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A Newsletter for People with Chronic Kidney Diseases and Their Families
Spring 2006

The End Stage Renal Disease Network of Texas, Inc.
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www.esrdnetwork.org

Medicare Part D: If you still have questions... Here are some answers!

On January 1st, Medicare began offering prescription drug coverage. Medicare D is the most important new benefit in Medicare's 40-year history. The goal of the Part D program is to provide affordable drug coverage for people with Medicare/Medicaid and Medicare Only benefits.

We are **two** months into the Medicare Part D drug benefit program and Centers for Medicare & Medicaid Services (CMS) has been working daily to make this change as easy as possible for everyone involved. **However, with change come challenges!** CMS has already identified several "problem" areas, including:

- Slow responses to requests for coverage decisions.
- Not all medications are covered by every plan.
- How people will pay for their Part D coverage.

To address these "problem" areas now and in the future, CMS has developed the following policies and procedures:

1. Every prescription drug plan must have a rapid request process to communicate coverage decisions within 24 hours after receiving the request (or 72 hours after receiving a standard request).
2. Prescription drug plans must pay for one standard 30-day supply of a prescription medications to assist with the changes in coverage (even if they don't routinely cover that medication).
3. All Medicare prescription drug plans must have a temporary procedure for providing patients with specialized medications with at least a 30-day supply of the medication (even if the drug is not in their plan's formulary). ***Plans have been asked to extend this temporary coverage on a case-by-case basis.***
4. People with limited income and resources may qualify for extra help paying for Medicare prescription drug costs. The amount of extra help is based on income and resources. You may qualify if your income is: a) less than \$14,355 or \$19,245 for a married couple living together; b) less than \$11,500 if you are single; or c) less than \$23,000 if you are married and living with your spouse. *

* Income levels are for 2005, resource and cost-sharing amounts are for 2006, and will increase each year. The size of your family can also affect whether you qualify based on income.

Frequently Asked Questions (FAQ)

Q: What if a dual eligible beneficiary (Medicare and Medicaid) does not know what plan he or she has been auto enrolled in?

A: The pharmacist can perform a special search on their computer system. This search will give the pharmacist the identification number for the patient and the toll free number to contact the plan. If the computer search does not have the plan information for the patient, the pharmacist can also call a special toll free number to get more information or receive additional assistance.

Q: What if a dual eligible beneficiary who has been auto enrolled goes to the pharmacy and indicates they have switched plans?

A: The beneficiary should bring the letter they receive from the plan stating they have changed plans. If they do not have the letter from the plan, the pharmacist can call the special hotline number for the plan or perform an E1 query to pull up the patient information.

Q: What if my plan or the **level of plan I am enrolled in does not cover my drug(s) ?**

A: Physicians may occasionally need to help a patient by filing a prior authorization for a medication or appeal a medication's tier.

Q: What if the prescription I take is not covered by my Medicare drug plan? Will Medicaid still pay for it?

A: If Medicare covers a prescription drug, Medicaid will not pay for it. However, Medicare drug plans don't have to cover every drug that's included in Medicare prescription drug coverage. They only have to cover every type of drug. You should review what drugs are covered by the Medicare drug plans available in your area and try to join one that covers the same prescriptions you take now. If the plan doesn't cover your exact prescriptions, it's required to have a transition period where your current drugs may be covered for a certain length of time while you work with your doctor to find an alternative prescription drug to take that is covered by the plan. If your doctor believes you need to take your current prescription drug and should not switch to a covered prescription drug, you or your doctor can contact your plan and **ask them to** give you an "exception" which means the plan agrees to pay for your current drug. If the plan refuses to give you an exception, you can appeal the plan's decision.

However, if you are currently stabilized on certain specific prescription drugs (like drugs for depression, cancer or HIV/AIDS), you don't have to switch to a different prescription drug. Please talk to your doctor or pharmacist to see if your prescription drugs qualify.

When you join, the Medicare drug plan will send you information about its appeal procedures. Read the information carefully and call your plan if you have any questions.

Q: What are the out of pocket costs for Medicare prescription drug coverage?

A: You pay part of the costs and Medicare pays part of the costs. If you have Medicare Part B, **you will** also have to continue paying your monthly Part B premium. If you have a Medicare Advantage Plan or Medicare Cost Plan, the monthly premium may increase.

Q: How do I pay for the coverage? Can it be deducted from my Social Security or my retirement check?

