

## **Kidney Care Choices (KCC) Model**

**Evaluation Findings for Performance Year (PY) 2022** 

Participants choose to join one of two model

options. Kidney Care First (KCF) is available to

nephrology practices and their nephrologists and

nephrology professionals only. Comprehensive

## **MODEL OVERVIEW**

Kidney Care Choices (KCC) is a voluntary model designed to improve care management for Medicare patients with chronic kidney disease (CKD) Stage 4 or 5 and end-stage renal disease (ESRD). KCC aims to:

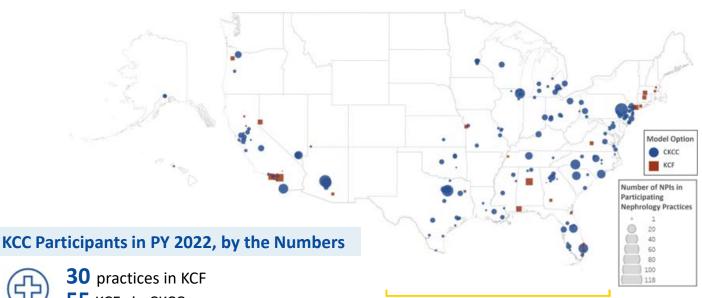
- Delay the onset of dialysis and improve dialysis starts
- Increase home dialysis
- Increase kidney transplantation
- Reduce Medicare expenditures
- Preserve or enhance quality of care

Kidney Care Contracting (CKCC) is available to nephrology practices that team with a transplant provider and optional partners such as dialysis facilities to form Kidney Contracting Entities (KCEs).

> The first KCC cohort began participating in January 2022, and a second and final cohort joined in January 2023.

### **PARTICIPANTS**

### **Geographic Distribution of KCC Participants\***





**55** KCEs in CKCC

**291** nephrology professionals in KCF **2,565** nephrology professionals in CKCC



**133** transplant providers in CKCC **2,217** dialysis facilities in CKCC



**30%** of model-eligible Medicare fee-forservice beneficiaries aligned to KCC

- Cohort 1 participants spanned 33 states and the District of Columbia.
- Midwest and West census regions were underrepresented in the model.
- Based on the average number of nephrology professionals, practices in CKCC were slightly larger than practices in KCF.

<sup>\*</sup>Map shows 2019 data on KCF Practices and practices in KCEs based on the Quarter 2 PY 2022 participation list of aligning providers.



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#### **FINDINGS**

#### **Home Dialysis and Related Measures**



- The KCF model option increased the proportion of patients with ESRD dialyzing at home (20%). Home dialysis training increased in CKCC (32%).
- Both model options increased peritoneal dialysis, the primary modality for home dialysis (KCF: 26% and CKCC: 8%).

#### **Quality and Patient Experience of Care**



- The CKCC model option increased the percentage of new patients with ESRD who received a planned start of renal replacement therapy (Optimal ESRD Starts) by 16%.
- KCC did not change ESRD-related hospitalizations or medication use for patients with CKD.

#### **Waitlisting and Transplants**



- The KCC Model did not affect overall transplant rates.
- The CKCC model option increased the proportion of patients with an "active" waitlist status (15%).

#### **Medicare Spending and Utilization**





- The model had no impact on Total Medicare Parts A & B payments, net Medicare savings or losses, or Part D drug costs per patient per month. Total dialysis payments increased modestly for CKCC (1%).
- KCC had no impact on the frequency of outpatient dialysis use, hospitalizations, readmissions, or emergency department visits in PY 2022.

#### **Model Implementation**



 Surveyed KCC participants reported engaging in model Learning System activities, developing partner relationships, using Benefit Enhancements, implementing Patient Activation Measures, and screening for health-related social needs.

# 🗑 KEY TAKEAWAYS 🤄

- In the **first performance year** of the KCC Model, consisting of Cohort 1 participants, **home dialysis in KCF** and home dialysis training in CKCC increased.
- The model increased Optimal ESRD Starts in CKCC, although most other quality measures were unchanged.
- There was no evidence of impacts on overall Medicare payments, net savings or losses to Medicare, or unintended consequences.
- Given the challenges of increasing home dialysis and transplant rates and the early stage of the model implementation, it is too early to form conclusions about possible longer-term impacts of the model.