

## **SHARED MEDICAL APPOINTMENTS FOR PEOPLE WITH CHRONIC KIDNEY DISEASE: AN INNOVATIVE MODEL OF CARE**

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**Purpose:** There are about 26 million Americans who have Chronic Kidney Disease (CKD) and this number is expected to increase over the next several decades. Evidence supports the critical need for innovative models of care in this population. Shared medical appointments (SMA), in which patients are seen in an interactive group session with interdisciplinary medical team may be an effective and efficient model of care. The purpose of this study was to explore the effectiveness and efficiency of SMA for people with CKD.

**Methods:** A pilot study consisted of two groups of diagnosed with CKD stage 3 and 4, who had not received RRT nor had had a kidney transplant. 19 patients were recruited from the nephrology clinic, and attended the same group SMA on a monthly basis during 3 months (9 patients in CKD 3 group and 10 in CKD 4 group). At each session, physical examination, review of pertinent medical data, renal education, and counseling were done. A participant satisfaction survey and the Medical Outcomes Short Form 36 Item Health Survey (SF-36) were completed at the beginning and at the end of the study.

**Results:** A total of 6 SMA were conducted. 18/19 patients enrolled completed the study. Satisfaction survey, 94% of patients graded the experience as good or excellent. Overall, the physical component of the SF-36 (PCS) decreased from 53.55 to 50.66, but the mental component (MCS) improved from 57.15 to 63.58, after the SMA. CKD stage 4 improved both physical and mentally. Stage 3 deteriorated physically (lower PCS), but still Achieved a higher MCS at the end. Even though a favorable trend was appreciated, it was not statistically significant.

**Conclusion:** SMA, as an innovative model of care, provides medical care, CKD education and social support that encourages active participation and enhances self-management behaviors with high patient satisfaction. The duration of the study was not sufficient for evaluation of clinical outcomes; however it provides preliminary data that supports the need for larger and extended duration studies that evaluate clinical outcomes, quality of life, and disease progression.