A: In general, there are three ways you can pay your Medicare drug plan premiums:

1. **You can give permission to the company that offers your Medicare drug plan to deduct the premium automatically from your bank account, or**
2. You can have your premium deducted every month from your Social Security benefits, similar to your premiums for Medicare Part B, or
3. **You can pay the prescription drug plan premium directly by mailing a check or money order each month to the drug plan.**

Q: If I qualify for extra help, will my drug plan premium always be \$0?

A: No, the amount of extra help you qualify for will be based on your income and resources, and your total premium will depend on the plan you join. If you qualify for this much extra help, there will be plans available in which you would pay no premium. There are other plans where you may have to pay a premium. Others who qualify for extra help will pay a discounted premium. This means if you qualify to pay a discounted premium, you will have to pay a percentage of your drug plan premium, no matter which drug plan you join.

Q: Will people lose their food stamp benefits if they apply and qualify for extra help paying for the new Medicare prescription drug coverage?

A: If you apply and qualify for extra help paying for the new Medicare prescription drug coverage, you may see your food stamp benefits go down as you spend less on drugs. Using the new Medicare drug coverage means you will have more cash to spend on food that you used to spend on prescription drugs. The monetary value of the extra help paying Medicare prescription drug costs will more than make up for any loss in food stamps. If you get the \$10 minimum food stamp benefit, then your benefits may end.

Q: Will people lose their housing assistance if they apply and qualify for extra help paying for the new Medicare prescription drug plan costs?

A: If you apply and qualify for extra help paying for the new Medicare prescription drug coverage, you will not lose your housing assistance. However, your housing assistance may be reduced as you spend less on drugs. Using the new Medicare drug coverage means you will have more cash to spend on rent that you used to spend on prescription drugs. The value of the extra help paying Medicare prescription drug costs will more than make up for the lower housing assistance.



Just For Patients!



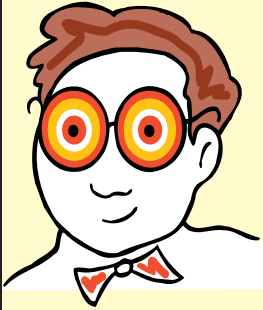
Did you know that national statistics show that dialysis and transplant patients who stay active and busy are healthier, live longer and feel better about themselves? If you are interested in learning more about returning to work, getting involved in community activities, or starting an exercise program the ESRD Network of Texas can assist you.



Please contact us at our toll free number
(877) 886-4435.

We do not promise to solve all your problems,
but we will certainly try!





How Well Do You Know...

Test your knowledge and share it with others!

Down:

- #1 _____ uses a machine to clean your blood.
- #2 _____ dialysis uses the space in your belly called the **peritoneal cavity to clean your blood.**
- #3 _____ is a kidney doctor who has had special training with kidney disease.
- #4 The person who gives you a kidney is called a _____.

Across:

- #1 Kidney failure is also called _____ (abbreviation)
- #2 The _____ machine measures how quickly your blood moves through the tubing.
- #3 _____ donor is a family member who is related to you by blood and who agrees to give you one of his or her kidneys.
- #4 _____ stands for Urea Reduction Ratio. **This test measures how well toxins are removed from your blood during hemodialysis.**
- #5 _____ is when you get a kidney from another person.

Answers:

Down - #1 Hemodialysis, #2 Peritoneal, #3 Nephrologist, #4 Donor
Across - #1 ESRD, #2 Dialysis, #3 Living related, #4 URR, #5 Transplant

Dialysis Facility Compare Website

Dialysis Facility Compare is an important resource available on the Internet at www.medicare.gov. This website provides important information and resources for patients and family members who want to learn more about chronic kidney disease and dialysis. This website can help you:

- ☞ Search for Medicare certified dialysis facilities in any State
- ☞ Compare the services offered at dialysis facilities (for example, home, nocturnal, PD etc)
- ☞ Compare the quality of dialysis facilities
- ☞ Find more information and links on kidney disease and dialysis treatments

How to Use Dialysis Facility Compare

1. Go to www.medicare.gov on the Internet and click on Dialysis Facility Compare.
2. Select a State.
3. Narrow your search by selecting a county, city, zip code, or name of a facility.
4. Select the facilities that you would like to get more information about. If you select more than one facility, you will be able to compare the information on all the facilities you choose.
5. Choose from two areas to get more information:
 - a. Facility Characteristics:
 - Name, address, and phone number,
 - The date the facility was certified by Medicare,
 - Whether or not the facility offers shifts starting at 5:00 pm or later,
 - The number of treatment stations,
 - The types of dialysis offered
(in-center hemodialysis, home hemodialysis, PD, etc.).
 - b. Quality Measures:
 - The percent of patients who received adequate dialysis,
 - The percent of patients whose anemia was adequately managed,
 - Patient survival information.





