

THE Patient Citizen

IMPROVING OUR LIVES THROUGH EMPOWERMENT

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DPC is a 501(c)(4) non-profit organization governed by dialysis patients.

DPC Hosts California ESRD Summit

California, like many states, is experiencing a significant increase in its dialysis patient population due to the state's rising incidence of CKD risk factors. This increase in dialysis patients, combined with the new ESRD payment bundle and state budget shortfalls, has created a turning point in kidney care. To help address this changing landscape, Dialysis Patient Citizens (DPC) in association with Baxter Healthcare Corporation and DaVita hosted the first California End Stage Renal Disease (ESRD) Summit on September 28 in Huntington Beach, California.

The goal of the event was to bring together representatives from both the public and private sectors to address the changing needs of the ESRD patient population and to determine how to best meet these needs. Specifically, the half-day summit focused on renal home therapy options and included the patient perspective on dialysis care in California. "As is the case elsewhere, California is feeling the effects of reduced government revenue," stated Chad Lennox, executive director of Dialysis Patient Citizens. "Our hope through events like these is to provide caregivers and policymakers with information on the policy changes affecting ESRD patients and educate them on how renal home therapies could benefit their patients and the government."



California State Senator Curren Price addresses the audience.

Policymakers and other leaders from throughout the state provided insight into the policy changes in the ESRD payment bundle at both the state and federal levels. They also discussed advancements in renal home therapies and their future trends. One of the highlights of the Summit was hearing from those who are affected by ESRD. During a panel discussion entitled "Living with ESRD, A Patient's Perspective", three dialysis patients representing different modalities told the audience about their experiences with ESRD and specifically discussed the education they received about the various modalities and why they chose the modality they did.

Another highlight was having Governor Schwarzenegger's former Senior Advisor for Health Care and current Health and Human Services Regional Director Herb Schultz discuss how recent changes in health care could affect renal home therapies. Mr. Schultz discussed how both the recently passed health care reform measures and the ESRD bundled payment system could impact ESRD patients beginning in 2011.

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President's Message *Washington DPC*



On September 21st – 23rd, DPC Patient Ambassadors and Board Members joined together in Washington, DC to advocate on behalf of our fellow kidney disease patients and to highlight the issues we support at our Washington DPC conference. These enthusiastic patient advocates attended specialized advocacy training sessions and then headed up to

Capitol Hill to meet face-to-face with their US Senators and Representatives and other key Congressional staff.

The Washington DPC event is a great way to provide experienced Patient Ambassadors with an opportunity to address head-on some of the most important issues that DPC supports: passing legislation that will provide Medigap coverage to ESRD patients under the age of 65, extending immunosuppressive drug coverage for kidney transplant recipients over the life of their transplant and softening the impact of the new ESRD payment bundle on dialysis patients and providers. The face-to-face meetings with lawmakers and their staffs helped underscore those messages. When patient advocates come to Washington, DC and tell their personal dialysis stories to their Members of Congress, it really makes an impact. Our Patient Ambassadors did a fantastic job conveying the crucial importance of these issues to numerous Congressional offices.

In all, there were 21 Patient Ambassadors and 4 additional family members representing DPC on the Hill at 40 meetings with Members of Congress and their staffs! Their presence certainly puts a human face to our concerns. We hope these meetings will really generate movement on these issues.

On behalf of DPC, I would like to thank all the participants for their hard work and travel to advocate on all dialysis patients' behalf. To learn more about becoming a Patient Ambassador and the opportunity to join DPC in the capital for our Washington DPC events in the future, please contact us at 1-877-866-4242 or dpc@dialysispatients.org.

Myron Zayon, President
dpc@dialysispatients.org
1.866.877.4242

“Life Choices – Treatment Options” CD Available Through DPC

Do you have questions about dialysis or certain dialysis modalities? Do you want to hear from real people about their experiences with kidney disease? Life Choices – Treatment Options is a free informational CD that provides “a healthy dose of kidney information from real patients and kidney experts.” Created by Baxter Healthcare, the CD

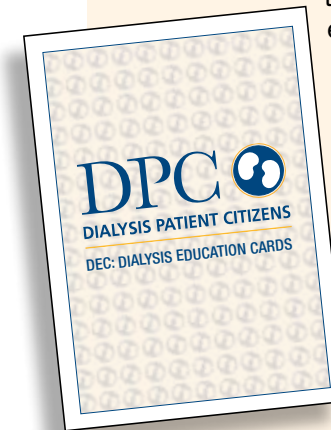
gives in depth information about kidney disease and treatments, different therapy options based on your lifestyle and inspiring success stories that are worth the watch.

