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On-site dialysis: A unique competitive advantage



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Tim Fields

CEO and co-founder,
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Patrick Stapleton

CEO of Sherrill House Inc.



Jim Taylor

COO, Legacy Health Services

To many healthcare providers, venturing into new services not only fills an obvious need in their market, it also can provide a competitive advantage.

This is more true now than ever in long-term care.

Provider executives from a variety of settings met recently and agreed: despite its challenges, offering on-site dialysis can increase referrals, reduce costs and headaches with transportation and, most importantly, improve the patient experience.

Model behavior

There are four main ways operators can offer on-site dialysis services. The first, which has faded in popularity over the last decade for many reasons, involves a dialysis provider building a conventional dialysis clinic attached, or next to, a skilled nursing facility.

Second and third options involve partnering with a dialysis provider, either to deliver the care with its own nurses and/or techs, which is most popular now, or for the dialysis provider to deliver program oversight and train the SNF staff to perform the treatments. This option, however, requires consistent and highly competent SNF staffing.

The final option is where a

nursing home obtains its own dialysis license to perform the on-site dialysis themselves.

Making it work

Ignite Medical Resorts has pursued higher needs patients since its founding a handful of years ago. It started out slow with two daily in-house dialysis procedures and is now doing up to 12 or more daily.

"This shows value add," noted CEO Tim Fields. "And it also shows a business need."

Legacy Health Services COO Jim Taylor is also a big fan of on-site dialysis.

"Overall, it's been a huge success for us," he said. His buildings started working with multiple local and national dialysis providers about five years ago.

"Transportation to and from the off-site dialysis clinic is such a problem right now," he added. "That's why having the on-site dialysis alleviates the continuity issues hospitals are concerned about. Patients and family members are calling, asking if we have it on-site, because of the problems of [off-site] dialysis, including having to move a patient in a stretcher or wheelchair out into cold winter weather."

Another attraction is a reduction of exposure to "viruses, illnesses and things of that nature" that can

be introduced during movement between a hospital or off-site clinic, he noted.

Working effectively with local nephrologists is critical to the success of any on-site programs, said Fields. While an area like Chicago might have clinicians more familiar with on-site dialysis models, places such as Oklahoma City and Kansas City generally don't, he explained. He said many physicians unfamiliar with in-house dialysis services were hesitant to allow their patients out of an outpatient unit.

"That usually changes when we're able to educate them about the rehab services we're providing," he said. Ignite utilizes a five-day-a-week dialysis model that has shown reductions in post-dialysis recovery time in the general population.¹

Treatment frequency

Panelists agreed there are pros and cons to the two prevailing frequencies of dialysis treatments: three days and five days per week. While research has shown solid clinical benefits for the more frequent regimen, providers must

¹ Jaber BL, Lee Y, Collins AJ, et al. Effect of daily hemodialysis on depressive symptoms and post-dialysis recovery time: interim report from the FREEDOM (Following Rehabilitation, Economics and Everyday-Dialysis Outcome Measurements) Study. *Am J Kidney Dis.* 2010;56(3):531-539

² Yang A, Lee WY, Hocking K. Survival comparison of daily home hemodialysis vs. conventional dialysis in the nursing home setting. *Nephrology News & Issues.* 2015.

³ Weinhandl E, Hocking K, Markovich S, Vavrinchik S, Collins A. Increased Hemodialysis Frequency is Associated With Improved Clinical Outcomes Among Patients in Skilled Nursing Facilities. Abstract presented at ASN 2018.

figure out what makes the most sense for them individually.^{2,3}

Research has shown that survival and hospitalization rates may score better with the five-day regimen in skilled nursing facilities.^{2,3}

But programs with more patients (such as greater than 25) and smaller dialysis dens (fewer than



Photo: DialyzeDirect

On-site dialysis dens with NxStage often require minimal electrical and plumbing modifications.

six stations) may need to stick with a three-day routine due to logistical requirements.

Another critical consideration is the cost of infrastructure modifications. Utilizing NxStage equipment and supplies, for example, requires fewer electrical and plumbing modifications than traditional hemodialysis equipment.

Fewer modifications in electrical and plumbing can save the SNF thousands of dollars, and alleviate regulatory burden in states that require state approvals for infrastructure changes, such as California.

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Obstacles to overcome

Staffing and clinical abilities limit some operators from pursuing on-site dialysis. For Patrick Stapleton of Boston-based Sherill House Inc., the COVID-19 pandemic brought discussion with dialysis providers to a halt.

"We no longer can admit somebody who requires dialysis," he said, blaming a shortage of transportation availability.

"If I could find somebody to come in here to set this up tomorrow, and give me a plumber and give me an opportunity," he added, "I would make it happen. Instantly."


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Terri Cunliffe, CEO of Covenant Living Communities and Services, also finds herself unable to offer on-site dialysis services but wishes she could.

“I think people want to stay where they’re at,” she said, refer-

ing enough well-trained personnel. Providers must be adaptable, Taylor says.

“You have to be quick and nimble, without a lot of layers,” he said, “and you have to be willing to try a lot of different things.”

Sherrill House’s Stapleton is willing, but unable, to do more. “I could do a 30-seat (dialysis) place, I could do an eight-seat place, I could partner with somebody else,” Stapleton explained. “I could do it myself. But inaction is not something that I can do.”

Understanding which model fits any situation best is complex but that’s where consulting with an experienced partner like NxStage or a dialysis provider with experience in on-site SNF dialysis can help out.

In fact, it could be just what the doctor ordered. ■

of skilled nursing dialysis for NxStage, who also took part in the discussion.

“Where it gets complex is understanding the reimbursement pathway and how it makes sense economically for the facilities in those scenarios,” he said.

“The costs of infrastructure modifications and any staff hired to perform the dialysis fall on the facility. So the facility needs to overcome those newly incurred costs by reducing transportation costs or generating new revenue, typically via increased occupancy or changes in payor mix.”

— Jim Taylor, Legacy Health Services

ring to life plan community residents who need dialysis.

Regulatory aspects may inhibit some expansion of services, which vary from state to state, explained Rich Fatzinger, senior director

The year ahead

Access to in-home dialysis services and creating more equitable means of paying for it will be key issues in the coming year. Perhaps the biggest of all will be staffing and hav-

To learn more, visit:
nxstage.com/snf

Risks and responsibilities

Patients and providers should review the following information carefully to decide whether home hemodialysis with NxStage systems is right for them. Users may not experience the reported benefits of home or more frequent hemodialysis with the NxStage systems. The NxStage systems require a prescription for use. If a doctor prescribes more frequent home hemodialysis, vascular access is exposed to more frequent use which may lead to access related complications, including infection of the site. Doctors should evaluate the medical

necessity of more frequent treatments and discuss the risks and benefits of more frequent therapy with users. Providers are encouraged to contact their state regulators to discuss state-specific regulations that may impact dialysis in the Skilled Nursing Facility setting. This article is not intended to make recommendations regarding clinical, administrative, or billing practices. This is not a guarantee of any costs, revenue, or margins, and Fresenius Medical Care, Nxstage Medical, and their affiliates, shall not be liable for any failure to achieve financial results based on information provided.