

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:

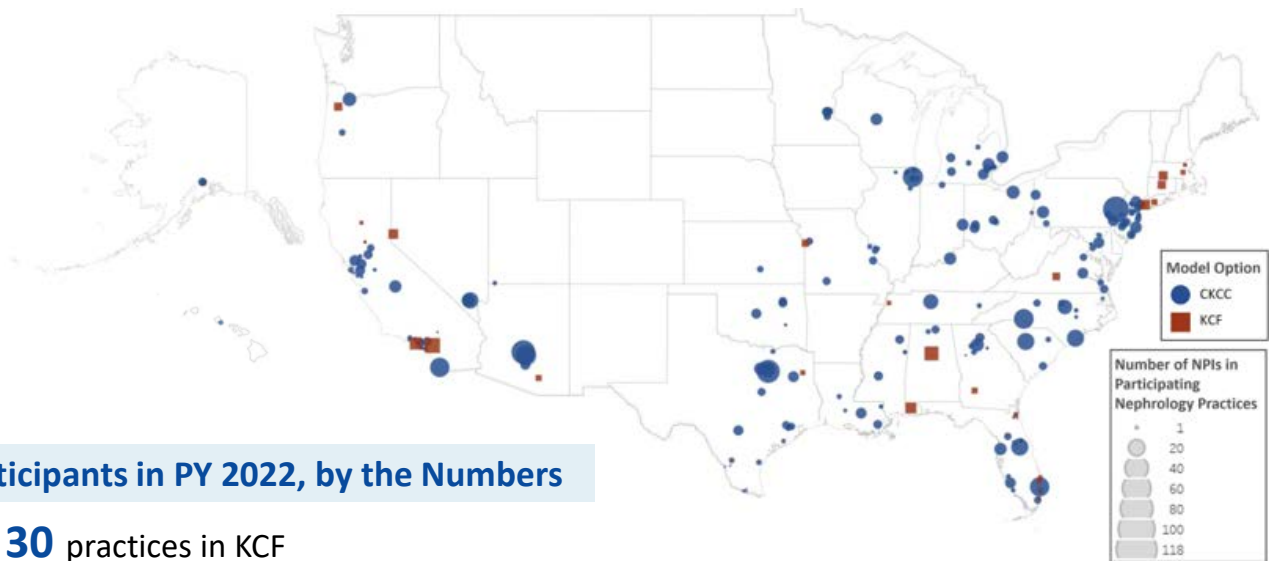
- Delay the onset of dialysis and improve dialysis starts
- Increase home dialysis
- Increase kidney transplantation
- Reduce Medicare expenditures
- Preserve or enhance quality of care

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 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*



KCC Participants in PY 2022, by the Numbers



30 practices in KCF
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-for-service 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.**

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

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.**