We know that educating yourself about kidney disease can be a bit overwhelming, so we're happy to help dis-

tribute this educational source. Watching the chapters on this CD can make it enjoyable and entertaining. Please contact us at 1-866-877-4242 or at dpc@dialysispatients.org to obtain a free copy.

Education Resource Provided to Partners in Care

Dialysis Patient Citizens (DPC) recently released a new education



tool for caregivers, DPC Dialysis Education Cards. These 52 cards are styled after a deck of traditional playing cards. Each card provides an education topic and information for discussion between a caregiver and their patients.

The goals of DEC are to provide dialysis caregivers with an easy to use tool to help patients learn about their treatment.

With topics such as “Vitamin D,” “Fluid Restrictions” and “AV Fistula” on the 52 cards, caregivers can utilize an education topic per week with their patients. “We wanted to provide patients with information that will empower them to better understand their treatment,” stated DPC Vice-President and Education Chair Nancy Scott. “When patients better understand what is happening and why, they can be a more active part of their care team.”

As a Partner in Care if you would like to request a complementary DPC “DEC”, please visit www.dialysispatients.org or call 1.866.877.4242.

Emergencies Can Strike Anywhere at any Time. Are You Prepared?

When it comes to emergency preparedness, dialysis patients have many additional needs to consider outside of traditional preparedness measures. Since dialysis patients rely on electricity, treated water and many medications to receive appropriate treatment and continue living, it is even more vital that patients ensure they have an emergency plan in place before disaster strikes.



Patient Ambassador Phyllis Seck created Emergency Preparedness display at her dialysis facility.

An emergency situation that could threaten dialysis patients' health and safety can strike anywhere at any time. Over the past several years there have been disastrous hurricanes that have left many scrambling to meet basic needs and left many dialysis patients struggling to find a place to receive treatment. However, hurricanes are not the only disasters that have made it difficult for dialysis patients. Last year, Kentucky was hit by an ice storm, leaving over a million people without power for multiple days and roads nearly impossible to pass. Many dialysis facilities were closed and patients were stuck in their homes or forced to rely on overcrowded hospitals to receive emergency dialysis treatment. Earlier this year, Washington, DC experienced some not quite as extreme, but still hard hitting snow storms that left many without power and roads covered with snow and ice. A call went out to local residents owning four-wheel drive vehicles to volunteer to take patients to dialysis facilities in the area. In the southwestern United States, wildfires threatening local communities and causing the need for many to relocate also posed challenges to patients in impacted communities.

These are just a few scenarios that can threaten the lives of patients who are not prepared. It is important that dialysis patients develop a plan to be ready in an

emergency and have an emergency kit on hand. In addition to meeting general basic needs there are specific dialysis-related preparations patients should make before an emergency strikes. For example, creating a list of your needed medications, forming a back up transportation plan to get to an open dialysis clinic, and working with a dietitian to create a three day emergency dialysis diet that is very low in salt, phosphorus and potassium are all extra preparedness steps dialysis patients should incorporate into their preparedness plan. For additional tips, tools and resources please call us toll-free at 1.866.877.4242.

If you already have a plan and preparedness kit, please consider helping educate other patients on how to create their own plans and preparedness kits. Also, be an advocate for yourself and other patients by contacting your local power company to make sure you are on a priority list for power restoration, and contact your state and local government to inform them on the needs of dialysis patients during an emergency. State and local governments have general emergency plans to help protect residents; educating government officials on dialysis patients' needs can lead to their inclusion in these plans.

Ask a Dietitian

Jeanette Morgan, MHA, RD, LD

What traditional holiday foods can I eat while sticking to my renal diet?



The holidays can be a challenge when it comes to sticking to your renal diet. Not only are some holiday foods

high in phosphorus or potassium, but everyone has a tendency to overindulge, which can lead to high fluid gains when you have kidney failure. The key to enjoying the holidays is moderation. If there are some holiday foods that are usually considered a no-no that you simply cannot skip, pick the one or two that are your favorites, and keep the portion of those to about 1/2 of a cup. Fill the rest of your plate with items that are OK for renal diets. For those of you who take a phosphorus binder every time you eat, don't forget to do so at these celebrations! And of course, if you have any questions, or want to enjoy something and are not sure if you should, ask your dietitian.