Be Wise – Immunize!

Protect Yourself from FLU – PNEUMONIA – HEPATITIS B

Some people need extra protection from the flu, pneumonia and hepatitis B.

You need extra protection if:

- ✓ You are on dialysis or have a kidney transplant
- ✓ You are 65 years of age or older
- ✓ You have diabetes, heart or lung problems



How do vaccinations work?

To make vaccines, scientists grow viruses and bacteria that carry diseases and then weaken or kill them. These dead or weakened germs cannot make you sick. They help your body learn to fight the real viruses and bacteria.

Should I get a vaccination?

YES! Vaccinations can prevent illness, hospitalizations, even death. As many as 60,000 Americans die each year from flu and pneumonia.

Will the vaccination make me sick?

NO! You can't get the illness from the vaccine. Some people may have mild side effects, such as fever, chills or a sore arm. Studies show that the benefits of vaccinations outweigh the side effects.

Does Medicare pay for flu, pneumonia and hepatitis B vaccinations?

YES! Medicare Part B pays for all three vaccinations. HMOs also pay for vaccinations. Check with your HMO or health plan for more information.

Can I get vaccinations at my dialysis or transplant clinic?

YES! After your kidney doctor writes the order, the nurses at your clinic can give your recommended vaccinations.

FLU Facts:

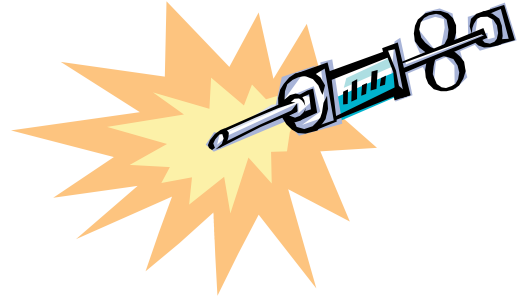
The flu is caused by a virus. The flu causes fever, cough, sore throat and runny nose.

- ➔ A good time to get your flu shot is in the early fall.
- ➔ You need a flu shot every year because the virus changes.

PNEUMONIA Facts: Pneumonia is an infection of the lungs that causes trouble breathing.

One of the most deadly types of pneumonia comes from a bacteria.

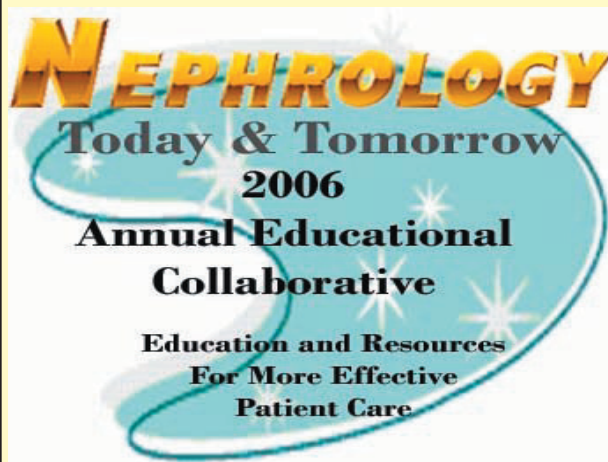
- A good time to get your pneumonia shot is during the fall when you get your flu shot.
- For most people, a pneumonia shot is a one-shot deal. However, people with kidney failure and other medical conditions may need booster shots throughout their life.



Hepatitis B Facts: Hepatitis B is an infection of the liver caused by a virus. The infection can cause severe liver damage and death. Hemodialysis patients have a higher risk of being exposed to the hepatitis B virus due to the possibility of blood spills/spray in their dialysis clinic.

- Experts say people starting hemodialysis should receive Hepatitis B vaccinations.
- If YOU have not had YOUR hepatitis B vaccination – it's not too late to get it. Hepatitis B vaccinations can be given any time of the year.
- Several shots over six months are needed for full protection.

If you have questions or concerns about your need for vaccinations – talk to your doctor or nurse.



Save the Date!

Nephrology Today & Tomorrow
Annual Educational Collaborative
July 7-8, 2006
Adam's Mark Hotel
Dallas, Texas

Please plan to attend the patient meeting on Saturday, July 8, 2006. There will be special guest speakers, prizes, drawings and lots more!

There is no cost to attend the meeting.
More information will be available soon!

In 2005, there were 23 transplant facilities in the state of Texas performing kidney transplants. Below is a list of the facilities that performed the most transplants with its location and the total number of transplants performed by all procurement type. If you would like more information on transplants you can check out the United Network of Organ Sharing (UNOS) at www.unos.org. For a complete listing of all transplant facilities, their locations and total number of transplants performed in 2005, visit our website at www.esrdnetwork.org.

