

**New U.S. Renal Care
Dialysis Clinic in Kapolei,
Oahu, Hawaii**



My Drift

**Title: Kidney Failure and Dialysis
(Hawaii Crisis)**

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Date: 1 Mar 2018

Article Number: 281-2018-05

Chronic kidney disease, kidney failure, and shortage of dialysis clinics in Hawaii has reached crisis stage. Here are some news articles and examples of what is going on all over the island of Oahu:



Meet Nestor Marcos, a 63-year old diabetic who requires dialysis to stay alive. Due to a surge in patients and a shortage of dialysis clinics, Waialua resident Marcos' dialysis treatment begin at 8:15pm and ends at about 12:30am three days a week.

“Afterwards I’m very tired and weak,” says Marcos, who receives treatment at Liberty Dialysis Waipahu. “The worst part is I have to drive 20 miles to Waialua at night. I usually don’t get home until about 1:30am. It’s dangerous but right now I don’t have a choice.”

Hawaii Dialysis Clinics Stalled While Awaiting Certification

HONOLULU (AP) — A surge in patients and a shortage of dialysis clinics has Hawaii's two dialysis operators (U.S. Renal Care and Liberty) planning to open as many as six new clinics annually over the next five years. The new clinics would help handle the 700 new dialysis patients a year in the state — but not until the facilities are certified by the state Department of Health and federal authorities, a process that can take up to three years.

Without certification, the clinics could not get reimbursed for treating Medicare and Medicaid patients, which comprise at least 85 percent of the dialysis population, the Honolulu Star-Advertiser reported.

"Because we have about 170,000 Hawaii residents with chronic kidney disease and every year Hawaii has about 700 more dialysis patients, we have an urgency," said state Rep. John Mizuno, a Kalihi Valley Democrat and chairman of the House Health and Human Services Committee.

The state has 30 dialysis clinics, four of which are still awaiting certification.

Dialysis is a lifesaving treatment that filters waste, excess fluids, and toxins from the blood of patients with failing kidneys. Diabetes and high blood pressure are the cause of kidney failure in more than 80 percent of people in Hawaii afflicted with the condition.

The number of Hawaii people who need dialysis has grown to over 4,000 in 2018 from roughly 3,300 in 2014 and 2,300 in 2006, according to the Western Pacific Renal Network.



Dialysis patient receiving treatment in Honolulu

Delays are causing patients covered by Medicare to instead get treatments at emergency rooms, which cost three to four times more than a dialysis clinic, Mizuno said.

"New clinics with new equipment needlessly stand idle, not being able to serve thousands of dialysis patients in Hawaii, while patients scurry to clinics located many miles away," Mizuno said in a statement last week to mark the opening of a new Liberty Dialysis center in Mililani. "The state must expedite the review and certification process."

The Department of Health has blamed certification delays on a lack of resources. Department of Health spokeswoman Janice Okubo said making the process more timely and efficient is a priority.

While a Liberty Dialysis Hawaii opened Thursday in Mililani, the clinic is not yet certified to take patients. Two others recently built in Honolulu (Salt Lake and Ala Moana) treat only private-pay patients as the company awaits certification to treat Medicare and Medicaid recipients. Another facility on South Beretania Street in Honolulu, operated by U.S. Renal, is also awaiting certification.



Chronic kidney disease takes heavy toll in Hawaii - Honolulu Star-Advertiser (2015)

It took the loss of a limb for Bobby Pedro to finally give up Big Gulp sodas. The former district chief of Honolulu's Emergency Medical Services drank the sugary beverage almost every day over his 38-year career. Three months ago, a follow-up surgery removed his left knee, a casualty of a slow but silent chronic disease that often ends the lives of its victims or leaves them dependent upon a dialysis machine to survive.



Pedro, 64, a Type 2 diabetic who retired from the ambulance system in 2010, is among the growing number of kidney dialysis patients in Hawaii. That number jumped 42 percent to 3,305 in 2014 from 2,328 in 2006, according to Western Pacific Renal Network LLC.

