

**To the Healthcare Planning and Certificate of Need Section and
Acute Care Services Committee of the State Health Coordinating Council**

**Comments on the Wake Forest Baptist Health
Petition for Changes in Basic Policies and Methodologies in the 2021 SMFP
End-Stage Renal Disease**

March 18, 2020

DaVita Kidney Care and its related entities currently operate 96 dialysis facilities in North Carolina, providing dialysis care and support to over 6,500 dialysis patients, including over 1,000 home patients. DaVita recognizes that although home hemodialysis (HHD) patients represent a small portion of dialysis patients utilizing North Carolina facilities, the HHD population has experienced significant growth. As of December 31, 2016, there were 460 HHD patients. The ESRD Data Collection forms which report data as of December 31, 2019 indicate that there are 569 HHD patients receiving services in North Carolina facilities.

DaVita offers the following comments on the petition submitted by Wake Forest Baptist Health (WFBH) regarding “dedicated” home hemodialysis stations.

1. Establishment of a methodology by which need for new home hemodialysis training stations may be determined.

DaVita agrees that a methodology for determining need for home hemodialysis training services should be established. The utilization of HHD training stations is markedly different from in-center dialysis stations. DaVita supports Condition 1 as proposed by WFBH.

Condition 2, however, provides for too many stations. Most HHD programs have fewer than 10 patients. WFBH’s example provides for adding 3 stations (1 to 4 stations) for a program training 12 patients a year.

According to the December 2019 ESRD Data Collection forms, there are 58 facilities supporting HHD patients that reported at least 1 patient as of December 31, 2019. The mean patient census is 9.8 patients and the median patient census is 5 patients. The three year average annual growth rate for HHD is 7.3% last three years (460 patients as of December 31, 2016 to 569 as of December 31, 2019).

2. Re-promulgation of 10A NCAC 14C .2203 to add performance standards specifically for the establishment and expansion of ESRD Treatment Facilities, which propose station(s) “dedicated” to providing *Home Hemodialysis Training Services*

WFBH also proposed the re-promulgation of 10A NCAC 14C .2203. DaVita understands that this process is ongoing and that the rule-making comment period ends April 17, 2020. DaVita has offered informal comments to the Agency and reiterates here that a distinction must be made between in-center dialysis stations and dialysis stations used exclusively for home hemodialysis training and support.

DaVita agrees that a lack of a performance standard may be duplicating services and increasing costs.

DaVita appreciates the opportunity to share these comments and looks forward to continued partnership with Agency Staff and the Acute Care Services Committee in this process.