

## **Dissecting dialysis**

**In 2003, a total of 1,264 New Mexico patients with diabetes were on dialysis; here's how they're getting help**

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A visit to a dialysis clinic is what it takes to fathom the tidal wave of kidney disease in this nation. In 20 reclining chairs, patients doze with arms outstretched. The sound of blood pumping through machines is a labored, robotic breath that fills the room.

A purplish cast rises in the fibers of each cylinder, as it carries out the kidney's duties. The artificial version looks nothing like the twin lima-bean-shaped organ in the human body. In spotlight fashion, red, yellow and green lights alert staff to how the treatment is going at each station.

Patients come in shifts. The same people return three times a week, month after month, year after year — unless they get a kidney transplant, switch to homebased treatments or die.

In 2003, a total of 1,264 New Mexico patients with diabetes were on dialysis. Hispanics and American Indians disproportionately fill the clinics. Louana Miera is one of them.

A retired state worker, Miera has been a regular at the Fresenius dialysis clinic on Harkle Road for more than a year. She was diagnosed with diabetes at age 45. For years, she took pills, then shots. But the disease raged out of control. The blood vessels in her kidneys became leaky, spilling protein into her urine. Now 71 years old, her kidneys have failed. Her entire filtration system has broken down; the kidneys can no longer function well enough to sustain her life.

Dialysis gives her more energy — and more years to live.

On Tuesdays, Thursdays and Saturdays, her husband Bob escorts her to and from treatment. She books the first slot, from 6:30 to 11 a.m. Her son Michael, 51, meets them there — “In case something goes wrong, he just wants to be sure,” she said. During the procedure, she listens to the radio or sleeps.

Two needles are taped down on her right arm. One line pulls the blood through a pump to the artificial kidney, a cylinder that strips toxins and excess fluid from the blood. “This is the kidney while she's here,” clinic manager Annette Gonzales explained. The other line delivers the cleansed blood to her body.

Sometimes Miera feels tired or dizzy when she leaves. It's a commitment that interferes with her life. “I can't go where I want to,” she said, wrapped in a starry Dallas Cowboys blanket. She has stopped traveling. But by next summer, she hopes to muster the courage to visit her daughter in California.

Her diet has changed radically. “I loved steaks,” she said, her mouth pink with lipstick. She has to limit her water intake every day to 32 ounces. And avoid sweets. Her son Robby, 40, has taken over the cooking. Miera said it helps, “so I can’t cheat so much.” Robby knows how to make chicken enchiladas, with a hint of chile, that won’t tax her system. And he’s put a stop to deep-frying foods.

Like most kidney patients, Miera relies on the local clinic to scour her blood. But there’s another option, which would clean out her system daily, grant her more mobility and let her eat the red chile she craves. She could take the treatments at home, while she sleeps or walks around the house. Home dialysis involves having a tube installed in the tummy.

The clinic has shown her a film about it. The problem is, with her other health complications, it may not work for her. And Miera said she likes having four days free of treatment. Dialysis at home must be done every day. Miera said at her age she isn’t interested in the other option: a kidney transplant.

The mother of eight frets about two of her sons, who are borderline diabetic. She knows how easy it is to forget the seriousness of the disease. She tells them to watch their diets and to exercise. “I wish it would hurt a little more, so you could tell you are sick,” she said.

The Santa Fe clinic, which has operated for 25 years, has a record number of doctors and patients. And with the addition of satellite clinics in Española and Las Vegas, N.M., Fresenius now has a dozen dialysis clinics in New Mexico. Throughout North America, the company owns a total of 1,150 dialysis clinics, serving 89,000 patients a year. It’s quite a booming business.

In 2002, about 400,000 patients were on dialysis in the United States — to the tune of \$17 billion in total Medicare costs. In 25 years, the number of dialysis patients could soar over two million, according to some predictions. Here’s why: Diabetes is the leading cause of kidney failure. And as obesity has risen in America, the incidence of kidney failure attributed to diabetes is rising faster than other causes of kidney failure, according to Kidney Care Partners, a Washington, D.C.-based group that brings together members of the kidney industry, such as Fresenius Medical Care, and patient-oriented associations.