"I neglected myself. I took care of everybody else except myself," said Pedro, the father of four grown children, while receiving dialysis treatment with about 50 other patients earlier this month at DSI Honolulu Dialysis on North Kuakini Street. Pedro, sporting his old faded gray EMS shirt, sat up in his chair while his blood was pumped into a machine that cleans it before funneling it back into his veins.

"I gave everything I had to my children. I was involved in their activities. I worked very hard, but I did not take care of myself and that's why I'm sitting in this chair," he reflected. With a blanket, he covered a freshly bandaged wound on his missing leg.

"First, they started with the foot, then they went up below the knee and then above the knee," he recalled. "Through the years ... you eat all the wrong foods and drink too many sodas. I always had a soda in my hand. The sugar in that made me become a diabetic."

In Hawaii each day on average, two new people starts dialysis, said Pedro's nephrologist, or kidney specialist, Dr. James Ireland, assistant clinical professor at the University of Hawaii John A. Burns School of Medicine. The rates of chronic kidney disease, also known as CKD, which can be caused by diabetes or high blood pressure, are projected to soar over the next 20 years, with more than half of those 30 to 64 years old at risk, according to a study published in the March issue of the American Journal of Kidney Diseases.



Dr. James Ireland

"It really is a public health crisis," said Ireland, who used to be Pedro's employee at EMS, and later EMS director. "Every year we're seeing more and more patients. The line is still going up. We're not even plateauing. We are seeing new dialysis centers open in Hawaii at an alarming rate. At this point they probably outnumber fitness centers."

The state has about 30 renal dialysis centers, 18 of which opened just in the past decade. Most operate three shifts a day and are full with the old, young, sickly and the outwardly healthy. "Some people, they appear to be very healthy, and other people they have to be carried in here," said Pedro, who also suffers from congestive heart failure, a condition more prevalent in diabetics. "The dialysis is what keeps us alive because without the dialysis we would pass on."

New dialysis centers are planned for Salt Lake near Target, Hawaii Kai at the old Blockbuster site, Mililani Mauka, Kapolei in the former Simply Organized building, Waterfront Plaza and South Beretania Street. In recent years dialysis facilities have opened in Waipahu, Aikahi in Kailua, Kaimuki, Kaneohe near Temple Valley and on Kapahulu Avenue.

"The solution to address the issue of chronic kidney disease cannot be building more dialysis centers, but unfortunately that seems to be the track we're on," said Glen Hayashida, president and chief executive officer of the National Kidney Foundation of Hawaii. "It's just too expensive of a solution, so we really need to look at prevention. That's really the key for chronic disease."

It costs roughly \$80,000 a year to treat a dialysis patient, he said, or \$264 million annually in Hawaii alone.

"That's how much we're spending just on kidney failure," Hayashida said. "But here's really a more frightening statistic. More patients die before they can actually get to dialysis. Patients on dialysis can be seen as survivors."

There are 168,053 Hawaii residents with chronic kidney disease. The damage that kidney disease does to a person's body makes other illnesses such as hypertension and cardiovascular disease much worse and often fatal, Hayashida said.

"Just like several other types of diseases, it has no symptoms," he said. "By the time you feel symptoms, it's too late. Your kidneys are already failing." Symptoms include swollen fingers, hands, ankles, and feet, and eventual nausea, vomiting and the inability to eat.

The National Kidney Foundation is working with primary care doctors on earlier detection through blood tests. One indicator that the kidneys are not functioning is protein in the urine. The group also is seeking to work with physicians to develop dietary intervention programs. Its latest project is starting a teaching kitchen to show patients how to prepare healthier meals.

Diabetes is the No. 1 cause of kidney disease, which is rising because "people don't eat the foods they should, eat too much of the foods they shouldn't and don't exercise enough," Ireland added. Altogether, prediabetes and type 2 diabetes affect nearly 600,000 people here in Hawaii — that's close to half of the state's population. Nationally, 45 percent of kidney failure is a result of diabetes. In Hawaii, 63 percent of kidney failure is attributed to the disease.

"The knife and fork are to blame," he said. "We have to invest in healthy lifestyles and healthy choices way earlier. It's growth, and it's not the kind of growth you want. There's a cost to all this, too, in both lives and what insurance has to pay to reimburse this."

