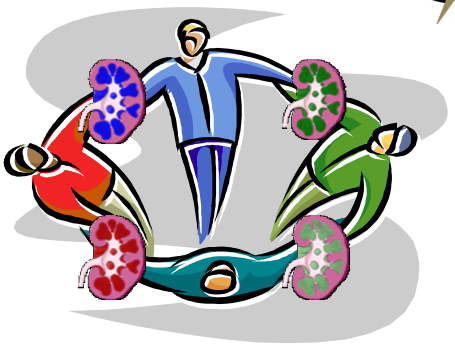
Quality Insights Renal Network 3
Serving New Jersey, Puerto Rico, and the US Virgin Islands



KIDNEYS R US

FROM THE QIRN3 PATIENT ADVISORY COMMITTEE

March 2012

Maintaining Your Lifeline

Excerpts obtained from Heartland Kidney Network Patient Newsletter

Current research studies show that dialysis patients suffer more hospitalizations due to dialysis access complications than any other difficulty. The access could be clotted, infected, or become narrowed. This article will give you information on the three types of access commonly used and the differences between them.

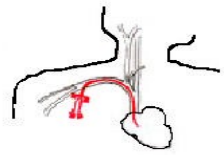
Not All Alike

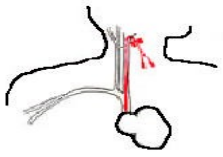
The notation that "six of one, half dozen of another" is not true when it comes to dialysis accesses. Fistulas, grafts, and catheters are very different. The differences can be seen in the advantages and disadvantages of each. A fistula is a dialysis access created with your own vein. Your "vascular surgeon" (a doctor that specializes in the construction and reconstruction of veins and arteries) will use a vein and, through surgery, attach it to an artery. Arteries take blood away from the heart; veins bring blood back to the heart. Blood flows through arteries much more quickly than through veins. After a fistula is placed, it must "mature". Maturation can take from 4 to 16 weeks. The high flow of arterial blood through the vein causes the vein to expand.

It is recommended that patients with fistulas or grafts check their access every morning for a "buzzing" feeling. It should feel like a small vibration or a rhythmic "whoosh". Healthcare professionals call this buzzing a "thrill". If you or a family member are unable to feel the thrill, it would be wise to call your dialysis unit as soon as possible to have their staff evaluate your access. Lack of a buzzing feeling could mean your access has clotted and the staff will contact your surgeon. Also consider checking your access after an episode of low blood pressure, dizziness, or lightheadedness. Your fistula is your "lifeline" for dialysis and can last for many years when cared for properly. Be an active part of the team that manages your fistula.

Fistula First is the goal for all dialysis patients.

Grafts, on the other hand, are made with synthetic tubing. The tubing is attached to both an artery and a vein. The tubing usually has a horseshoe appearance if in the forearm. It can also be placed in the upper arm or thigh. The principle of a graft is the same as a fistula; arterial blood is carried through one side of the graft and back through the other side of the graft to a vein. Studies show that grafts tend to clot more easily than fistulas and infection rates are higher. The placement sites for grafts are limited by accessibility to staff, length of graft to facilitate rotation of sites, and delivery of a high flow of blood. The advantage of this access is its usability in several weeks.





Catheters are a completely different type of access. There are a variety of catheters available for dialysis, some long-term, others temporary. Your doctor and surgeon select the catheter based on the length of time the catheter will be in place and knowledge of your vein anatomy. Catheters tend to give a lower blood flow on dialysis, clot more frequently, are prone to infection, and are not considered the best type of access for long-term dialysis. Catheters should be removed from patients who have a fistula or graft inserted as soon as possible. Catheters are inserted into your heart and can cause serious complications if they become infected. For a limited number of patients, catheters are the only option for dialysis and must be cared for properly to prevent infection.

Medicare for the ESRD Patient

If you have been diagnosed with **End-Stage Renal Disease (ESRD)** and are getting dialysis treatments or have had a kidney transplant, you are eligible for Medicare if you have earned the required work credits for your age. Enrollment depends on your individual situation.

If you have been getting dialysis, Medicare starts at the beginning of your fourth month of renal dialysis. For example, if you begin receiving dialysis in May, your Medicare coverage will start on August 1.

If you are getting dialysis and **participate in a self-dialysis training program** before your fourth month of dialysis, Medicare begins retroactively with the first month of dialysis. You should go to your local Social Security office to enroll in Medicare. You can also speak to the social worker at your dialysis unit for assistance. Your doctor and dialysis center will have to send the necessary documentation to the Social Security office where you apply for Medicare. When you get Medicare because of ESRD, there is a period of time when your employer group health plan will pay first and Medicare will pay second. This is called the **30-month coordination period** and it starts when you first qualify for Medicare coverage, even if you haven't signed up for it yet.

At the end of the 30-month coordination period, Medicare will pay first for all Medicare-covered services and your employer group health plan will pay second. (Your employer group health plan may also pay for services not covered by Medicare. Call your benefits administrator to find out.) Medicare Part B will cover 80% of your out-patient dialysis care and your physician bills. You will need to obtain a secondary insurance to cover the 20% that Medicare does not cover. This could be an employer group health plan, Medicaid or a Medigap policy. Talk to your social worker regarding assistance with obtaining a secondary insurance.

Call the National Social Security Hotline at:
1-800-772-1213 for the office nearest you.

For additional information please visit:
www.medicare.gov/Publications/Pubs/pdf/10128.pdf

For information on Vascular Access please visit:
www.fistulafirst.org

JOIN THE PAC TODAY!

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We're on the Web!
www.qirn3.org

The Patient Advisory Committee (PAC) for QIRN3 consists of dialysis patients and those who have received transplants. The committee meets quarterly to discuss issues relevant to ESRD patients. The PAC members have a genuine concern for quality of care issues and encourage patients to be involved in their healthcare. They are willing to share skills and experience with others. Each facility is encouraged to have a PAC representative. Talk to your social worker to volunteer!