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.

This document summarizes the evaluation report prepared by an independent contractor. For more information about the ETC Model and to download the evaluation report, visit https://innovation.cms.gov/innovation-models/esrd-treatment-choices-model.
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.