Ireland estimates dialysis costs range from \$500 to \$1,000 per treatment. Most patients typically need treatment three times a week, or 156 times per year. In 2010 the cost to Medicare for end-stage renal disease was \$32.9 billion, while the price for earlier stages of the illness totaled \$48 billion nationally, according to the study in the American Journal of Kidney Diseases. Medicare pays roughly 80% of the treatment cost while private insurance covers the rest, Ireland said.

Hawaii has one of the highest rates of diabetic kidney failure and is among the top 10 states in the nation for new dialysis patients each year, with a disproportionate number of Native Hawaiians and Pacific Islanders affected by the disease, said Dr. Ramona Wong, a Honolulu-based nephrologist who offers free classes on how to make healthy choices at alohakidney.com.

"Everybody says eat healthy and exercise," she said. "It's easy to ignore that advice because you hear it all the time. But you can make a difference in your daily choices. If you adopt lifestyles that nudge you toward healthy versus chronic disease, there's a better chance you can avoid chronic diseases or delay them. But if you go with the flow of the American way, it nudges you toward chronic disease. Our society is not health-oriented. It's so economically oriented that they market to your taste buds, not your health."

Patients can get off long-term dialysis with a kidney transplant, but only about 50 surgeries are done per year, with hundreds of people on the waiting list. Approximately 600 people are on the organ waiting list, and more than 90 percent of those are waiting for kidneys.

The number of adults older than 30 years with kidney disease is projected to reach 28 million in 2020, and nearly 38 million in 2030, the national study shows. The disease affects nearly 1 in 7 adults in America, and according to the latest research, CKD-related deaths have doubled in the past two decades.

"It's a matter of being mindful," Wong said. "So many of us eat mindlessly. It's OK to enjoy, but if you want more time in this body, then you have to know how to take care of this body."

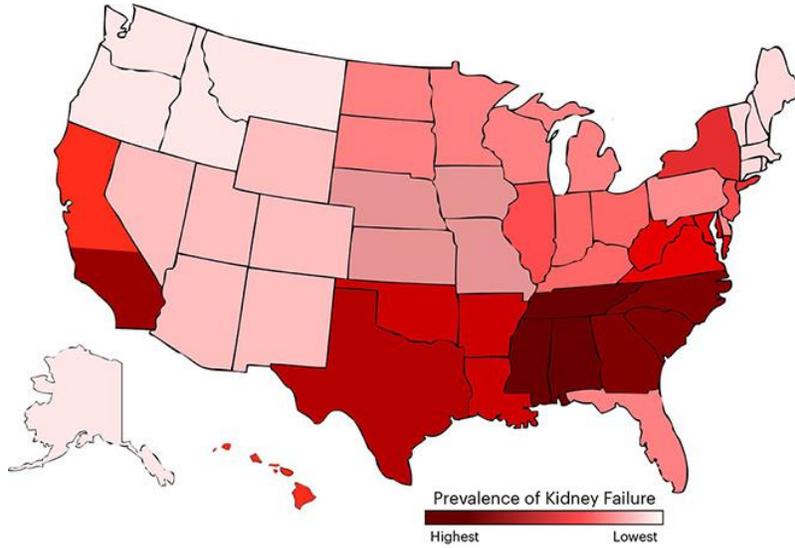
Kidney Disease—Is Your State Hard Hit?

In the U.S., over half a million adults face kidney failure—and lifestyle and geography may have something to do with it. Southern states make up the top 10 list of those hardest hit by kidney failure.

According to the Centers for Disease Control (CDC), more than 8% of the population in each of these states also has diagnosed diabetes, the leading cause of kidney disease.

"These states have high rates of obesity and physical inactivity. Multiple chronic diseases are highly prevalent in this geographic area, also known as the 'stroke belt.' Yet healthy diet combined with physical activity to maintain a healthy body weight could change the levels of kidney failure," said Joseph Vassalotti, MD, National Kidney Foundation Chief Medical Officer.

