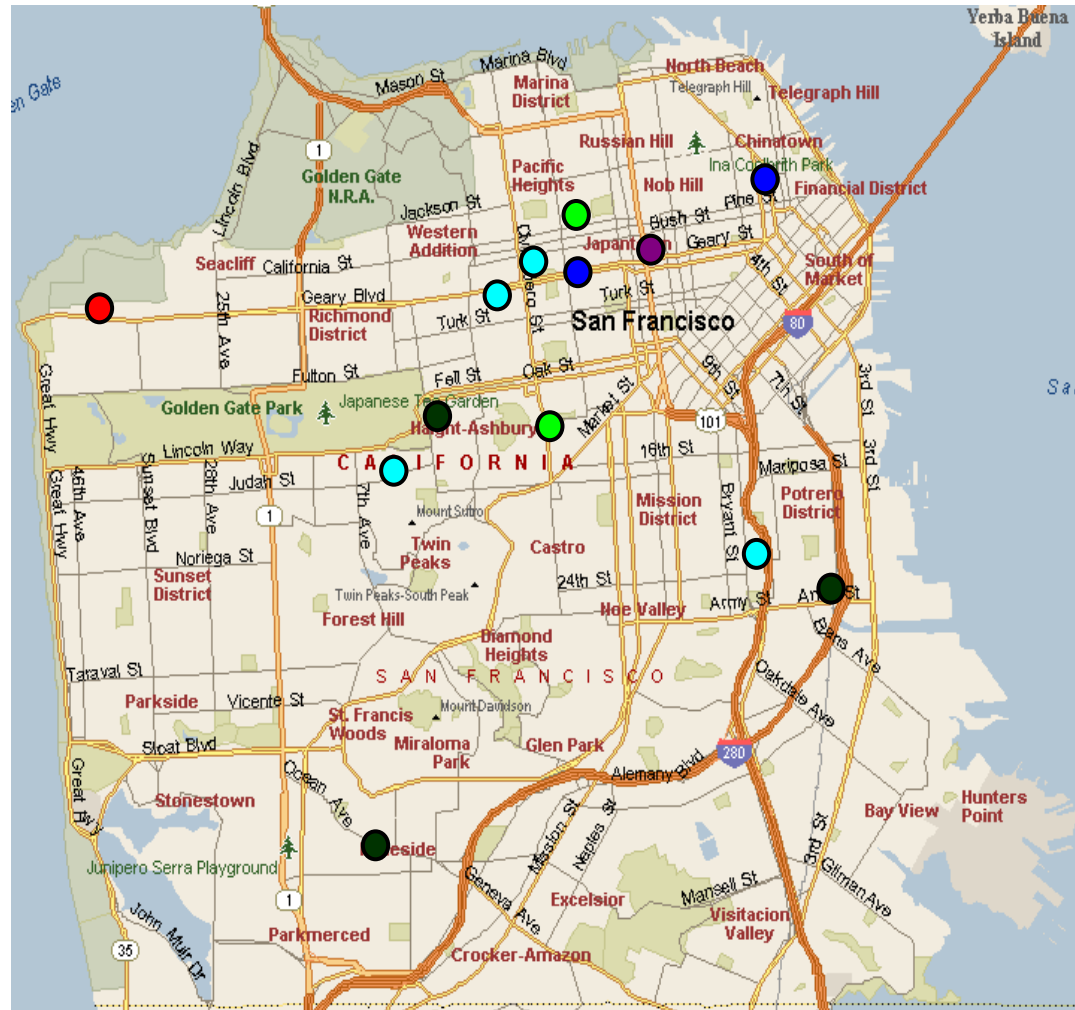
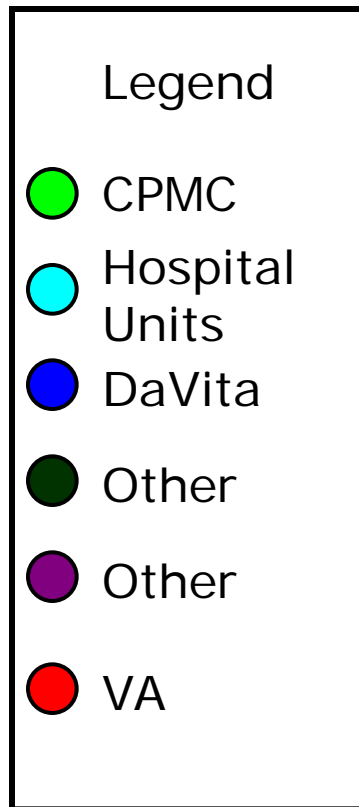


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Current Infrastructure for Outpatient Dialysis in San Francisco



