

# ESRD Treatment Choice Learning Collaborative (ETCLC) Quality Improvement (QI) Team

## Contract for Results

### ETCLC Bold AIMs



**AIM#1 (OPO, transplant program, and patient focused)**

**Increase the number of deceased donor kidneys transplanted by 7% in the first year. Increase by 2% of each following year, ending with a total increase of 15% over baseline for the total 5-year project.**



**AIM #2 (OPO, transplant program, and patient focused)**

**Decrease the current national discard rate of all procured kidneys from 20% to 15% for the total 5 year project by spreading highly effective practices of transplant programs and OPOs that are successfully transplanting all available kidneys and regularly engaging patients.**



**AIM #3 (OPO, donor hospital, and donor family focused)**

**Increase the percentage of change for kidneys recovered for transplant in the 60-85 Kidney Donor Profile Index (KDPI) score group by 2 percentage points for the first year. Ending the project with a 14 percentage point increase for the total 5 year period, by spreading highly effective practices from high performing OPOs and donor hospitals.**

### Introduction

In July 2019, an Executive Order was signed to launch the Advancing American Kidney Health (AAKH) initiative to transform the way we prevent and treat kidney disease in the U.S. This initiative will improve the lives of those with kidney disease, expand options for patients, and reduce healthcare costs.

To accomplish the goals of AAKH initiative, Centers for Medicare & Medicaid Services (CMS), created the End Stage Renal Disease (ESRD) Treatment Choice (ETC) payment models to encourage preventative kidney care, home dialysis, and kidney transplants. To support the ETC model's focus on increased kidney transplants, CMS, in collaboration with Health Resources & Services Administration (HRSA), established the Technical Assistance, Quality Improvement, and Learning (TAQIL) contract. The TAQIL contract is responsible for the development of the ETCLC. Much of this work is based on the very successful HRSA Organ Donation Breakthrough Collaborative and the more recent Organ Procurement and Transplantation Network Collaborative Innovation and Improvement Network, or COIIN, study.

TAQIL, through the ETCLC, will bring HRSA, CMS, transplant centers, Organ Procurement Organizations (OPO), and the nation's largest donor hospitals together to generate increased quality and cost-savings to Medicare using systematic quality and process improvement, and greater quality of life to Americans with ESRD. This work will be supported by National Faculty, two National Faculty Chairs, and a Leadership Coordinating Council made up of more than twenty organizations in the field. Specifically, the ETCLC shall engage transplant centers, OPOs, large donor hospitals, patients, and donor family members to identify highly effective practices currently in use at exemplary organizations and spread the use of these practices throughout the kidney transplant community.

### Quality Improvement (QI) Teams

The ETCLC will be assembled into 25 QI teams across the nation, to include professionals from OPOs, transplant centers, donor hospitals, patients, and donor families. Every QI team will be guided by an experienced QI coach to support the team in successfully accomplishing the activities to meet the AIMs. QI Coaches will assist teams with results-oriented QI support related to:

- Implementing quality improvement methodologies in their settings
- Collecting and analyzing their data to drive change
- Spreading highly effective practices identified through rapid small tests of change
- Identifying presenters for pacing events and LAN calls



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## QI Team Responsibilities

- Convene at least monthly depending on the needs of the individual QI team.
- Regularly collaborate with data-driven high performing transplant centers, OPOs, and donor hospitals to gain expertise and facilitate change.
- Develop, document, and disseminate highly effective practices, proven care methods, and strategies for resolving health inequities.
- Facilitate adapting and leveraging change package ideas to increase kidney utilization and donation.
- Engage in case-based learning techniques and strategies to master complex issues and uncover promising practices and barriers.
- Use quality improvement tools (e.g., PDSA cycles, rapid small tests of change) to support implementation of highly effective practices and proven care methods identified by high performing transplant centers, OPOs and donor hospitals
- Participate in the broader learning community with other QI teams to share data and methods that support the ETCLC AIMS.

Organization Name and Address:

Point of Contact (POC) Name:

POC Direct Phone & Email Address:

By signing this commitment paper, I agree to commit my organization as an active QI team partner and am committed to generating results of the National AIMS. Should I no longer be able to participate in the QI team, I agree to provide 5-business days advance notice of my resignation from the QI team.

Point of Contact Name

Signature

Date

C-Suite Executive Leadership

Signature

Date

**Please return completed form**  
**Email: [TAQILInfo@hsag.com](mailto:TAQILInfo@hsag.com) | Fax: 813.354.1514**

**Questions? Please contact [TAQILInfo@hsag.com](mailto:TAQILInfo@hsag.com)**