

The one Star Bulletin

Providing Resources and Information For Texas ESRD Professionals and Staff
Winter 2005

The End Stage Renal Disease Network of Texas, Inc.
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Conflict anywhere? – A tool that will help

Network 14 has worked to decrease involuntary discharge and to decrease conflict in the dialysis setting using several methods over the past several years. This has included the very popular *Positive Professionals-Positive Patients* educational programs for unlicensed staff, surveys about involuntary discharge, educational sessions for professionals and many hours of direct work with facilities and patients.

One outgrowth of this work in our Network was the *Decreasing Patient Provider Conflict Project*, a national collaborative effort involving multiple ESRD stakeholders. A DPC CONFLICT poster was mailed to your unit in July. The Decreasing Dialysis Patient-Provider Conflict (DPC) Toolbox: Conflict Resolution Resources for the Dialysis Professional, which was recently sent out to each facility contains:

- **Provider Manual** with recommendations on how to introduce the DPC program
- Several **training modules** (a quick and easy way to meet your state requirements for continuing education for staff)
- **Quality improvement tools** related to tracking and reducing conflict
- **Brochures and pocket guides**
- A CD-ROM titled “**DPC CONFLICT Interactive Training Program**” (very entertaining with video vignettes of conflict scenarios in dialysis- you may wonder if Dialysis Candid Camera was in your unit)
- A CD-ROM titled “**DPC Conflict Resolution Resources for Dialysis Professionals – Program Documents**”



In order to maximize the benefits of the DPC program, Network 14 will be conducting various training sessions on the use and implementation of the DPC program in the coming months. Watch for more information on that. **However, you don't need to wait for any training.** The Provider Manual is written in 3 simple and easy to use steps that include a trainer's guide so you can introduce the program anytime. If you get stuck or have a problem, call Ramiro or Glenda.

Network 14 is committed to providing the resources you need to successfully cope with conflict in your facilities. We need the same level of commitment and participation from you to implement the DPC program. In the near future we will provide documentation needed for CEU's for SW's and Type II CEU's for nurses and technicians for the DPC program. If you start the program right away, you can provide all the DSHS required continuing education hours for both 2005 AND 2006 - now that's a deal! Thanks in advance for your participation. Feel free to call with any questions.



NETWORK COMMUNICATION

Over the past several years, the Network has made several changes that we hope have improved communication between the Network and facilities. We thought it might be helpful to briefly review these changes and make a few suggestions on how you can work with us to make our communication even more effective.

- **Mail outs** – About three years ago we began putting fluorescent labels on envelopes that noted what action was required and the due date. Credit for this idea goes to a facility nurse manager who suggested we find a way to make Network mailings more noticeable.
- **Faxes to individual staff members at specific clinics** – Instead of having to write in the staff member's name and fax number as we did in the past, we are now able to pull that information directly from SIMS and merge it into our document.
- **Broadcast faxes** – In the past, broadcast faxes would go to all facilities even if the information only pertained to certain ones. This caused some confusion. Now we are able to send broadcast faxes to just those facilities that need to receive it.
- **NetLink** – This is our monthly newsletter to keep you informed of what's new, what's due and what's upcoming.
- **Phone calls** – We now have direct dial numbers to make it easier for you to reach the person you need to speak to without having to go through the receptionist.



You can help us improve communication between the Network and your facility by doing the following:

- Watch for fluorescent labels on your incoming mail from the Network – paying particular attention to action required and due date.
- Send staff changes and facility updates (including phone & fax number changes) to the data department to make sure individual faxes are sent to the correct person at the correct fax number.
- Remind staff that handle incoming faxes to be on the alert for broadcast faxes and make sure that they are given to the correct person as soon as possible. Keep in mind that since broadcast faxes cannot be addressed to a specific person, they are addressed to a facility position, i.e. Nurse Manager, Facility Administrator, etc. We have found that these faxes do not always get to the intended person in a timely manner.
- Post the monthly *NetLink* for all staff to read.
- Save the list of Network staff with their job responsibilities and direct dial numbers as a handy reference for the next time you need to call the Network. You will find this list on page 10 of this newsletter.

