



# CONSUMER NEWS

Alaska Idaho Montana  
Oregon Washington  
March 2004

*For Northwest Renal Network Patients, Family & Friends*



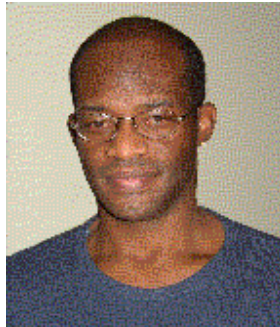
## Focus on Fistulas: A Patient's Perspective *By Phillip Cade, MSW*

"A well functioning dialysis access is the key to successful long-term dialysis." I first heard this when I was a 21 yr old neophyte and my nephrologist was explaining his choice for the type of access I was going to receive. At the time I was feeling very fit and vigorous, but the blood tests showed highly elevated BUN and creatinine levels. - elevated to the point that it was decided that a gortex graft would be more expeditious and therefore more desirable. At that time I gave it very little thought because all I cared about was the end of my fledgling baseball career. Little did I know how big a part of my life my dialysis access would become!

When I was asked to write this article, I jumped at the chance because I really believe in the importance of knowing your access and how to keep it operating properly. But I must admit I found this concept difficult to write about. Vascular access technology has changed drastically in the 21 years since I started dialysis. There are so many choices and techniques to choose from. How do I cover all the options and choices in a useful manner? Should I interview professionals? Which materials should I use for my research? Then suddenly I realized, this is not about vascular accesses, this is an article about freedom and control. Freedom to decide what works for you and control over your overall dialysis treatment.

Over the years I have come to understand that dialysis works best when we have a measure of control over our dialysis and our lives. I gained this control in part due to the access I am currently using for dialysis. **My current access is an AV (arterio-venous) fistula.** This access replaced the first four accesses I had which were gortex grafts. All four

gortex grafts were placed in my left arm and while they had the advantage of immediate usability, I found myself in the operating room far too often for my tastes. You see, although I was on dialysis, I still needed to indulge my two greatest passions - baseball and weightlifting. These two activities have kept me healthy both mentally and physically for the last 18 years. But I also had to live with the spectre of frequent declottings and graft revisions. This was due primarily to the drop in blood pressure caused by my active lifestyle. At least that was what I was told. I had begun to accept the reality of frequent declottings when my Nephrologist suggested an AV fistula. I was told that it would take some time to develop after it was created but that once developed, it would virtually eliminate the need for declotting surgery.



Phillip Cade, MSW

And it was true! **In the last 8 years I have had zero revisions and zero declottings.** I still check my access daily, but it is such a joy to know that I can pursue my passions without the fear that at any time I may have to report to the emergency room for a graft declotting procedure of some kind.

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I want to stress that while I am so very happy with my fistula, this may not be the choice for you. There are many factors which go into the choice of dialysis access, but I firmly believe that the most important factor should be the wishes of a well-informed and knowledgeable patient who has all the facts. This process is the first step in being in control of your dialysis, a process which I hope will lead to you to learn to put in your own needles!

“Self-cannulating is a skill which, once learned, will provide you with a significant measure of control over your day to day dialysis treatments.”

Self cannulation is a touchy subject in many units but as a patient who has been cannulating himself for 18 years I feel comfortable saying that it is the best decision I ever made. Self-cannulating is a skill which, once learned, will provide you with a significant measure of control over your day to day dialysis treatments. Ask your staff or following physician if you can self-cannulate.

To conclude, there are many options for receiving dialysis today including many types of vascular accesses and cannulating techniques. While I am thoroughly satisfied with my AV fistula, for the reasons previously stated, an AVF may not be for you. The choices you make should be well informed and should come after consulting your Nephrologist and treatment team. But ultimately your treatment choices are up to you and you have to live with them. So choose well and while you're at it choose to live the best most productive life you can. Remember we are not defined by our illness, we are defined by how we live our lives!

**[Phillip Cade is a Legislative Liaison for the Washington State Department of Social and Health Services, and a Patient Services Consultant to Northwest Renal Network.]**



## Life Options Features KIDNEY SCHOOL™ For Patients

As a kidney patient, you have a new job: learning to become a partner in your care—so you can live a long and full life. Kidney School, [www.kidneyschool.org](http://www.kidneyschool.org) is a free Internet learning center to help you do just that. Visit Kidney School and learn how to build a positive attitude, get answers, and take action to have the best life you can.

