



## Medicare's dialysis reimbursement near 1983 levels

By LAURIE SMITH ANDERSON

August 1, 2005

Diagnosed with polycystic kidney disease 21 years ago, Natalie Simms has since undergone peritoneal dialysis, a kidney transplant and now hemodialysis, a blood cleansing treatment that takes half a day of her time three days a week.

"I have three kids. Each one of them takes a day (to bring me to treatment)," the 72-year-old retired teacher and great-grandmother said. "It's not bad. I usually embroider or watch TV."

Simms goes to RCG Dialysis of Baton Rouge, where she is a patient of medical director Dr. Melanie McKnight.

"Kidney failure is a growing problem and the rate is particularly high in Louisiana where we also see high rates of obesity, diabetes and high blood pressure," she said. "Of particular concern to us is that, while patient numbers have increased and their level of severity has increased over the years, the Medicare reimbursement rate for dialysis patients today is virtually unchanged from what it was 20 years ago."

More than 400,000 Americans suffer from kidney failure, also known as end-stage renal disease (ESRD). Most commonly caused by diabetes, high blood pressure or old age, the condition is fatal unless the patient receives a kidney transplant or undergoes dialysis treatments to filter toxins and excess fluids from the bloodstream.

Many patients with kidney failure don't even make it to dialysis, said nurse practitioner Sue Cary. "They die. The ones who make it to dialysis are the lucky ones."

Transplantation is limited due to a shortage of organ donors, so most patients undergo dialysis -- either hemodialysis, which means being hooked up to a machine to circulate the patient's blood through an artificial kidney; or peritoneal dialysis which uses the patient's own peritoneal membrane (in the abdomen) to infuse special solutions to remove toxins.

Louisiana had nearly 7,000 patients in dialysis treatment in 2001, according to the latest statistics available. In the Baton Rouge area, there are some 15 dialysis centers caring for about 1,200 patients, McKnight said.

Projections call for the kidney failure patient population to quadruple in the next 25 years. That increase, along with low reimbursement for patient care and a lack of preventive education, could cause a real crisis, McKnight said.

"There are new treatments out there that can prevent kidney failure, but we need to see patients earlier in the disease process," she said. "We need to educate patients, but we also need to educate other health-care providers, especially primary care physicians."

The typical dialysis patient is an older adult on Medicare and a low or fixed income. He or she is likely obese and suffers from adult onset diabetes and high blood pressure. Minorities, particularly African Americans, are at higher risk.



### Advocate staff photos by Travis Spradling

Natalie Simms, 72, helps patient care technician Janice Lee, left, place gloves on her hands so she can help remove dialysis fistula needles at the end of her three and a half hour dialysis at RCG Dialysis of Baton Rouge.

Using 2005 dollars, Medicare's payment for dialysis patients in 1983 was \$134. Today, it is \$130, according to Medicare statistics. Critics claim the program has not kept pace with patients' needs and that reimbursement does not adequately cover the cost of dialysis.

Consequently, dialysis clinics have to operate on a very slim profit margin and cut corners wherever they can, McKnight said. "When my dad (Dr. Tipton McKnight) started a dialysis clinic here years ago, he had one social worker for every 50 patients. Now, we have one for every 150 patients. That is a critical position because they (social workers) help patients fill out forms, arrange for transportation and deal with other personal issues."

Nurse-to-patient ratios and technician-to-patient ratios have also worsened over the years, she said.

There is national legislation pending (a house bill co-sponsored by U.S. Rep. William Jefferson, D-New Orleans) which would increase reimbursement for Medicare dialysis patients and expand education of patients at risk for kidney disease.

Natalie Simms has been on hemodialysis at RCG since 2000. Having inherited polycystic kidney disease from her father, she is grateful that none of her three children, eight grandchildren or 11 great-grandchildren has been diagnosed with the debilitating illness.

"I've had a good life. My transplant lasted for eight years and that was good quality time," the 72-year-old woman said. "My husband and I traveled all over during that time."

On hemodialysis since her transplant failed, Simms said watching her diet and fluid intake has been the most difficult adjustment to make. "I can't have that second cup of coffee. I have to watch all of my fluids - even those in foods that you don't think about, like ice cream, gravy, yogurt."

Simms participated in the Transplant Olympics several times and brought home two silver medals and two gold medals in badminton and table tennis. She has also been active in the local Transplant Awareness Group, which meets every other month. For more information about that group, call (225) 664-3746.

For more information about kidney disease, dialysis and organ donation, visit the National Kidney Foundation's Web site at <http://www.kidney.org>.