See where your state falls on the kidney health spectrum



Kidney Failure by U.S. Regions

Rank	States	Dialysis patients per million population
1.	Alabama, Mississippi, Tennessee, Georgia, North Carolina, South Carolina, Hawaii*	1500 or over
2.	Southern California, Texas, Arkansas, Louisiana, Oklahoma Maryland, Virginia, Washington D.C., West Virginia	1400-1499
4.	Northern California, Guam, New York, New Jersey, Illinois	1300-1399
5.	Indiana, Kentucky, Ohio, Delaware, Pennsylvania, Florida	1200-1299
6.	Michigan, Minnesota, North Dakota, South Dakota, Wisconsin Iowa, Kansas, Missouri, Nebraska	1100-1199
7.	Arizona, Colorado, Nevada, New Mexico, Utah, Wyoming	1000-1099
8.	Alaska, Idaho, Montana, Oregon, Washington, Connecticut, Maine, Massachusetts, New Hampshire, Vermont, Rhode Island	Less than 1000

***The above map was from 2014 – Since then, Hawaii has moved up into the top group**

Well, it is visually apparent that we all need to move to Alaska or a Northwest or a Northeast (New England) state to help prevent kidney disease.

At this point in the article, we have learned that chronic kidney disease and kidney failure are a nation-wide problem. We have also learned that cases of chronic kidney disease and diabetes are increasing at an alarming rate in the U.S. and especially in Hawaii. There are currently about 4,000 dialysis patients in Hawaii and every year we will add about 700 more. Hawaii has 30 dialysis centers but four of these are brand new and cannot accept patients because our state and federal governments are dragging their feet in getting them certified. The dialysis centers that can accept patients are full and have a waiting list. Many people needing dialysis have to go to a hospital ER to get treatment. Many people with chronic kidney disease are dying.

Now, let's learn a little more about kidney disease and how dialysis works

Symptoms, causes, and treatment of chronic kidney disease

Chronic kidney disease is a slow and progressive loss of kidney function over a period of several years. Eventually, the patient has permanent kidney failure.



Chronic kidney disease, also known as chronic renal failure, chronic renal disease, or chronic kidney failure, is much more widespread than people realize; it often goes undetected and undiagnosed until the disease is well advanced. It is not unusual for people to realize they have chronic kidney failure only when their kidney function is down to 25 percent of normal.

As kidney failure advances and the organ's function is severely impaired, dangerous levels of waste and fluid can rapidly build up in the body. Treatment is aimed at stopping or slowing down the progression of the disease - this is usually done by controlling its underlying cause.

Symptoms

Chronic kidney disease rarely shows symptoms until the later stages, so screening is recommended for those who are at risk. Chronic kidney failure, as opposed to acute kidney failure, is a slow and gradually progressive disease. Even if one kidney stops functioning, the other can carry out normal functions. It is not usually until the disease is well advanced and the condition has become severe that signs and symptoms are noticeable; by which time most of the damage is irreversible.

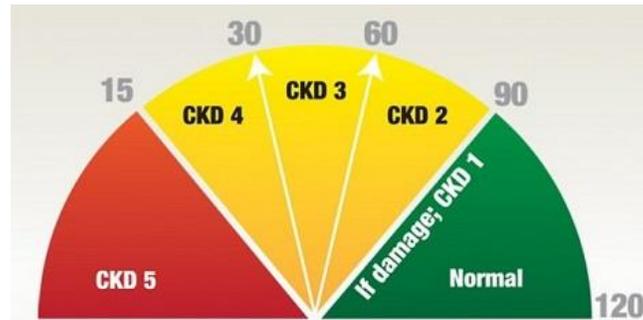
The most common signs and symptoms of chronic kidney disease include:

anemia	high blood pressure	muscle twitches
blood in urine	insomnia	nausea
dark urine	itchy skin	pain on the side or lower back
decreased mental alertness	loss of appetite	panting (shortness of breath)
decreased urine output	erectile dysfunction	protein in urine
edema - swollen feet and hands	frequent urination	sudden change in bodyweight
fatigue (tiredness)	muscle cramps	unexplained headaches

It is important that people who are at high risk of developing kidney disease have their kidney functions regularly checked. Early detection can significantly help prevent serious kidney damage.