Name of Facility	Location	Total Number of Transplants in 2005
University of Texas Medical Branch	Galveston, Texas	77
Baylor University Medical Center, ESRD Transplant	Dallas, Texas	128
Memorial Hermann Hospital	Houston, Texas	105
Baylor All Saints Medical Center Transplant Center	Fort Worth, Texas	60
St. Luke's Episcopal Hospital	Houston, Texas	93
University Hospital Renal	San Antonio, Texas	94
Methodist Hospital ESRD Transplant Services	Houston, Texas	66
Methodist Specialty and Transplant Hospital	San Antonio, Texas	160
Children's Medical Center*	Dallas, Texas	17

* Represents the top pediatric facility in Texas for transplants in 2005.

2006 Quality of Care Indicators Report:

Quality of Care Indicators Report is available by request from your facility or online at www.esrdnetwork.org ⇒ What's New. This report covers many things that are required of a dialysis unit in Texas. Next time you are looking for something to read while at dialysis, ask for a copy of the Quality of Care Indicators Report!

Network Patient Representative Update

What is a Network Patient Representative (NPR)?

Every dialysis clinic in Texas should have a Network Patient Representative (NPR) who will act as a link between patients and the ESRD Network office. The NPR may also serve as a link between patients and clinic staff (see optional duties). If there is someone in the clinic already serving as a link between patients and clinic staff, the NPR will serve only as a link between the Network and patients in the clinic.

The Network's Patient Advisory Committee (PAC) developed the NPR responsibilities listed below. These responsibilities are only minimal guidelines. Each clinic or center is free to expand this list as they wish by adding other duties to improve communication between patients and staff and to expand facility's patient and staff education opportunities.

Suggested *Standard* responsibilities include:

1. Be a role model to other patients by learning information about treatments for kidney disease and following his/her own treatment plan.
2. Receive and distribute ESRD Network patient mail-outs.
3. At the facility's request, communicate clinic updates or concerns to fellow patients.
4. Be available to assist the staff with the patient bulletin board.
5. Be available to assist the unit Social Worker with patient support groups.

Suggested *Optional* responsibilities include:

1. Read and answer patients' questions about information from their facility and the Network
2. Be available to:
 - Help with communications between patients and facility staff when needed or requested
 - Assist with the orientation and support of new patients
 - Assist with patient activities such as educational meetings and social events
 - Help organize phone calls or visits (where appropriate) to other patients
 - Write and distribute a patient newsletter for his/her own clinic with the aid of clinic staff

If you would like to assist the Network and your fellow patients with updates and information, then you are perfect for the job!

The Patient Advisory Committee (PAC) Your "Voice" at the ESRD Network

The PAC is a group of patients from around the state who give feedback to the Network staff and the Medical Review Board about issues that affect their care and quality of life. If you have a desire to make your issues known or want to know more about the PAC, you may contact Ramiro Valdez or Geli Brown at the ESRD Network at the toll-free number 877-886-4435.

The ESRD Network-Who We Are & What We Do

The End Stage Renal Disease Network of Texas (ESRD Network) is one of 18 not for profit agencies that work under contract with the Centers for Medicare & Medicaid Services (CMS) is the federal agency that runs Medicare. Your ESRD Network, which provides support to the Texas dialysis and transplant community, is located in Dallas, Texas. The other 17 Networks are located regionally across the country. The Networks perform many important jobs for the dialysis and transplant community, including:

- ✓ Collecting and analyzing data about dialysis and transplant patients and their treatments
- ✓ Evaluating the quality of care and services provided to dialysis and transplant patients
- ✓ Supplying professionals with clinical information and data they can use to evaluate and (if needed) improve their services
- ✓ Maintaining a grievance procedure to investigate patient complaints about the quality of care provided by dialysis or transplant units

The Network is made up of several volunteer committees-the Executive Committee, Medical Review Board, and Patient Advisory Committee. Each committee is made up of patients and professionals. The committees provide guidance and support to help the Network meet its mission and goals.

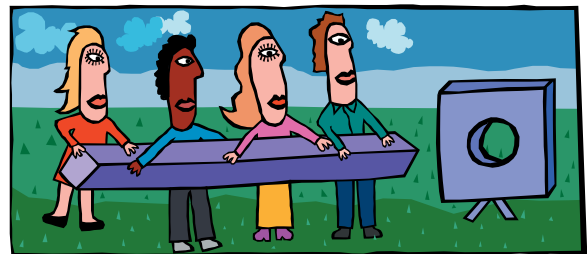
Our Goals

- ❑ To improve the quality of care for persons with ESRD and to make sure that this care is medically necessary, efficient, high quality and consistent with professional knowledge.
- ❑ To provide CMS, the Texas Department of State Health Services, and the dialysis and transplant community with information and data related to the Medicare ESRD program and the ESRD population.

