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Findings at a Glance

Comprehensive End-Stage Renal Disease (ESRD) Care (CEC) Model

Evaluation through December 31, 2020

MODEL OVERVIEW

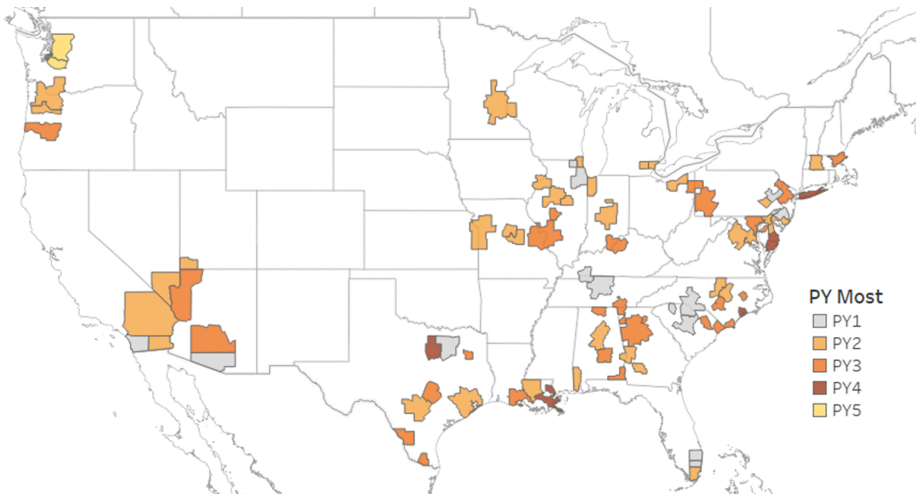
The Comprehensive End-Stage Renal Disease (ESRD) Care (CEC) Model tests whether the creation of ESRD Seamless Care Organizations (ESCOs) can reduce Medicare expenditures while maintaining or improving quality of care. Each ESCO, which is made up of dialysis facilities, nephrologists, and other providers, is a specialty-oriented accountable care organization (ACO) that assumes responsibility for the quality of care and Medicare Part A and Part B spending of their aligned beneficiaries. These ESCOs represent a variety of geographic regions, ownership structures, and sizes.

PARTICIPANTS

The CEC Model began October 1, 2015 with 13 ESCOs (Wave 1). At the start of the second performance year (PY2) on January 1, 2017, 24 new ESCOs (Wave 2) joined the model. Four ESCOs left the model in PY4. A total of 37 ESCOs participated in the model.

Seven dialysis organizations participated in the model. These included three large dialysis organizations (LDOs), Fresenius, DaVita, and Dialysis Clinic, Inc. (DCI), and four small dialysis organizations (or non-LDOs), Rogosin, Atlantic, Centers for Dialysis Care (CDC), and Northwest Kidney Care (NKC).

Location of CEC Participants, by Dialysis Organization



CEC Model, by the numbers

7	Total dialysis organizations participated in CEC during PY5
1,290	Dialysis facilities participated in the model in PY5
17%	of all dialysis facilities in the United States (US) were in the model in PY5
35	Average number of dialysis facilities included in each ESCO
62,501	Approximate number of Medicare beneficiaries with ESRD who participated in PY5 of the CEC Model
13%	of Medicare beneficiaries with ESRD were in the model in PY5

This document summarizes the evaluation report prepared by an independent contractor. For more information about the CEC Model and to download the evaluation report, visit https://innovation.cms.gov/initiatives/Comprehensive-ESRD-care/

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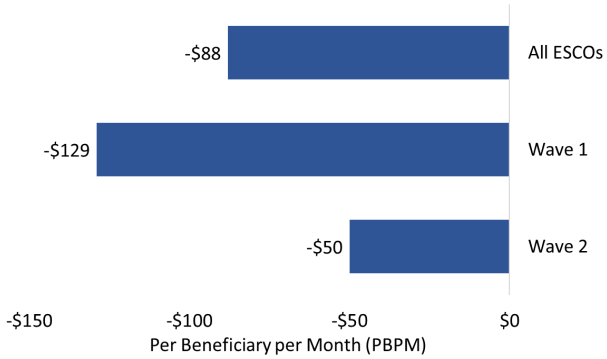
FINDINGS

The evaluation included the period from October 2015 to December 2020. The CEC Model included an optional extension of participation through March 2021.

PAYMENTS

The CEC Model **reduced Medicare spending by $217 million** from PY1-PY5, or 1.3% relative to the pre-CEC period. These results were primarily driven by Wave 1 ESCOs. **These results do not account for shared savings payments made to ESCOs.** See prior report for net savings estimate through PY4.

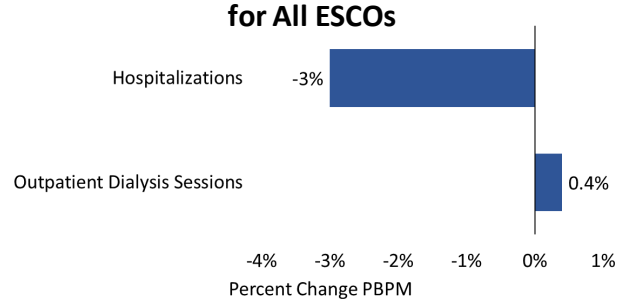
Estimated Change in Medicare Spending for All ESCOs and by Wave (Before Shared Savings Payments)



UTILIZATION

There was a **3% decrease in the number of hospitalizations** and a **0.4% increase in the number of outpatient dialysis sessions** for CEC beneficiaries relative to non-CEC beneficiaries. These results may be due to ESCOs targeting patients at a high risk of hospitalization, increasing access to urgent dialysis care at facilities, and coordinating care to reduce avoidable hospital admissions.

Impact Estimate on Select Utilization Outcomes for All ESCOs

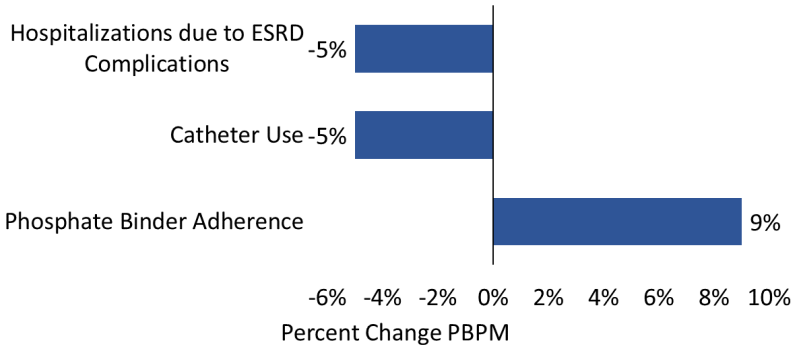


QUALITY

The CEC Model improved key quality outcomes. CEC beneficiaries experienced **5% fewer hospitalizations from ESRD complications** and were **5% less likely to use a catheter** compared to non-CEC beneficiaries. The CEC Model **improved phosphate binder adherence by 9%**.

In addition, there was no evidence that the relative reductions in cost and utilization compromised quality in other areas.

Impact Estimate on Select Quality Measures for All ESCOs



KEY TAKEAWAYS

The CEC Model is the first Medicare ACO model that targets a particular clinical population. Results show specialty-oriented ACOs for beneficiaries with ESRD can reduce spending while improving key quality outcomes.