



Daily Gate City

SERVING KEOKUK AND THE TRI-STATE AREA SINCE 1847

Life support

Number of dialysis patients increases fourfold in six years; providers support legislation

to increase Medicare payments

by diane vance /gate city staff writer

There are 29 patients making three-times-a-week visits for nearly three hours of treatment in Keokuk who may benefit from a piece of pending federal legislation.

Senate Bill 635 (House Bill 1298) or Kidney Care Quality and Improvement Act of 2005 aims to increase Medicare payments to dialysis care providers, meaning less costs to patients, and to fund an education program.

The legislation is being watched carefully in Southeast Iowa by Gale Thompson, site manager of Southeastern Renal Dialysis in Keokuk, along with several state advocates.

"As the population grows older, we're seeing more need for dialysis," said Thompson, who was the first certified dialysis nurse in Iowa. "It's a problem. We need to educate people more about causes and prevention. The rise in obesity in Iowa is increasing diabetes. The two main causes of kidney failure are diabetes and hypertension (high blood pressure). We need to educate people on ways to prevent kidney disease."

According to information from Kidney Care Partners, a Washington, D.C., advocacy group, 400,000 Americans had irreversible kidney failure in 2001. That population is expected to increase to more than 2 million in the next 25 years. More information is available at info@kidneycarepartners.org on the Internet.

Currently, there is no funding to educate people on preventing kidney disease. Lifestyle choices, such as smoking, alcohol, drug use, obesity and lack of exercise, can increase the chances of developing kidney disease, as these can cause or increase the severity of hypertension and diabetes.

Southeast Iowa Renal Dialysis has an education coordinator, Sheri Schlagel, for Des Moines, Henry and Lee counties.

"She holds classes for patients approaching kidney failure," said Thompson. "With diet and medication, the time can be prolonged before dialysis is needed."

According to Kidney Care Partners, the typical patient is a minority (particularly African-American), a Medicare beneficiary, of a median age of 65, low or fixed income, obese with onset diabetes and high blood pressure and lacking information or access to measures that could have prevented or delayed the complications of their underlying disease.

In Keokuk, which serves patients from Elvaston and Carthage, Ill., as well as local residents and two nursing home residents, there are eight women and 21 men on dialysis. They range in age from 20 to 88 years old. There are four African Americans and one Hispanic.

"Some of our patients have kidney failure from underlying diseases such as cancer, lupus, Polycystic kidney disease or diabetes," said Thompson. "We have a new patient whose cause is unknown."

Patients begin receiving dialysis treatments when their kidneys fall below 10 percent functioning.

End Stage Renal Disease (ESRD) is fatal unless a person receives dialysis or a kidney transplant. More people receive dialysis than a transplant. Dialysis requires an access point in the body, most commonly a fistula, which is created by surgically joining an artery and a vein under the skin to make a vessel large enough for the high blood flow into the artificial kidney.

"Two needles are used each time, one drawing the blood out of the body and one sending it back in," said Thompson. "The blood circulates through the computerized machine, the mechanical kidney, removing toxins. During the course of one treatment, all of a person's blood is circulated out of the body several times. There are 250 c.c.s of blood out of the body at any given time during treatments."

Patients receive dialysis three times a week. Patients in Keokuk bring blankets, sit in a reclining chair in a large room with 10 chairs and artificial kidney machines, each equipped with a television. Four RNs and six technicians keep a watch on the beeping machines and fatigued patients.

"Treatments can take from 2 1/2 to five hours," said Thompson. "Patients need to consider treatment a part-time job. The treatments can cause fatigue. We encourage patients to go home and lie down afterwards. It changes the whole electrolyte levels each time so they are normally tired afterwards."

Dialysis patients also learn new guidelines for food and drink. There can be complications, such as anemia, stress ulcers and access site failures and infections. Dialysis patients frequently die from heart disease.

The pending legislation could provide funds for education about Chronic Kidney Disease and End Stage Renal Disease, similar to education campaigns on other health issues. Advocates also are asking that Medicare payments keep up with the costs of living and have a higher composite rate of pay.

"The composite rate for treatments is paid by the height/weight and age of the patient, instead of acuity," said Thompson.

In a recent report, MedPAC indicates that dialysis facilities lose money on each Medicare patient treated, according to Kidney Care Partners. Using 2005 dollars, the payment in 1983 was \$134; today it is \$130.

Thompson points out that when there are less funds, staff is where cuts are made.

"If I have an RN leave, I can only replace her with a technician," she said.

Keokuk opened its treatment center In January 1999 with seven patients and seven machines.

Before 1980, the only dialysis treatment center south of Interstate 80 was in Mount Pleasant. Now, there are three treatment centers, owned by four hospitals: Henry County Health Center in Mount Pleasant, Great River Medical Center in West Burlington, Fort Madison Community Hospital and Keokuk Area Hospital.

Fort Madison Community Hospital does not currently have a dialysis center but is a partner in the dialysis care in Lee, Henry and Des Moines counties.