If you have any ideas on how we can improve our communication, please call or email us your suggestions. We welcome your ideas on ways to improve communication.

**The Network staff would like to welcome:
New Texas ESRD Facilities**

Between January 1 and October 31, 2005, 6 new ESRD facilities have opened and approximately 35 units are waiting for their initial survey from the Department of State Health Services (DSHS).

Mission Dialysis 67-2502

1506 South Bryan Road
Mission TX 78572
956-581-8489 Phone
956-581-8498 Fax

Corporate Affiliation: US Renal Care, Inc.
Certified on January 14, 2005

Open M-W-F
Number of Stations: 15
Services offered: Accepts Transients, In-Center Hemodialysis

Sun City Dialysis Center 67-2508

600 Newman Street
El Paso TX 79902
915-351-2010 Phone
915-351-2018 Fax

Corporate Affiliation: DaVita
Certified on February 28, 2005
Open M-W-F & T-T-S
Number of Stations: 20
Services offered: Accepts Transients, CAPD, CCPD, In-Center Hemodialysis, Isolation Stations, Practices Dialyzer Reuse, Self-Care Training

Pleasanton Road Dialysis 67-2510

1515 Pleasanton Road
San Antonio TX 78221
210-403-9493 Phone
210-403-9798 Fax

Corporate Affiliation: RenCare, Ltd.
Certified on May 5, 2005
Open M-W-F
Number of Stations: 36
Services offered: Accepts Transients, In-Center Hemodialysis

Meridian Dialysis Center 67-2511

201 West Fairmont Parkway, Suite A
La Porte TX 77571-6303
281-471-0172 Phone
281-471-0591 Fax

Corporate Affiliation: DaVita
Certified on May 19, 2005
Open M-W-F
Number of Stations: 12
Services offered: Accepts Transients, In-Center Hemodialysis, Practices Dialyzer Reuse

FMC of Crosby 67-2509

6107 FM 2100
Crosby TX 77532-5676
281-328-8071 Phone
281-328-8537 Fax

Corporate Affiliation: Fresenius Medical Care
Certified on June 3, 2005
Open M-W-F
Number of Stations: 12
Services offered: Accepts Transients, In-Center Hemodialysis

USRC San Benito Dialysis 67-2514

295 North Sam Houston
San Benito TX 78586
956-399-4037 Phone
956-399-8119 Fax

Corporate Affiliation: US Renal Care, Inc.
Certified on August 24, 2005
Open M-W-F
Number of Stations: 15
Services offered: Accepts Transients, In-Center Dialysis

If your unit opened during 2005, is not listed and has received a Medicare provider number, please call Debbie O'Daniel at 469-916-3804.

Additionally, if you have any questions regarding the process for opening a new ESRD facility, please log on to our website at www.esrdnetwork.org (click on Professional Info, then on Facility Information) or contact Debbie O'Daniel.

TEXAS Fistula First . . .

Where We've Been, Where We Are Now

And Where Do We Go From Here!



Many of you probably remember hearing Alex Rosenblum declare his infamous Fistula First (FF) campaign slogan, “**From Worst to First,**” repeatedly during the early stages of Network #14’s Fistula First QI initiative. For Alex, this slogan was not only a factual way of representing Texas AVF utilization compared to the nation, it was a **battle cry** meant to “rally the Nephrology community troops.” Even though Texas was ranked 18th among the 18 Networks, Alex had faith that our Texas facilities, nephrologists and surgeons would accept the challenge of improving vascular access care for their patients. Now, approximately 24 months later, it is apparent that the Texas nephrology community has rallied to Alex’s battle cry. We may have started in last place, but we aren’t there anymore!