Dr. Robert Kossmann, an independent medical director contracted to work at the Santa Fe clinic, is advocating for changes in how Medicare deals with kidney disease because patients now are older, sicker and there are more of them.

Too often people have no idea they have kidney disease until things are so bad they enter the hospital, where they hear the shocking words that they must depend on a dialysis machine to live. If kidney disease could be caught in the early stages, when it could be treated or even cured, dependency on dialysis would go down. The mortality rate is very high for people on dialysis compared to the general population, Kossmann said. And it’s expensive.

But there are barriers in the Medicare payment system to getting that early identification and care, he said.

The pending Kidney Care Quality and Improvement Act of 2005, he believes, could make a difference. It would:

- Set up a means for patients to learn how to prevent, treat and avoid kidney failure;
- Raise Medicare payments so that dialysis clinics no longer lose money on each Medicare patient they treat;
- Improve the quality of care through an outcome-based reimbursement system and uniform training for technicians;
- Remove barriers for patients who are well-suited to home dialysis.

Less than 1 percent of patients in 2001 used home dialysis, according to U.S. Rental Data System. Yet this alternative could help more patients stay employed and increase their sense of well being, proponents say. Not so long ago, people had to argue before medical committees to receive dialysis, because the treatment was expensive and few machines existed. Then, in 1972, the U.S. Congress passed the Medicare End-stage Renal Disease Program, which pays for most dialysis services and supplies for people diagnosed with kidney failure, regardless of age, as long as they have Social Security coverage for themselves or through a relative.

More than a million people have been helped by that program in the past 30-plus years but it's not free. Medicare beneficiaries must contribute about \$6,500 a year for treatment and injectable medications.

As for the pending Kidney Care Quality and Improvement Act of 2005, the U.S. Centers for Medicare & Medicaid Services is not supporting it or any other changes to Medicare, a spokesman said this week.

However, CMS in August announced it was undertaking initiatives to improve care for patients with kidney failure and refine payment policies for services.

CMS will publish new payment rules next month; the details, however, won't be disclosed until then, so it's hard to know if the increases match the ambitions of Kidney Care Partners. CMS focuses on "medically necessary" treatment for diseases and will cover early detection tests, such as mammograms, if asked to by Congress. As one spokesperson explained, CMS is limited in what it can do otherwise.

"We have no authority to add screening services unless Congress tells us to," the CMS spokesperson, who declined to be identified for publication, explained. "One of the main emphases for our administrator is to push for more prevention, but it's got to come with legislative authority."

Meanwhile, CMS is rolling out its own initiatives, which includes better access to procedures for veins and arteries, which can help keep dialysis patients out of the hospital. Other actions include: Patient surveys, standardized data collection, a Web site that compares dialysis

facilities, and payment perks for clinics that agree to test disease management models.

Dr. Robert Kossmann, a Santa Fe nephrologist, urges people with diabetes not to ignore their condition whenever they start feeling OK. They should check in with their primary care doctor often to make sure the diabetes is well-managed.

Remember: 40 percent of people with kidney failure don't have diabetes. High blood pressure also can burn out your kidneys, Kossmann said. It can creep up silently, so stay on top of your readings.

Cancer of the kidneys and enlarged prostates in men are other causes of this life-threatening condition.

Kossmann said he sees the unfair part of life everyday. Even those who take care of their health sometimes suffer kidney failure. "Even with the best attention to detail, a certain percentage of people will get kidney damage and progress to failure despite doing all the right things," he said.

Diabetes is the leading cause of kidney failure. In New Mexico, more than 120,000 people have diabetes but only 84,000 people know they have it. Death rates from diabetes have increased over the last decade. In New Mexico in 2002, diabetes was the sixth leading cause of death. It killed 585 people.