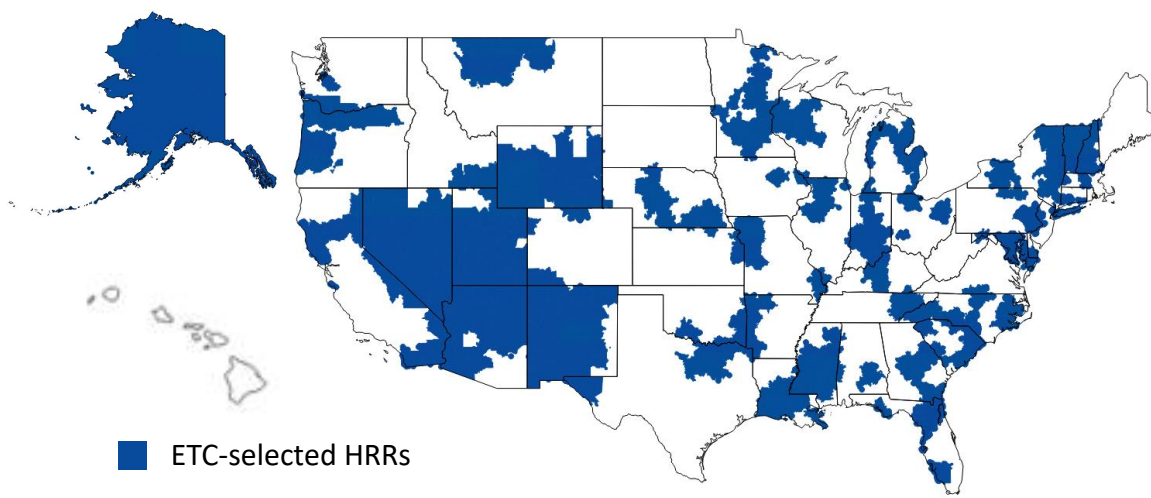


## MODEL OVERVIEW

- The End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model is intended to **encourage greater use of home dialysis and kidney transplantation** among ESRD Medicare patients, while **reducing Medicare expenditures and preserving or enhancing quality of care**.
- During the first three years of the model (2021-2023), CMS applied **positive adjustments to Medicare payments** to participating ESRD facilities and Managing Clinicians for treating **home dialysis patients**.
- In July 2022, CMS began **adjusting payments** to participating ESRD facilities and Managing Clinicians **upward or downward** based on **patient use of home dialysis and transplantation**.
- In July 2023, CMS started providing **additional support** to participating ESRD facilities and Managing Clinicians treating patients who are covered by both Medicare and Medicaid or receive assistance with their prescription drug costs as part of their Part D plan (known as the Low Income Subsidy).

## PARTICIPANTS



ESRD facilities and Managing Clinicians located in randomly selected HRRs.

The model includes 31% of HRRs nationwide.



**95**  
ETC HRRs



**2,591**  
Participating ESRD Facilities



**141,890**  
Participating Medicare Fee-for-Service (FFS) Beneficiaries (34% of Medicare FFS beneficiaries with ESRD)



**6,379**  
Participating Managing Clinicians

## FINDINGS

### HOME DIALYSIS & RELATED MEASURES



- No impact on home dialysis to date. Home dialysis continued to grow similarly in ETC areas and the comparison group.
- The ETC Model led to an additional 360 patients training for home dialysis and 102 home dialysis patients being transplanted per year.

### WAITLISTING & TRANSPLANT



- No impact on waitlisting and living donor transplant rates in the first 3 years of the model.
- Faster growth in overall transplant rates in ETC areas was driven by an increase in deceased donor transplants.

### MEDICARE SPENDING & UTILIZATION



- Net increase in total Medicare payments of \$99 million.
- No impact on hospitalizations, readmissions, or emergency department use.

### SUBPOPULATIONS OF INTEREST



- Greater gains in home dialysis use among patients in rural areas. No other patterns of different impacts on patient populations of interest.
- Based on interviews with patients and participating ESRD facilities and Managing Clinicians, barriers to home dialysis and transplantation include the need for improved education on ESRD treatment options, access to reliable transportation, mental health support services, and improved communication during the transplant process.

### PATIENT EXPERIENCE OF CARE & QUALITY OF LIFE



- The model preserved patient quality of life and experience of care for patients who dialyze at home or in-center.

### QUALITY OF CARE



- No increase in infections or other complications among dialysis patients or in patient mortality.



## KEY TAKEAWAYS



Through the first 3 years of the ETC Model, there was an **increase** in the frequency of **home dialysis training** but **no increase** in the overall use of **home dialysis**. There was **no impact** on **transplant waitlisting** or on **living donor transplant rates**, which are incentivized by the model. There was a **net increase** in **Medicare payments** and **no decline** in **quality of care** for dialysis patients.

The ETC Model is proposed to end December 31, 2025.