



# HEARTLAND HEADLINES

*A Newsletter for ESRD Patients*

Winter 2010

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## What Part Do I Play as a Patient in the New Medicare Bundle Program?

Medicare is changing their payment policy by paying providers one lump sum for most dialysis related costs (the dialysis treatment, supplies, lab tests, IV medications, and some oral drugs). Medicare refers to this as bundling payment of care. Medicare has determined a preset price per treatment based on past cost data.

As a dialysis patient, you play an important role in helping the new bundling program work for your facility. Since your facility will be judged by the adequacy of dialysis provided, it is important that you follow your care team's recommendations to help you get adequate dialysis. Below is a list of a few things you can do:



- Always go to all of your scheduled treatments.
- Arrive on time for your treatments.
- Always stay for your full treatment time prescribed by your doctor. (missing 5 minutes of each treatment for a year is the same as missing three treatments)
- If you have difficulty keeping your schedule, talk with the facility staff about making a change
- Check the blood flow rate on the machine to make sure it matches what your doctor ordered. A decrease in the amount of blood going through the dialyzer has the same effect on the total volume processed as signing off treatment early.
- Check the dialysate flow rate on the machine. A decrease in dialysate flow decreases toxin removal.
- If your facility reuses your dialyzer, check the "fill volume". A decreased "fill volume" will result in a decrease in treatment adequacy.
- Some machine alarms stop the dialysate flow around your blood, leading to a decrease in adequacy. If your machine alarms frequently, ask the staff to intervene.
- Use a fistula to dialyze if possible, the next best access is a graft. Catheters, although the only option for some people on dialysis, typically do not provide a blood flow equal to fistulas and grafts.
- Put in your own needles. Your fistula will last longest if only one person puts needles in - and you are the only one who is there for each treatment.
- Fulfill your financial obligations by making every effort to pay your bills.
- Obtain Medicare Part B coverage or co-insurance through a private carrier.
- Keep your facility informed if you have any changes in your insurance coverage.
- Ask your dialysis clinic if they are changing payment systems and what it will mean to you.
- Speak with your health care providers and legislators if you feel your quality of care is being compromised.

*Promoting and facilitating high quality standards for dialysis and kidney transplant patients in Iowa, Kansas, Missouri, and Nebraska.*

## My Voice...My Commitment...Are You Involved?

Advocacy is a word that makes you think and feel many different ideas and feelings when we hear it. Most likely it makes you think of a lawyer working on behalf of his/her client or perhaps of hundreds of people standing on the National Mall in Washington, DC voicing their concerns to support a cause. Advocacy is helping someone to be heard, and we use it every day, by listening to our children, or standing by a friend or family member for support. As an individual living with kidney disease it is also important to be a self-advocate. Self-advocacy means a person is able to effectively communicate, convey, negotiate or assert his or her own interests, desires, needs, and rights. It involves making informed decisions and taking responsibility for those decisions. Understanding your strengths and needs, identifying your personal goals, knowing your rights and responsibilities, and communicating these to others is all a part of being a good self-advocate.

First, understanding your strengths and needs helps you to communicate with your care team and family what you do well with and what you may need help with. This involves getting more information about what your individual health issues are, learning about kidney disease and the options you have for treatment. Talk with the care team about what you can do to help yourself be successful with your treatment.

Next, you can share your personal goals, not just in terms of health but for your whole life. Do you want to be able to attend your grandchild's basketball game? Walk your daughter down the aisle when she gets married? Return to work or pursue a new job? Living with dialysis takes a lot of time not just while on the machine but off, too. Sharing your personal goals helps others to remember that kidney disease is a part of your life but it is not all that your life is about. You may also be a husband or wife, mom or dad, aunt or uncle, friend or co-worker, you may enjoy different hobbies and activities that fill your life with joy. These are all important for the care team to under-

stand you, and how to best communicate with you.

Third, knowing your rights and responsibilities within the facility allows you to make informed decisions about your care. Review the Patient Rights & Responsibilities poster developed by Patient Advisory Committee and provided by Heartland Kidney Network in your unit. These are important to understanding what you can do to as part of your care team. Finally, communicating all of the above information to your care team is the essential piece of self-advocacy. Being a good communicator not only includes sharing your ideas and point of view in a respectful and thoughtful manner but also listening to the ideas of others. Communication is not only how we share our ideas and concerns but how we learn new information from others and is important to building good relationships with others.

