

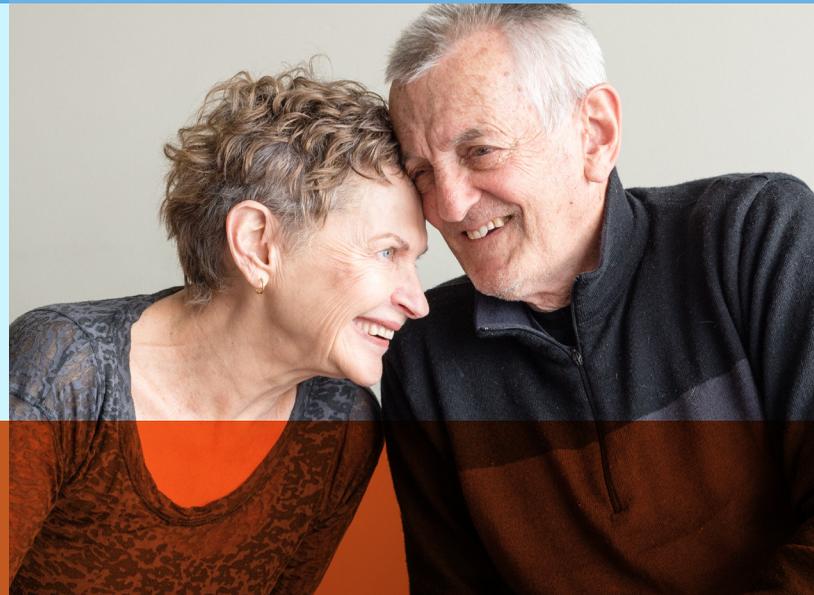


National **Kidney** Foundation®



## Patient Symposium

Everyday Heroes Living  
With Kidney Disease



**SUNDAY**  
**OCTOBER 6, 2019**

**1:00pm–4:00pm**

Crowne Plaza Cleveland South

5300 Rockside Road

Independence, OH 44131

**kidney.org**

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# SCHEDULE OF EVENTS

SUNDAY  
OCTOBER 6, 2019

## PROGRAM AGENDA

**1:10pm-2:00pm**

**Nutritional Session on Dietary Needs of a CKD Patient** led by *Kristin Bame, MS, RDN, CSR, LD* and *Jennifer Kerner, MS, RDN, LD* from the Transplant Institute at University Hospitals Cleveland Medical Center (UHCMC) in Cleveland, Ohio

**2:00PM- 2:10PM**

BREAK

**2:20PM-3:00PM**

BREAKOUT SESSIONS

- Caregiver Breakout Session –Patient Advocacy, led by *Tina Cultrona*
- Patient Breakout Session- Social Pressures and Factors Related to Illness, led by *Tyrone Hamler, MSW, LSW*
- Gout Breakout Session- Patient Guide to Managing Gout, led by *Josie Cooper, Director of the Alliance for Gout Awareness*

**3:00PM- 3:10PM**

BREAK

**3:10PM-4:00PM**

**Tools to Monitor Hypertension** led by *Dr. Mirela Dobre, MD MPH Internal Medicine and Nephrology at UHCMC* and *Dr. George Thomas MD, MPH, FACP, FASN Director of the Center for Blood Pressure Disorders in the Department of Nephrology and Hypertension at Cleveland Clinic*

# NATIONAL KIDNEY FOUNDATION OF NORTHERN OHIO MEDICAL ADVISORY BOARD

THIS EVENT WOULD NOT HAVE BEEN POSSIBLE WITHOUT OUR  
MEDICAL ADVISORY BOARD AND LOCAL SPONSORS!

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Cleveland Clinic

**Dr. Aparna Padiyar**

University Hospitals Transplant Institute

The National Kidney Foundation is the leading organization in the U.S. dedicated to the awareness, prevention and treatment of kidney disease for hundreds of thousands of healthcare professionals, millions of patients and their families, and tens of millions of Americans at risk. By supporting the National Kidney Foundation, you directly influence and positively impact the lives of those at risk for kidney disease, those living with chronic kidney disease, and those who care for and about them.

#### KIDNEY DISEASE LOCALLY

The Northern Ohio territory is comprised of approximately 2 million people, with programs currently centered in 32 counties, including Cuyahoga, Summit, Geauga, Lorain, and Medina counties. When the national statistics are applied to the local population, the need for patient support and community education programs is undeniable. In Greater Cleveland:

- An estimated 290,000 people have kidney disease and 90% of them are undiagnosed.
- An additional 670,000 people are at-risk of kidney disease.