At Kidney School, you can choose what you want to learn, 24 hours a day. Twelve modules are available on ten topics: Living successfully with kidney disease, how kidneys work, treatment options, working with your healthcare team, following your treatment plan, coping with kidney disease, anemia, kidney lab tests, vascular access, getting adequate dialysis, sexuality and fertility and staying active with kidney disease.

Each module includes lively content, drawings, pop-ups, and patient quotes. If you fill in your own information (kept completely confidential), each module will create a *Personal Action Plan* that you can print and use as a step-by-step guide to take action to feel your best. At the end of each module, you can print a certificate to show your care team what you learned.

Kidney School is offered by the Life Options Rehabilitation Program, which has been developing research-based education since 1993 to help people live long and live well with kidney disease. An expert panel of Life Options council members and other patients and professionals reviewed Kidney School to be sure it is accurate and up-to-date.

If you use the Internet, getting to Kidney School is easy. If you don't have a computer at home, at work, or at dialysis, most public libraries offer free Internet access and have staff to help you. Some dialysis centers are making computers available to patients, too.

Kidney School will help you learn to take charge of your health. For other free, research-based education materials, visit the Life Options website at [www.lifeoptions.org](http://www.lifeoptions.org), or call (800) 468-7777. Life Options is supported by Amgen Renal Advances and administered by the Medical Education Institute of Madison, Wisconsin.

## INTRODUCING....

### LYNDA BALL RN BSN CNN

Quality Improvement  
Coordinator



Hi, my name is Lynda Ball and I joined the Network staff on St. Patrick's Day, 2003. My nursing career began in northeastern Ohio where I worked as a transplant nurse for 8.5 years. During that time I developed resources and care plans for the staff on how to care for and teach transplant patients. I transferred to the dialysis unit and soon was mentoring and teaching student nurses about the principles of hemodialysis. I was invited to teach student nurses about dialysis at the University of Akron.

In 1997, looking to move to the beautiful Pacific Northwest, I was hired at The Puget Sound Kidney Centers as their Education Coordinator. Teaching technicians and nurses to perform hemodialysis was a very rewarding experience. During my time as an educator, I was able to participate in the development of the Washington State Hemodialysis Technician Law that went into effect in March 2002.

I left teaching in 2002 and became a Case Manager for dialysis patients. The patients were located in nine different dialysis facilities in northwestern and central Washington.

I am currently the Western Region Vice President for the American Nephrology Nurses Association (ANNA). I am an avid baseball fan (converted from the Indians to the Mariners, of course), and when not at the games, I golf and make quilts.

I can be reached by e-mail at [lball@nw16.esrd.net](mailto:lball@nw16.esrd.net) or call me at 206.923.0714 x 111.

### Living Well on Dialysis: A Cookbook for Patients and Their Families



More than 100 delicious and easy-to-make recipes are included in this cookbook, which has been carefully planned by dietitians to meet the nutritional needs of dialysis patients. It includes a full range of meal options, planned menus and analysis of the nutritional content of each recipe.

To order this cookbook, contact the National Kidney Foundation at (800) 622-9010 x175.

## Medicare Discount Drug Card

Medicare Rights Center, in an attempt to address concerns about the new Medicare discount drug card program, has compiled a series of questions and answers entitled *76 Things you Should Know About the New Medicare Drug Discount Cards*, available on its web site at



[www.medicarerights.org/re76questionsframeset.html](http://www.medicarerights.org/re76questionsframeset.html).

People who do not have Internet access can receive a copy by sending \$5 to Discount Drug Card Q&A, Medicare Rights Center, 1460 Broadway, New York, NY 10036

[Medicare Rights Center is the nation's largest independent source of health care information and assistance for people with Medicare. It helps older people and those with disabilities to get high-quality, affordable health care.]

## DATABASE LISTS 117 NUTRIENTS FOR EACH FOOD

Have a craving for more details about your favorite food than the ones printed on the package label? A Web site launched by the US Department of Agriculture tries to satisfy that hunger by providing a breakdown of dozens of fatty acids, amino acids, vitamins, minerals, protein, fiber and calories for more than 6,000 foods.

The database lists 117 nutrient categories for each food, including tryptophan, retinol, glycine and others that are not typically included on food package labels.