Foods/Ingredients that are OK to enjoy:

- Turkey
- Roast beef
- Pork roast
- Duck
- Goose
- Venison
- Deviled eggs
- Cocktail meatballs
- Molded salads/jell-o molds
- Macaroni salad
- Green salad
- Broccoli
- Cauliflower
- Sweet peas
- Green beans/string beans
- Onions
- Carrots
- Cabbage
- Mustard greens
- Cranberry sauce
- Pickles **
- Yeast rolls/dinner rolls
- Brown and serve rolls
- White Rice
- Homemade stuffing made with white bread crumbs**
- Homemade gravy **
- Hot apple cider
- Mulled cider or wine
- Sparkling apple cider
- Sparkling grape juice
- Wine or champagne
- Jell-o
- Sugar cookies
- Butter cookies
- Apple pie
- Cherry pie
- Lemon pies
- Cool whip
- Candy canes
- Marshmallow-Rice cereal bars
- Pineapple
- Lemonade

Foods to Limit:

- Ham
- Self-basting turkey
- Yams /sweet potatoes
- Butter beans
- Blackeyed peas
- Collard greens
- Corn
- White potatoes/mashed potatoes (OK if potatoes are soaked first)
- Potato salad
- Canned gravy/Gravy made from mix
- Corn bread
- Corn bread stuffing
- Self-rising flour
- Biscuits
- Macaroni & cheese
- Cream of mushroom soup
- Cream of chicken soup
- Cocktail smokies
- Nuts
- Pumpkin pie
- Sweet potato pie
- Pecan pie
- Mincemeat pie
- Chocolate
- Fudge
- Gingerbread cookies
- Peanut brittle
- Cheesecake
- Red velvet cake
- Fruitcake
- Eggnog
- Beer

** These items may be high in sodium, so please limit your portions

Dialysis Patient Citizens (DPC) is a non-profit organization dedicated to improving dialysis patients' quality of life through advocacy and education. Every two years we ask current dialysis patients to complete a survey. This survey helps let us know what is important to you. Your responses will ensure DPC has a united voice in sharing your concerns with lawmakers about public policy issues that impact kidney care.

Additionally, your input from these surveys helps us to develop education materials and programs to help you learn to better take charge of your disease to improve your health.

We hope you will take the time complete this survey and share with us what is important to you as a dialysis patient. We will keep all information confidential. However, you do not have to provide your name or contact information unless you choose to.

Public policy is laws and rules made by federal, state and local governments that impact everyday life. Since most dialysis is paid for by Medicare (run by the federal government) and Medicaid (run by both the federal government and state governments) it is important that lawmakers are aware of how the decisions they make impact your life and your health. So that DPC can make recommendations to law makers that best protect the lives and health of patients, we need your responses to the questions below.

What is your state of residence?

1. What is your race/ethnicity? (Please mark only one answer that best describes the race/ethnicity you identify yourself with)

- Asian or Pacific Islander
- African American
- Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East
- Hispanic
- Native American or Alaskan Native

2. How long were you diagnosed with chronic kidney disease (CKD) before beginning dialysis

- 0-3 months
- 3-6 months
- 6 months to one year
- 1-3 years
- 3-5 years
- 5 years or more

3. How do you receive your dialysis? (Please mark one):

- In-center hemodialysis three times or less per week
- In-center hemodialysis more than three times per week
- In-center nocturnal hemodialysis three or more times per week
- Home hemodialysis three times per week
- Home hemodialysis more than three times per week
- Peritoneal dialysis doing manual exchanges (CAPD)
- Peritoneal dialysis with a cyclor (CCPD)
- I have chronic kidney disease, but am not on dialysis

4. How familiar are you with the the dialysis options in question 3? (Please mark one):

- I was not aware there were other ways to receive my dialysis
- I am somewhat familiar with some of the other dialysis options listed above
- I know am very familiar with all of the above dialysis options

5. Why did you choose the way you are receiving dialysis? Please explain:

6. Have you ever changed the way you received dialysis? (Please mark one):

- Yes (If yes, what type of dialysis did you change to?)
- No

Please briefly explain why you changed:

7. How did you choose your dialysis facility

- My doctor recommended it
- I used Medicare's Dialysis Facility Compare website
- Other (please tell us how you picked your dialysis facility):

8. What type of dialysis access do you use?

(Please mark one):

- Fistula Graft AV Catheter
- PD Catheter Hero® device

9. How long have you currently been on dialysis?

(Please fill in the blank)

10. How many dialysis accesses' have you had during this current time on dialysis?

(Please mark one):