## KIDNEY DISEASE AT A GLANCE

**37 MILLION** American adults have CKD

**1 IN 3**  
American adults are  
at risk of CKD

**AFRICAN  
AMERICANS** suffer from kidney  
failure 3 times more than White Americans

**35%** of all patients  
treated with dialysis are  
African American

**HISPANICS** are 1.3 times  
more likely to develop kidney failure than  
non-Hispanics.

## LEADERSHIP



Patient Symposium is led by event chairman, **DR. RUPESH RAINA, MD.**

Dr. Raina is an Adult-Pediatric Kidney Disease/Hypertension Nephrologist at Akron Children's Hospital, Akron Nephrology Associates at Akron General Medical Center, Cleveland Clinic Foundation at Medina and Metrohealth Department of Nephrology. He is also an Associate Professor at Neomed Medical University and Council Member for Faculty of Internal Medicine Council at Neomed, Research Director at AGMC, Associate Program Director Internal Medicine, and also works in partnership with Americare Kidney Institute. Dr. Raina is the Pediatric Education Chair for the International Society of Nephrology. Additionally, Dr. Raina serves on both the National Kidney Foundation Serving Northern Ohio Board of Advisors and the Medical Advisory Board.

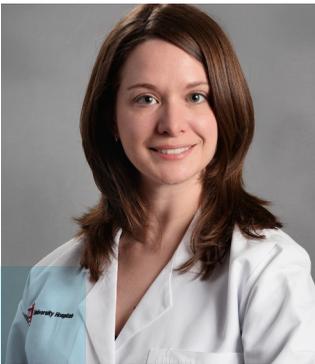


The National Kidney Foundation Serving Northern Ohio Medical Advisory Board is chaired by **DR. RON FLAUTO, D.O.** Dr. Flauto is a Nephrology Specialist in Fairview Park, Ohio. He attended and graduated with honors from Chicago College of Osteopathy in 1996 and has more than 20 years of experience. He is affiliated with several hospitals including Akron General Medical Center, Medina Hospital, Parma Community General Hospital, and Southwest General Health Center. Dr. Flauto also cooperates with other doctors and physicians in medical groups including Americare Kidney Institute, LLC.

## SPEAKERS



**KRISTIN BAME** completed her bachelor's degree in nutrition at the University of Dayton and her master's degree, also in nutrition, at Central Michigan University. She has earned specialty certification in renal nutrition from the Academy of Nutrition and Dietetics. Kristin worked as a renal dietitian for 15 years in home and hemodialysis with both pediatric and adult patients. Although she is not currently employed clinically, she maintains a passion for renal nutrition care. She loves keeping up with current nutrition research and being a part of the renal community through volunteer work. In her spare time, her favorite things to do are play with her baby girl and attend weekly Sunday dinners with her family.



**JENNIFER KERNER, MS, RDN, LD** is a dietitian at the Transplant Institute at University Hospitals Cleveland Medical Center (UHCMC) in Cleveland, Ohio. She began her career with AVI Foodsystems where she worked in a wide variety of units at two community hospitals. She then came to UHCMC to work for almost four years as an inpatient clinical dietitian primarily with bariatric, transplant and gastrointestinal surgery patients. She currently works with solid organ transplant patients in all phases of transplant, is an active participant on the multidisciplinary team through inpatient rounds and selection committee, and works on quality improvement initiatives. Jennifer received her bachelor's degree at Mercyhurst College where she also completed the Coordinated Program for eligibility to become a registered dietitian. She went back to earn her master's degree in Human Nutrition online, recently completing it through the University of Alabama in December 2017.

Jennifer has been consistently involved in volunteer and leadership positions within the dietetics profession since beginning her career and is a former president of the Greater Cleveland Academy of Nutrition and Dietetics (GCAND) as well as the current president-elect of GCAND. She was awarded Young Dietitian of the Year in 2012 within the state of Ohio, and was one of seven dietitians in the nation to earn Preceptor of the Year in 2015. She is a trainer for the Academy of Nutrition and Dietetics for the Nutrition Focused Physical Exam program, in which she travels around the country to teach dietitians how to complete physical exams.

## SPEAKERS



**TYRONE HAMLER** graduated from the University of Cincinnati with his BSW in 2008 and earned his MSW in 2009 with a specialization in Health and Aging. Tyrone has been a Licensed Social Worker in the state of Ohio since September of 2008 and is currently a fifth-year doctoral candidate in Social Welfare at Case Western Reserve University in Cleveland, Ohio. Tyrone spent seven years in direct practice social work in medical settings and worked in dialysis clinics doing kidney transplant evaluation. Currently, Tyrone conducts and leads his own research study at University Hospitals Cleveland conducting research in late stage kidney disease, mental health and other psychosocial factors. His experiences working with individuals with chronic illnesses have been further informed by perspectives on social determinants of health frameworks and the intersection of race, gender and class and their impacts on navigating through the health care system. Tyrone has been a volunteer with the National Kidney Foundation since 2011 and currently serves on the NKF Medical Advisory Board.

