



History

Sanderling Renal Services was founded in 2012. The history of Sanderling dates back, through its founder, Dr. Jerome Tannenbaum, to 1986, when he started his first dialysis clinic in Columbia, Tennessee.

Dr. Tannenbaum founded REN Corporation-USA (REN Corp) in 1986 in direct response to the needs of his patients, some of whom were facing 60-90 mile commutes to reach a dialysis facility. He designed smaller clinics designed to meet the needs of smaller communities and built REN Corp into a national company serving the needs of patients with ESRD. Dr. Tannenbaum pioneered the use of Electronic Medical Records in the dialysis environment, and as early as 1987 had all of the REN Corp facilities sharing a common database, making the real-time management of patients in remote communities feasible. This capability attracted a number of major teaching institutions to work with REN Corp, including Duke University, Emory, University of Miami, Medical College of Virginia, Yale, Boston University, UC San Diego, and many more.

After Gambro's acquisition of REN Corp in 1995, Dr. Tannenbaum focused on the development of the PEARL Electronic Medical Record, which has served as the core of one of the first, and, to this day, largest telemedicine programs in the United States.

In 1998 Dr. Tannenbaum founded National Nephrology Associates which included both renal practice management and dialysis. By 2002 NNA had become the fourth largest dialysis provider in the United States. It was acquired by Renal Care Group in 2004. Renal Care Group was acquired by Fresenius about a year after their purchase of NNA in the largest financial transaction in the history of the dialysis industry.

Dr. Tannenbaum established DSI Renal to acquire 109 clinics from Fresenius in 2006, once again becoming the founder and Chairman of the fourth largest dialysis provider in the United States. DSI Renal was acquired by DaVita in 2011.

The Present

The affiliations Dr. Tannenbaum has developed over the past 25 years with major teaching centers, and university-trained nephrologists of the highest caliber, has allowed him to assemble a network of outstanding nephrologists who are now re-affiliating with Dr. Tannenbaum through Sanderling. Dr. Tannenbaum and these affiliated nephrologists recognize the ability of telemedicine to bridge the gap between rural communities and renal subspecialists, and simultaneously, help solve the critical shortage of renal physicians in general.

By assembling a national team of nephrologists, and coupling that team's medical skills with telemedicine, and some other innovative processes related to the design and construction of dialysis centers, Sanderling is now bringing dialysis services to small communities that have previously been un-served or under-served with respect to renal medicine.

Sanderling is a company with strong physician leadership. It places patient care as its primary goal, and is highly selective when affiliating with its physicians and the staff of its dialysis centers. Sanderling is not looking to be the largest dialysis provider, but it is looking to be the provider that is known for consistently high quality of its clinics and affiliates.

Physician Leadership

Sanderling Renal Services is a closely held company whose owners include 23 board-certified nephrologists.

Services

Sanderling is a full-service provider of dialysis and renal telemedicine. It has the in-house staff to develop and operate free-standing and hospital-based dialysis clinics, including site location, design, construction, equipment selection, managed care contracting, and operation.

Site selection begins with a proprietary method of demographic and feasibility analysis. Financial feasibility is determined using 'tried and true' forecasting tools that have proven to be highly accurate over the years.

Sanderling's proprietary designs and methods of construction result in highly cost-effective facilities that can be open within six months of identifying a site. Great care has been taken to eliminate wasted space; this has initial cost, and operational cost implications, and the Sanderling design often results in a 10% to 15% reduction in the total cost of ownership compared with other clinic designs. All of its designs are rigorously tested against the International Building Code (IBC), The Guidelines for Healthcare Facility Design and Construction (AIA), and all local, state, and CMS regulations that apply to the clinic being built.

Sanderling has national purchasing agreements with the largest equipment and supply manufacturers and has significant volume discounts which are passed on to its joint venture partners.

Sanderling clinics are totally paperless and in a position to achieve Meaningful Use. Physicians are given access to the Electronic Record (with appropriate security) from their homes and offices, and mobile devices. Centralized personnel handle the majority of administrative functions, including billing, collection, Human Resources, purchasing, regulatory reporting, and medical record audits. One of Sanderling's objectives is to relieve clinic personnel of administrative paperwork and allow them to focus exclusively on patient care.



Telemedicine

Sanderling provides tele-nephrology services through its network of nephrologists under contracts with the local hospital in a community. This service is often extended into the primary care offices of local providers, with the help of the local hospital. Patients with CKD and ESRD are frequently able to receive the renal care they need without leaving their home town. Sanderling nephrologists provide emergency renal coverage 24 hours a day to the hospitals it serves.