Where We’ve Been and Where We Are Now➔



Since October 2003:

- Texas has overtaken **four other Networks** & has moved from **last place to 14th place**.
- Network #14 met their CMS contracted prevalent AVF goal of 30.7% in October 2004.
- An additional **3,012 AVFs** are currently being utilized for hemodialysis.
- 594 AVFs have been placed (i.e., present, whether being used or not) in incident patients.
- Fistula use in prevalent Texas hemodialysis patients has risen from **25.7% to 37.1%**.
- Number of TX facilities with 40% or more patients using an AVF **increased from 47 to 107**.
- Number of TX facilities with 19% or fewer patients using an AVF **decreased from 77 to 8**.
- As of September 2005, Texas ranks **1st** among the Networks in percent of improvement from baseline at **11.4%**. *U.S. average for percent of improvement from baseline is 7.8% (range is 4.9% - 11.4%)*

Where Do We Go From Here?

First and foremost, congratulations are in order to everyone who has “rallied to the battle cry” and is participating in FF initiatives to improve vascular access outcomes for Texas patients. However, we, as a community, must re-evaluate our goals and strategies as we strive for improved access outcomes.

Although many patients have benefited from the Fistula First initiative, it is becoming increasingly apparent to the ESRD community, ESRD Networks and CMS that the Fistula First initiative is precipitating undesirable vascular access outcomes for a subset of our ESRD patients. Examples of this include:

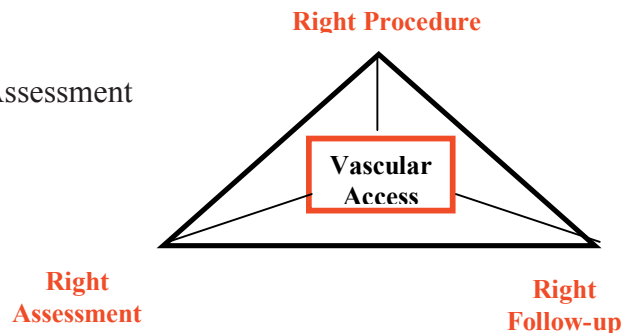
- Anecdotal comments from nephrologists and surgeons stating they feel “pressured” to place AVFs (even in patients deemed unsuitable candidates for an AVF).
- AVF placement done in the **absence** of pre-surgical vessel mapping, resulting in a lack of knowledge on the surgeon’s part regarding:
 - ➔ Whether or not the patient is a viable candidate for an AVF based on his/her vasculature.
 - ➔ Optimum vessels for AVF creation if the patient is a viable AVF candidate (i.e., diameter, depth, pliability, proximity, location).
 - ➔ Planning and strategies for utilization of vessels in the future, optimizing access options for patients with limited vasculature.
- Increasing numbers of hemodialysis patients with newly placed AVFs that never mature to a level sufficient for hemodialysis use.
- Increasing numbers of patients receiving dialysis via central venous catheters (and being exposed to higher risk of morbidity and mortality) as a result of non-maturing or poorly maturing AVFs.

TEXAS Fistula First . . . Where Do We Go From Here
(Continued)

As we continue to assist facilities in our Network achieve optimum vascular access outcomes for their patients, we will support current FF initiatives, including facility-specific comparative charts, surgeon-specific “report cards” based on surgical claims data and facilitation of collaborative educational programs aimed at improving communication between nephrologists and surgeons. Through these initiatives, we will be supporting the goal of encouraging an increase in the number of “usable” AVFs in Texas hemodialysis patients.

In addition, during 2006-2007, Network #14, with assistance from the Medical Review Board and the Network Surgical Committee, will be developing and implementing a multi-disciplinary educational campaign for nephrologists, surgeons, nurses and patient care technicians called *The Three Rights of Vascular Access Placement*, which will focus on:

- The Right Assessment
- The Right Procedure for the Patient Based on the Right Assessment (which may or may not involve AVF placement)
- The Right Follow-up:
 - Timely surgical follow-up to detect primary AVF failure, with subsequent intervention
 - Staff observation of maturational status - new AVF
 - Cannulation initiatives



As part of this educational campaign, we will identify facilities with a high rate of non-maturing AVFs and work one-on-one with these facilities to assist them in the development and implementation of a plan that focuses on primary AVF failure through:

