# DaVita Integrated Kidney Care Expands Clinical Leadership Team

New physician appointments support kidney care leader's goal to increase access to value-based care programs for patients

DENVER, Dec. 16, 2021 /PRNewswire/ -- DaVita Integrated Kidney Care (IKC) today announced its new clinical leadership team, charged with reaching more patients through IKC programs and further innovating care delivery across the kidney care continuum. This team of experienced nephrologists is led by Dr. David Roer, DaVita IKC's newly appointed chief medical officer (CMO). Dr. Roer previously served as DaVita's vice president of medical affairs and national group medical director.

Alongside Dr. Roer, the clinical leadership team consists of Drs. Dorothy (Dody) Fisher, Unini Odama, Michael O'Shea, and Amy Schuerman-Gen. Together, this group will focus on improving the care of patients with chronic kidney disease (CKD) and end stage kidney disease in value-based partnerships that aim to help delay disease progression, increase access to home dialysis and kidney transplantation, and advance health equity at every step along the kidney care journey.

"Through Dr. Roer's visionary leadership and commitment to innovation, our IKC programs have helped to enhance the care and quality of life for patients," said Dr. Jeff Giullian, CMO for DaVita Kidney Care. "This dynamic team brings together the expertise to help more patients experience the benefits of integrated care for years to come."

DaVita IKC currently manages more than 30,000 patients under value-based care arrangements with commercial payors and through government programs. Recently, the shift toward integrated kidney care accelerated when the Center for Medicare & Medicaid Services issued new payment models that aim to advance health equity for kidney patients. As such, in 2022, DaVita is expecting its IKC patient population could more than double in size.

"Integrated care should be the standard for how we treat patients living with kidney disease," said Dr. Roer.
"Each member of the DaVita IKC clinical leadership team has played a vital role in advancing this standard to better manage our patients' complex health needs, and I'm looking forward to continuing this important work together as we grow our programs."

DaVita IKC has more than two decades of experience taking care of patients in value-based care programs. To learn more, please visit DaVita.com/IKC.

# About the DaVita IKC Clinical Leadership Team

**Dr. David Roer, FACP, FAHA, FASN, CMO for DaVita IKC**, joined DaVita in 2018 as the vice president of medical affairs for integrated kidney care. Since 2020, he also served as DaVita's national group medical director. Prior to joining DaVita, Dr. Roer was the managing partner of Nephrology and Hypertension Associates for 30 years. He has held leadership positions within several professional nephrology organizations, most recently serving on the board of directors at Renal Physician Association and as co-chair of the Association for the Advancement of Medical Instrumentation Renal Disease and Detoxification Committee. Dr. Roer completed his medical training at Yale School of Medicine, where he continues to serve as an associate clinical professor of medicine.

**Dr. Dorothy (Dody) Y. Fisher, MGH, vice president of clinical education for DaVita IKC**, joined DaVita from Geisinger Health Plan, where she was the medical director for provider network management, helping to build strategic partner relationships to manage the transition to value-based care. Prior to her time at DaVita, many of her roles related to value-based care including leading Programs of All-Inclusive Care for the Elderly (PACE) and clinically integrated networks. Dr. Fisher received her medical degree and residency training from the University of Vermont and her masters in Geriatric Health Management from A.T. Still University.

**Dr. Unini Odama, MPH, vice president of medical affairs for DaVita IKC** is a nephrologist and public health professional. She completed her training in internal medicine at Michael Reese Hospital/University of Illinois, hypertension fellowship at RUSH-Presbyterian Medical Center in Chicago, nephrology and transplantation at the Medical College of Virginia, clinical research at Harvard University and public health at

Emory University. Prior to joining DaVita, Dr. Odama worked in private practice settings in Alabama and Georgia. She also served as a district health director for the Georgia Department of Health.

Dr. Michael O'Shea, vice president of clinical leadership for DaVita IKC joined DaVita in October 2021 after having served as the medical director and vice president of ambulatory care services at Dartmouth Hitchcock Health's Cheshire Medical Center in Keene, NH. Dr. O'Shea has over 20 years of clinical nephrology experience focused on transplantation, hypertension and slowing CKD progression. He is a graduate of the University of Rochester School of Medicine and completed his residency and fellowship training at the University of Iowa and Washington University in St. Louis.

Dr. Amy Schuerman-Gen, vice president of clinical operations for DaVita IKC, oversees clinical operations for DaVita IKC's government programs. She also helps streamline nurse practitioner and care team workflows to further improve DaVita IKC's model of care. Dr. Schuerman-Gen is passionate about value-based care and serves as an industry thought leader on the transformation of kidney care models. Dr. Schuerman-Gen received her medical degree from Albany Medical College and completed her internal medicine and nephrology fellowship at the University of Colorado. Before joining DaVita in 2020, she led a community nephrology practice in central California and was the medical director at a local outpatient dialysis and peritoneal dialysis center.

### About DaVita Integrated Kidney Care

DaVita Integrated Kidney Care (DaVita IKC) is the integrated care division of DaVita Kidney Care with programs operating under the DaVita® and VillageHealth® brands for Total Renal Care, Inc. and VillageHealth DM, LLC. DaVita IKC is the country's largest kidney care provider accredited by the National Committee for Quality Assurance (NCOA). It provides comprehensive care and complex chronic condition management to patients nationwide, whether they are in the early stages of kidney disease, transitioning to end-stage kidney disease, seeking a kidney transplant or receiving life-sustaining dialysis. Over 100,000 lives have been impacted by over 20 years of delivering integrated kidney care. Visit <u>DaVita.com/IKC</u> for more information.

#### About DaVita Inc.

DaVita (NYSE: DVA) is a health care provider focused on transforming care delivery to improve quality of life for patients globally. The company is one of the largest providers of kidney care services in the U.S. and has been a leader in clinical quality and innovation for more than 20 years. DaVita cares for patients at every stage and setting along their kidney health journey—from slowing the progression of kidney disease to helping to support transplantation, from acute hospital care to dialysis at home. As of September 30, 2021, DaVita served 203,000 patients at 2,822 outpatient dialysis centers in the United States. The company also operated 333 outpatient dialysis centers in ten countries worldwide. DaVita has reduced hospitalizations, improved mortality, and worked collaboratively to propel the kidney care industry to adopt an equitable and high-quality standard of care for all patients, everywhere. To learn more, visit DaVita.com/About.

# Forward-Looking Statements

Certain statements in this press release are forward-looking statements that are subject to risks and uncertainties. These forward-looking statements are based on management's current expectations. Various important factors could cause actual results to differ materially from these forward-looking statements, including the risks identified in our U.S. Securities and Exchange Commission filings. DaVita disclaims any obligation to update any forward-looking statement contained in this press release, except as may be otherwise required by law.

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