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With less Medicare funding for dialysis, advocates push for new laws, education

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CEDAR FALLS — Kendra Deike's tireless enthusiasm belies a medical condition that keeps her hooked up to a machine for nine hours every week.

The Plainfield native attended Upper Iowa University and earned a business degree in 2003. In her spare time, she plays basketball and rides her bike.

"I'd like to learn how to play tennis," said Deike, 28, while hooked up to a dialysis machine.

That she found time to go to college and work is all the more impressive considering she spends about three hours a day, three times a week at the Cedar Valley Dialysis Center cleaning her blood.

The dialysis machine contains an artificial kidney containing hundreds of thousands of hollow fibers that filter Deike's blood through osmosis. It pumps and cleans 400 milliliters of blood per minute and uses 50 gallons of purified dialyzing solution per treatment. All told, her blood is circulated and purified about 20 times per hour.

Deike was born with congenital nephrosis, a condition in which her kidneys don't filter toxins out of her blood. She has received three kidney transplants, and all three failed. She underwent four operations in 2004 to stop internal bleeding.

Yet Deike isn't deterred.

"I'm more of a positive person, so I think there are people worse off than I am," she said.

She channeled her experience into a brochure last year for new dialysis patients that's distributed throughout Iowa. Her message?

"Dialysis is part of your life; it's not your whole life. Just because you start dialysis doesn't mean your life is over," she said.

Yet for the more than 400,000 Americans who rely on dialysis, the future remains cloudy due to outdated Medicare funding rules.

Using 2005 dollars, Medicare reimbursed health care providers, on average, \$134 per person in 1983. Today, the government pays \$130 in reimbursements, according to a recent report, which means dialysis centers lose money on each patient.

Tim Cox, operations manager at Cedar Valley Dialysis, said the problem is that the law for dialysis funding doesn't provide for annual increases like other Medicare procedures, so any bump requires a new law.

"There is no automatic update. It literally takes an act of Congress (to increase funding)," he said.

Combined with a growing elderly population more prone to kidney failure — the number of people on dialysis is expected to double to 800,000 by 2010, and reach 2.2 million by 2030 — and dialysis care could reach a tipping point if nothing is done.

That's why dialysis providers are joining Kidney Care Partners, a national advocacy group, in pushing for legislation to establish an annual funding update and prevention education. The legislation also hopes to increase the number of patients on home dialysis.

Education is important because the leading causes of kidney failure are two preventable diseases — diabetes and high blood pressure, said Vinay Kantamneni, medical director at the dialysis center.

The typical dialysis patient is over 60 and on Medicare. Black Americans are four times more likely to experience kidney failure than their white counterparts, and comprise about 32 percent of all patients on dialysis.

Kantamneni said if preventative treatment is started immediately on people already with diabetes, life expectancy can be

raised and dialysis delayed by several years.

In fact, if diagnosed early and treated properly, dialysis patients like Deike and people at risk for kidney failure can lead full and healthy lives, he said.

“I had a 90-year-old who’d hit golf balls (at the golf course across the street) then come in for dialysis,” he said.

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