- Determining precipitating factors for the facility’s high primary AVF failure rate.
- Evaluating facility processes and policies for assessing AVF maturation.
- Evaluating facility policies for surgeon/interventionalist referrals for primary AVF failure.
- Emphasizing on the role of the nephrologist and/or facility vascular access coordinator in assuring that pre-access vessel mapping occurs.
- Educating facility staff on their role in post-surgical monitoring of AVF maturation, with emphasis on post-AVF placement assessment policies and procedures.
- Communication between MRB and/or Surgical Committee and surgeons identified as having a high primary AVF failure rate to inform them of their higher than expected primary AVF failure rate and to offer focused educational opportunities that emphasize pre-access vessel mapping, selection of appropriate AVF surgical procedures and post-surgical monitoring of AVF maturation.



Upcoming Fistula First Initiatives (2005-2006)

- Facility Specific comparative charts for last two quarters mailed to facilities mid-December 2005
- Surgeon mailing including: a) Surgeon Specific Vascular Access Placement comparative charts for 2004, with trended data for 2002-2004; b) Request Form for Surgical Video and c) Fistula First Breakthrough Initiative Surgeon Survey- first week January 2006
- Houston Fistula First Conference for Surgeons, Nephrologists, Vascular Access Coordinators -Spring 2006 (Date and place TBD)
- Completion and distribution of CMS sponsored Cannulation Techniques Video- early to mid 2006

PATIENT MEETINGS: *an underutilized resource*



There is no regulation that says dialysis clinics and transplant centers **MUST** have patient meetings. However, those clinics that have them all agree that the effect of these meetings on patients is quite positive. The following is a description of how they can be organized and directed.

Staff is responsible for making sure that meetings are scheduled, the meeting room is ready and all preparations are made. It is not the responsibility of patients to decide whether or not to meet, to find a meeting place, or purchase food or supplies.

Ground rules for all meetings should be written by patient leaders and staff combined. Some ground rules to include are: everyone's opinion is valuable and should be heard; do not interrupt other speakers; keep discussions to issues that affect ALL patients, not just yourself; no profanity or yelling, etc. These ground rules can be written on a large poster placed on the wall during each meeting.

Monthly meetings are best but may prove too frequent for some clinics. At the very least, patients should have meetings every quarter.

Patients should be encouraged to lead the meetings. The Network Patient Representative would be ideal for this job. The patient leader should do more talking than the staff members and less talking than the other patients!

It is a good idea to have a "topic for the meeting" such as fluid control, Medicare, phosphorus, etc. Patients should be informed beforehand so they can come prepared with questions.

It is appropriate to have a speaker for some meetings. Don't overlook your own staff for these presentations. The patients love to hear their own doctor give a talk and then answer questions.

The meetings are best if kept to an hour or 90 minutes each. Many patients have lower stamina and even sitting up takes some effort, so meetings should be short and sweet.

If the meeting is turning into a "gripe session" with people just complaining, it is best for the staff to step in and re-direct the discussion.

Food can be served but should not be the focus of the meeting unless it is a special occasion (such as Thanksgiving). The dietitian should decide what food and drinks are served at the meetings.

Patient meetings can serve as support groups, informational sessions or just plain fun times for patients and every clinic should have them if possible.

The Network receives complaints that *professionals* are soliciting patients of one clinic to go to another. Usually this is a newly opened, competing clinic.



What's wrong with this?

Professional solicitation and its consequences

By definition, solicitation is “to try to get something by making insistent requests or pleas”. While the complaints received by the Network are generally lodged by competing professionals, patients also complain about being **harassed** with phone calls and other things (for instance letters and flowers) at home. The soliciting professional has almost always recently left employment at the clinic where the patient is treated and calls the patient at home to try to convince them to come to the new clinic.

