Editor’s Note: Marc Branson is the chief executive officer of WellBound Inc. as well as vice president of Satellite Healthcare, where he has functioned in a senior management position for the last six years.

What is WellBound?
As the first company focused exclusively on supporting the full spectrum of self-care dialysis therapies, we feel like we fit a unique niche in the dialysis healthcare space. We are a clinical operation that’s focused on being patient-centered as opposed to treatment-centered. We’re focusing on educating CKD patients on chronic kidney disease, educating them on therapy options, and providing them with important wellness strategies. So our focus is more upstream. Ideally, we’re focusing on patients prior to needing replacement therapy.

What makes WellBound’s focus on patient wellness different from other providers in the renal industry?
We believe that there is a significant void in the dialysis industry when it comes to patient wellness education. Educating patients is just not a focus in most dialysis programs. By prioritizing wellness and therapy option education, we are working aggressively to fill this void and empower the patient. This is complemented by the fact that self-care or home dialysis is our exclusive focus. There’s not a tug-of-war between the in-center dialysis staff and the home dialysis staff. Our exclusive focus is on home dialysis so there’s nothing to get conflicted about.

What is included in WellBound’s spectrum of dialysis self-care?
We start earlier than dialysis therapy, so we are able to provide comprehensive pre-dialysis education specifically as it relates to patient wellness and therapy options. By focusing on patient education at this early stage, we provide patients the best opportunity to continue to live healthy, active lives. This is important in terms of giving patients the greatest range of therapy options for the time they will need dialysis.

When you start the continuum at the pre-dialysis point and consider different dialysis options, I think a number of physicians and a number of patients are looking at PD as an initial therapy option. We actually have certain physicians who view peritoneal dialysis as pre-dialysis. It’s probably correct to say pre-hemodialysis.

When a patient needs a more rigorous dialysis therapy option, they can look at home hemodialysis if they have already made a decision to take charge of their healthcare and be healthcare literate. If they have been reached early enough and properly educated they will have several choices when they reach this point, be it short daily dialysis, long nocturnal dialysis, or perhaps even every other day dialysis. It is important to note that we support the entire spectrum of self-care treatments including PD and the various home hemodialysis options.

Do you work with primary-care physicians to identify who is at risk for kidney disease?
We don’t. We are really focused on CKD stage 4. And I think in an ideal situation if everybody’s following the right clinical guidelines, the primary care physician is making the referral to the nephrologist at CKD stage 3, and then the nephrologist takes over those cases from that point. I understand that late-referrals have been a problem within the industry, but I do think that people are taking steps to be more aware of chronic kidney disease and are treating it as a disease rather than a condition prior to onset of the disease. So, therefore, I think there’s going to be more awareness over time to at least mitigate some of these late-stage referrals.

What are some of the benefits of self-care dialysis for the patient and how can that translate into reduced costs for the healthcare industry?
Home dialysis offers the promise of what dialysis originally intended to be. I think when legislation was initially passed to cover healthcare costs for ESRD patients, there was some hope or promise that dialysis patients were going to be able to go back to work, go back to school, and live somewhat normal lives. For the most part, that promise has been unfulfilled.

I think home dialysis really does offer ESRD patients and CKD patients the closest thing to living a normal life. We have patients that are going to school, we have patients that are working, we have patients that have extensive hob-
bies, and we have patients that travel. Basically, it turns the paradigm around in terms of a lot of people that are on dialysis in traditional centers three times a week where their lives revolve around dialysis. Their schedules are dialysis and everything else fits around it. I think what we see in home dialysis is just the opposite. People can lead a normal life and fit the dialysis in, they have the flexibility to do the dialysis when their schedule permits, whether that's on the road or in the evening, afternoon or morning. So there is a lot more flexibility in that regard.