Trends and Projected Needs for San Francisco's Dialysis Population

- Based on United States End Stage Renal Dialysis (ESRD) Network Data from 2005 to 2009; San Francisco county's ESRD growth rate was 1% annually
- The 2009 ESRD prevalence in San Francisco county is 1248 patients



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Trends and Projected Needs for San Francisco's Dialysis Population

Unit	Address	2009 Census	Stations	Minimum Capacity	Maximum Capacity
CPMC – Pacific Campus	2333 Buchanan Street	155	30	180	240
CPMC – Davies Campus	45 Castro Street	82	16	96	128
DaVita Chinatown Dialysis	636 Clay Street	107	22	132	176
DaVita San Francisco Dialysis	1499 Webster Street	144	30	180	240
RAI – Cesar Chavez Street	1750 Cesar Chavez Street	171	32	192	256
RAI – Haight	1800 Haight Street	88	13	78	104
RAI – Ocean Avenue	1738 Ocean Avenue	143	24	144	136
SF General Hospital Renal Center	1001 Potrero Avenue	83	13	78	104
UC Chronic Dialysis / Mount Zion Hospital	1675 Scott Street	93	14	84	112
	Sub total	1066		1164	1496
Kaiser Foundation Hospital – San Francisco	2425 Geary Street	22			
VA Medical Center – San Francisco	4150 Clement Street	47			



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Medicare, MediCal and Dialysis

- Medicare is the primary insurer for ESRD patients of all ages since 1972
- The Medicare ESRD Program covers over 90% of all US citizens with ESRD
- In CPMC's current outpatient dialysis population:
 - 66% are covered by Medicare Primary
 - 8% are covered by Medi-Cal Primary
 - 30% are dually covered Medi-Medi



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Quality Metrics Comparison between CPMC and Davita

Outcome	Davies	Pacific	DaVita (Regional)
Gross Mortality (2009)	17.70%	20.90%	14.30%
% Fistula	59%	67%	65%
% Catheter	25%	23%	17.70%
Anemia 10-13	87%	91%	85%
Albumin > 3.2	68%	78%	> 3.0 – 96.8%
			> 3.5 – 88.3%
Ca > 8.4 < 10.2	89%	78%	85%
Phos 3.5 – 5.5	53%	59%	62%
Kt/v > 1.05	97%	87%	99.50%



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Ensuring Quality of Care Through Transition: Lab Services

- DaVita will contract for stat labs with CPMC
- Routine labs are handled through DaVita's internal laboratory and results are available 72 hours to medical providers.
 - This timeline is consistent with CPMC's current routine lab services.



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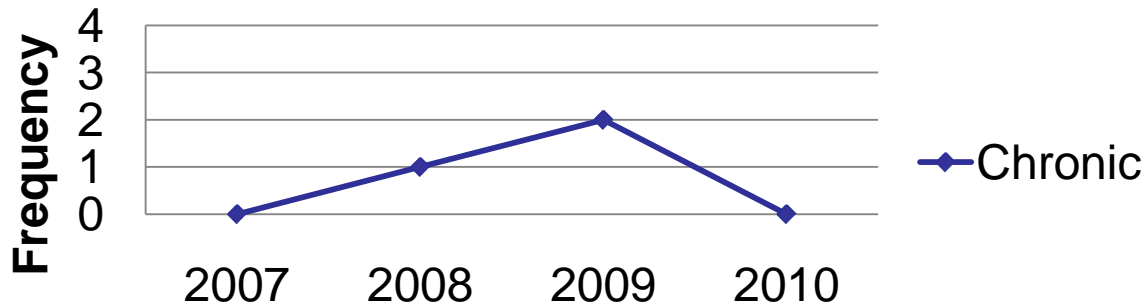
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Ensuring Quality of Care Through Transition: Emergency Response or Code Blue

- Code blue scenarios are where there is an immediate threat to the patient

CPMC Dialysis Code Blue Activations



- CPMC and Davita are finalizing an agreement to continue providing code blue coverage to Outpatient Chronic Dialysis Patients



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Ensuring Quality of Care Through Transition: Wait Times for Appointments

- We currently have capacity at our centers, so there are available appointments
- DaVita will have additional capacity once we begin providing acute dialysis within the hospital
- Therefore we do not feel that wait times will be an issue



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Ensuring Quality of Care Through Transition: Licensing and Regulatory Oversight

- All dialysis providers (for profit and not for profit) are licensed and supervised by the Center for Medicare and Medicaid Services (CMS) through specific regulations called the Conditions of Coverage (CoC), 2008
- In California, the Department of Health Services (DHS) is contracted with CMS to oversee all dialysis providers.
- CPMC is currently licensed by CMS/DHS as the provider of chronic dialysis at PAC and Davies. This licensure will be transferred to DaVita as of November 1, 2010 and will be subject to the same oversight from CMS/DHS.



