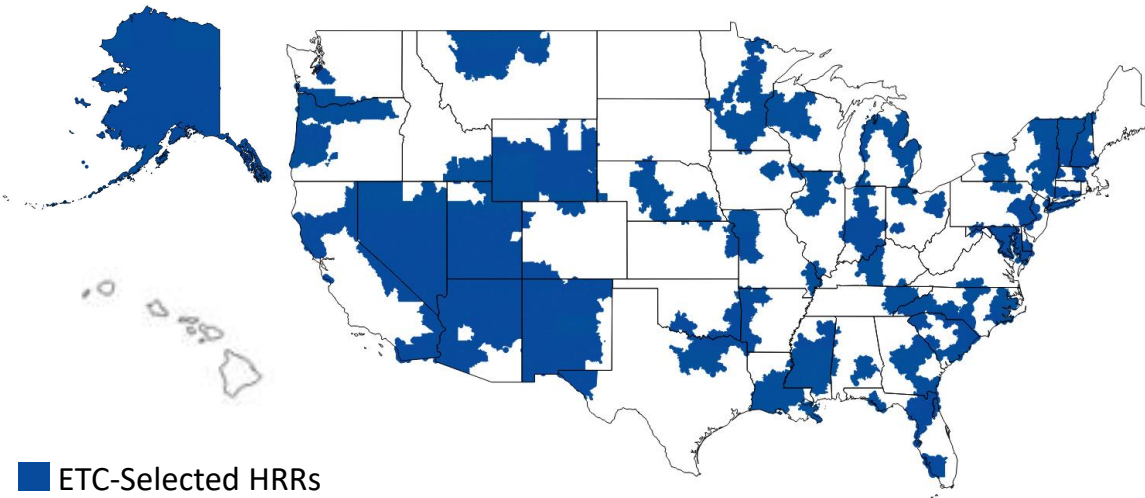


MODEL OVERVIEW

The End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model is intended to encourage greater use of home dialysis 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 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 also began to adjust payments for all dialysis and related services based on patient use of home dialysis and transplantation. This document summarizes the impact observed in 2021, the first year 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.



95
ETC HRRs



2,519
Participating ESRD Facilities



99,699
Participating Medicare FFS Beneficiaries (34% of Medicare FFS beneficiaries with ESRD)



4,749
Participating Managing Clinicians

FINDINGS

HOME DIALYSIS & RELATED MEASURES



While there has been recent growth in home dialysis use nationally, **during the first year the ETC Model did not lead to faster growth in home dialysis use** in ETC areas.

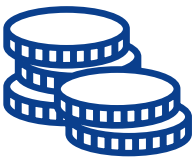
The ETC Model resulted in an additional 546 patient-months with home dialysis training in ETC areas, corresponding to a 9% increase over pre-ETC home dialysis training rates. Assuming one or two months with **home dialysis training** claims per patient, an **additional 273 to 546 ETC patients underwent home dialysis training** in CY 2021.

WAITLISTING & TRANSPLANT



The ETC Model resulted in an **additional 663 patients on the waitlist** in ETC areas in CY 2021 than would have otherwise occurred, corresponding to a 4% increase over pre-ETC waitlist rates. Overall kidney transplants also increased in ETC areas by an **additional 225 transplants**, corresponding to a 10% increase over pre-ETC transplant rates. The growth in overall transplants is attributed to the growth in deceased-donor transplants.

MEDICARE SPENDING



There was **no early impact on total Medicare Parts A and B payments** per patient per month, nor for total Part A payments and total Part B payments when examined separately.

UTILIZATION



There was **no early impact on hospitalizations** or on other types of acute care services, including hospital readmissions and outpatient emergency department use.

IN-CENTER HEMODIALYSIS PATIENT EXPERIENCE of CARE



The ETC Model **did not lead to a change in experience of care** among in-center hemodialysis patients.



KEY TAKEAWAYS



Through the first year of the ETC Model, there is evidence of modest early gains in home dialysis training and transplants incentivized under the model, no early impacts on overall Medicare spending, and no evidence of unintended impacts. As these are early findings, future reports may provide more definitive conclusions.