Licensed professionals put their license in jeopardy by doing this because:

1. All professionals are licensed to practice under the practice act for their discipline. These practice acts address solicitation differently or indirectly. Here are excerpts from the Texas practice acts:

Medical Practice Act: *“any uninvited solicitation of a given population or other such tactics for ‘drumming’ patients is prohibited by the Medical Practice Act of Texas. The BME has issued policy guidelines on Ethical Advertising.*

Nurse Practice Act: *“unprofessional or dishonorable conduct that is likely to deceive, defraud, or injure a patient or the public.”*

SW Act: *“Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.”*

2. The **Health Insurance Portability and Accountability Act** of 1996 (HIPAA, Title II) addresses the security and privacy of health data. HIPAA privacy regulations prohibit the use of protected health information without authorization and for most reasons other than treatment. Penalties may include stiff fines and even jail time. Go to www.cms.hhs.gov and click on HIPAA.



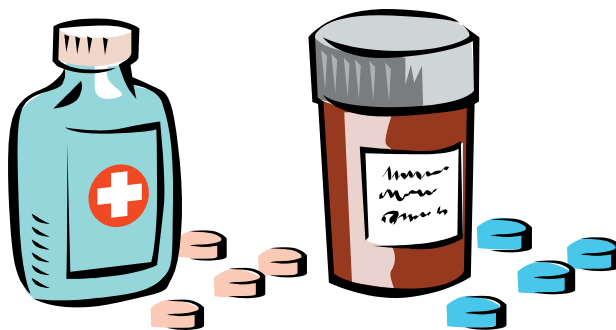
If someone asks you to contact patients that are not treated where you are employed to convince them to change clinics - SAY NO!

Medicare Part D

How Do We Help Our Patients Choose The Best Provider?

Medicare will begin providing insurance coverage for prescription drugs on January 1, 2006. Choosing the best provider will be very important for individuals with End Stage Renal Disease. The ESRD Network would like to help you provide information and guidance for your patients. *Ultimately, the patient makes the final decision on which provider plan in which to enroll.* It is our

responsibility to provide information and assistance to our ESRD patients about the various plans they may choose among. Additional help is available to all individuals on Medicare through the Area Agency on Aging (AAA). They have received a grant from Kidney Health Care (KHC) to assist with enrollment and explanation of providers and plans. If your local AAA has not contacted you, please contact KHC at 512-458-7111 to get a contact name and number for your area.



What you may not know

SPAP- STATE PHARMACY ASSISTANCE PROGRAMS

Under the new Medicare Part D drug benefit, a SPAP is defined as a state program that provides financial assistance for supplemental prescription drug coverage for Part D eligible individuals. The basic drug coverage for KHC recipients will end on March 31, 2006. Therefore, it is extremely important that KHC recipients enroll in a plan that will cover as many of their current medications as possible. Because of these changes in coverage, KHC will offer recipients additional supplemental coverage to assist with co-pays and premiums. Please refer to the KHC website for more information regarding this supplemental coverage and to learn how to assist ESRD patients currently enrolled in KHC receive this coverage.

LOW- INCOME SUBSIDY

States are required to take and process applications for the low-income subsidy program and to screen and offer enrollment in the LIS (these beneficiaries are between 135% and 150% of poverty level and are referred to as QMB, SLMB, QI). Beneficiaries may apply for the Low Income Subsidy (LIS) at the state agency using the SSA application or by requesting the State Medicaid Agency to make a determination.

KHC recommends that all ESRD patients apply for this assistance.

DUAL ELIGIBLES

Full benefit dual eligibles (people eligible for Medicare **and** Medicaid) will be enrolled in the Medicare Part D drug benefit and therefore **lose their Medicaid drug coverage on December 31, 2005**. Each person will have the opportunity to select the plan of his or her choice for the Medicare Drug Benefit. They will be auto enrolled into a plan effective January 1, 2006 if they do not choose a plan. Medicare Savings Program beneficiaries will be facilitated into a plan effective June 2006 if they have not already chosen a plan.

Beneficiaries will have a choice of two or more plans. The formularies for each Medicare Rx drug plan must cover each therapeutic category and class of prescription drugs, but the formularies do not have to cover every drug in every class. Again, this situation makes it important for beneficiaries to make

sure they are placed in a Medicare Rx drug plan that covers the prescription drugs they need. Kidney Health Care recipients with Medicare benefits will need to get their prescriptions through the new Medicare Rx plans. KHC clients must select and enroll in a prescription plan. Because of the many medications needed by the KHC recipients, it may be a challenge to select a plan that best meets their prescription needs.