Chronic Kidney Disease (CKD) Stages

Changes in the GFR - glomerular filtration rate can assess how advanced the kidney disease is.



Stage 1 - GFR rate is normal (90 milliliters or greater). However, evidence of kidney disease has been detected.

Stage 2 - GFR rate is between 60 and 89 milliliters and evidence of kidney disease has been detected.

Stage 3 - GFR rate is between 30 and 59 milliliters, regardless of whether evidence of kidney disease has been detected.

Stage 4 - GFR rate is between 15 and 29 milliliters, regardless of whether evidence of kidney disease has been detected.

Stage 5 - GFR rate is lower than 15 milliliters. Renal or kidney failure has occurred.

It is important for kidney disease to be diagnosed and treated early for serious damage to be prevented. Patients with diabetes should have an annual test, which measures microalbuminuria (small amounts of protein) in urine. This test can detect early diabetic nephropathy (early kidney damage linked to diabetes).

Treatment

There is no current cure for chronic kidney disease. However, some therapies can help control the signs and symptoms, reduce the risk of complications, and slow the progression of the disease.

Patients with chronic kidney disease typically need to take a large number of medications depending on their symptoms.

End-stage treatment

This is when the kidneys are functioning at less than 15 percent of normal capacity. Measures used so far - diet, medications, and treatments controlling underlying causes - are no longer enough.

The kidneys of patients with end-stage kidney disease cannot keep up with the waste and fluid elimination process on their own - the patient will need dialysis or a kidney transplant in order to survive.

Most doctors will try to delay the need for dialysis or a kidney transplant for as long as possible because they carry the risk of potentially serious complications.

Kidney dialysis

Dialysis is a treatment that does some of the things done by healthy kidneys. It is needed when your own kidneys can no longer take care of your body's needs.

When is dialysis needed?

You need dialysis when you develop end stage kidney failure --usually by the time you lose about 85 to 90 percent of your kidney function and have a GFR of <15.

What does dialysis do?

When your kidneys fail, dialysis keeps your body in balance by:

- Removing waste, salt, and extra water to prevent them from building up in the body.
- Keeping a safe level of certain chemicals in your blood, such as potassium, sodium, and bicarbonate.
- Helping to control blood pressure.

Is kidney failure permanent?

Usually, but not always. Some kinds of acute kidney failure get better after treatment. In some cases of acute kidney failure, dialysis may only be needed for a short time until the kidneys get better.

In chronic or end stage kidney failure, your kidneys do not get better and you will need dialysis for the rest of your life. If your doctor says you are a candidate, you may choose to be placed on a waiting list for a new kidney.

Where is dialysis done?

Dialysis can be done in a hospital, in a dialysis center that is not part of a hospital, or at home. You and your doctor will decide which place is best, based on your medical condition and your wishes.

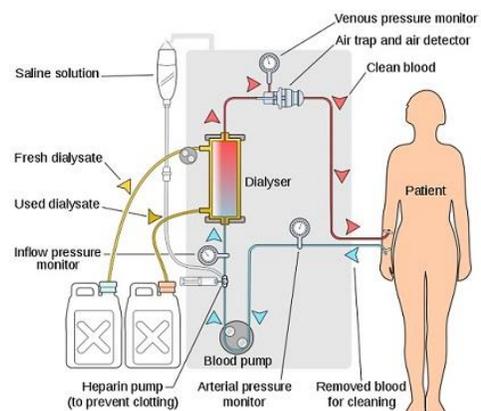
Are there different types of dialysis?

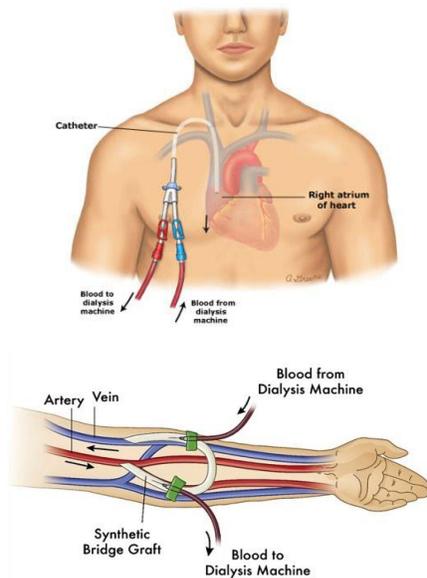
Yes, there are two types of dialysis --hemodialysis and peritoneal dialysis.