How We **CAN** Help

*We **CAN** give you:*

- Information and advice to help you make informed decisions about your dialysis care or kidney transplant.
- Assistance in the prevention and resolution of concerns or grievances.
- Information and data you can use to compare your clinical outcomes to Texas or national averages and to make professional recommendations.
- Information on Medicare and Texas Department of State Health Services rules and regulations for dialysis and kidney transplant facilities.
- ESRD data from Texas and the national dialysis and transplant community.
- Names, locations, and services of facilities located in Texas and other Networks.
- A list of organizations that assist patients with educational literature and/ or financial support.



What We **CAN'T** Do

*We are **NOT** able to give you:*

- Answers to questions about bills (Medicare, Medicaid or insurance).
Contact Medicare at 800-442-2620.
- Financial help paying bills (Your facility social worker or administrator may be able to help you).
- Specific recommendations on doctors or clinics.
- Clinic or doctor specific data or outcomes.



??? What to do if you have a complaint ???

If you are unhappy with the care or treatment you receive at your dialysis clinic or transplant center, or if you have a complaint about your care, you have the right to file a complaint. **Here's how to file your complaint:**

- ❖ First-try to talk to your nurse, doctor, or social worker about the problem. It is possible there is a simple explanation. Even if there is not a simple explanation, it may be possible for you and the clinic to work out a solution to the problem that could result in better care for you and other patients.
- ❖ Next-if talking does not resolve the problem, or if you feel you cannot discuss your problem with the staff at your clinic, you can go directly to the regional administrator or even the corporate office of your dialysis company or transplant unit. The names and phone numbers of these people should be posted in the waiting room of your clinic.
- ❖ Finally-if none of the above actions work or if you feel your clinic or corporation cannot help you, call one of the Toll Free numbers below for help.

TEXAS DEPARTMENT OF
STATE HEALTH SERVICES
(888) 973-0022

OR

THE ESRD NETWORK OF TEXAS
(877) 886-4435

If you contact the Network for help **WE CAN:**

- ☺ Give you names and phone numbers of people you can speak to at your clinic's corporate offices.
- ☺ Give you information about Medicare regulations and your rights under Medicare.
- ☺ Contact the clinic and conduct a ***confidential*** investigation into your complaint, which may include one or more of the following actions:
 - Requesting medical records
 - Interviewing staff members or patients and asking for details about a complaint
 - If necessary, visiting a clinic in person
 - ***Confidential*** means we will not tell anyone at the facility or clinic your name, unless you give us permission to do so

If you contact the Network for help **WE CANNOT:**

- ⊗ Force a clinic or doctor to accept a patient.
- ⊗ Guarantee you can choose which staff members put your needles in.
- ⊗ Change or get involved in anything that has to do with personnel policies and procedures.
- ⊗ Get a doctor, nurse or patient care technician "fired" or transferred.

Network Employees and Positions

You may know about the ESRD Network of Texas. You may even have talked with Ramiro Valdez, Director of Patient Services or Geli King-Brown, Outreach Coordinator. However, you may not be familiar with the other Network employees who perform the day-to-day duties of our organization.

The Network has 11 full time employees and 2 part time employees. To help you become familiar with our staff, we have listed the names, job titles and the job duties of each of the staff members. Also, for your convenience, our phone numbers and email address are listed at the bottom of this page. We suggest you tear this page out of your newsletter and keep it by your telephone and computer for easy access. The Network staff is ready to assist you and your family members with questions, educational materials, concerns and complaints.

Patient Services Department

Ramiro Valdez, PhD

Director of Patient Services

- Concerns/complaints/grievances
- Rehabilitation questions or issues
- Spanish Translation
- Patient Advisory Committee

Community Information and Resources

Geli King-Brown, MS

Outreach Coordinator

- Concerns/complaints/grievances
- Newsletters
- Dialysis & transplant resources, opportunities & educational materials
- Educational Meetings
- Patient Advisory Committee