Due to strict guidelines and regulations, the ESRD Network of Texas and KHC are unable to provide more guidance or information on selecting plans that would be best for the ESRD population. We strongly recommend that you contact AAA representatives and set up meetings with your patient population for one-on-one counseling assistance. Please instruct patients to meet with a counselor from the AAA and provide a medication list for them to have on hand. The representatives have been trained to go over the various plans and compare them based on the list of medications that your patient is taking. They will assist the patient in narrowing down the list of providers and selecting the one that “best fits” with their medication list. The counselor will also explain how KHC will assist with co-pays and premiums that will need to be paid for the various plans.

Important Dates to Remember

November 15, 2005- First day to sign up for Medicare drug coverage by joining an approved drug plan

January 1, 2006- First day the Medicare drug coverage will be available for usage

March 31, 2006- Basic KHC drug coverage ends

May 15, 2006- Last day to join a drug plan without a penalty unless there is a qualifying exception

May 15, 2006- Last day current Medicare discount drug cards will be active

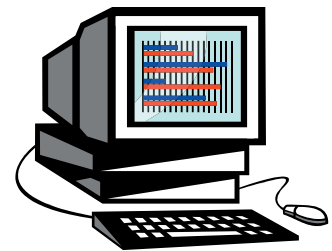
Additional Resources

Texas State Health Insurance Program (SHIP) 1-800-252-9240 phone number will automatically route the caller to the Area Agency on Aging in their area for Medicare/ Medicaid Part D benefits counseling and assistance. This number works for all of Texas.

Kidney Health Care (KHC)

www.dshs.state.tx.us/kidney/MedicarePartD.shtm

www.TexasMedicareRx.org



CMS site for full duals transition to Part D and information on how to look up a plan assignment

www.cms.hhs.gov/medicarerereform/states/transdualelig.asp

CMS site for additional information and resources

www.cms.hhs.gov/medicarerereform/states/stateresrcs.asp

Department of State Health and Human Services site for specific information on Texas

www.dads.state.tx.us/

HHSC Medicare Rx Website Home

www.texasmedicarerx.org

Who Is Network 14?

Administration Department

Glenda Harbert, RN, CNN, CPHQ

Executive Director-972-503-3215

Email: gharbert@nw14.esrd.net

- National initiatives or legislation
- Texas Department of State Health Services issues
- Questions about ESRD Network structure and committees/boards
- Questions about other Networks
- Concerns or complaints about Network activities or Network personnel

Debbie O'Daniel

Office Manager-469-916-3804

Email: dodaniel@nw14.esrd.net

- Will assist anyone with questions/issues not listed on this information sheet
- Accounts Payable/Receivable Issues
- Meeting registration/questions
- Booklet/pamphlet orders
- New Facility Packet
- Texas ESRD Facility Roster
- Person to contact for information on starting a new facility

Patient Services Department

Ramiro Valdez, PhD

Director of Patient Services-972-503-3215

Email: rvaldez@nw14.esrd.net

- Patient or Staff concerns/complaints/grievances
- Rehabilitation questions or issues
- Spanish Translation
- Patient Advisory Committee
- Dialysis & Transplant resources, opportunities & educational materials for patients & professionals

Community Information and Resources

Geli King-Brown, MS

Outreach Coordinator-972-503-3215

Email: gbrown@nw14.esrd.net

- Patient concerns/complaints/grievances
- Patient Newsletter
- Dialysis & transplant resources, opportunities & educational materials for patients & professionals
- Professional Newsletter
- Educational Meetings
- Patient Advisory Committee

Quality Management Department

Bobbie Knotek, RN, BSN, CNN, CPHQ

Quality Improvement Director- 469-916-3803

Email: bknotek@nw14.esrd.net

- NW QI Department oversight
- QI Tools and Resources
- NW Quality Improvement Projects and Data Collection
- Assistance with facility- specific QI Projects and data
- National and Texas rules, regulations and standards
- Dialysis & Transplant resources

