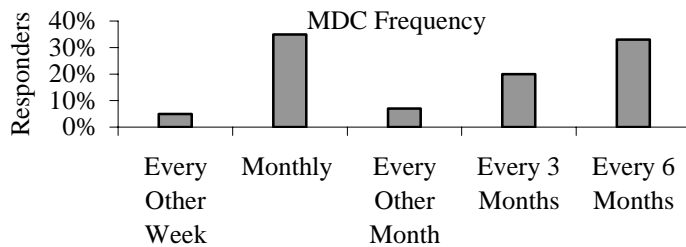


PERCEPTIONS REGARDING OPTIMAL FREQUENCY OF DIALYSIS MULTIDISCIPLINARY CARE CONFERENCES: RESULTS OF A NATIONAL PROVIDER SURVEY Amar Desai; Roger Bolus; Allen Nissenson; Sally Bolus; Matt Solomon; Osman Khawar; Jennifer Talley; Brennan Spiegel West L.A. VA;UCLA.

Multidisciplinary conferences (MDCs) are an essential component of managing a complex ESRD population and are required for dialysis facility reimbursement by CMS. However, despite the importance of conducting MDCs, there is little consensus regarding how frequently they should be held. We elicited perceptions regarding the optimal frequency of MDCs. We performed a national survey to measure beliefs about drivers of quality in dialysis. Presented here are specific items about MDC schedules. We surveyed a random sample of 250 ANNA nurses, 250 AMA nephrologists, 50 key opinion leaders (KOLs), & 1400 RPA members. Data was analyzed with STATA v8.0. 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 was 38% (ANNA), 24% (AMA), 42% (KOL), and 10% (RPA). Figure 1: Overall Perception of Optimal MDC Frequency across All Providers Types



Nurses were 62% more likely to endorse frequent (i.e. \leq monthly) MDCs compared to MDs ($p=0.0004$). Similarly, providers with patients in large facilities (>20 chairs) were 36% more likely to endorse frequent MDCs vs. providers in smaller facilities ($p=0.001$).

There is striking variation in the perceived optimal frequency of MDCs for stable dialysis patients. Future research should measure the effectiveness of varying MDC schedules in stable dialysis patients.