The data was collected from USDA researchers, food industry sources and other scientists. Consumers can look up their favorite foods ranging from cheese crackers to chicken patties, choose a serving size, and see details about the 117 nutrients. The USDA said the food database includes brand-name breakfast cereals, candies and even ostrich and emu meat. The web site is found at

<http://www.nal.usda.gov/fnic/foodcomp>

*If you do not have Internet access you can contact the Nutrient Data Laboratory at the U.S. Department of Agriculture, Agricultural Research Service in Beltsville, MD for further information about this USDA Nutrient Database for Standard Reference, Release 15. Call them at 301-504-0630*

## PLANNING AHEAD

*By Mary Lou Pederson RN MA  
Patient Services Coordinator,*



Life has a progression, beginning with conception and birth and moving to old age and death; and in between there are many stages. People do not always have the opportunity to move through all the stages of their life before it ends prematurely. They may die in automobile accidents, as a result of illnesses that destroy health prematurely, or by acts of violence. There are many situations that bring the end of life to people 'before their time.'

How we talk about death, dying, grief and loss with each other is determined by many factors, most importantly the attitudes and information that were passed to us from our families as we were growing up. Since none of us is getting out of this life experience other than by dying it is important to have some way of defining what that means. If your father, like mine, insisted that he was never going to die, then you may have trouble facing the fact of death as the endpoint of this life experience. Fortunately I had other family members with much healthier viewpoints to assist me in gaining a more reasonable perspective than my father's. What is your perspective?

What can we do to prepare for the unexpected-ness of an early death?

The majority of people pretend it will not happen to them, or to a family member, friend or acquaintance. A few people, unfortunately not enough, talk about the possibilities of unexpected, or expected, death and think of how they or their loved ones will cope.

The first thing that helps is to simply be able to talk about the thoughts and feelings we have about death, about the dying process, about the feelings of grief and loss that are left when someone dies. These may be uncomfortable topics at first, awkward to bring up with family or friends. There may be many feelings: sadness, hurt, grief, loss, anger, fear, confusion, denial, emptiness, hopelessness and more. How can we ever get started in these discussions when it seems so unnecessary to put ourselves through these 'negative' feelings? We start by admitting that it is indeed necessary to talk about, and maybe experience, these things so that they will

lose some of their 'power' over us. This helps us be as ready as we can be when the time comes that they are a real part of our life experience.

What our mind does not know, it tends to fill with the worst. By leaving ourselves in the dark, that is, in the 'not knowing' stage, about these four big issues (death, dying, grief and loss) that are a part of everyone's lives, we leave ourselves open to horrors that our mind imagines and magnifies.

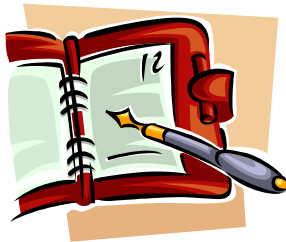
Think about the first loss you experienced that you can remember. Was it the death of a beloved pet, the loss of your 'blanky' when you were a toddler, or perhaps the death of a grandparent, aunt or uncle? Can you remember how you felt? Can you recall what was said or done in your family in response to the death/loss? Did people deny your feelings, saying things like, "It will be okay," or "You'll get a new dog and then you will forget all about 'Rover'," or "Stop crying. Grandma wouldn't want you to cry"? Or did no one talk about the loss so you didn't know how to react, and just felt lost or alone or confused? Maybe you had family members who 'carried on' over the death of a loved one, crying and wailing loudly, or staying in bed and not being able to do anything for a long time? Maybe a pet died and you got up one morning to discover a different fish in the tank, or a new dog/cat in the house but with no explanations of what happened to the previous pet. There are as many different experiences as there are people. What is important is that you remember what formed your first ideas about how to deal with loss, with death and dying, and with the grief that follows.

When you understand what shaped your feelings and beliefs you can decide if those are the same beliefs you have now or want to have now, and whether those are the feelings most helpful to you in a loss situation. You have the ability to change the way you respond, the way you react to grief, loss, dying and death. And what you choose can have a profound impact on those around you. Remember that in times of stress we tend to fall back to our childhood feelings and thoughts. Unless we have developed some other coping mechanisms we are going to be having those original feelings all over again, even if they are not appropriate for the experience we are now in.

It is a good idea to find or make opportunities to discuss end-of-life wishes or preferences with family members. It is helpful to start these discussions before a medical crisis occurs. When a person begins care at a dialysis facility one of the many papers received is an advance directive. (The 1991

Patient Self-Determination Act is a federal law requiring health care facilities that receive Medicare & Medicaid funds to inform patients of their right to make advance directives concerning their end-of-life care.) Going over this form is an opportunity to make plans in advance for what we want done or not done when we reach the stage called “end-of-life.” Planning in advance gives us the opportunity for choice and control. This is a gift we give our family and loved ones because it removes the questions and worry over ‘what would mom/dad have wanted us to do?.

