

# Industry Spotlight

## Pain-Free Glucose Monitoring

Abbott Laboratories (Chicago, IL) currently leads the market in pain-free glucose monitoring, Crain's Chicago Business reports. Abbott offers the FreeStyle Libre, which measures glucose via a sensor without fingersticks. According to Crain's, Abbott's device has more than 1.3 million users worldwide and posted 37% sales growth to \$1.9 billion in 2018.

Dexcom (San Diego, CA) and Medtronic (Minneapolis, MN) also offer pain-free monitors. The latest Dexcom device, the G6 CGM, warns users of an urgently low or high level of glucose minutes before it hits. Data can also be shared with others through smart devices, for example, with parents who would like to be able to know about dangerously low glucose levels in their children.

According to the Business Wire, the new report "Blood Glucose Monitoring Devices Market—Global Outlook and Forecast 2019–2024" forecasts market revenues of more than \$25 billion by 2024. Conventional devices like self-blood glucose testing (with fingersticks) still represented two-thirds of the total market in 2018. ■

## New Pharma/Device Deals

The US Food and Drug Administration (FDA) has approved a new stent for use in the treatment of kidney failure patients who are on hemodialysis.

Bard, now a part of healthcare tech giant Becton Dickinson (Franklin Lakes, NJ) was the originator of the Covera vascular covered stent. The stent, which is used to re-open narrowed access circuits in an arteriovenous fistula, has a "helical design for radial strength and flexibility" and an "atraumatic" tip for insertion comfort, according to CR-Bard.com. According to Becton Dickinson, it is the first and only covered stent to be approved in the US market for treating stenoses in non-stented fistulae.

Bard joined Becton Dickinson in December 2017, in a \$24 billion acquisition.

Baxter (Deerfield, IL) and bioMérieux (Marcy L'Etoile,

France) have signed a deal to partner in the development of biomarkers to identify and help inform treatment of acute kidney injury (AKI). In April 2019, bioMérieux acquired Astute Medical (San Diego, CA), which developed the NEPHROCHECK test, an FDA-approved test for early risk assessment of AKI based on two biomarker levels.

"As a leader in pioneering diagnostic solutions, we're looking forward to collaborating with Baxter. . . . To accomplish this, the team at the recently acquired Astute Medical is committed to the development of additional high medical value biomarkers for improved patient care," said Mark Miller, bioMérieux executive VP and chief medical officer.

Akebia, based in Cambridge, MA, has expanded its pharmaceutical deal with Vifor Pharma to extend be-

yond one dialysis firm, Fresenius North America. The two companies drew up a new license agreement that would allow Vifor to sell vadadustat to certain third-party dialysis organizations for use in the United States. Vadadustat is an investigational oral hypoxia-inducible factor prolyl hydroxylase inhibitor in phase 3 development and is intended for anemia treatment in patients with chronic kidney disease (CKD). The drug is not yet approved by any regulatory authority.

The deal, according to the companies, could expand the potential opportunity for vadadustat under the agreement to include "up to 60% of US dialysis patients." The expanded license agreement is subject to vadadustat's approval by the FDA and also its inclusion in the Centers for Medicare & Medicaid Services ESRD Prospective Payment System. ■





**KETORENA**

Please join us for a short 4-part video presentation by Dr. Elizabeth Sussman PhD RD, Associate Professor of Nutrition and Dietetics, reviewing clinical data on the use of low protein diets with keto-analogues as a therapeutic option to slow the progression of CKD.



Links to the videos can be found at the top of the **Physicians** page on [ketorena.com](http://ketorena.com).

Ketorena is a drink mix designed to reduce pill burden and can be taken with a few ounces of water 2-3 times per day. Patients interested in following a low protein diet supplemented with Ketorena can order Ketorena at [ketorena.com](http://ketorena.com) or by calling **1-844-980-9933**.

Patients can find a link to renal dietitians who consult on low protein CKD diets on the **Patients** page of [ketorena.com](http://ketorena.com).



## Rural Dialysis Focus

Rural dialysis does not pay as well as dialysis in urban facilities, according to a recent report from the Medicare Payment Advisory Commission (MedPAC).

The March 2019 report noted that facilities with high volumes of dialysis earned higher margins because cost per treatment falls with efficiencies, and that urban facilities had higher financial margins (-0.4%) than do rural facilities (-5.5%).

Treatment volume accounted for most of the differential in margins between urban and rural facilities. In 2017, urban facilities averaged about 12,000 treatments, while rural facilities each performed about 7800 treatments. A "low-volume facility" is defined as one that provides fewer than 4000 treatments total in each of three years before the payment year and with certain unchanged ownership criteria. A volume of 4000 treatments is the cutoff at which facilities receive more funds—a low-volume Medicare program adjustment of 23.9%. MedPAC staff member Nancy Ray noted a "so-called 'cliff effect' might be encouraging some facilities to limit services," so they can keep their increased funding, according to Modern Healthcare.

Distance is a focus of the report, which highlighted that about 47% of facilities that receive the low-volume program adjustment of 23.9% under the prospective payment system are still within five miles of the next closest facility, while MedPAC wants the low-volume and rural payment adjustments to "focus on protecting only facilities that are critical to beneficiary access."

In a statement, Chief Medical Officer Jeffrey Hymes, MD, of Fresenius Kidney Care, said that his company is pursuing more use of home dialysis and telehealth services to help "reduce these disparities and improve outcomes" for those who need treatment for kidney failure in rural areas. He also noted that the average distance to dialysis facilities in rural areas is at a minimum 2.5 times farther than average travel distances to urban facilities.

DaVita has been working to improve outcomes in rural dialysis centers. The company touted its outcomes for rural and low-income facilities under the Medicare ESRD Quality Incentive Program, which reduces payments if facilities do not meet or exceed certain performance standards. In 2018, DaVita said it achieved a 21% reduction in rural and low income centers that missed the top clinical tier since the program's inception in 2012. The company stated that rural and low-income areas present the greatest challenges to delivering top-tier clinical results. ■