- 1-2 3-4 5 or more

11. How satisfied are you with the kidney care you currently receive? (Please circle one):

Very satisfied Somewhat satisfied Not at all satisfied

If you would like, please use this space to explain your response:

12. How familiar are you with the public policy issues DPC advocates for? (Please circle one):

Very familiar Somewhat familiar Not familiar

13. Do you feel DPC's current advocacy efforts address issues you care about? (Please circle one):

Yes Somewhat Not at all I don't know

If you would like, please use this space to explain your response:

14. How familiar are you with the changes to Medicare payment coming in 2011 (the ESRD bundle)? (Please circle one):

Very familiar Somewhat familiar Not familiar

Of the following issues (15-25), please tell us how important they are to you:

15. Funding for transportation to dialysis (Please circle one):

Very important Somewhat important Not important

16. Ability to dialyze more frequently either in home or in the dialysis facility (Please circle one):

Very important Somewhat important Not important

17. Ability to buy supplemental insurance coverage to pay for the 20 percent of dialysis and physician visits that Medicare does not cover (Please circle one):

Very important Somewhat important Not important

18. Increase the length of time Medicare pays for immunosuppressant drugs after a kidney transplant (Please circle one):

Very important Somewhat important Not important

19. Research on stem cell therapy and other new treatment options for kidney failure (Please circle one):

Very important Somewhat important Not important

20. Research on heart disease and related incidents in kidney patients (Please circle one):

Very important Somewhat important Not important

21. Early diagnosis and treatment of chronic kidney disease (CKD) by primary care physicians (Please circle one):

Very important Somewhat important Not important

22. Improve care coordination and communication among the primary care physicians, dialysis health care team and other doctors that I see (Please circle one):

Very important Somewhat important Not important

23. Improve the process to address concerns about my dialysis clinic (Please circle one):

Very important Somewhat important Not important

24. Protecting patient choice in anemia management and treatment (Please circle one):

Very important Somewhat important Not important

25. Urging policymakers to include the special needs of the kidney community into emergency preparedness planning (Please circle one):

Very important Somewhat important Not important

26. Does your dialysis clinic waiting area have educational materials displayed for you to take home? (Please mark one):

- Yes
- No

27. From what source(s) do you receive the most education about kidney disease and dialysis life? (Mark as many that apply)

- Dialysis Patient Citizens
- Other kidney patient organizations (National Kidney Foundation, American Association of Kidney Patients, Renal Support Network, Kidney School, etc)
- My dialysis clinic
- My nephrologist
- Other (please tell us where you receive education)

28. Do you feel you comfortable asking your doctor and dialysis clinic staff (nurse, social worker, and dietitian) questions about your care? (Please circle one):

Always Sometimes Never

If you would like, please use this space to explain your response:

29. Do you feel you receive good care, education and counseling from your, doctor and dialysis clinic staff (nurse, social worker, and dietitian)? (Please circle one):

Always Sometimes Never

If you would like, please use this space to explain your response:

Are you aware that there are Networks set up by Medicare that will address complaints you may have about the kidney care you receive or about your dialysis clinic? (Please circle one):

- Yes No

Have you ever submitted a complaint about your kidney care or dialysis facility? (Please mark one):

- Yes, please explain how you submitted the complaint:

30. If you answered yes to the question above was your problem solved after your submitted the complaint?

- No, I have no complaints
- No, I am scared to complain
- No, I don't feel like it would help

This is your space: Please tell us what is important to you, what you would like to learn more about or what you think DPC should be doing to help improve the quality of life for dialysis patients.

Providing the below information is optional:

NAME

STREET ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

PHONE NUMBER

Please tear out survey
and return to
Dialysis Patient Citizens
in the provided
Business Reply Mail

November Patient Education Conference Call

On November 17, 2010 at 2:00p.m. Eastern time (11:00a.m. Pacific, 12:00p.m. Mountain/Arizona, 1:00p.m. Central), DPC will host a free conference call to educate dialysis patients on upcoming changes in Medicare payment to dialysis providers. Beginning in 2011, Medicare will modify the way it pays for dialysis treatments and medications. These changes may affect patients financially and in the way they



receive dialysis related care. This call will provide additional information about these changes and answer your questions about the effects they may have.

