

Representing dialysis patients and pre-dialysis patients nationwide, DPC is working to improve the quality of life for all dialysis patients through education and advocacy. We are a nationwide, non-profit, patient-led dialysis organization with membership open only to dialysis and pre-dialysis patients and their families. Our policies and our mission are guided solely by our membership.

Mission and Charter. DPC is dedicated to improving dialysis patients' quality of life by developing awareness of dialysis issues, advocating for dialysis patients, improving the partnership between patients and caregivers, and promoting favorable public policy.

We believe patients' quality of life is best improved by:

- Advancing self care
- Fostering and strengthening partnerships among patients and caregivers
- Achieving optimal dialysis-related funding
- Ensuring up-to-date, optimal clinical protocols

DPC's Vision. DPC's long-term goals are to be an organization:

- That plays an advisory role to Congress, Medicare (CMS) and dialysis providers.
- That works to achieve superior education for dialysis and pre-dialysis patients.

Patient Driven Organization. The intent of DPC is to reflect the voice of the patients. We rely on input from our membership to determine both our education and advocacy priorities. DPC members are invited to complete education and advocacy surveys indicating on which issues they think DPC should focus. DPC's priorities are based on this member input.

DPC empowers patients to be heard. One of DPC's goals is to provide dialysis patients with the education, access and confidence to be their own advocates. Through Washington, DC patient fly-ins, conference calls, and briefings, DPC works to train effective advocates for dialysis related issues. DPC is here to rally patients and have their voices heard.

Some facts about kidney disease and dialysis:*

- Thirty-one million Americans have chronic kidney disease (CKD).
- When kidney disease progresses, it may eventually lead to kidney failure, also known as end stage renal disease (ESRD), in which case patients require dialysis or a kidney transplant for survival. Most patients receive dialysis treatments three times a week for approximately four hours at each session.
- More than half a million people have ESRD. The number is estimated to double in the next decade.
- Minorities in the United States are two to four times more likely to develop ESRD.
- CKD may lead to complications like cardiovascular disease and congestive heart failure, anemia (low blood count), increased infectious events, weak bones, and poor nutritional health.
- Administering quality dialysis costs Medicare approximately \$72,000 per patient, per year.
- Nearly 72,000 patients are waitlisted for a kidney transplant; about 17,513 people received a kidney transplant in 2007.

*U.S. Renal Data System, USRDS 2009 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2008. Publications based upon USRDS data reported here or supplied upon request must include this citation and the following notice: The data reported here have been supplied by the United States Renal Data System (USRDS). The interpretation and reporting of these data are the responsibility of the author(s) and in no way should be seen as an official policy or interpretation of the U.S. government.