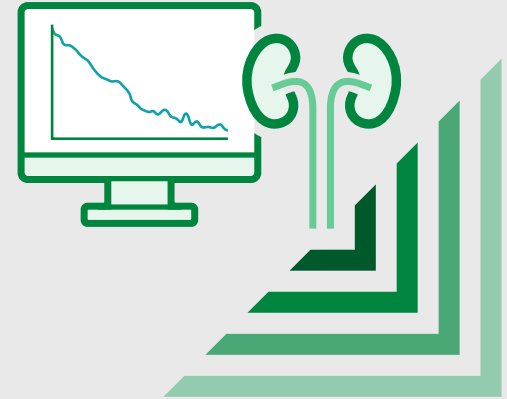




Virtual Solutions for Chronic Kidney Disease Management

HEALTH TECHNOLOGY ASSESSMENT | SEPTEMBER 2026

Executive Summary

Chronic kidney disease (CKD) affects one in seven adults in the United States and generates substantial healthcare utilization and spending.¹

CKD is a progressive condition that frequently co-occurs in people with diabetes, hypertension, and other cardiometabolic diseases. As CKD advances, patients face increasing risk of cardiovascular complications and premature death.²

Because early-stage CKD is typically asymptomatic and screening is inconsistent, many patients are not diagnosed until the disease reaches an advanced stage, when treatment shifts from slowing progression to preparing for dialysis or kidney transplant.

Upon diagnosis, effective management of CKD centers on slowing progression by improving adherence to guideline-recommended medications and coordinating care across the multiple comorbidities patients often have. As kidney function continues to decline, timely and well-planned preparation for dialysis or transplant is essential. Given the high rates of healthcare spending for patients with CKD, managing healthcare utilization and improving budget predictability are also important goals for payers.

CKD places a substantial economic burden on the U.S. health system. Traditional Medicare alone spends more than \$141 billion annually on patients with CKD, and employers spend more than \$107 billion on healthcare services for people with CKD, plus an additional \$30 billion in absenteeism and lost productivity.^{3,4} Spending rises sharply once patients reach end-stage kidney disease (ESKD), when annual healthcare costs reach approximately \$100,000 per patient in Medicare.⁵ Avoiding progression to ESKD is critical, yet remains challenging—a gap that has prompted widespread investment in companies offering virtual CKD management solutions.

Virtual solutions for CKD management operate within risk-based arrangements with Medicare Advantage and commercial health plans, taking on financial risk for populations of patients with CKD stages 3–5. Contracts typically attribute all eligible

COMPANIES WITH VIRTUAL SOLUTIONS FOR CKD MANAGEMENT REVIEWED IN THIS REPORT

DaVita Integrated Kidney Care
Kidneylink

Evergreen Nephrology
Monogram Health

Healthmap Solutions
Somatus

Interwell Health
Strive Health

patients within a defined geography, or patients affiliated with participating nephrology practices, to the solution. As a result, companies are accountable for outcomes and healthcare spending across a heterogeneous population of diagnosed patients that includes patients managed by nephrologists, patients managed exclusively by primary care providers, and patients whose nephrologist does not partner with the solution. Within any given contract, a CKD company will only succeed at engaging a subset of the attributed patients, estimated at 60%–80% of members. Similarly, within Traditional Medicare, the Kidney Care Choices (KCC) model is a large shared-risk model in which participating companies manage the total cost and quality of beneficiaries with CKD stages 4 and 5.

Virtual CKD companies engage both nephrology practices and patients directly. Practice-facing services include financial and contracting support, as well as risk sharing that enables nephrologists to participate in value-based arrangements. They also equip practices with data and analytics to identify high-risk patients and gaps in care. Companies often employ their own care coordination teams to support patients and offer educational resources related to medications, kidney replacement therapy, and other relevant content to patients.

PHTI Assessment Approach

This evaluation has two primary components: clinical effectiveness and economic impact. Findings are based on evidence from a systematic literature review, company-submitted information, company website reviews, and data from the Centers for Medicare & Medicaid Services' KCC model.

