

PERCEPTIONS REGARDING OPTIMAL FREQUENCY OF
DIALYSIS-BASED PHYSICIAN (MD) VISITS IN ESRD: RESULTS
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In order to encourage increased frequency of MD-patient contacts in ESRD, CMS revised its payment system in 2004 to shift from capitated to visit-based fee-for-service payments. Yet recent data suggest that more frequent MD visits may not predict better outcomes Plantinga L AJKD 2005 In light of this uncertainty, we elicited provider perceptions regarding the optimal frequency of dialysis-based MD visits. We performed a National survey to measure beliefs about drivers of quality in dialysis. The survey included items about MD practice, including: *“Recognizing that physicians are busy, how frequently do you think physicians should routinely visit stable hemodialysis patients in the dialysis facility?”* We surveyed a random sample of 250 ANNA nurses, 250 AMA nephrologists, 50 key opinion leaders (KOLs), & 1400 RPA members.. We tested hypothesized predictors of perception, including provider group, region, age, experience, patient load, and features of the main practice facility using logistic regression. The response rate of ANNA, AMA, KOL, and RPA groups was 38%, 24%, 42%, and 10%, respectively (N=342). 3%, 43%, 30%, and 25% of respondents believed MDs should visit twice weekly, once weekly, every other week, and \geq monthly, respectively. Nurses were 35% more likely to endorse frequent (i.e. 1-2x per week) visits vs. MDs ($p=0.04$). Similarly, MDs with large patient loads (>50 dialysis patients/week) were 53% more likely to endorse frequent visits vs. less busy MDs ($p=0.001$). In contrast, academic MDs were 35% less likely to endorse frequent visits ($p=0.04$). Roughly one-half of clinicians believe MDs should visit their dialysis patients at least weekly, while the other half believes less frequent visitation is appropriate. Providers “in the trenches” (e.g. nurses, busy clinicians) are more likely to endorse frequent visitation. In contrast, academic MDs in this sample support less frequent visitation. These findings suggest that opinion remains varied between providers, and that further research should explore the effectiveness and cost-effectiveness of varying MD visitation schedules in stable dialysis patients.