Data Department

Nancy Carlson, MPA

Data Coordinator

Teri Griffin

Assistant Data Coordinator

Casey Contreras, Doris Wilson

Data Clerks

Administration Department

Glenda Harbert, RN, CNN, CPHQ

Executive Director

- Concerns or complaints about Network activities or Network personnel

Debbie O'Daniel

Office Manager

- Meeting registration/questions
- Booklet/pamphlet orders

Quality Improvement Department

Bobbie Knotek, BSN, CNN, CPHQ

Quality Improvement Director

Angie Wieler, RN, BN, CNN

Quality Improvement Coordinator

Gay Grauke, BA

Project Coordinator

To contact the Network staff, you may call one of the following phone numbers:

Dallas area

972-503-3215

Outside the Dallas area

Toll Free Patient Hotline

1-877-886-4435

You can also address your questions or concerns to:

info@nw14.esrd.net



Guide To Treatments

	In-Center Hemodialysis	Nocturnal In-Center Hemodialysis	Standard Home Dialysis
Treatments per week	3 days/week	3 nights/week	3 days/week
Hours per Treatment	4 - 5 hours	8 - 9 hours	4 - 6 hours <i>30 - 45 min set-up and cleaning</i>
Machine Needed?	In-center machine used	In-center machine used	Yes
Water System Needed?	In-center water system used	In-center water system used	Usually. It depends on machine type
Type of Dialysis Access	Fistula, Graft or Catheter	Fistula, Graft or Catheter	Fistula, Graft or Catheter
Needles needed for Treatment?	Yes-unless using A HD catheter	Yes-unless using a HD catheter	Yes - unless using a HD catheter
Back-up or Helper needed?	Does not apply	Does not apply	Most clinics require a helper be trained
Maximum training days paid by Medicare			3 days/week x 1 month*
Space and Storage Needs			Machine, water system and supplies
Plumbing/ Electrical Changes			May be necessary
Utilities Needed?			Water, plumbing and electricity
Possible increase in water or electrical bills?			Yes, depending on machine type

For Kidney Failure

Short Daily Hemodialysis	Nocturnal Home Hemodialysis	CAPD	CCPD	No Treatment or Stopping Treatment
5-6 days/week	4-6 nights/week	7 days/week	7 nights/week	Does not apply
2½-3 hours 30-45 min set-up & cleaning	6 – 8 hours 30-45 min set-up & cleaning	4 – 5 exchanges 30 – 45 min. each	7 – 10 hours 30-45 min set-up & cleaning	
Yes	Yes	No	Yes	
Usually. It depends on machine type	Usually. It depends on machine type	No	No	
Fistula, Graft or Catheter	Fistula, Graft or Catheter	PD Catheter	PD Catheter	
Yes-unless using a HD catheter	Yes-unless using A HD catheter	No	No	
Most clinics require a helper be trained	Most clinics require a helper be trained	No – unless you need help	No – unless you need help	
3 days/week x 1 month*	3 days/week x 1 month*	15 days*	15 days*	
Machine, water system and supplies	Machine, water system and supplies	Supplies	Machine and supplies	
May be necessary	May be necessary	No	Grounded electrical outlet	
Water, plumbing and electricity	Water, plumbing and electricity	Running water for hand washing	Running water for hand washing	
Yes, depending on machine type	Yes, depending on machine type	No	Yes	

Helpful Information about your Renal Diet

A renal diet can help control the buildup of waste products and excess fluids in your blood and decrease the workload of your kidneys.

Proteins

Protein allowances are prescribed according to your size. When you begin dialysis the amount of protein you need in your daily diet increases. People on peritoneal dialysis need even higher amounts of protein, because a large amount of protein can be lost in the dialysis fluid which is discarded after each dialysis exchange.

Potassium

Potassium is a mineral. High levels of potassium can lead to a condition called hyperkalemia (a high level of potassium). This can cause dangerous irregular heartbeats without any warning. Too little potassium in your diet may also be harmful. Finding a good balance of potassium can be hard to do. Speak to your dietitian and physician about good potassium balance.

Phosphorous

Phosphorous is a mineral found in foods such as milk, bananas, liver, nuts and meat. Having too much phosphorous in your diet can lead to many problems. One result of too much phosphorus in your diet is itching. High phosphorus can also cause bone disease with increased activity of the parathyroid gland. Bone disease caused by high phosphorous makes your bones weak and can even cause broken bones.

Salt

Controlling the salt in your renal diet helps maintain fluid balance in your body to avoid swelling and high blood pressure. If you control your intake of salt, you can also reduce your feeling of thirst or the need to drink more fluids.

Fluids

It is highly recommended you control your fluids. Anything that can melt into a liquid form should be counted as fluid. Your kidneys are not able to get rid of extra fluid in your body; therefore, you should limit your fluid intake. Avoid foods that contain sodium or salt. Do not drink more than five cups or 40 ounces of fluid a day, speak with your doctor about your fluid intake.