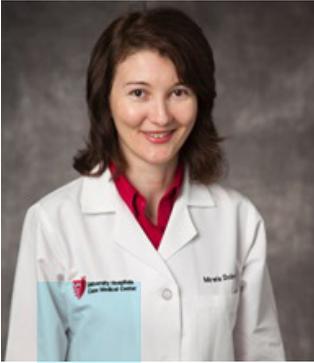


**TINA CULTRONA** is a native Ohioan and a veteran of the U.S. Air Force. Tina's husband became chronically ill three years into their marriage, nine years ago. He was diagnosed with diabetic kidney failure (Stage 2), type 2 diabetes, high blood pressure, retinopathy, gastroparesis, and neuropathy all with a week of the initial hospitalization. One year after he was diagnosed, he began dialysis. He received a living donor kidney transplant in January 2019. While blessed to have received the transplant, Tina feels that this blessing has come with its own set of challenges, as she found it difficult to find help for herself as a caregiver. Through her support group efforts, Tina created her own pathway navigating the caregiver experience. Her hope is that by sharing her story and methods, other caregivers will become inspired to become their own advocates.



**JOSIE COOPER** serves as Director of the Alliance for Gout Awareness, a nonprofit patient advocacy organization that works to raise awareness and increase understanding of gout, as well as empower patients to successfully manage their disease. Prior to joining the Alliance for Gout Awareness, Josie worked in communications at the Biotechnology Innovation Organization. Josie has experience in campaign politics and has worked at the state and national level advising political campaign and public affairs clients on supporter and stakeholder mobilization. A campaign vet, Josie has worked on presidential, Senate and congressional races across the country. Josie currently resides in Washington, D.C.

## SPEAKERS



**DR. MIRELA DOBRE** is an academic nephrologist at the University Hospitals Cleveland Medical Center in the Department of Medicine, Division of Nephrology and Hypertension where she treats patients with kidney disease in the inpatient and outpatient settings. Dr. Dobre completed her clinical and research fellowships in nephrology at the Case Western Reserve University and has a fundamental research interest in chronic kidney disease and its related metabolic and cardiovascular complications. She studied the role of acid base abnormalities on cardiovascular disease in the Chronic Renal Insufficiency Cohort (CRIC), a multicenter National Institutes of Health (NIH) funded study. Along with her team, she found the novel link between acid base abnormalities and heart failure in CRIC. Dr. Dobre is currently funded by the NIH to study myocardial fibrosis in hypertensive patients with and without chronic kidney disease. Her long-term research goal is to determine how kidney disease alters the heart structure and function, leading to subsequent increases in mortality.

In addition to active clinical and investigative efforts, Dr Dobre provides research mentorship at individual and programmatic levels to both medical students and physician trainees. Dr. Dobre has published over 30 original peer reviewed articles and serves on the editorial board of the American Journal of Kidney Diseases and the Clinical Journal of the American Society of Nephrology.



**DR. GEORGE THOMAS** is the Director of the Center for Blood Pressure Disorders in the Department of Nephrology and Hypertension at Cleveland Clinic. He completed his medical training in India, and subsequently obtained a master's degree in Public Health (MPH) from Johns Hopkins in Baltimore, Maryland, with a focus in International Health. He completed his residency in Internal Medicine from St Elizabeth's Medical Center (Tufts University) in Boston, Massachusetts, and then completed a fellowship in Nephrology from Cleveland Clinic in Cleveland, Ohio. He has been on the clinical staff at Cleveland Clinic since 2010, and is Assistant Professor at the Cleveland Clinic Lerner College of Medicine.

He is a member of the American College of Physicians, American Society of Nephrology, and the American Heart Association. He is designated by the American Society of Hypertension as a hypertension specialist, and he is also a Fellow of the American College of Physicians (FACP), and a Fellow of the American Society of Nephrology (FASN), which recognizes contributions made to the practice of medicine and nephrology, and to the service of the broader community. His research interests include resistant hypertension, and he was the Cleveland Clinic site Principal Investigator (PI) for the multi-center SPRINT hypertension study, one of the largest hypertension studies sponsored by the National Institutes of Health. He has published in several medical journals including the American Journal of Kidney Diseases, Journal of the American Society of Nephrology, Nephrology Dialysis and Transplant, and American Journal of Transplantation.