Perhaps you are already a great self-advocate, why not take the advocacy to the next level. Advocate on behalf of others....become a Network Patient Representative (NPR) for your unit. The Heartland Kidney Network's Patient Advisory Committee (PAC) developed the NPR program in October 2009. Dynamic patients make up the NPR program, and they volunteer in their facilities to work with staff toward promoting a positive environment in their facility. An NPR is a patient in the facility who actively promotes patient education and well-being by maintaining a patient bulletin board that promotes patient and staff educational materials and activities. Working closely with facility staff, the NPRs may also coordinate other patient and staff activities in their facility.

If you are a patient interested in becoming an NPR, talk to your facility staff about contacting the Network. If you are a facility staff member who would like to recommend an NPR for the program, contact Anne Karanja, Community Development Manager at [akaranja@nw12.esrd.net](mailto:akaranja@nw12.esrd.net) or call 816-880-9990 Network staff for more information.



By DeeDee Velasquez-Peralta, LMSW, Patient & Community Services Specialist, Heartland Kidney Network

## WELCOME DeeDee Velasquez-Peralta, to the Network

DeeDee Velasquez-Peralta, LMSW, Patient & Community Services Specialist, joined Heartland Kidney Network in October. She brings more than 16 years of social work experience. DeeDee worked as a nephrology social worker for over 8 years in Tucson, Arizona prior to relocating to the Kansas City area. She will serve as specialist in

responding to and investigating patient complaints and grievances, emergency preparedness activities, facilitate patient and staff education as well as provide other services to the dialysis and kidney transplant community. DeeDee can be reached at 1-800-444-9965.

## Medicare Supplemental Enrollment (Medicare Part D)

### What is Medicare Part D?

In 2006 Medicare Part D began as a way of helping Medicare patients with their prescription costs. In the past Medicare did not cover the cost of medications until Part D was added to the program. It is insurance that covers both brand-name and generic prescription drugs at participating pharmacies in your area. Medicare Part D provides protection for people who have high drug costs or from unexpected prescription drug bills in the future. You must have either Medicare Part A or Part B to qualify for Part D.

### How Does Medicare Part D Help Dialysis Patients?

Most dialysis patients are on 10-15 prescription drugs and without the help of Medicare Part D or other insurance coverage, patients must pay out-of-pocket each month for the cost of medicines. If you don't have other insurance coverage that will cover the costs of your medications then Medicare Part D will be helpful to you. Everyone with Medicare is eligible for this coverage, regardless of income and resources, health status, or current prescription expenses.

### What is the Best way to Choose a Part D Plan?

There are many Part D plans and each is different from the other. You can go to the Medicare website at [www.medicare.gov](http://www.medicare.gov) to find and compare the different plans. It is important to have a list of your medications in order to determine which plan will be the best for you. Patients with both Medicare and Medicaid are automatically enrolled in a Part D plan each year. Open enrollment begins November 15 of each year to December 31.

## A Note from the Patient Advisory Committee

As the Networks' Patient Advisory Committee (PAC) continues to strive to empower patients to become involved in their healthcare, it is important for patients to be aware of their **RIGHTS** and, more importantly, their **RESPONSIBILITIES** as dialysis patients. Patients should voice their concerns and feelings; however, do so in an appropriate manner. Just as staff should not offend patients, we must understand the staff members have feelings and should not be offended by the patients. Here are a few of the patient's Rights and Responsibilities.

**RIGHT:** I have the right to express my frustration and anger.

**RESPONSIBILITY:** I have the responsibility to express my frustration and anger in an appropriate manner.

**RIGHT:** I have the right to expect to be dialyzed in a peaceful, safe and pleasant environment.

**RESPONSIBILITY:** I have the responsibility to do my part to make it a peaceful, safe and pleasant environment.

**RIGHT:** I have the right to dislike the policies and rules.

**RESPONSIBILITY:** I have the responsibility to understand the reason for those policies and rules and to follow them. If I do not understand them, or believe that they are unfair, I have the responsibility to seek clarification and explanation.

