

### Findings at a Glance

## MODEL OVERVIEW

**Kidney Care Choices (KCC)** is a voluntary model designed to improve quality of care while decreasing Medicare spending for Medicare patients with chronic kidney disease (CKD) Stage 4 or 5 and end-stage renal disease (ESRD).

Participants could join one of two model options: **Kidney Care First (KCF)** or **Comprehensive Kidney Care Contracting (CKCC)**. The first KCC cohort began participating in January 2022, and a second and final cohort joined in January 2023.

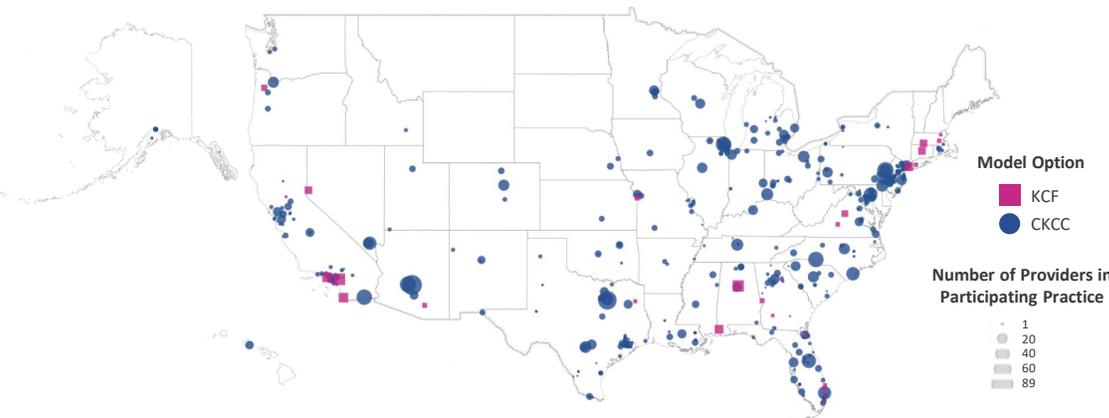


### MODEL GOALS

- ◆ Slow progression of CKD
- ◆ Increase home dialysis
- ◆ Increase kidney transplantation

## PARTICIPANTS

### Geographic Distribution of KCC Participants



Map shows the size of practices that participated in the model in 2022 or 2023 based on data from 2019 (before model implementation).

### State Representation

44 states and DC

### Region

High concentration in South  
Underrepresentation in Midwest

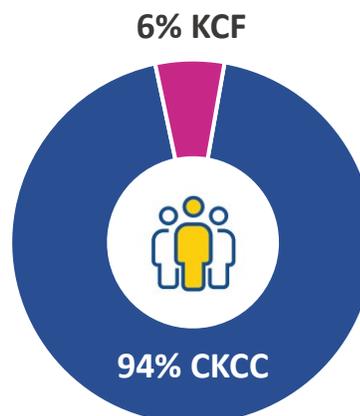
### Practice Size

Slightly larger practices in CKCC than in KCF

### KCC Patients & Participants in 2023, by the Numbers

#### Patients Aligned to the KCC Model

**94%** of patients in the CKCC model option  
**51%** of Medicare fee-for-service patients with advanced kidney disease



### Model Option Participants

**30** practices in KCF  
**100** KCEs in CKCC

### Nephrology Professionals

**339** in KCF  
**4,331** in CKCC

### Partners in CKCC

**229** transplant providers  
**1,594** dialysis facilities

### Findings at a Glance

#### FINDINGS



##### Dialysis Modality & Quality of Care

- **Increase in home dialysis rates** of 10% (translating to 800 more patients), driven by increased use of peritoneal dialysis
- **Increase in Optimal ESRD Starts**—the percentage of new patients with ESRD who received a planned start of renal replacement therapy—of 31% (700 more patients)
- **No delay in the progression of CKD**



##### Waitlisting & Transplants

- **No impact on overall rates of transplantation** but **increase in rates of living donor transplants** of 22% (75 more patients)
- **Increase in preemptive waitlisting**—waitlisting before a patient needs to start dialysis—of 37% (128 more patients)



##### Medicare Spending & Utilization

- **Increase in net Medicare spending** of \$304.8 million, primarily due to incentive payments to participants
- **No impact on total Medicare Parts A & B payments**
- **No impact on acute care use** (hospitalizations, readmissions, or emergency department visits)



##### Patient-Reported Outcomes

- The KCC Model was associated with **more patients with CKD receiving information about treatment options**
- KCC patients had **improved patient activation scores**, which measure a person's ability to manage their health and health care

#### KEY TAKEAWAYS

In its second performance year, the KCC Model led to **improvements in quality** but an **increase in net Medicare spending**. Changes in quality and utilization of care in line with model goals include:

- **Increase** in use of home dialysis
- **Increase** in Optimal ESRD Starts
- **Increase** in living donor transplant rates
- **Improvements** in information sharing with patients and patient activation

*The CKCC model option was extended by 1 year and will end December 31, 2027. The KCF model option ended December 31, 2025.*