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Ensuring Quality of Care Through Transition: Staffing Levels

- At Pacific Dialysis (30 stations), DaVita will have a staffing ratio of 1 RN to 10 patients per patient shift
- At Davies Dialysis (16 stations), Davita will have a staffing ratio of 1 RN to 8 patients per patient shift
- CPMC currently operates with 1:7.5 at Pacific and 1:8 at Davies
 - DaVita will have a lower acuity of patients with the removal of the acute patients
 - DaVita will also introduce additional efficiencies that CPMC does not currently have so that staff are able to focus more fully on patients and not additional tasks



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Ensuring Quality of Care Through Transition: Quality of Equipment and Technology

- DaVita is planning on spending significant capital to upgrade the CPMC facilities including:
 - New clinical IT system
 - State of the art dialysis machines
 - New dialysis chairs
 - Facility repairs



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Ensuring Quality of Care Through Transition: Patient Care Plans

- In accordance with the CMS Conditions of Coverage, all dialysis providers are required to complete patient care plans as follows:
 - New patients assessment and care plan are done within 30 days of admission
 - A follow up assessment is done on day 90
 - After this if a patient is stable, care plans are done annually
 - Based on pre-established criteria, if any member of the IDT feels the patient is unstable, then assessment and care plans are done monthly until deemed stable.
- This practice is consistent with CPMC's practice and is mandated by the CMS Conditions for Coverage



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Ensuring Quality of Care Through Transition: Enhance Patient Experience

- DaVita has multiple resources and programs for patients and families:
 - Dialysis Patient Citizens is the largest national patient advocacy group
 - Circle of Life Program to honor deceased patients
 - Diet Helper for dialysis patients at davita.com
 - Kidney Awareness Walks to raise local support for kidney education
 - Patient Enriched Partnership



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Patient Forums

- August 31, 2010
- August 12, 2010
- August 3, 2010
- June 22, 2010
- May 27, 2010
- April 22, 2010
- March 2, 2010
- February 9, 2010
- December 16, 2010



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Patient Forums

- The agenda of the 9 patient forums has been what you've seen in this presentation
- Discussion topics have included code blue coverage, oral medications, quality comparisons, types of dialyzer, emergency labs, emergency preparedness, crit lines, patient to staff ratio, parking, patient schedules, staff retention, insurance, visitor policy, bedside tables, linen, pillows, blankets, ice and water allowance, transport and support groups
- We have worked directly with the patients over the past nine months to provide answers and clarification to questions and concerns



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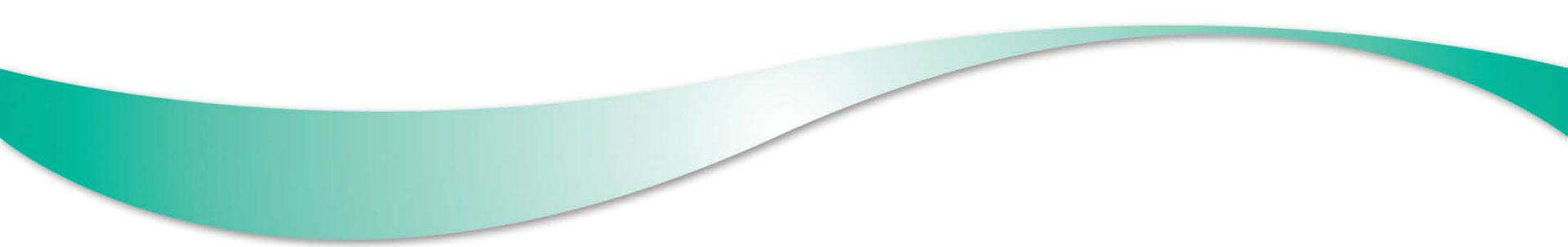
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Ensuring Quality of Care Through Transition: Summary

Quality of Care Issue	Impact/Change
Access and Coverage	Medicare is the main safety net for ESRD patients. All dialysis providers (for-profit and not-for profit) treat Medicare dependents
Licensing and Regulatory	CMS CoC apply universally to all dialysis providers
Quality Metrics	DaVita's metrics are generally consistent with CPMC's. Some positive variance in gross mortality catheter use reduction and target albumin levels
Lab services	CPMC will still provide stat lab services
Code Blue	Historical incidence has been once per year; CPMC and DaVita are finalizing agreement to provide this service
Wait Time for Appointments	No expected wait times
Staffing Levels	Davita's level will be the same at Davies but slightly higher at Pac
Quality of Equipment/Technology	DaVita is making investments in new equipment, clinical IT, chairs, and facility
Patient Care Plans	Same practice mandated by regulations
Enhanced Patient Experience	DaVita will offer multiple wraparound services for patients





Q&A



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