

Improving patient outcomes and expanding services

On-Site Home Hemodialysis in Skilled Nursing Facilities

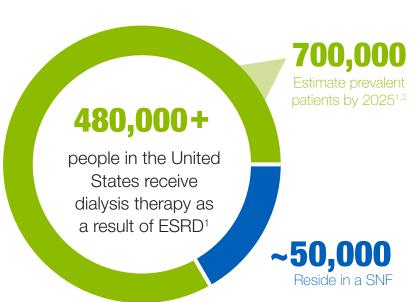






A Growing Movement

Prevalence of End-Stage Renal Disease (ESRD) in Skilled Nursing Facilities



Of this population, an estimated 50,000 reside in Skilled Nursing Facilities (SNF) and represent one of the largest growing populations requiring dialysis^{3,4}.

Opportunity for a More Patient-Centric Approach

- Today, dialysis providers experience staff and scheduling challenges when caring for Skilled Nursing Facility patients due to breakdowns in communication.
 - » Patients often arrive late or miss treatments resulting in lost revenue for providers, paying to staff empty seats
 - » Delays or schedule changes may also result in missed meals or medications, putting patient health at risk

It does not have to be this way



The Centers for Medicare and Medicaid Services (CMS) considers Long-Term Care (LTC) facilities, which includes Skilled Nursing Facilities (SNF), to be the patient's **home**⁶. This creates an opportunity for dialysis providers.



The typical cost to
Medicare of SNF patient
transportation to and from
dialysis centers may
exceed the actual
dialysis treatment cost
delivered on transport
days. According to
Medicare Claims Data,
\$411 was the roundtrip, per treatment cost
of ambulance service for
nursing home dialysis
patients.³

A New Approach:

Improving Hemodialysis Therapy Delivery for SNF Patients

On-site home hemodialysis is a rapidly growing movement. Dialysis providers and Skilled Nursing Facilities are partnering to alleviate many of the challenges of providing care to this population, while also improving patient outcomes.

Potential Benefits to Dialysis Providers

- Expanded capacity to address a growing patient population
- Revenue growth through increased patient census
- Improved staff efficiencies and coordination of care
- Reduced number of missed treatments for these patients
- Mitigate the risk of slip, trip, and fall liability in caring for this population

NxStage is the Practical Solution for



ON-SITE HOME HEMODIALYSIS

The NxStage solution offers the following benefits in a Skilled Nursing Facility:

- Compact design and small treatment space provide flexible treatment options in either bedside or den settings
- Simple user interface
- Minimal changes required to existing plumbing and electrical wiring
- The water purification system eliminates the need for RO water treatment.



HELP YOUR SNF PATIENTS THRIVE

Patients performing home hemodialysis in a Skilled Nursing Facility more frequently, >3 days a week, have shown improvements in both survival^{7,8} and cardiac-related hospitalizations⁹. In addition, patients performing treatments more frequently have reported, and studies confirm, clinical and quality of life improvements.



REDUCED STRESS
ON THE HEART¹³



REDUCED
MEDICATIONS
REQUIRED¹²



IMPROVED ENERGY AND VITALITY¹⁰



IMPROVED
APPETITE¹¹



SURVIVAL⁷



Learn more about the benefits of on-site home hemodialysis in SNFs and why the NxStage solution is the most prescribed home hemodialysis system with over **14 million treatments performed worldwide.**

www.nxstage.com/snf

Despite the health benefits that more frequent home hemodialysis may provide to those with chronic kidney disease, this form of therapy is not for everyone.

The reported benefits of home hemodialysis may not be experienced by all patients.

The NxStage System One is a prescription device and, like all medical devices, involves some risks. The risks associated with hemodialysis treatments in any environment include, but are not limited to, high blood pressure, fluid overload, low blood pressure, heart-related issues, and vascular access complications. The medical devices used in hemodialysis therapies may add additional risks including air entering the bloodstream, and blood loss due to clotting or accidental disconnection of the blood tubing set. When vascular access is exposed to more frequent use, infection of the site, and other access related complications may also be potential risks. Patients should consult with their doctor to understand the risks and responsibilities of home and/or more frequent hemodialysis using the NxStage System One.

Patients and providers are encouraged to contact their state regulators to discuss state-specific regulations that may impact dialysis in the Skilled Nursing Facility setting

References:

1. Liyanage, T., Ninomiya, T., Jha, V. et al. Worldwide access to treatment for end-stage kidney disease: a systematic review. Lancet. 2015; 385: 1975–1982 2. Thomas, B., Wulf, S., Bikbov, B. et al. Maintenance dialysis throughout the world in years 1990 and 2010. J Am Soc Nephrol. 2015; 26: 2621–2633 3. U.S. Renal Data System, USRDS 2016 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2016. 4. Denhoy R, Petrone A, Moore C. NxStage Medical (NXTM) Hemodialysis in the Skilled Nursing Facility: a New Frontier for NXTM. Jeferies Franchise Note. 2017. 5. Data on file. NxStage Medical, Inc. 2017 ADC Abstract on 2012 Medicare Payments for Transportation Between Nursing Institutions and Dialysis Facilities. March 2017 6. 12. CMS Survey and Certification Letter. Home dialysis and self/home dialysis training in LTC facilities. Ref: S&C: 04-24. March 2004. 7. Weinhandl ED, Lie J, Gilbertson DT, Arneson TJ, Collins AJ. Survival in daily home hemodialysis and matched thrice-weekly in-center hemodialysis patients. J Am Soc Nephrol. 2012;23(5):895-904. 8. Yang A, Lee WY, Hocking K, Xelay Acumen, Inc., Affiliated Dialysis. Survival comparison of daily home hemodialysis vs conventional dialysis in the nursing home setting. Nephrol News Issues. 2015;29(2):25-27, 30-31. 9. Bednar B. Improving Kidney Care for Residents in Nursing Facilities: A National Model. Nephrol News Issues. 2016;30-34. 10. Finkelstein FO, Schiller B, Daoui R, et al. At-home short daily hemodialysis on nutrition. Am J Kidney Dis. 2003;42(1 suppl):30-35.12. FHN 2012;82(5): 561-569. 11. Spanner E, Suri R, Heidenheim AP, Lindsay RM. The impact of quotidian hemodialysis on nutrition. Am J Kidney Dis. 2003;42(1 suppl):30-35.12. FHN 171al Group. In-center hemodialysis schedules are associated with reduced levels of dialysis-induced cardiac injury (myocardial stunning). Clin J Am Soc Nephrol. 2011;6(6):1