Clinical Effectiveness: This evaluation reviewed evidence assessing the clinical effectiveness of virtual solutions in slowing disease progression and improving dialysis transitions. The evaluation also examined secondary outcomes, including comorbidity management, laboratory testing, quality of life, patient education, healthcare resource utilization, user experience, and health equity.

The systematic literature review examined more than 5,400 pieces of evidence and identified 34 unique studies that met inclusion criteria, including numerous randomized controlled trials, though few studies evaluated the specific interventions offered by the companies evaluated in this assessment. Most studies include 6–24 months of data. This report also draws on two annual evaluations (2022 and 2023), three financial reconciliation data files (2022–2024), and one public use file dataset (2022) from the KCC model.

Economic Impact: The budget impact model estimates the expected change in total healthcare spending over a one-year period associated with virtual solutions for CKD management. The model estimates the number of adults with CKD stages 3–5 who are eligible for these solutions and the gross reduction in expected healthcare spending resulting from improved dialysis starts for commercial, Traditional Medicare, and Medicare Advantage plans.

Stakeholder Engagement: During the assessment process, PHTI partnered with clinical advisors, experts in health technology assessment, practicing nephrologists, and health economists. PHTI also conducted interviews with patients with CKD who had experience with virtual solutions and health plans that contract with these solutions. All companies included in the report were given an opportunity to submit clinical, economic, and other commercial information to inform the assessment; all eight of the companies engaged with PHTI during the assessment process, and three submitted evidence.

SCOPE OF EVALUATION

This evaluation assesses virtual solutions for CKD management, with a focus on patients with CKD stages 3–5, including patients with commercial coverage, Medicare Advantage, or Traditional Medicare (via the KCC model).

Solutions that exclusively focus on CKD diagnosis are outside the scope. This report does not focus on the management of patients with ESKD beyond the initial transition to ESKD, including dialysis and transplantation. Many of the assessed companies offer dialysis and may hold contracts for patients with ESKD in addition to CKD.

Summary of Findings

PHTI evaluated virtual solutions for CKD management as a single category, since these companies offer similar features and compete head-to-head for contracts. As a category, the CKD companies in this report produced almost no clinical evidence, which is particularly noteworthy given their high level of capital investment.

Clinical Effectiveness: Based on PHTI’s review of the evidence, virtual solutions for CKD management show no consistent evidence of slowing disease progression—either by improving medication use or by slowing the rate of kidney function decline—compared with usual care. They demonstrate some benefit in improving the rate of planned dialysis starts, but these do not translate to meaningful reductions in hospitalizations or

other healthcare utilization. Moreover, improvements in optimal starts do not generate meaningful clinical impact or savings at the population level, because only 1 in 100 attributed patients begin dialysis annually and only 1 in 1,000 patients would experience an improved start.

Economic Impact: The budget impact model finds small reductions in healthcare spending driven by improvements in planned dialysis transitions, which are immaterial when spread across the full attributed CKD population. Nonetheless, health plans may continue to value these solutions because they may improve risk coding, lower medical loss ratios, and increase budget predictability, all of which create value for the plan and company—even absent cost of care reductions—within current contracting structures.

PHTI RATINGS FOR VIRTUAL SOLUTIONS FOR CKD MANAGEMENT

● Positive ● Moderate/Mixed ● Negative
● Higher Evidence Certainty ○ Lower Evidence Certainty

Virtual Solutions	Clinical Effectiveness ^a	Economic Impact	Summary Rating ^b
DaVita IKC Evergreen Nephrology Healthmap Solutions Interwell Health Kidneylink Monogram Health Somatus Strive Health	● Results: Does not slow disease progression Increases planned dialysis initiation Evidence Certainty: Higher	● Does not reduce total healthcare spending at the population level May increase total spending due to program costs^c	● Evidence does not support broader adoption

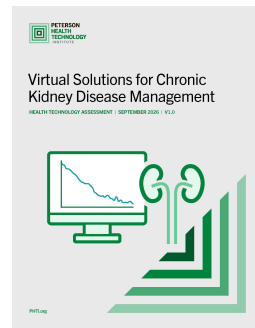
Source: PHTI, Virtual Solutions for CKD Management, September 2026. See [PHTI.org](https://phti.org) for complete report, methods, and recommendations.
Notes: ^a Not all solutions have clinical data that meet the inclusion standards for this report. Given the similarity of approaches across companies in this report, companies without solution-specific data are assumed to perform comparably. ^b Summary rating reflects the combination of clinical and economic results. ^c Costs may include quality bonuses, shared savings payments, and increased risk-adjustment coding associated with the CKD program.

