



NORTHWEST RENAL NETWORK

Helpful Things to Know

Medicare D Basics

The Medicare Part D benefit is drug coverage available for anyone who has Medicare Part A and/or Part B. You buy Medicare Part D coverage from insurance companies. It may help you pay for the drugs you need. If you have other drug coverage, you may not need Medicare Part D. You do not have to have limited income or assets to join a Medicare Part D plan. However, if you have limited income and assets you may get extra help to pay for a plan and for the drugs.

To find the best plan for you, use the Prescription Drug Plan Finder on www.medicare.gov (look for *Compare Medicare Prescription Drug Plans*) or call 1-800-MEDICARE.

Before using either of these, make a list of the drugs you take now or may need for the next year. Include on the list the dosage and number you take. What drugs are covered, the copays required, and the prices of covered drugs are subject to change, so the estimate of the amount you'll pay over the next year is only an estimate.

In most cases, you can only switch plans once a year from November 15-December 31, with your plan starting the first of the next month. There are a few exceptions to this rule so do ask.

You can also find helpful information specific to kidney patients at www.kidneydrugcoverage.org.

Join the PAC

Northwest Renal Network's Patient Advisory Committee (PAC) is a group of energetic patient volunteers who provide input to the Network. The group has 53 years of combined experience with renal failure and treatment. Members serve either a 2 or 3-year term. Their experiences include firsthand knowledge of in-center dialysis, home dialysis and transplant.

If you are interested in future openings on the PAC, please contact the Network.

5 Reasons to Consider a Fistula

Hemodialysis patients have 3 basic types of vascular access options: Fistula, Graft, and Catheter. The A-V (Arterio Venous) Fistula is considered the best choice. People with a Fistula experience:

- Fewer infections
- Fewer hospitalizations
- Fewer problems with clotting
- Better blood flow for better treatments
- Longer use of the access (reducing the need for additional surgeries and risk)

If unable to get a fistula, the next best choice is a graft. Sometimes, patients become very comfortable with a catheter and do not want to make the switch to either a fistula or graft. You may find yourself thinking "Why change, it is working fine," or "This way I do not have to use needles." Unfortunately, catheters will eventually fail or get infected, leaving you with limited options or a very serious infection.

If you have concerns about using needles, consider the Buttonhole Technique. Buttonholing decreases needle pain, helps avoid the formation of aneurysms (enlarging of sections of the fistula) and decreases the chance of infiltrations. For a copy of a flyer on using the Buttonhole Technique, contact the Network. More information about fistulas is available at: www.fistulafirst.org.

Comparing Dialysis Facilities

Dialysis Facility Compare, a government website, maintains a list of all US dialysis centers. The information on each center includes the services offered by the center and quality of care information. If you do not have access to the internet or have difficulty using the website, you may contact Northwest Renal Network for assistance. **Visit:** www.medicare.gov/Dialysis

What Works Best for You!

Kidney transplant is considered to be the best option for many people. You have the right to be evaluated for a transplant. Your dialysis facility should be able to provide you with the transplant criteria of each of the transplant programs in your area.

If you are not a candidate for transplant or are not interested, you have a number of other options. You need to decide what is a good fit for your lifestyle and needs. Each option has its own benefits; however, there is evidence that home options may provide a better quality of life and improved medical outcomes. Not everyone is a candidate for the home options and not every facility offers every option, so ask your nephrologist and facility for more information.

Here is the list of options:

In-center hemodialysis – usually 3 times a week but some facilities are now offering nocturnal and daily schedules

Continuous ambulatory peritoneal dialysis (CAPD) – a manual form of peritoneal dialysis, with no machine

Continuous cycling peritoneal dialysis (CCPD) – a form of peritoneal dialysis using a machine (called a cycler) at night

Conventional home hemodialysis – 3 times a week hemodialysis at home

Daily home hemodialysis – short (2-3 hour) treatments, 5-6 days a week

Nocturnal home hemodialysis – nightly (6-8 hour) treatments, 3 plus days a week

If your facility does not offer one of these options, they are required to tell you about facilities in the area that do.

If you are unsure about home options or want greater independence, ask about “self-care” at your facility. Your facility may allow you to participate in your treatment process. To learn more about transplant, home dialysis options, self-care options or to locate facilities providing certain options, ask your facility or contact the Network.

Remaining Active with Kidney Disease

There is more to life than taking pills and going to medical appointments. In 2007, 31% of dialysis patients in the Northwest (between the ages of 18 and 54) either worked or attended school.

Patients that remain active feel better. Attending school, working, volunteering, or taking up a hobby can improve your life and, in some cases, your health. Research suggests people on dialysis who keep working have less pain, better energy, and better overall health.

Work can give us a sense of purpose and help keep our minds active. It can also be a source of support. It is common to have doubts and concerns about being able to work or returning to work.

Each state has a Department of Vocational Rehabilitation (DVR) to help people with disabilities to work and can answer many of your questions.

Alaska	1.800.478.2815
Idaho	208.236.6333
Montana	1.877.296.1197
Oregon	1.877.277.0513
Washington	1.800.637.5627

Your dialysis or transplant social worker should also be able to answer some of your questions and/or refer you to other rehabilitation programs.

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