

# KCCGA's Strategy to Slow Chronic Kidney Disease Progression

The Kidney Care Center of Georgia is dedicated to excellent care that puts kidney patients first.



**KIDNEY  
CARE  
CENTER  
OF GEORGIA**



## LOCATION

5 sites in North Georgia

## PROVIDERS

14 nephrologists,  
7 advanced  
practice providers

## SUSTAINABLE, HIGH-QUALITY CARE

- High-quality between-visit care extended to **950 patients with chronic kidney disease**
- **70-80% monthly engagement rate** enables early intervention, prolonging kidney lifespan and easing path to dialysis
- **Profitable program** enables reinvestment in practice

## ► High-Value Care for All Patients

After implementing initiatives to succeed in the value-based Kidney Care Choices model, the team at Kidney Care Center of Georgia (KCCGA) saw Chronic Care Management (CCM) as the next evolution to help patients under both fee-for-service and value-based models. “When we do things, we want to serve all our patients,” explained Norvel Frock, MBA, the Administrative Director at KCCGA.

“We thought if patients can reach out and we can take care of problems before they get worse, we can reduce hospitalizations and readmissions,” continued Frock. “CCM looked like a program that could be a value-add to our patients, but we needed to show the benefit to our practice as well.” Ultimately, the team hoped CCM could support more consistent patient care between visits while driving revenue.

## ► A Growth Mindset

KCCGA worked with Phamily to determine which insurers would cover CCM, and focused on enrolling patients covered by those payers. With a focus on operational stability and long-term success, KCCGA steadily grew the program to ~1,000 patients within a year.

“Be patient and do it at a speed you’re comfortable with,” advises Frock. “We grew at our own pace, and learned how to optimize the program as we went. It’s not a cut and dry process.”

Meanwhile, KCCGA was also growing its practice. A larger patient population could have overwhelmed the front office with calls, but having a CCM program helped offset some of the expected call volume.

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“CCM opened up another avenue for patients to contact us and feel that they are supported. They knew that they didn’t have to just call and leave a message. They have a warm relationship with someone at the practice.”

NORVEL FROCK, MBA

Practice Administrator, *Kidney Care Center of Georgia*

## ► Winning Over Providers

As care managers reached out to providers following normal practice workflows, they made sure to mention that they were advocating for patients enrolled in CCM. This helped physicians get used to the program and see the day-to-day value.

“Every board meeting I have, I always hear another story of a CCM patient who has come in saying how great it is,” said Frock. “Some patients will tell us ‘this little thing is bothering me’. We jump on that and resolve it so that a small thing doesn’t become a big problem.”

Ultimately, the team at KCCGA wants to do everything they possibly can in an outpatient

setting to improve the quality of life for CKD patients and lengthen the time before they go to dialysis. They also want to keep patients as healthy as possible so that they have a soft path to dialysis versus having a health issue, being hospitalized, and crashing into dialysis. Constant patient monitoring is key.

“We want to know that the kidney stopped one day and we get the patient on dialysis the next day,” said Frock. “We don’t want to wait for a kidney to fail and not know for three weeks.”

### KEY TAKEAWAYS

- 1 **Do the right thing for the right reasons.** CCM can be very profitable - but the most important reason to do it is to drive better patient care.
- 2 **Consistent, focused program management oversight** ensures steady growth while maintaining best practices for care.
- 3 **Strong executive involvement will drive better buy-in by physicians and clinical staff.** In fact, the tight collaboration between the practice administrator and program manager is KCCGA’s winning formula - not just for the program’s success, but for their patients.

# What can Connected Care do for your Nephrology practice?

Chronic Care Management (CCM) is an important tool for nephrologists to help slow the progression of chronic kidney disease (CKD).

- **Increased medication compliance.** Some medications that prolong kidney function may have side effects that deter patients. Care managers can help patients manage side effects and stay compliant with their medication regimens.
- **Reduced hospitalizations.** Care managers build trusted relationships with patients, checking in on them frequently throughout the month. This enables early identification of symptoms, enabling treatment in an outpatient setting rather than the ED or hospital.
- **Optimal starts.** When patients have optimal starts, they have fewer complications, better outcomes, and lower cost of care. But optimal starts mean preparing a patient - not just with education about dialysis, but also ideally with a catheter or fistula. Care managers can help patients navigate the process and provide emotional support.

- **Support for CKCC patients.** Practices participating in the CKCC value-based model need to influence patient behavior to drive cost and quality outcomes. Phamily can help (with Medicare reimbursement under Principal Care Management codes).

Phamily enables 50 nephrology practices (and counting) to deliver exceptional between-visit care to thousands of CKD patients, while earning fair compensation for that work.

What's the right solution for your practice?

- **Turnkey Program: 4 Hours to Launch.** Our highly-trained LPNs fit right into your practice workflows.
- **In-House Program: Billable Events in 30 Days.** Phamily enables 1 care manager to manage a panel of 500 patients.

Get in touch today for a free consultation — we can help you figure out how to launch a profitable Connected Care program at your practice.

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