This call is open to dialysis and pre-dialysis patients only. Please RSVP by November 5th by calling DPC toll-free at 1.866.877.4242 or visiting our website at <http://www.dialysispatients.org/calendar-of-events>

DaVita Run/Walks



DPC is pleased to announce that it has been working with DaVita to raise kidney disease awareness through DaVita's Kidney Awareness Run/Walks! An annual tradition in the Fall, DaVita's Run/Walks work to raise awareness and funds throughout ten of America's major cities. DPC helps by having Patient Ambassadors and other members participate in the events, and we're proud to announce that we're having some of our Patient Ambassadors lead the way by speaking at the events about their personal battles with kidney disease and distributing educational information.

In Chicago, Shirley Nealy, a very active Patient Ambassador and community leader, started off the process by speaking at the first Run/Walk this

year on September 11th. Following that, Todd Martin took his Patient Ambassador skills to the Cincinnati event where he ran an exposition stand for DPC on September 19th. Gary Barna, a former town mayor and current Patient Ambassador, also spoke at the September 25th Cleveland area Run/Walk. Finally, John Rose and Ron Henderson, both Patient Ambassadors and September Washington DPC participants, helped out at the Denver event on October 2nd.

There are many remaining Run/Walks ahead. You can join DPC Board Member Elizabeth Jones and Patient Ambassador Michael Hines at the Washington, DC Run/Walk on October 16th, or join DPC participants

in Virginia Beach for the event there on October 24th. Likewise, you can participate with September Washington, DPC participants Carol Thomas or Nicki Rockwell at the Sacramento (November 7th) or Long Beach (November 13th) events, respectively. Carol and Nicki were also with DPC at our Washington, DC event. Patient Ambassador Barbara Alvarez will also join Nicki at the Long Beach event to help raise awareness.

This is your opportunity to get exercise, raise awareness and funds for kidney disease and make a difference. Please contact DPC at 1-877-866-4242 or dpc@dialysispatients.org if you would like more information about participating in these events.

The ESRD Bundle is coming.

Medicare will change the way dialysis is paid for beginning in 2011. Look for a guide on how this could impact you in our next issue coming in January 2011.



Ask a Pharmacist

My doctor has recommended that I start taking an iron supplement. Which one is best for me?

Most iron supplements are available without a prescription and many types of iron supplements are routinely sold in drug stores and supermarkets. There are a large number of iron preparations available with different amounts of iron, different iron salts, complexes, combinations, and dosing regimens.

Iron supplements are available in many different dosage forms, including tablets, capsules, liquid, drops, and coated or extended release tablets and capsules. Regular tablets and capsules are usually the least expensive form of iron and are also

the best absorbed. Liquid and drop iron supplements may temporarily stain the teeth and should only be used for young children and people with problems swallowing pills. Iron from coated or delayed-release preparations may have fewer side effects but are not as well absorbed and are not usually recommended.

Almost all available iron supplements contain either the ferrous or ferric form of iron. Ferrous iron is the best absorbed form of iron supplements. Most available iron pills contain ferrous iron. There are three types of ferrous iron supplements commonly

found: ferrous sulfate, ferrous fumarate and ferrous gluconate. While all three come in a 325 mg tablet size, each one contains a different amount of the form of iron used by your body, called "elemental iron". When choosing an iron supplement, it is important to remember to look at the amount of "elemental iron" in each tablet, instead of the size of the tablet.¹

References

1 National Institute of Health. Office of Dietary Supplements. Dietary Supplement Fact Sheet: Iron <http://ods.od.nih.gov/factsheets/iron.asp>

My doctor would like to start giving me intravenous iron. Why would this be better than an oral iron tablet?

Iron injections are often given because patients are not able to take their full dose of oral iron or their body cannot properly absorb iron through their digestive tract. They are generally reserved for patients with more severe iron deficiency. For anemic patients receiving drugs called erythropoiesis-stimulating agents (ESAs), iron injections are necessary to ensure that the body has an ample and steady supply of iron. In this case, oral iron will not provide enough iron to keep up with your body's need. Since iron by injection does not have to be absorbed through the intestines and

goes directly into your blood stream, it can help build red blood cells more quickly than oral iron.

Receiving intravenous iron injections is similar to receiving any other intravenous medication, which is delivered through an IV or by a syringe. The appropriate type, amount and frequency of iron injections are determined for each individual patient based on the severity of their iron deficiency and their ability to tolerate the treatment. Iron injections include three major types: iron dextran, ferumoxytol and carbohydrate iron, the last of which includes the forms ferric

gluconate and iron sucrose.

