

End Stage Renal Disease Treatment Choices Learning Collaborative (ETCLC) Recruitment Talking Points

What is the End Stage Renal Disease (ESRD) Treatment Choices Learning Collaborative (ETCLC)?

- The Centers for Medicare & Medicaid Services (CMS), in collaboration with the Health Resources & Services Administration (HRSA), has launched a new transplant learning collaborative, called the ETCLC. It began in August 2021.
 - The first key activity is to enroll 80% of Organ Procurement Organizations (OPOs) and transplant programs plus two donor hospitals per OPO donor service area (DSA) in the collaborative.
- The learning collaborative supports a CMS Innovation Center, or Center for Medicare & Medicaid Innovation (CMMI), model — the ESRD Treatment Choices (ETC) model.
- This is the only transplant learning collaborative currently designed and implemented by CMS and HRSA.
- It will be run and supported by the Technical Assistance, Quality Improvement and Learning contractor, or TAQIL Team.
 - The TAQIL Team is working quickly to educate organ donation and kidney transplant communities about the initiative and to recruit and enroll organizations in the learning collaborative.
- The learning collaborative is based on the success of the 2003 Organ Donation Breakthrough Collaborative and Organ Procurement and Transplantation Network Collaborative Innovation and Improvement Network, or COIIN, study, and will be the most inclusive transplant collaborative of its kind.
- This major new CMS and HRSA collaborative effort will recruit and enroll at least 80% of OPOs and kidney transplant programs across the country, plus at least two donor hospitals per OPO DSA, to participate.
- The project has three AIMs:
 1. Increase the number of deceased donor kidneys transplanted (OPO, transplant program, and patient focused)
 2. Decrease the current national discard rate of all procured kidneys (OPO, transplant program, and patient focused)
 3. Increase the percentage of change for kidneys recovered for transplant in the 60–85 Kidney Donor Profile Index (OPO, donor hospital, and donor family focused)
- The ETCLC participants will share best practices and information, attend national events, and use quality improvement (QI) and data-proven methods to progress toward the three AIMs.
- The learning collaborative is supported by 11 National Faculty, two National Faculty Chairs, and 23 professional and patient organizations called the Leadership Coordinating Council (LCC).
 - The full list of Faculty and LCC organizations is at the end of this document for reference.

How will the ETCLC participants be organized?

- Those enrolled (i.e., 80% of OPOs and transplant programs and at least two donor hospitals per OPO DSA) in the ETCLC will be organized into 25 QI teams.
 - Each team will be guided and supported by an experienced QI coach focused at least one of the AIMs.
- The methodology by which QI Teams are organized is still being developed, but QI Teams will be assigned and will be geographically varied.
 - QI Teams will not be announced until mid-December 2021.

What will the QI Teams do?

- Convene at least monthly, depending on the needs of the individual QI team.
- Collaborate across transplant programs, OPOs, donor hospitals, and other project stakeholders (e.g., ESRD Networks, dialysis facilities, patients, and family members) to gain expertise and facilitate change.
- Develop, document, and disseminate highly effective practices, proven care methods, and strategies aligned with meeting the AIMs and for resolving health inequities.
- Implement change package ideas to increase kidney utilization and donation; make suggested edits to the change packages.

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- 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 programs, OPOs, and donor hospitals.
- Participate in the broader learning community with other QI teams to share data and methods that support the ETCLC AIMs.

What is the timeline for enrollment and for the project work to begin?

- The TAQIL Team is enrolling organizations throughout the month of October 2021.
- QI Teams will be announced by mid-December 2021.
 - Introductory and kickoff calls will be held in November and December 2021.
- QI Team project work will begin in January 2022.

Frequently Asked Questions

How does my organization enroll?

- Enrollment requires a commitment letter, the [Contract for Results](#), to be completed with point of contact information plus executive signature. Signed commitment forms should be sent to TAQILInfo@hsag.com.

What is the time commitment for QI Teams?

- The time commitment may be ~5 hours/week to start, with individual flexibility, and based on the project phase.
- Time will be spent mostly on calls, meetings, using the communication platforms and collaborating in the QI Team.

Who will be our QI coach?

- Coaches were recruited from across the country, representing nephrologists, surgeons, QI directors, and more, across the continuum of transplant, OPO, and donor hospitals. The assigned QI Coach could be any one of these dedicated professionals.

Who will be on our team?

- A matrix will be used to form QI Teams along multiple dimensions (e.g., volume, urban/rural, and performance metrics). Colleagues may be from DSAs, but geography is not a high priority when forming QI Teams.
- It is important to remember that this is a collaborative, not a competitive, project. The QI Teams are not competing against each other.

When will we know more about who is on our QI Team?

- The teams will be announced in December, but the TAQIL Team will be in touch periodically until then.

What resources and/or support will we receive (including financial resources)?

- CMS, HRSA, the TAQIL Team, LCC, Faculty, QI Coaches, patients, and donor family members will provide support in a variety of ways (e.g., data analysis, feedback reports, and review of and feedback on QI methods).
- All participation is on a volunteer basis, including OPOs, transplant programs, donor hospitals, QI coaches, Faculty, and the LCC. If there are questions about funding, email TAQILInfo@hsag.com.

Is this work in person or will there be travel?

- Everything is planned to be virtual through 2022.

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How many people from my organization should be on the QI Team?

- Three people per organization is estimated, which will support sharing of ideas across the organization. As this requires software licenses for the learning platform, each organization will require one lead point of contact.
 - More information will be shared in periodic updates after enrollment is completed.
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National Faculty

- Sumit Mohan, MD, Columbia University Irving Medical Center Transplant Faculty Chair
- Lisa Stocks, Lifesharing, OPO Faculty Chair
- Maria Casas, Patient Representative
- Matthew Cooper, MD, Medstar Georgetown Transplant Institute
- Rick Hasz, Gift of Life, Organ Procurement Organization
- Michelle Josephson, MD, University of Chicago Medical Center
- Colleen McCarthy, Versiti, Organ Procurement Organization
- Timmy Nelson, Patient Representative
- Stephen Pastan, MD, Emory University
- Mitch Sally, MD, Oregon Health and Science University
- Jesse Schold, PhD, Cleveland Clinic
- Christopher Walker, Sharp Memorial San Diego
- Curtis Warfield, Patient Representative

Leadership Coordinating Council Participants

- American Academy of Hospice and Palliative Medicine (AAHPM)
- American Association of Kidney Patients (AAKP)
- American Kidney Fund (AKF)
- The Organ Donation and Transplant Alliance (The Alliance)
- Association for Multicultural Affairs in Transplant (AMAT)
- American Nephrology Nurses Association (ANNA)
- Association of Organ Procurement in Transplantation (AOPO)
- American Society of Nephrology (ASN)
- American Society of Transplantation (AST)
- American Society of Transplant Surgeons (ASTS)
- College of American Pathologists (CAP)
- Dialysis Patient Citizens (DPC)
- The Forum of ESRD Networks
- Kidney Care Partners
- National Associations of Nephrology Technicians (NANT)
- North American Transplant Coordinators Organization (NATCO)
- National Hospice and Palliative Care Organization (NHPCO)
- National Kidney Foundation (NKF)
- Renal Healthcare Association (RHA)
- Renal Physicians Association (RPA)
- Society of Critical Care Medicine (SCCM)
- Transplant Recipients International Organization (TRIO)
- United Network of Organ Sharing (UNOS)