What is hemodialysis?

This is the most common type of dialysis. In hemodialysis, an artificial kidney (hemodialyzer) is used to remove waste and extra chemicals and fluid from your blood. To get your blood into the artificial kidney, the doctor needs to make an access (entrance) into your blood vessels. This is done by minor surgery to your arm, neck/chest, or leg.

Sometimes, an access is made by joining an artery to a vein under your skin to make a bigger blood vessel called a fistula.





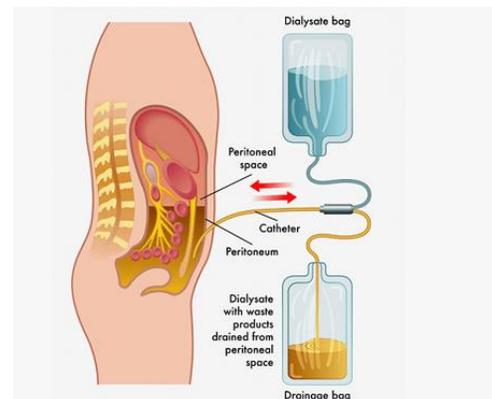
However, if your blood vessels are not adequate for a fistula, the doctor may use a soft plastic tube to join an artery and a vein under your skin. This is called a graft.

Occasionally, an access is made by means of a narrow plastic tube, called a catheter, which is inserted into a large vein in your neck. This type of access may be temporary but is sometimes used for long-term treatment.

Usually, each hemodialysis treatment lasts about four hours and is done three times per week.

What is peritoneal dialysis and how does it work?

In this type of dialysis, your blood is cleaned inside your body. The doctor will do surgery to place a plastic tube called a catheter into your abdomen (belly) to make an access. During the treatment, your abdominal area (called the peritoneal cavity) is slowly filled with dialysate through the catheter. The blood stays in the arteries and veins that line your peritoneal cavity. Extra fluid and waste products are drawn out of your blood and into the dialysate.



Will dialysis help cure the kidney disease?

No. Dialysis does some of the work of healthy kidneys, but it does not cure your kidney disease. You will need to have dialysis treatments for your whole life unless you are able to get a kidney transplant.

Is dialysis uncomfortable?

You may have some discomfort when the needles are put into your fistula or graft, but most patients have no other problems. The dialysis treatment itself is painless. However, some patients may have a drop in their blood pressure. If this happens, you may feel sick to your stomach, vomit, have a headache or cramps. With frequent treatments, those problems usually go away.

How long has dialysis been available?

Hemodialysis and peritoneal dialysis have been done since the mid 1940's. Dialysis, as a regular treatment, was begun in 1960 and is now a standard treatment all around the world. There have been millions of patients helped by dialysis treatments.

How long can you live on dialysis?

If your kidneys have failed, you will need to have dialysis treatments for your whole life unless you are able to get a kidney transplant. Life expectancy on dialysis can vary depending on your other medical conditions and how well you follow your treatment plan. Average life expectancy on dialysis is 5-10 years, however, many patients have lived well on dialysis for 20 or more years. Talk to your healthcare team about how to take care of yourself and stay healthy on dialysis.

Is dialysis expensive?

Yes. Dialysis costs between \$500 and \$1,000 per treatment. However, the federal government (Medicare) pays 80 percent of all dialysis costs for most patients. Private health insurance or state Medicaid programs also help with the costs.

Do dialysis patients feel normal?

Many patients live normal lives except for the time needed for treatments. Dialysis usually makes you feel better because it helps many of the problems caused by kidney failure. You and your family will need time to get used to dialysis.

Do dialysis patients have to control their diets?