There are many places to find help for having these conversations. Talking to the social worker at your unit is a good place to start. If you have access to a computer you can find excellent information at [www.agingwithdignity.org](http://www.agingwithdignity.org) where you will find the **Five Wishes** program. Or call 1-888-595-7437 (1-888-5-WISHES) for information. Five Wishes is a document that helps a person express how he or she wants to be treated if they are seriously ill and unable to speak for themselves. It is unique among all other living will and health agent forms because it includes all of a person’s needs: medical, personal, emotional and spiritual.



More resources can be found in the ‘links’ section of the above web site, and at the [www.lastacts.org](http://www.lastacts.org) web site or [www.partnershipforcaring.org](http://www.partnershipforcaring.org). Your Renal Network office is here to help you in this process. Please contact me, Mary Lou Pederson, Patient Services Coordinator, if you have questions, concerns or need help finding the support or information needed. Call our toll-free number at 1-800-262-1514, or 206-923-0714 ext.109.

Talking about health care planning is very important for everyone. Sharing our feelings with family and loved ones, friends, doctor and care-givers before there is a crisis lets us look at all of our options and make informed decisions for ourselves or for family members. This is an on-going process; it is important to review as your life circumstances change. Although it may be awkward and/or uncomfortable to begin these conversations, once you do so you will be pleased and relieved you did.

## TRANSPLANT NEWS from “reORGANized”\*

Kidney Transplants from Non-heart-beating Donors  
“The dramatic shortage of kidney donors has triggered interest in other sources of organs, such as donors without a heartbeat. Accumulating evidence suggests that the short-term survival of cadaveric kidneys from such donors is similar to that of cadaveric kidneys from donors with a heartbeat.” This is from a Swiss study reported in the *New England Journal of Medicine*. Researchers also found that “the long-term survival was similar . . . at 10 years [78.7% compared with 76.7%].” The results of this study could open up a whole new pool of donor organs by encouraging more transplant centers and organ procurement organizations (OPOs) to consider recovering organs from donors without a heartbeat in addition to donors with no brain activity. (In 2001, fewer than 200 kidneys (about 2%) were recovered from non-heart-beating donors.)

The traditional thinking had been that if organs are recovered after a donor’s heart has stopped beating, the organs would be damaged by lack of oxygen and not last as long when transplanted. However, this thinking is changing. One transplant specialist even thinks that these kidneys may be better than those from brain-dead donors. It now appears that while the kidney is deprived of oxygen, changes occur in the cells that may actually protect it from the stresses of transplantation.

Educating the public about cardiac death and brain death remains a big hurdle to organ donation. Northwest Renal Network encourages you to learn more about organ donation so that you can inform your family and friends. Consider signing an organ donation card (even if you are on dialysis there are ‘parts’ that you can donate when you die that will help another person live a better life) and remember to tell your family and friends.

\* **reORGANized!** is a publication of the **American Transplant Association**, 980 N Michigan Avenue, Box 1402, Suite 1400, Chicago, IL 60611.

800-494-4527

[ata@americantransplant.org](mailto:ata@americantransplant.org) (email)  
[www.americantransplant.org](http://www.americantransplant.org) (web)

[The American Transplant Association is dedicated to providing patient-oriented education, services and support to transplant patients and their families and to others affected by or interested in transplantation.]

## EXERCISE PRESCRIPTION FOR DIABETES

*Kristina Sandstedt, MS, Clinical Exercise Physiologist, Diabetes Educator*

Despite all the information that has been discussed time and time again regarding the benefits of regular exercise and it's role in blood glucose management, there are millions of people with diabetes who don't exercise. Their excuses include having no time, no energy, lack of motivation, and on and on. Perhaps the following information will help weigh a client's decisional balance in favor of participation in regular exercise.

The March 14, 2002 edition of the New England Journal of Medicine reported on a study of 6,213 men referred for exercise testing for clinical reasons. The study began in 1987 and of the 6,213 male subjects, 3,679 were found through health history questionnaires to have some indication of cardiovascular disease. The other 2,534 had no evidence of cardiovascular disease. Medications and risk factor profiles were collected for all subjects. (Test specifics deleted here.) In July 2000, the researchers followed up to find out which of the subjects in the test were still alive and which were deceased. What they found, quite simply is that those who were most fit were about four times as likely to still be alive compared to those who were least fit. This finding held true for both those with and without cardiovascular disease. In addition, fitness had a greater influence than classic risk factors like high blood pressure, smoking or body weight.