Recipes and Information

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Mocha Meringue Kisses

Makes 60 cookies

Ingredients:

- 3 egg whites
- 1/4 tsp (1ml) cream of tartar
- 2/3 cup (150 ml) sugar, divided into 1/3 cup portions
- 1/2 tsp (2ml) vanilla
- 2 tsp (10ml) cornstarch
- 1Tbsp (15ml) instant coffee powder, crushed
- 1/4 cup (60 ml) almonds, finely chopped (optional)
- 1/3 cup (80ml) rice krispies

Directions:

Preheat oven to 300 degrees F. Beat egg whites and cream of tartar until frothy. Gradually add 1/3 cup sugar and beat until stiff. Beat in vanilla. Combine remaining sugar with cornstarch, coffee, and almonds. Fold into egg white mixture. Line 2 baking sheets with parchment paper. Spoon mixture onto lining. Bake in 300 degrees F. oven for 25 to 30 minutes until dry. Turn off oven and allow cookies to cook in oven. Tops of cookies should be dry and lightly brown.

What's in it for you?
Approximate analysis per cookie

Calories: 13
Carbohydrates: 3g
Protein: 0.25g
Fat: 0.28g
Sodium: 2mg
Potassium: 10mg
Phosphorus: 3mg

Spanish Paella

Serves 8

1/2 cup per serving

Ingredients:

- 1/2 lb boned, skinned chicken breast
- 1/4 cup water
- 1 10 1/2 oz can low-sodium chicken broth
- 1/2 lb medium- size shrimp, peeled and cleaned
- 1/2 cup frozen green peas
- 1/3 cup chopped red bell pepper
- 1/3 cup thinly sliced green onion
- 2 cloves garlic, minced
- 1/4 teaspoon pepper
- Dash ground saffron
- 1 cup uncooked instant white rice



What's in it for you?

Calories: 163
Carbohydrates: 24
Protein: 15
Fat: 1
Sodium: 86
Potassium: 178
Phosphorus: 144

Directions:

Combine first 3 ingredients in a 2-quart casserole top with lid. Microwave on high for 4-5 minutes. Stir in shrimp and next 6 ingredients. Cover and microwave on high for 3 1/2 to 4 1/2 minutes or until shrimp turns pink. Stir in rice. Cover and let stand 5 minutes or until rice is tender.

Do you know YOUR treatment options?

Do you know about other ways to treat kidney failure, besides the treatment you are currently receiving? Have you ever wondered about other types of treatment? Below is a description of the four main types of treatments for kidney failure. I encourage you to take some time to read about these different options. Then, if you are interested in finding out more about another treatment for kidney failure, talk to your kidney doctor. Although not every treatment works for every person, your healthcare team can help you find the treatment that works best for you.

Hemodialysis – Blood is removed from the body through plastic tubing and passed through a filter that removes the waste products and extra water that build up in kidney failure. The “cleaned” blood is returned to the body through the plastic tubing. Hemodialysis can be done at a clinic (in-center) or at home. Most people with kidney failure are on some type of hemodialysis. The types of hemodialysis treatments include:

- * **Standard hemodialysis** - each treatment is 4-5 hours long; with three treatments per week. Can be done in-center or at home.
- * **Nocturnal hemodialysis** - each treatment is 8 to 9 hours long, with three treatments per week. Can be done in-center or at home.
- * **Short, daily hemodialysis** - two or three hour treatments, five to seven nights per week. Usually done at home.

PROS ←	Home Hemodialysis	→	CONS
The same person helps you with your treatment each time			You and your partner will need to be trained for your dialysis
You decide if you want to have visitors and when you want to eat			You will need to have room to store the machine and supplies
You decide when you want to dialyze, making sure you have enough dialysis time			You and your treatment partner will learn to deal with problems
You don't have to travel to and from the dialysis center. You can contact your nurse, dietitian and social worker by phone if you need help			You have less chance of meeting and talking to other people on dialysis
You have more control over your treatment and life (more independent)			May cause stress for your family
PROS ←	In-Center Hemodialysis	→	CONS
Trained professionals are with you at all times. You have access to a nurse, dietitian and social worker to help you with any problems			Staff who you do not know may be working with you
Medical help is available quickly if there is an emergency			You must follow the rules of the dialysis center
You can talk to other people on dialysis			Treatments are scheduled by dialysis center
No machine maintenance or storage			You need to travel to and from the dialysis center three times a week

Peritoneal Dialysis – A special fluid, called dialysate, is put into the belly through a small, straw-like tube. While the fluid sits in the abdomen, it “attracts” the waste products and extra water that build up in kidney failure. After a period of time, the old fluid is drained out of the abdomen and new fluid is put into the belly. It is called an exchange when the old fluid is replaced with new fluid. The type of dialysis schedule you are on determines how many exchanges you would need to do in a day (or night). There are

two ways to do peritoneal dialysis. CAPD is done during the day without a machine. CCPD, done during the night, uses a small, portable machine. Peritoneal dialysis is done at home.