Yes. You may be on a special diet. You may not be able to eat everything you like, and you may need to limit how much you drink. Your diet may vary according to the type of dialysis.

Can dialysis patients travel?

Yes. Dialysis centers are located in every part of the United States and in many foreign countries. The treatment is standardized. You must make an appointment for dialysis treatments at another center before you go. The staff at your center may help you make the appointment.

Can dialysis patients continue to work?

Many dialysis patients can go back to work after they have gotten used to dialysis. If your job has a lot of physical labor (heavy lifting, digging, etc.), you may need to get a different job.

Kidney transplant

A kidney transplant is a better option than dialysis for patients who have no other conditions apart from kidney failure. Even so, candidates for kidney transplant will have to undergo dialysis until they receive a new kidney.

The kidney donor and recipient should have the same blood type, cell-surface proteins, and antibodies, in order to minimize the risk of rejection of the new kidney. Siblings or very close relatives are usually the best types of donors. If a living donor is not possible, the search will begin for a cadaver donor (dead person).

Why does it take up to three (3) years to certify a new Dialysis Center?

I decided to research the certification procedure to find out what is going on. The first thing I found out was the problem was happening in other states – not just Hawaii. Because of this finding, I guess we cannot put the entire blame on state governments. Surely there are a few state governments that are efficient?

Summary of the certification process

1. New dialysis centers require both state and federal certification.
2. State Department of Health (DOH) must survey, certify, inspect, and issue license to operate.
3. However, in order to treat Medicare and Medicaid recipients, new dialysis centers must also have Centers for Medicare and Medicaid Services (CMS) certification from the federal government. This certification requires a coordinated effort between the state DOH and federal CMS.

Both the state DOH and federal CMS are to blame for the long certification times.

The Hawaii Department of Health has blamed certification delays on a lack of resources – both personnel and funding.

The CMS states that new dialysis centers are a lower priority on the certification tier system they established. Overseeing nursing homes and facilities identified as at-risk of providing poor care takes precedence.

Now you know. Getting something done by one government agency is hard enough but getting something done by two government agencies can take three years. This entire process should not take more than six months.

Something needs to be done – people with kidney failure are dying! I guess when enough people die, the government will speed up the process or hire a third private party to do it. Maybe!!

Personal note

My wife was rushed to Queens Medical Center in late December 2017 with kidney failure. After emergency surgery, she started dialysis at Queens. After a low blood pressure scare, she started feeling a lot better and the hospital councilor started looking for a Dialysis Center she could go to. Well, every Dialysis Center on the island of Oahu was full and had waiting lists. She had to stay in the hospital receiving dialysis there until a slot opened up at a Dialysis Center.

Finally, after about two weeks, enough dialysis patients died where as a slot opened up at the Liberty Dialysis Center in Waianae. This was a 4:00pm to 8:15pm slot. We (my wife, me, and the dog) would leave Mililani at about 2:45pm for the 27-mile drive to Waianae that took about 45 minutes. After dropping her off, me and the dog would return to Mililani. At about 7:15, we would drive back to Waianae to pick up my wife. She usually didn't get out of the center until around 9:00pm. Waiting in that dark parking lot was a little scary. We would not get home until about 10:00pm. We had to go through this routine three times a week.

After about two weeks, we lucked out and got a better slot in Kailua – the 12:00pm to 4:15pm slot. The one-way distance from Mililani to Kailua is 28 miles but only takes about 40 minutes on the H2 and H3 highways. At this writing, we are still going to Kailua three times (six round trips) a week.

In the meantime, there is a brand-new Liberty Dialysis Center in Mililani waiting for certification. Without this certification, it cannot treat Medicare and Medicaid patients. The Dialysis Center recently opened but can only provide dialysis for private-pay patients. It is 5 minutes away from

our house. When it gets certified in a year or two or three, it will be completely full. My wife is on the long waiting list.



These pictures of the Liberty Dialysis Hawaii Center in Mililani were taken by me on Thursday, 15 Feb 2018 at 12:30pm. As you can see, it is a modern dialysis clinic but has no patients. I parked in an empty parking lot to take these pictures. Sad!

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