## Did YOU know? Your ticket is waiting...

The Social Security Administration has programs to help Social Security and Supplemental Security Income (SSI) disability beneficiaries return to work. The ticket to Work Program is voluntary...here's how it works. Most beneficiaries will receive a "ticket" they may use to obtain vocational rehabilitation, employment or other support

services from an approved provider of their choice to help them get to work and achieve their employment goals. For more information about the Ticket to Work and other work incentives go to [www.socialsecurity.gov/work](http://www.socialsecurity.gov/work) or [www.yourtickettowork.com](http://www.yourtickettowork.com) or contact your local Social Security Administration office to speak to a Work Incentive Liaison.

## You Never Know What You're Gonna Get...



**Mandy Ratz**

As a teenager, you think terrible things happen only in the movies and would never happen to you. In our minds we already have our life and our future planned out. But, what happens when the wind blows something in your direction, something which you have no control over? At the age of 16, I learned Tom Hanks' quote was so true, "Life is like a box of chocolates, you never know what you're gonna get." I was diagnosed with an autoimmune disease.

A week after my diagnosis, I experienced my first admission into the hospital, followed by a kidney biopsy. My physicians entered my room and explained the bad news, stating "your disease is extremely active. We need to start an aggressive course of treatment immediately. We will try everything possible, but there could be a chance your kidneys will fail and you will need a transplant in order to survive."

Suddenly, my future was a huge question mark. My disease was attacking my joints and my blood vessels and causing excruciating pain. Mariah Carey's lyrics became my inspiration. Every day I listened to her song There Can Be Miracles, When You Believe. I felt as if I was on a roller coaster ride, dangling off the back end, holding on for dear life by only my pinky finger. The disease was in charge and there was nothing we could do to stop it. My faith was shattered, my hope seemed dim, and my courage was tested but my strength kept me alive. Each day that song gave me the little bit of strength I needed to get through the next day. That year, I spent more nights in my hospital room than I did in my own bedroom. St. Louis Children's Hospital had become my home. But I never stopped believing and my miracle finally arrived December 11, 2000! A perfect matched kidney and a second chance at life! My older brother Matt risked his life to save mine.

After the transplant, I made a promise to myself to better the lives of those affected with kidney disease and to increase the availability of all organs for transplantation. I know that to Pay it Forward would help so many individuals and one day it might even grant me my third chance at life. Becoming involved after transplant was the wisest thing I have ever done. Sometimes helping those in need or cheering someone else up becomes the best medicine.

Currently, I'm no expert on living with a chronic disease, even after 11 years. Life is still like a box of chocolates and each day I do not know what I am going to get. I do struggle at times and life isn't easy. I search everyday to find that perfect balance where physically, emotionally, spiritually and mentally I'll be at one. My goal is to find that perfect harmony! I try to remain positive every day. Over the years, I've learned your attitude makes the difference in whether or not you sink or swim when dealing with an illness. If I wake up and feel like I do not have enough strength to continue-- that's a bad day. I quickly remind myself of this gift of life I was given, keep my head held high, smile and remember the promise I made to myself.

I am a registered nurse, a sister, a friend, a daughter, a volunteer and an advocate for chronic kidney disease (CKD). I am not my disease! This disease is just a part of me. It is the best yet, the worst thing that has ever happened to me. I've realized the plans for our life can be changed in an hour, a minute, or even a second. You can wake up one day and your life could be changed forever. So what happens when the wind blows something in your direction that you can't control? Well, there isn't one thing that helps me survive CKD. Everything does! My family, friends, nurses, physicians, books, movies, and songs have taught me to "bend when the wind blows," to "pay it forward", and that "there can be miracles when you believe." Keep your head held high if the wind knocks you down. You weren't born to break, so pick yourself up, have faith, find your strength, and search for harmony. You're not your disease! Always remember to smile. Life is like a box of chocolates, but what you get might be exactly what you need!

My name is Mandy Ratz and I am a kidney transplant survivor!

*Mandy Ratz, 27, began her struggle with Kidney Disease at the age of 16. After spending one year on dialysis, she received her brother's kidney shortly after her 18th birthday. Currently, Ratz resides in St. Louis, Missouri working as a Registered Nurse and is actively involved in charitable organization.*

**Article written by Amanda Ratz**

2010 Kidney Times Essay Winner: First Place (Theme-Book, Movie, or Song That Inspires You)

\*Permission to reprint from Renal Support Network. [www.RSNhope.org](http://www.RSNhope.org)