Why is this information important for people with diabetes? As many of us are aware, people with diabetes are 4-6 times more likely to have a heart attack. Other researchers have stated that a diabetes patient's risk for a heart attack is similar to a non-diabetic who has already had a heart attack. There has also been discussion that individuals who have been recently diagnosed with diabetes probably had the disease for as long as 5-7 years before being officially diagnosed. In addition, the latest numbers report that 80% of diabetes patients' die of cardiovascular related complications. More studies show that no matter what type of diabetes patients have, **exercising regularly is one of the most beneficial things they can do for themselves.** (emphasis added)

Patients might want to think of exercise as a form of diabetes medication. When they exercise, just like when they take a drug, they must strike a fine balance between two goals: safety and effectiveness. Determining an appropriate starting point is essential when promoting a safe and positive experience. Most patients have a history of sedentary living, therefore it is unrealistic to think that these individuals will automatically be exercising at a high level of intensity. Many patients have arthritis and other co-morbidities, which limits the amount and intensity of their exercise. However, one of the easiest forms of activity to promote to all populations is walking. Walking doesn't require a gym membership or expensive equipment other than a good pair of supportive and comfortable shoes. Patients can start by walking around the block and progress by walking longer distances. When the walking is no longer challenging, patients can look at other options like swimming and bicycling. The study that I discussed at the opening of this article found that the least fit individuals had the most to gain from even modest increases in fitness.

(Complete article available from **Diabetes In Control** Newsletter, Issue 118. Available only online. [www.diabetesincontrol.com](http://www.diabetesincontrol.com) or contact NWRN for further information.)



**Did You Know...** What we eat has changed more in the past 40 years than in the last 40,000 years.

### 10 Reasons Why Adults With Diabetes Should Exercise

1. To increase bone density and prevent osteoporosis.
2. To improve self-sufficiency and maintain independence.
3. To increase metabolism.
4. To maintain balance and improve reflexes to decrease falls.
5. To create a sense of community or feeling of belonging.
6. To improve lung function.
7. To boost mood.
8. To help prevent and regulate diabetes.
9. To improve flexibility, joint range of motion and functional movement.
10. To improve cardiovascular strength.

(Source: The American Council on Exercise)  
(Reported on [www.DiabetesinControl.com](http://www.DiabetesinControl.com))

## A Snap-shot of the Network

Northwest Renal Network is a private, not-for-profit organization funded by the Centers for Medicare & Medicaid Services to:

- Collect data on dialysis and transplant patients receiving care in Alaska, Idaho, Montana, Oregon and Washington.
- Provide information to patients and caregivers about end stage renal disease, treatment options, rehabilitation resources, quality standards, and federal requirements.
  - Make sure patients are getting appropriate care at their dialysis facility or transplant center.
- **Work with patients to resolve concerns about the quality of their care.**

An important role which we play is to respond to patients' concerns about medical care at Medicare-certified facilities. We encourage you to be familiar with your own unit's grievance (complaint) procedures. If you feel that you cannot resolve your concerns directly with staff at your facility, or would like help working with staff at your unit, please contact our Patient Services Coordinator, MaryLou Pederson, RN, MA at **1-800-262-1514**.

Both the Northwest Renal Network and State Health Departments monitor the quality of care provided to patients and investigate complaints about medical care at dialysis facilities and transplant centers. The State Survey Agencies in our region, and their contact numbers are listed below.

We hope that you will contact us if you need assistance, have questions about your care, or would like additional information. If you have access to the Internet, please visit our website: [www.nwrenalnetwork.org](http://www.nwrenalnetwork.org).

