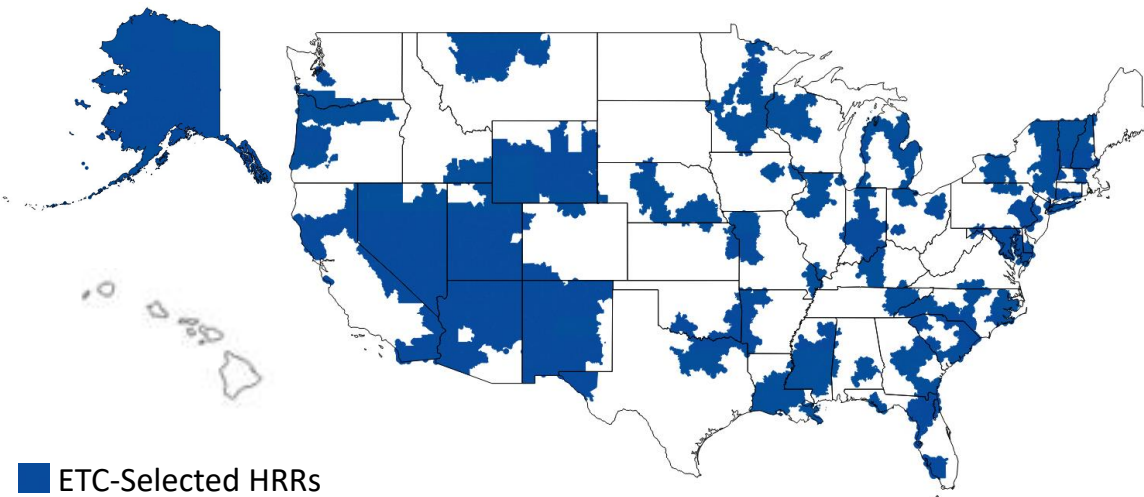


MODEL OVERVIEW

The End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model is intended to encourage greater use of home dialysis, transplant waitlisting (as a proximal step towards kidney transplantation that Participants may have more direct control over), and kidney transplantation among Medicare beneficiaries with ESRD, while reducing Medicare expenditures, preserving or enhancing quality of care, and addressing health equity.

ESRD facilities and Managing Clinicians were selected from 31% of Hospital Referral Regions (HRRs) nationwide to participate in the ETC Model from January 2021-June 2027. The ETC Model includes both HRRs selected at random and HRRs located in Maryland. CMS is applying positive only adjustments to Medicare payments to participating ESRD facilities and Managing Clinicians for home dialysis and related services during the first three years of the model. Starting in July 2022, CMS began to adjust payments (positive or negative) for all dialysis and related services based on patient use of home dialysis and transplantation. This document summarizes the impact observed from CY 2021-CY 2022, the first two years of the ETC Model.

PARTICIPANTS



ESRD facilities and Managing Clinicians located in randomly selected HRRs. Maryland HRRs are also included in the ETC Model.

The model includes 31% of HRRs nationwide.

■ ETC-Selected HRRs



95
ETC HRRs



2,564
Participating ESRD Facilities



121,451
Participating Medicare FFS Beneficiaries (34% of Medicare FFS beneficiaries with ESRD)



5,656
Participating Managing Clinicians

FINDINGS



HOME DIALYSIS & RELATED MEASURES

Home dialysis grew similarly across ETC areas and the comparison group, increasing 12% to 15.2% in ETC areas and 12.7% to 15.9% in the comparison group from 2017-2019 to 2021-2022, respectively. To date the ETC Model has led to an 8% increase in home dialysis training, though most of this change occurred in 2021.



WAITLISTING & TRANSPLANT

The ETC Model did not result in any statistically significant differences in waitlisting and living donor transplant rates compared to beneficiaries receiving care outside of the model during the first two years. While the overall transplant rate increased 10% and the deceased donor transplant rate increased 11%, this growth occurred in 2021 was not sustained in 2022.



MEDICARE SPENDING & UTILIZATION

There were **no significant differences in total Medicare Parts A, B, and D payments** per patient per month. There was no significant differences in hospitalizations or readmissions to date relative to the comparison group.



MODEL IMPLEMENTATION

Interviews with ETC participants **did not indicate a shift in behavior** beyond their current practices to increase home dialysis in response to the model's incentives.



HEALTH EQUITY

Significant disparities exist in kidney disease rates and outcomes based on race and ethnicity. Black, Native American, Asian, and Hispanic individuals have higher incidence and prevalence of disease relative to white and non-Hispanic individuals. Racial differences in access to kidney transplantation are well documented. To date, the evaluation did not reveal **early detectable pattern of different effects of the model on underserved populations.**



QUALITY & PATIENT EXPERIENCE OF CARE

There were **no changes detected on measures of infections or other complications among dialysis patients, on patient mortality, or on experience of care** among in-center hemodialysis patients to date between the ETC areas and the comparison group.



KEY TAKEAWAYS



Through the **first two years** of the ETC Model, there was **no difference** in the growth in home dialysis between the ETC areas and the comparison group. Overall transplantation increased, but there was **no significant increase on transplant waitlisting or living donor transplantation.** There are **no differences in Medicare spending, no worsening or improving of underlying disparities, and no unintended consequences.** Given the challenges and the complexity of increasing home dialysis and transplant rates and the early stage of the model implementation, **it is early to form conclusions about possible longer-term impacts of the model.**