With respect to total healthcare costs, I think this offers an opportunity for a win-win situation for everybody. Obviously, payers are tuned into what the total cost of healthcare is going to be, and at least I think everybody is generally familiar with the promise that daily home hemodialysis or long nocturnal dialysis offers is reduced hospitalizations, potentially reduced medications, and we're certainly seeing that. Our home hemodialysis population is experiencing less than five hospital days per patient year compared to three times that on a national average for a typical dialysis patient. And I think there have been a number of other clinical studies that have shown that patients that are engaged and take charge of their health typically end up with better outcomes. I think that's generally what we see to: engaging patients to be a partner in their healthcare is a win for the healthcare system as well as it is for the patient.

Is home dialysis something that can be offered to a broad range of patients or is it something that can only be offered to a select few types of patients?

We certainly don't believe that this type of therapy is limited to a select few. Nearly any CKD patient who is proactive in their healthcare early on can utilize and benefit from self-care therapies. Realistically, I think the majority of patients will end up in-center for a variety of reasons, maybe because of age, health status, a mindset in terms of not being able to take charge of their health, a variety of things. I think our view of the world is that when you take a look at the USRDS database, I think only 7 percent of the new starting patients select home dialysis as a treatment option. I think when you talk to most nephrologists, they would tell you that perhaps 20 to 25 percent of their patients would be amenable to a home dialysis regiment, and really that ought to be the mix. Our experience, in terms of the physicians we support, I would say that a number of the physicians are in the 30 to 35 percent of their patients on home dialysis, whether its PD or home hemo. And frankly, our experience is very consistent with data that show when given an option, a good number of patients will select home dialysis as a treatment. Many patients that are on in-center dialysis don’t believe they were given adequate information about options other than in-center dialysis treatments. So we're essentially filling that void and giving patients a choice. That said, we’re not operating under the assumption that 100 percent of the patients are going to be on home dialysis.

Does home dialysis need special legislation passed to be successful or is it already moving in the right direction?

It’s going in the right direction, although I think everyone is generally aware that daily home hemodialysis is certainly more expensive than three-times-a-week dialysis. You have machines that are much more expensive than in-center machines and they can only be shared with one patient instead of six or eight patients. That’s probably where the biggest gap is going to be for this industry to fully mature.

There are a lot of observational studies and a variety of other studies that show the clinical benefits of self-care dialysis and indicate that over time it will be obvious that home dialysis more than pays for itself. There have been a number of studies published on PD showing how cost effective that it is, including studies by Kaiser Permanente. With daily home hemodialysis, there have been dozens and dozens of observational studies and none of these has been negative and many have shown various degrees of positive attributes associated with daily home hemodialysis.

How is the WellBound joint-venture structure different from the typical partnership?

I think that there are many similarities and a couple of differences. Ideally, we like to approach our relationships with nephrologists from a much more egalitarian standpoint, that is, our initial approach is for 50-50 joint ventures versus one party having a controlling interest over the other party. However, we want to make it clear that we are flexible. A lot of times we encounter physicians that may not want to do a 50-50 joint venture and they want to have a smaller ownership interest because of capital constraints for example. Our joint ventures are focused on addressing patients at an earlier stage in the clinical practice than what they are used to. So operationally we are much more integrated with the nephrology practice in fulfilling a need they have for CKD stage 4 patients.

What kind of business services does WellBound provide to its partners?

In terms of the scope of services, it’s a full turnkey operation. We essentially do all of the heavy lifting in respect to the physicians in the joint ventures. Once we sign a deal, we’ll work with the physician to scout for a facility, we’ll do all the design and construction management, build it, get it certified and licensed, we do all the recruiting in collaboration with the physician partner. In terms of policies and procedures, we take care of all the training manuals, all the CKD education materials, IT, and accounting. It’s a full turnkey solution both from a start-up perspective and from an ongoing operational perspective.

WellBound recently expanded to Stockton, Calif. What are some of the company’s plans for expansion inside and outside of California?

Obviously northern California is where we started and developed, and that’s where our parent company Satellite Dialysis is located. So I think you are going to see continued expansion in this part of California. However, our model also fulfills an unmet need in other marketplaces. As such, we are talking to physicians in other parts of the country and will hopefully be establishing additional WellBound programs across the country in the not-too-distant future.