Next Steps

Based on PHTI's review of the evidence, virtual solutions for CKD management do not demonstrate meaningful improvement in disease progression or total cost of care at a population level. These limitations are a result of the current design of the solutions, the challenges of effectively delivering care to patients with CKD, and a payment and policy landscape that has primarily concentrated incentives on dialysis initiation and end-stage management rather than on upstream interventions that slow disease progression. Addressing these gaps will require coordinated action across innovators, purchasers, providers, and policymakers.

PHTI's recommendations include:

- Tie population-based performance payments to real cost reductions.** Purchasers should structure shared savings arrangements to direct a greater share of payments toward utilization-based cost reductions and should consider additional incentives for absolute cost reductions rather than reductions relative to a growing benchmark. While planned dialysis starts remain a relevant performance milestone, they should not solely determine contract success given the small subset of the CKD population impacted.
- Prioritize early patient identification and guideline-recommended medications.** Purchaser contracts and company offerings should be oriented around intervening earlier in CKD disease progression. Solutions should ensure lab testing is completed, support accurate diagnosis and staging, and help providers—including PCPs—initiate guideline-recommended medication therapy as early as possible.
- Advance evidence generation.** The peer-reviewed evidence base supporting these solutions' effects on disease progression, cost reduction, patient engagement, planned starts, and other process measures associated with effective CKD management is limited. Companies should invest in rigorous, comparative research to strengthen the evidence available to purchasers.
- Shift future models toward upstream care while emphasizing guideline-recommended medications in existing programs.** Future kidney models should shift incentives toward earlier CKD stages. CMS should consider adding CKD medication prescribing and adherence measures to Traditional Medicare incentive programs and medication-related reporting to Medicare Advantage plans. CMS should also consider adding medication use measures to the cardio-kidney-metabolic tracks in its ACCESS model, as adherence to these medications is directly linked to slowing disease progression.



Accessing PHTI's Full Report

You can access the full report [here](#).

These findings are based on the criteria set forth in the ICER-PHTI Assessment Framework and the currently available evidence. Please see the full PHTI report and [appendices](#), and [online data supplement](#) for complete assessment, methods, and recommendations.

¹ Centers for Disease Control and Prevention (CDC), "Chronic Kidney Disease in the United States," March 31, 2026. <https://www.cdc.gov/kidney-disease/php/data-research/index.html>

² Joachim Jankowski, Jurgen Floege, Danilo Fliser, et al., "Cardiovascular Disease in Chronic Kidney Disease: Pathophysiological Insights and Therapeutic Options," *Circulation* 143, no. 11 (2021): 1157–1172. <https://doi.org/10.1161/CIRCULATIONAHA.120.050686>

³ United States Renal Data System (USRDS), "Chronic Kidney Disease, Chapter 6: Healthcare Expenditures for Persons with CKD" in *USRDS Annual Data Report: Epidemiology of Kidney Disease in the United States*, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), 2025. <https://usrds-adr.niddk.nih.gov/2025/chronic-kidney-disease/6-healthcare-expenditures-for-persons-with-ckd>

⁴ American Kidney Fund, "Healthy Workforces, Sustainable Futures: Why Employers Should Invest in Early Kidney Care," accessed August 1, 2026. <https://www.kidneyfund.org/sites/default/files/media/documents/AKF-and-National-Alliance-Employer-Research-Report-FINAL.pdf>

⁵ Leslie P. Wong, Anindita Ghosh, Jianbo Li, et al., "Dialysis Costs for a Health System Participating in Value-Based Care," *American Journal of Managed Care* 29, no. 8 (2023): e235–e241. <https://doi.org/10.37765/ajmc.2023.89410>