## Heat Your Home Safely this WINTER Season



Extremely cold temperatures often go along with a winter storm, so you may have to cope with power failures and icy roads. Although staying indoors as much as possible can help reduce the risk of car accidents and falls on the ice, you may also face indoor hazards. Many homes will be too cold—either because of power failure or because the heating system is not

enough for the weather. The risk of household fires and carbon monoxide poisoning increases when space heaters and fireplaces are in use. If you plan to use a wood stove, fireplace, or space heater, be extremely careful. Follow the manufacturer's instructions and remember these safety tips:

- Use fireplace, wood stoves, or other combustion heaters only if they are properly vented to the outside and do not leak flue gas into the indoor air space.
- Do not burn paper in a fireplace.
- Ensure adequate ventilation if you must use a kerosene heater.
- Use only the type of fuel your heater is designed to use—don't substitute.
- Do not place a space heater within 3 feet of anything that may catch on fire, such as drapes, furniture, or bedding, and never cover your space heater.
- Never place a space heater on top of furniture or near water.
- Never leave children unattended near a space heater.
- Make sure that the cord of an electric space heater is not a tripping hazard but do not run the cord under carpets or rugs.
- Avoid using extension cords to plug in your space heater.
- If your space heater has a damaged electrical cord or produces sparks, do not use it.
- Store a multipurpose, dry-chemical fire extinguisher near the area to be heated.
- Protect yourself from carbon monoxide (CO) poisoning by installing a battery-operated CO detector and never using generators, grills, camp stoves, or similar devices indoors.

Source: *The Centers for Disease Control and Prevention, Emergency Preparedness and Response*  
[www.bt.cdc.gov](http://www.bt.cdc.gov)

## Dietitian Corner: The Facts about Binders

In kidney disease, a binder is not a notebook, but a pill your doctor has prescribed for you to take with your meals and snacks.

### What do binders do?

Binders help to prevent excess phosphorus in your diet from being absorbed into your blood. The binders “bind” the phosphorus in your gastrointestinal system (gut) before it can be absorbed. Your binder acts like a magnet or a sponge attracting or soaking up the phosphorus in your gastrointestinal system (gut) before it is absorbed into your body.

### What are the names of these binders?

Some binders currently on the market are: Renvela, Renagel, Fosrenol, and Phoslo (calcium acetate).

### What happens if I don't take my binders?

If you do not take your binders as prescribed, you can build up excess and dangerous levels of phosphorus in your body. High serum phosphorus levels can cause damage to your bones, soft tissues, and blood vessels.

Bottom line: Take your binders with every meal and snack as your doctor has prescribed.

*The Dietitian Corner is written by Sally Tyner, MS, RD, LD  
Heartland Kidney Network Medical Review Board Member*



7306 NW Tiffany Springs Parkway | Suite 230  
Kansas City, MO 64153  
816-880-9990 | [heartlandkidney.org](http://heartlandkidney.org)

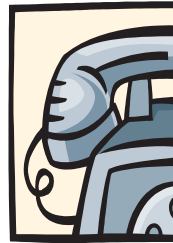
# GET READY

**How to prepare for emergencies and disasters:  
Helpful hints for people living with end stage renal disease.**



## **IF YOU HAVE TO EVACUATE**

Call your local emergency management agency to find out what types of disasters are likely to happen in your area. Find out if you are in an evacuation zone.



## **COMMUNICATION**

Who do you call in case of an emergency? Does your care team know multiple ways to contact you? What if telephones do not work because of the disaster?



## **CARE INFORMATION**

The AAKP My Health ([www.aakp.org](http://www.aakp.org)) can help you track doctor visits, names of your specialists and nurses, medications, lab tests, and more. Keep additional printed copies of the information in your disaster kit.



## **BACK-UP CARE LOCATION**

Ask your dialysis or transplant facility where you will receive care if your regular location is unavailable. You can access [www.medicare.gov/dialysis](http://www.medicare.gov/dialysis) or [www.dialysisunits.com](http://www.dialysisunits.com) to find dialysis facilities near you.



## **FOOD AND WATER**

Keep enough for at least five days. Ask your renal dietitian for a copy of the three day "disaster diet." Have enough clean, fresh water for drinking and sanitation.



## **SUPPLIES**

For your disaster kit, have a weather radio, flashlight, batteries, tools, maps, cash, etc. Keep your supplies together in a box. You can keep a smaller kit in your car.



## **CARE ITEMS**

Blankets, pillows, clothing, shoes, games and books, and items to make you feel comfortable, especially if you have to evacuate.