The screenshot displays two windows from the SRS of Holdenville/IN-CENTER software. The top window, titled 'Renal CQI Lab - Condensed', shows a table of lab results for various patients. The bottom window, titled 'Problems for MIMSTEST, ALAN', shows a list of patient problems with details such as ICD-9 code, first observed date, status, and problem ID.

Renal CQI Lab - Condensed

Department Name	Pt ID	Period	Chemistry	Dialysis Adequacy	Anemia Management	PHOSPHORUS (mg/dL)							
			ALBUMIN	SERUM POTASSIUM (K+)	URR (%)	KT/V	HEMATOCRIT (HCT)	HEMOGLOBIN (HGB)	HEMOGLOBIN X3	FERRITIN	IRON SATURATION (% IRON)	RETICULOCYTE COUNT MANUAL (RETICS)	
		Average:	3.77	4.57	73.33	1.56	31.34	10.13	6.00	420.25	31.00	0.00	3.0
1	IN-CENTER	A	201309	4.10	4.65	70.00	1.34	27.90	9.00	887.00	30.00		5.0
2	IN-CENTER	B	201309	3.60	4.50			22.90	7.82		22.00		5.0
3	IN-CENTER	B	201309	4.20	5.50	77.00	1.88	25.70	8.60		31.00		4.0
4	IN-CENTER	C	201309	2.90	5.10	76.00	1.84	36.10	11.45		27.00		4.0
5	IN-CENTER	F	201309	4.10	4.80	71.00	1.38	30.10	9.90	71.00	71.00		3.0
6	IN-CENTER	F	201309	4.10	3.80	74.00	1.65	30.20	9.90		31.00		4.0
7	IN-CENTER	G	201309	4.00	5.55	74.00		42.40	17.00		51.00		5.0
8	IN-CENTER	G	201309	4.20	4.20	74.00		28.10	9.00	882.00	33.00		5.0
9	IN-CENTER	H	201309	3.90	3.60	61.00	1.03	35.40	11.95		22.00		3.0
10	IN-CENTER	H	201309	3.40	5.20	65.00	1.19	30.20	9.00	271.00	11.00		4.0
17	IN-CENTER	H	201309		4.00			36.10	11.75				5.0
11	IN-CENTER	M	201309	4.20	4.40	73.00	1.48	30.90	10.30		30.00		4.0

Problems for MIMSTEST, ALAN

7	Display On Form?	Problem Description	Category / Subcategory	Group	ICD-9 Code	First Observed	Status	Problem ID	Proposed End Date	Documents Not Avail
1	Yes	PERITONEAL DIALYSIS CATHETER MALFUNCTION	I	PRIMARY	596.50	03/16/2013 14:32	ACTIVE	2699129		
2	Yes	ACUTE RENAL FAILURE, UNSPECIFIED	I	PRIMARY	584.9	03/16/2013 14:32	ACTIVE	2699128		
3	Yes	DIABETES WITH RENAL MANIFESTATIONS, TYPE II, NIDDM	I	PRIMARY	250.4	03/01/2013 14:49	ACTIVE	2699124		
4	Yes	HYPOCALCEMIA	I	PRIMARY	275.41	03/01/2013 14:40	ACTIVE	2699123		
5	Yes	SECONDARY HYPERTHYROIDISM (OF RENAL ORIGIN)	I	PRIMARY	588.81	03/17/2013 09:16	ACTIVE	2699133		
6	Yes	IRON DEFICIENCY ANEMIA, UNSPECIFIED	I	PRIMARY	280.9	03/17/2013 09:08	ACTIVE	2699132		
7	Yes	BENIGN ESSENTIAL HYPERTENSION (HTN)	I	PRIMARY	401.1	03/16/2013 14:08	ACTIVE	2699127		
8	Yes	ANEMIA IN END STAGE RENAL DISEASE	I	PRIMARY	285.24	03/16/2013 13:59	ACTIVE	2699126		
9	Yes	END STAGE RENAL DISEASE (ESRD)	I	PRIMARY	585.6	02/02/2013 16:28	ACTIVE	2699120		
10	Yes	ATRIAL FIBRILLATION	I	PRIMARY	427.31	03/16/2013 10:38	ACTIVE	2699406		Y

Working with Sanderling

Sanderling has several formats for developing a relationship with an organization and its physicians. Sanderling is willing to be a partial owner, taking shared risk with the organization, or is willing to be the sole owner of the clinic and assume the full financial risk under certain circumstances. Each organization has its own priorities and financial tolerance for risk. Sanderling's goal is to affiliate with high quality healthcare providers and tailor the relationship in a manner that accommodates the goals of those providers.

Current and ongoing projects

Sanderling Renal Services opened its first clinic in rural Oklahoma in March 2013, and is currently developing clinics in California, Nevada, Colorado, Missouri, and additional clinics in Oklahoma. We welcome you to become part of Sanderling's network.