Angie Wieler, RN, BN, CNN

Quality Improvement Coordinator- 469-916-3806

Email: awieler@nw14.esrd.net

- National and Texas Data Projects (Clinical Performance Measures, CDC, USRDS, etc.)
- QI Tools and Resources
- NW Quality Improvement Projects and Data Collection
- Assistance with facility- specific QI projects and data
- National and Texas rules, regulations and standards
- Dialysis & Transplantation resources
- Educational materials for patients and professionals

Gay Grauke, BA

Project Coordinator- 469-916-3810

Email: ggrauke@nw14.esrd.net

- National & Texas Data Projects (Clinical Performance Measure, CDC, USRDS, etc)
- Network Quality Improvement Projects & Data Collection
- QI related meetings
- Internal Quality Control for Network activities

Data Department

Nancy Carlson, MPA

Data Coordinator- 469-916-3819

Email: ncarlson@nw14.esrd.net

- CMS 2744 (Annual Survey) questions
- Gross & Standardized Mortality Rates
- Annual Data Report
- SIMS/VISION
- Scheduling data orientations for facility staff
- Compliance Reports
- Patient count by zip code

Terri Griffin

Assistant Data Coordinator- 469-916-3805

Email: tgriffin@nw14.esrd.net

- VISION training
- Compliance Reports
- Assistant LAN manager

Casey Contreras

Data Clerk- 469-916-3809

Email: ccontreras@nw14.esrd.net

- CMS 2728 forms
- Missing Forms Report
- Monthly Patient Activity Report (PAR)

Doris Wilson

Receptionist/Data Clerk-469-916-3802

Email: dwilson@nw14.esrd.net

- CMS 2746
- To order blank CMS 2728/2746 forms

Please feel free to contact the Network staff at their listed phone number or email addresses. The staff member will respond within 24 hours, unless they are out of the office. When leaving a message please give detailed information for the staff member to properly address your question or concern.



We applaud the actions of everyone that “went above and beyond” the call of duty to assist with displaced individuals during the Hurricanes that affected Texas during the months of September and October. It truly can be said that “everything is bigger and better in Texas”; especially the hearts of Nephrology professionals and dialysis staff. Texas facilities provided ongoing dialysis for its current dialysis population and hundreds more transient patients. Texas has increased its dialysis population by at least 400-500 patients and there may be more once the dust completely settles.



Additional Resources and Information

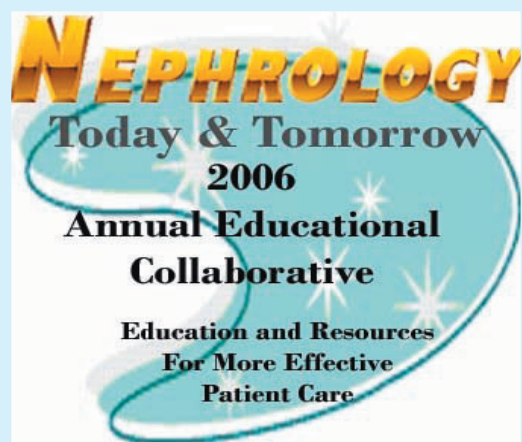
There are still resources available for displaced evacuees of Hurricanes Katrina and Rita. Please visit the following websites for more information and details on emergency grants and assistance for evacuees.

ESRD Network of Texas (NW #14)
www.esrdnetwork.org

American Association of Kidney Patients (emergency money for Katrina evacuees only)
www.aakp.org

The National Kidney Foundation, Inc.
www.kidney.org

Mark Your Calendar and Plan to Attend!



*Nephrology Today & Tomorrow 2006
The Annual Educational Collaborative*

will be held Friday and Saturday, July 7-8, 2006
★ Adam's Mark Hotel ★ 400 N. Olive Street ★
Dallas, Texas

Don't delay register early and receive special discounts!
There will be some very notable changes at the 2006 meeting that you won't want to miss.
Be on the lookout for more information on registration and hotel accommodations...

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