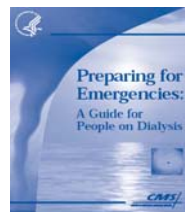
## **FIRST AID KIT & MEDICATIONS**

Some items you can keep in your disaster supply kit are: at least 5-7 days of your prescription medicines, a first aid kit, and other medical supplies



## **IMPORTANT DOCUMENTS**

Assemble your insurance papers and cards, personal identification, important papers and keep them in a waterproof container or large plastic bag.



## **WHERE TO FIND MORE INFORMATION**

[www.medicare.gov/dialysis](http://www.medicare.gov/dialysis)  
[www.kcercoalition.com](http://www.kcercoalition.com)  
[www.kidney.org/help](http://www.kidney.org/help)  
888-33-KIDNEY

# How will the Bundle Program Affect Home Dialysis Patients?

## I am considering home dialysis. How will bundling affect me?

Medicare supports home dialysis. If you start a home training program before your third full month of dialysis, your Medicare coverage can start from your first month of dialysis (if you do in-center dialysis, Medicare does not begin until 3 months after the start of dialysis). Medicare will pay your dialysis clinic much more for your first four months of dialysis no matter whether you do in-center dialysis or you do home training. If you start home training later, Medicare will pay a little more for each training session than it has in the past, if your clinic is paid fully under the bundle. If you go to a clinic that provides only home dialysis training and support, it may get a higher rate for each dialysis treatment as a "low volume" clinic. It is possible that the change in payment for dialysis may spur more clinics to start home training programs. This may allow more patients to do PD or home hemodialysis.

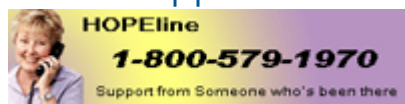
## I do peritoneal dialysis (PD), will this affect me?

Medicare payment for a week's PD will be equal to a week's hemodialysis. This is how Medicare pays for PD now. Medicare will pay for home patients' drugs the same way it pays for in-center patients' drugs. Your clinic will need to decide whether to give you drugs that will be in the bundle by injection, IV or orally. Medicare will pay for bundled drugs under Part B. You will not have to use Part D for drugs you get from your clinic.

Source: <http://www.kidneyhealthcarecoverage.org/>



## Renal Support



Renal Support Network (RSN) offers A toll-free call-in line (HOPEline)

offering patient-to-patient encouragement and support from operators who have lived successfully with chronic kidney disease Monday-Friday 10 am-8 pm (PST). Source; [www.RSNhope.org](http://www.RSNhope.org)



American Association of Kidney Patients (AAKP) continues to extend its community outreach efforts

targeting the need for awareness and promotion of local patient support groups. Below is a list of local patient support groups. More Information can be found at [www.aakp.org](http://www.aakp.org)

## KANSAS KANSAS CITY

Name: Kidney/Pancreas Transplant Support Group  
Location: University of Kansas Hospital-Wyandotte Room (Cafeteria), 3901 Rainbow Blvd., Kansas City, KS 66160

Time: 1st Thursday of each month, 6:30 pm - 8:00 pm  
Contact: Elizabeth Haire, LMSW, 913-588-6533, ehaire@kumc.edu

## MISSOURI KANSAS CITY

Name: Kidney Talk  
Location: Boulevard Yoga, 215 Southwest Blvd, Kansas City, MO 64108  
Time: 1st Sunday of each month, 4:00 pm  
Contact: Travis Spire-Sweet, 816-262-3465, spiresweet@yahoo.com

## HANNIBAL

Name: Kidney Patient Support Group of Quincy, IL & Hannibal, MO  
Location: Different locations each month.  
Time: 3rd or 4th Saturday of each month at 12:00 pm  
Contact: Lana Schmidt, 217-617-2888, lanasch@yahoo.com

## IOWA DES MOINES

Name: Life from Life  
Location: Iowa Methodist Medical Center, 1200 Pleasant Street, Kelly Noble Room, Des Moines, IA 50309  
Time: 3rd Sunday of each month, 3:00 pm - 5:00 pm  
Contact: Arlene Field, 515-964-3363

## IOWA CITY

Name: Second Chance Support Group  
Location: University of Iowa Hospitals and Clinics, 200 Hawkins Drive, Iowa City, IA 52242  
Time: Please call for upcoming meeting dates and times  
Contact: Sara Vance, RN, CCTC 319-384-8268

# Medicare Changes Dialysis Payments; How will this Affect Patients?

Starting January 2011, Medicare is implementing a new way to pay dialysis providers for dialysis treatments. Currently, providers are paid for each dialysis treatment itself. Then they are paid extra for such items as laboratory tests, injections of EPO, Iron, and other IV medications.

