

Foster's Daily Democrat

Living longer with kidney disease: Annual evaluation of dialysis reimbursement seen as key

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PORTSMOUTH — Tim Robinson usually sits in the same chair whenever he is at the Seacoast Dialysis Center, tucked into a corner where he can nap during his treatment with few interruptions. If legislation being presented in Congress this year does not pass, Robinson's treatment and that of many other Americans could be interrupted on a much larger scale.

On Wednesday morning, the 57-year-old local thespian sat in the reclined and padded chair that has become familiar to him since he began undergoing dialysis in July. Robinson's left arm was connected to a whirring, beeping machine that cleans toxins from his blood three days each week, for about four hours at a time. A diabetic for many years, his kidneys have failed and can no longer filter his blood properly.

Tucked around his lap was a small blanket in a myriad of bright colors. By his right arm was a tray with a large bottle of water and a container of glucose tablets, within easy reach should his blood sugar levels decline too far.

Despite the beeping of other patients' machines, the sounds from the television sets around the open, ward-style room, and the constant movements of the nurses bustling from chair to chair, Robinson was focused on sharing his story. Despite the needles and the tangle of tubes connecting his body to the dialysis machine in which his blood was being pushed through closely-packed fibers that mimic human kidney tissue, he did not seem uncomfortable.

"I'm thinking about where I was a year ago and thinking, 'Oh my God, how was I even getting on?'" Robinson said, his English roots apparent in his soft accent.

Later the same day in the nation's capital, U.S. Congress passed the Deficit Reduction Omnibus Reconciliation Act of 2005. President Bush is now expected to sign the bill into law. Tucked into that legislation is a 1.6 percent increase in the Medicare reimbursement rate for End Stage Renal Disease patients for this year. This represents a step toward the goal of annual cost increase evaluations dialysis patients and their caregivers hope to see written into law this year.

The passing of the Kidney Care Quality and Improvement Act of 2005 would mean Medicare reimbursement for dialysis treatments would join other Medicare reimbursements in having an annual cost increase evaluation, according to Kathleen Smith, vice president of government affairs for Fresenius Medical Care of North America.

The federal government subsidizes most dialysis treatment through the Medicare program, according to Smith. Medicare pays for most services through a prospective payment method, which means payment is determined by the cost of one unit of treatment, such as one day in the hospital. The Department of Health and Human Services Centers for Medicare/Medicaid

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Services does an annual exercise to determine the necessary cost increases for those programs.

For dialysis treatment, however, which was ahead of the prospective payment system with its composite rate payment, there is no such annual exercise.

"It takes an act of Congress to give us an increase every year," Smith said. "We have to lobby like crazy. It's craziness the way they do it now."

Smith said supporters of the proposed bill seek a law that requires an annual exercise to determine necessary cost increases for dialysis treatment.

For Robinson and many other people with End Stage Renal Disease, dialysis has changed life for the better. According to Bridey Ehlers, clinical manager at Seacoast Dialysis Center, patients often feel much better very quickly.

"The dialysis treatment itself should not make the patient feel poorly, or in pain, or bad in any way," she said.

Often, the only discomfort they feel is a pinch when the needle is first inserted into their arm, or an occasional muscle cramp.

Robinson began experiencing problems with his kidneys in 2004, following a period of high blood pressure that was probably tied to his diabetes. He underwent surgery to prepare his arm for the dialysis his doctors determined he would eventually need. The veins and arteries in his arm were "re-arranged," he said, to prepare for the movement and cleansing of his blood by machine.

Many of Robinson's medical bills have been covered by his Social Security Disability Insurance, which he qualifies for because of his diabetes, Medicaid and Medicare.

Since beginning dialysis, Robinson feels much better than he did when his kidneys' low level of functioning left him with swollen legs and little energy, barely able to walk.

"I hadn't even been aware of how bad I actually was," he said. "Looking back, it was a radical difference within a month of starting dialysis."

Robinson is now in the process of getting on the list for the Maine Transplant Program. He must undergo a series of tests that will determine whether he is a good transplant candidate. In the meantime, dialysis treatments will keep him alive.

He is not alone.

"Over the past 20 years, the need for dialysis has just grown significantly over time," said Lynne Bamford, area administrator for Fresenius Medical Care and its Seacoast Dialysis Center division.

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According to Bamford, there are now over 250 patients at the three dialysis centers in the area, including those in Exeter and Somersworth. Many of those patients are elderly, and many suffer from other health problems such as diabetes, cardiovascular disease or high blood pressure.

"They require dialysis to stay alive," she said.

Smith said by the end of the year, Congress will know how much the care of those patients depends on an annual cost evaluation.

"We are going to work very hard to try and get the members of Congress to understand that this needs to happen," she said.