<b>STATE SURVEY AGENCY CONTACTS</b>		
ALASKA	Medical Assistance Health Facilities Licensing and Certification 4730 Business Park Blvd., Suite 18 Anchorage, AK 99503-7137	Hotline 1-888-387-9387 Alaska Only (907) 563-0037 Within Anchorage Phone (907) 334-2483 Fax (907) 561-3011 <a href="http://www.hss.state.ak.us/dhcs/hflc">www.hss.state.ak.us/dhcs/hflc</a>
IDAHO	Bureau of Facility Standards Division of Medicaid Idaho Department of Health and Welfare PO Box 83720 Boise, ID 83720-0036	Phone (208) 334-6626 Fax (208) 364-1888 <a href="http://www2.state.id.us/dhw/medicaid">www2.state.id.us/dhw/medicaid</a>
MONTANA	Quality Assurance, Certification Bureau Montana Department of Health and Human Services PO Box 202953 Helena, MT 59620-2953	Phone (406) 444-2099 Fax (406) 444-3456 <a href="http://www.dphhs.state.mt.us">www.dphhs.state.mt.us</a>
OREGON	Department of Human Services Health Care Licensure and Certification Oregon Health Division PO Box 14450 Portland, OR 97293-0450	Phone (503) 731-4013 Fax (503) 731-4080 <a href="http://www.dhs.state.or.us/publichealth/hclc">www.dhs.state.or.us/publichealth/hclc</a>
WASHINGTON	Department of Health Facilities and Services Licensing PO Box 47852 Olympia, WA 98504-7852	Hotline (800) 633-6828 Phone (360) 705-6652 Fax (360) 705-6654 <a href="http://www.doh.wa.gov/hsqa/fsl">http://www.doh.wa.gov/hsqa/fsl</a>

## If you have questions...

about information in this newsletter, treatment for kidney failure, services available in the Pacific Northwest, or concerns about your care, contact us by phone (1-800-262-1514 or 206-923-0714), by FAX (206-923-0716) or by letter (Northwest Renal Network, 4702 – 42<sup>nd</sup> Avenue SW, Seattle, WA 98116).

## A Few Web Sites of Interest...

The American Association of Kidney Patients (AAKP) has released a new, monthly Internet newsletter, the AAKP Kidney Beginnings. This newsletter was created to inform those who have recently been diagnosed with kidney disease and those approaching kidney failure. It features information on kidney disease, new developments in kidney research, new programs and materials for the pre-ESRD patient and more. To subscribe to this Internet newsletter:

- Send an e-mail to aakpkidneybeginnings-subscribe@yahoogroups.com
- Leave the subject and message areas BLANK.
- Send the request.
- You will receive an e-mail notification from the group list asking you to confirm your request by replying to the e-mail. Reply to the message. Do not enter any more text.
- You will receive a final e-mail notification welcoming you to the AAKP Kidney Beginnings newsletter.

\* \* \*

[www.ikidney.com](http://www.ikidney.com) a new site with information links for patients and care givers.

\* \* \*

[www.socialsecurity.gov](http://www.socialsecurity.gov) There's a new place to go for a wealth of information about Social Security's programs and services. The new address takes you to a redesigned site that is easier to navigate, more attractive, and more accessible to all visitors, including people with visual impairments or physical disabilities.

One of the most popular features of the website is the online benefits application. The service allows people to do business with Social Security whenever they want from the comfort of their own home.

\* \* \*

You can also visit us at [www.nwrenalnetwork.org](http://www.nwrenalnetwork.org).

Social Security just launched two specialized Web sites: One for American Indians and Alaska Natives at [www.ssa.gov/aian](http://www.ssa.gov/aian) and the other for Asian Americans and Pacific Islanders at [www.ssa.gov/aapi](http://www.ssa.gov/aapi).

\* \* \*

A great web site that provides information to people with disabilities about going to work is the Social Security Office of Employment Support Programs (OESP) web site at [www.ssa.gov/work](http://www.ssa.gov/work). [SSA says that people with disabilities, especially those that are considered severe like kidney failure, can qualify for SSDI even if they are working as long as they do not exceed the substantial gainful activity level (\$780 in 2002 and there is an hours/month limit for people that are self-employed). Check with your dialysis facility social worker for assistance in getting this information.]

\* \* \*

[www.askme3.org](http://www.askme3.org) has three questions for you to use each time you see a health care provider. Every time you talk with a doctor, nurse, or pharmacist, use the Ask Me 3 questions to better understand your health. Links on the website also provide a checklist to review before you visit your doctor.

\* \* \*

Check out [www.healthfinder.gov](http://www.healthfinder.gov) for reliable health information. There is a Spanish language link and a link to a site for children to explore. **healthfinder®** is a free gateway to consumer health and human services information web sites developed by the U.S. Department of Health and Human Services. It leads you to online publications, clearinghouses, databases, web sites, support and self-help groups, government agencies and not-for-profit organizations that produce reliable information for the public.

\* \* \*

[www.benefitscheckup.org](http://www.benefitscheckup.org) a site designed to help seniors learn about benefits they are entitled to.

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