Medicare is changing their payment policy by paying providers one lump sum for most dialysis related costs (the dialysis treatment, supplies, lab tests, IV medications, and some oral drugs). Medicare refers to this as bundling payment of care. Medicare has determined a preset price per treatment based on past cost data. Dialysis providers have until November 1st 2010, to decide if they want to start having all services reimbursed starting in 2011 under the new system or gradually transitioning to the new payment system over four years.

In addition, Congress has mandated that Medicare develop quality measures to ensure that providers are delivering quality care and not skimping on the services that you are currently receiving.

Medicare has developed three quality measures and promises that more will be developed to ensure that you receive quality care. Two measures are for anemia (hemoglobin) and one measure is for dialysis adequacy.

The proposed rule for how the bundle itself would work was submitted to the kidney community two years ago for comment and improvement. Patient advocates from weKAN, the RSN education and advocacy program were very active in proposing improvements. Many comments from weKAN were incorporated into the final payment rules Medicare published.

So you are probably asking yourself, "How will this change affect people on dialysis?"

If your dialysis clinic chooses to opt-in to the new payment system they will be required to provide your dialysis medications, including some oral medications (e.g., oral vitamin D). This will be a change for some patients on how they receive their medications. The dialysis providers will be required to furnish the medications to you via a pharmacy.

Medicare developed a standard list of dialysis lab tests that will be included in the bundled payment. Co-payments may rise slightly due to the fact that lab tests, which historically had no co-payment, are now included in the bundled payment. However, non-dialysis lab tests can be drawn in the clinic and the provider will bill your insurance directly and reimbursement will be paid separately.

Whenever a payment system is changed there are always questions or issues that arise that may not have been anticipated. Medicare has agreed to monitor this reimbursement system change closely and correct it if problems arise.

It is important for all patients to ask their dialysis clinic if they are changing payment systems, and to speak to your health care professionals and legislators if you feel your quality of care is being compromised. If you would like to be involved in providing feedback on legislative and regulatory issues, visit RSN's weKAN webpage or email us at [weKAN@RSNhope.org](mailto:weKAN@RSNhope.org). Become a weKAN patient advocate and make your voice heard.



*Reporting by Bill Dant and Kathe LeBeau \*Reprinted from Volume 6. Issue 2.Fall/Winter 2010  
\*Permission to reprint from Renal Support Network." RSNhope.org*

## Weighing your OPTIONS

Deciding which type of treatment is best for you isn't easy. Depending upon how you started dialysis treatment, you may have had very little time to make a decision. Despite how you currently get dialysis treatment you can consider all the options available. Your decision depends on your medical condition, lifestyle, and personal likes and dislikes. Discuss the pros and cons of each treatment with your health care team and family. You can switch between treatment methods during the course of your therapy. If you start one form of treatment and decide

you'd like to try another, talk with your doctor. The key is to learn as much as you can about your choices. Every treatment option has advantages and disadvantages, the following chart lists some of the pros and cons related to each option. (Source: National Institute of Diabetes and Digestive and Kidney Diseases NIH Publication No. 07-2412 March 2007)



### In Center Hemodialysis

#### Pros

- + Facilities are widely available
- + You have trained professionals with you at all times.
- + You can get to know other patients.

#### Cons

- Treatments are scheduled by the center and are relatively fixed.
- You must travel to the center for treatment.

### Home Hemodialysis

#### Pros

- + You can do it at the times you choose-but you still must do it as often as your doctor orders
- + You don't have to travel to a center
- + You gain a sense of independence and control over your treatment.
- + Newer machines require less space.

#### Cons

- You must have a helper.
- Helping with treatments may be stressful to your family.
- You and your helper need training.
- You need space for storing the machine and supplies at home.

### Continuous Ambulatory Peritoneal Dialysis (CAPD)

#### Pros

- + You can do it alone.
- + You can do it at times you choose as long as you perform the required number of exchanges each day.
- + You can do it in many locations.
- + You don't need a machine.