PROS	← Peritoneal Dialysis (PD) →	CONS
PD can be done in many locations, which makes it easier to travel		Not all facilities offer PD. You may have to go to another center that offers PD
No needles		You have a catheter in your abdomen
You may have fewer fluid and diet restrictions than on hemodialysis		Your abdomen is always full of fluid, which may increase the size of your belly
Training is easier than home hemodialysis and you don't usually need a partner		Everything must be clean during exchanges because there is an increased risk of infection
The schedule is more flexible which gives you more independence		Storage of supplies
You can go about your daily routine		If you do CAPD – you will need to do 4-6 exchanges during the day.
If you do CCPD: <ul style="list-style-type: none"> • Dialysis is done while you sleep • You can easily switch to CAPD while you are traveling 		If you do CCPD: <ul style="list-style-type: none"> • You will use a machine at night • Machine alarms may wake you at night • You may have to do an extra exchange during the daytime

Kidney transplant – having another kidney put into your body during surgery to take the place of your non-working kidneys. Donated kidneys come from: a) a living member of your family with the same blood type; b) a person whose organs have been donated upon their death and c) someone living who is not related to you. A kidney transplant is not a *cure* for kidney disease, it is a treatment option. If you are interested in a transplant, talk to your kidney doctor. To be approved for a kidney transplant, you must be evaluated by a transplant center.

PROS	← Transplant →	CONS
You may feel healthier and have more energy than on dialysis		Transplant requires major surgery and the transplant may not last a lifetime
Frees you from dialysis		You may have to wait for a kidney
Fewer fluid/diet restrictions than dialysis		Side effects from medications, including changes in how you look.
Improved feeling of well being and feeling "normal"		Risk of infections
Able to work full time without having to worry about your dialysis schedule		You have to take medications daily to avoid rejection and the medicines are costly

No Treatment - either deciding not to start treatment (usually dialysis) or making a decision to stop dialysis treatments. If a person decides to stop dialysis treatments, he/she will die without dialysis. However, it is every person's right to choose if they want to have dialysis or not. If someone **decides to stop** dialysis, the treatment team will meet with that person and their family to make sure that the decision to stop dialysis is a well thought out decision.

There are many ways to treat kidney failure, and more than one treatment might be right for you. For more information about these treatments for kidney failure, go to www.kidneyschool.org.

However, the BEST way to find out what will work for you is - talk to your kidney doctor. Tell him/her how you feel and what other treatments you are interested in.

Resources and Important Numbers and Websites

American Association of Kidney Patients (AAKP)

800-749- AAKP www.aakp.org

AAKP is devoted to the needs, interests and concerns of dialysis and transplant patients as well as their families. There are four local chapters in Texas. To find out more about the Local chapter meetings, contact the president of each chapter (listed below). To find out how to start a chapter in your area call the National AAKP phone number listed above.

Lone Star	Space City	Dallas/Fort Worth	Piney Woods
Roberta Wager	Vera Coleman- Foreman	Gene Bates	Edwin Hargraves
210-523-1605	713-434-8332	972-271-2057	903-537-7031
	aakp_spacecity@sbcglobal.net		edwinhargraves@bluebonnet.net

Kidney School

www.kidneyschool.com

One of the BEST resources available for almost everything you need to know about kidney failure, dialysis and transplant. This site is organized into interactive, self-paced chapters.

American Kidney Fund

1-800-638-8299

www.akfinc.org

Bureau of Kidney Health

1-800-222-3986

www.dshs.state.tx.us/kidney

Medicare

1-800-813-8868

Customer Service Line

www.medicare.gov

United Network of Organ Sharing (UNOS)

1-800-292-9547

www.transplantliving.org

Texas Department of State Health Services (TDSHS)

1-888-973-0022

www.dshs.state.tx.us

The Renal Support Network (RSN)

1-818-543-0896

www.renalnetwork.org

We welcome articles or information that will be helpful to the ESRD patient community. To submit an article for consideration, call Geli King-Brown, Outreach Coordinator at 1-877-886-4435 or email gbrown@nw14.esrd.net.

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