Once you have started treatment, your doctor will monitor how your body reacts to the iron injections. This means he or she will regularly measure your iron levels and hemoglobin levels to gauge how much iron is successfully being incorporated into your red blood cells. The most commonly used tests for iron status are ferritin levels and transferrin saturation. Depending on the status of your levels, your doctor may need to raise or lower the amount of solution you receive and also increase or decrease the number of doses you receive each week or month.

This activity is supported with an education grant provided by



Patient Ambassador Profile: Lawrence Winston



Sixty-two year old Lawrence Winston of San Bernardino, CA, was diagnosed with kidney disease in February 2000. In 1980, Lawrence was diagnosed with both diabetes and hypertension, the two most common risk factors for kidney disease. He was able to control both of these conditions through diet and medication for close to 20 years, but when his kidney disease progressed to end stage renal disease (ESRD) at the end of 2000, he was forced to begin dialysis. Lawrence had worked for the Department of Corrections for 28 years and retired as Chief Deputy Warden. He was also in the Air Force for seven years.

Lawrence started off receiving hemodialysis at Mountain Vista Dialysis Center in San Bernardino and later switched to dialyzing at home. However, his experience in his facility is what inspired him to become a Patient Ambassador for Dialysis Patient Citizens.

Lawrence became a DPC Patient Ambassador in April 2004 after learning about DPC through the director and social worker at his dialysis facility. He realized that sharing his story and helping new dialysis patients through their transitional stage was therapeutic for his fellow dialysis patients and for him personally. He was lucky to have a great support system when he transitioned onto dialysis and wanted to continue to create a supportive atmosphere within his dialysis community.

In September 2004, Lawrence was able to receive a kidney transplant and has been off dialysis ever since. However, receiving his transplant has not stopped his advocacy activities on behalf of

dialysis patients. Lawrence remains extremely active within his dialysis community. He still visits the patients at Mountain Vista Dialysis Center on a regular basis to maintain his relationships, and build new relationships, with all the patients, and he always takes opportunities to visit the facility to pass out helpful materials to all of the patients. For about three years after his transplant, he also went to the local transplant center meetings for patients and shared his personal story with patients that are about to receive transplants or patients that have just received transplants.

Lawrence was especially active as a Patient Ambassador this August while Members of Congress left D.C. for August Recess. August is typically a time where Members return home to their districts and turn their attention to issues affecting their constituents. Lawrence decided that this was the perfect opportunity to raise awareness about kidney disease in his community. Lawrence successfully organized a facility tour for a legislative staffer and health policy analyst from Congressional Representative Joe Baca's office (CA – 43). It took place on August 26th, and during the visit, Representative Baca's office personally invited the entire facility to be a part of the Congressman's own seminar on health, nutrition and outdoor awareness to be held in September. In addition, one day prior to the event, Lawrence helped to organize a local newspaper story to be written about a patient who dialyzes at the facility and who works full-time as a local school administrator. The article also highlighted the need for Medicare to extend coverage for immunosuppressive drugs.

Lawrence is truly dedicated to improving the quality of life for dialysis patients, and that is evident through his tireless

work as a DPC Patient Ambassador. "It was not so long ago that I was a new, scared dialysis patient myself," says Lawrence. "With the care and support I received from my fellow dialysis patients and our caregivers, I was able to adjust to dialysis relatively well. I remember how helpful that support was for me, and I wanted to show that same support to as many patients as I can. It is through this type of support that we really start building a community."

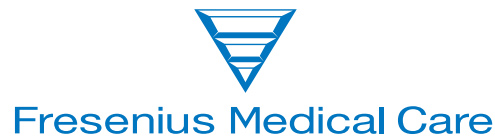
When Lawrence is not busy with his advocacy work, he spends as much time as he can with the love of his life, his wife of 30 years, Dorothy, their two grown sons that live close by and their 2-year-old grandson. Six years after his transplant, he is feeling great and is full of energy.

ESRD Summit Continued from Page 1

Renal home therapies could see a resurgence under the new ESRD Bundle. Not only is peritoneal dialysis now paid at the same rate as hemodialysis but the final rule provided for reimbursement for home dialysis training, a request made by DPC. "Our hope is that patients will continue to receive information about all modalities available and, along with their nephrologist, make the decision that is best for them," said Chad Lennox, Executive Director of DPC. "The Kidney Disease Education benefit, PD payment parity, and continued home dialysis training will help ensure that patients can continue education and treatment options, including home therapies."

DPC, Baxter Health Care and DaVita will host another ESRD Summit focusing on renal home therapies in Austin, Texas on November 9th. For more information visit www.dialysispatients.org or 1.866.877.4242.

Thanks to our Sponsors



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