#### Cons

- It can disrupt your daily schedule
- It is a continuous treatment, and all exchanges must be performed 7 days a week.

### Continuous Cycler-Assisted Peritoneal Dialysis (CCPD)

#### Pros

- + You can do it at night, mainly while you sleep.
- + You are free from exchanges during the day.

#### Cons

- You need a machine.
- Your movement at night is limited by your connection to the cycler.

### Kidney Transplantation

#### Pros

- + A transplanted kidney works like a normal kidney.
- + You may feel healthier or "more normal".
- + You have fewer diet restrictions.
- + You won't need dialysis.
- + Patients who successfully go through the selection process have a higher chance of living a longer life.

#### Cons

- It requires major surgery.
- You may need to wait for a donor.
- Your body may reject the new kidney, so one transplant may not last a lifetime.
- You'll need to take immune-suppressant medications, which may cause complications.

## Immunizations- Why are They Important for Me?

Although washing your hands and staying away from sick people may help prevent contracting a virus or bacterial infection, these alone will not always work. Since chronic kidney disease and dialysis patients' immune systems are not as strong as a person in the general population, there is a greater risk of contracting a disease.

Receiving immunization shots is important for chronic kidney disease and dialysis patients to help prevent contracting an infection, virus or other disease.

Immunizations help round out your entire kidney care regimen, which includes taking your prescribed medicines, receiving dialysis treatments (if your kidney function is below 15%) and eating a kidney friendly diet. Talk with your health care team about which immunizations you need and when you should receive the vaccinations so you can remain as healthy as possible.

*This article information was obtained from Davita.com. Please visit their website to read the whole article.*

# Share Your Story

We welcome articles or information that will be helpful to the ESRD patient community. To submit article for consideration, call Anne Karanja, Community Development Manager or DeeDee Velasquez-Peralta, Patient & Community Services Specialist at 1.800.444.9965 or email [akaranja@nw12.esrd.net](mailto:akaranja@nw12.esrd.net) or [dvelasquez-peralta@nw12.esrd.net](mailto:dvelasquez-peralta@nw12.esrd.net).



## Choose Wisely- Dialysis Facility Compare

This website provides important information for patients, care partners and family members who want to learn more about chronic kidney disease and dialysis. The information on Dialysis Facility Compare can help you as you compare facilities and decide where to get dialysis. Information on the Website includes: types of dialysis offered, number of hemodialysis stations, the days and times dialysis is offered, how long the facility has been opened, facility quality measures such as Urea Reduction Ratio (URR), Anemia, and patient survival rates.

### How to Use the Website

1. Go to [www.medicare.gov/dialysis](http://www.medicare.gov/dialysis)
2. You can search by a facility name, a zip code, or within a state or country.
3. Once you have chosen the area, select the dialysis facility you would like to get more information about. If you choose more than one facility, you will be able to compare the information on all the facilities you selected and decide which unit is best for you.

## Resources, Important Numbers and Websites

### Kidney School

[www.kidneyschool.com](http://www.kidneyschool.com)

One of the Best resources available for almost everything you need to know about kidney failure, dialysis and transplant. This site is organized into interactive, self-paced chapters.

<b>Medicare: Customer Service Line</b> 1.800.813.8868 <a href="http://www.medicare.gov">www.medicare.gov</a>	<b>United Network of Organ Sharing(UNOS)</b> 1.800.292.9547 <a href="http://www.transplantliving.org">www.transplantliving.org</a>
<b>Medicare Part D</b> Updates and Information <a href="http://www.medicare.gov">www.medicare.gov</a>	<b>American Kidney Fund</b> 1.800.638.8299 <a href="http://www.akfinc.org">www.akfinc.org</a>
<b>American Association of Kidney Patients(AAKP)</b> 1.800.749.AAKP <a href="http://www.aakp.org">www.aakp.org</a>	<b>The Renal Support Network (RSN)</b> 1.818.543.0896 <a href="http://www.renalnetwork.org">www.renalnetwork.org</a>
<b>Modality/Treatment Options</b> <a href="http://www.homedialysis.org">www.homedialysis.org</a>	<b>Renal Diet Information</b> <a href="http://www.mrsdash.com">www.mrsdash.com</a> <a href="http://www.andrew.cmu.edu/user/sorensen">www.andrew.cmu.edu/user/sorensen</a>

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