**DORI SCHATELL, M.S.**

Executive Director of Medical Education Institute (MEI)

## Empower Yourself to Feel Better!

By: Dori Schatell

When a disease crashes into your life, you can lose your sense of control. It is normal to feel angry or depressed, and to fear how your life may change. Not knowing what to expect is scary. To make good choices, you need to know more—but learning can be scary, too! The non-profit Medical Education Institute (MEI) is here to help.

MEI was founded by Edith Oberley. After Edith's husband's kidneys failed in 1970, he became a doctor—and lived for 43 years on home hemodialysis. Edith understood that you CAN have a good life after kidney failure, so she created MEI to show others how.

### Greater Cleveland Food Bank

Free Help Center

Monday—Friday,  
8am-5pm

Call 216.738.2067  
or drop in  
15500 S. Waterloo Road  
Cleveland

\* Find hot meals and pantries  
in your area

\*Sign up for food assistance  
benefits like SNAP  
(formerly food stamps)  
and many others.

All MEI content is based on science, easy to read, and free or low-cost from our four kidney patient websites:

#### 1. LIFE OPTIONS

**lifeoptions.org** helps you protect your kidneys if you have chronic kidney disease (CKD):

- a. Calculate your kidney function.
- b. Learn the risk factors for kidney disease.
- c. Take steps to keep the kidney function you still have.
- d. Learn how and why to take part in research.
- e. Find booklets, videos, and much more in the Resource Library.

#### 2. MY LIFE, MY DIALYSIS CHOICE

**mydialysischoice.org** helps you choose a type of dialysis based on what matters to you. Choose your top values from a list of 25. Then, see how each type of dialysis can

affect each value. Rate each option with stars, to get a printable 1-page summary to remind you of your choices and share with your doctor.

#### 3. KIDNEY SCHOOL

**kidneyschool.org** helps you learn how to manage stage 4 CKD or dialysis so you can feel your best. Sixteen self-paced modules cover topics from anemia to nutrition to sexuality, and more. Visit modules online, listen to them, or download them as PDFs.

#### 4. HOME DIALYSIS CENTRAL

**homedialysis.org** helps you learn why and how to do dialysis at home. Find out about types of home dialysis and which clinics offer it. Choose from dozens of Life@Home articles and blog posts, learn about equipment, read patient stories, and much more. Join the site's Facebook group, too: [facebook.com/groups/homedialysiscentral](https://www.facebook.com/groups/homedialysiscentral)

At MEI, we believe that the unknown is the scariest thing of all—and HOPE is vital when you have a chronic disease. We will help you learn what you need to know to feel your best and live your best life. Contact us today at (608) 833-8033 or email Rob Poehnel at [rpoehnel@meiresearch.org](mailto:rpoehnel@meiresearch.org)



**LORA SILVER, MS, RD, LD**  
Community Outreach Dietitian –  
Nutrition Services



**ANNE LEACH, MS, RDN, LD**  
Community Program Director/  
Wellness Dietitian –  
Nutrition Services

## Nutrition and Food for Life Market at UH

By: Lora Silver & Anne Leach

### Can you afford to eat balanced meals?

Have you worried that your food could run out before getting money to buy more?

Food insecurity means not enough food for **everyone in the household** to live a **healthy and active life**.

When money for food is low, a family often has to choose between two expenses: food versus medicine? Food versus transportation? Food versus housing? These are hard choices. Fortunately, Northeast Ohio has many resources that can help.

One resource is the Food for Life Market at University Hospitals (UH) Otis Moss Jr. Health Center. Currently, this food as medicine pantry requires a referral from their doctor and is limited to patients of UH Otis Moss Jr. Health Center. Patients make their own food choices while UH dietitian educators give meal planning tips and healthy recipes at every visit.

Patients can return to shop for healthy food at the Food for Life Market once per month for six months. If still in need after six months, a patient makes another appointment with their doctor to request another referral. This keeps patients connected to their doctor and valuable nutrition resources at every visit.

### Getting access to the right amount and type of food is an important part of managing your health conditions.

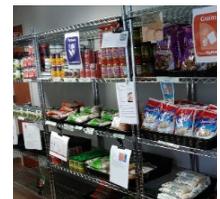
Research shows that an individual is more likely to develop kidney disease if they experience food insecurity. If the individual already has diabetes or high blood pressure, the chances are even higher. We will monitor Food for Life patients for changes in weight, blood pressure, and hemoglobin A1c. This will show how healthy foods make a difference in conditions like diabetes, high blood pressure, and kidney disease.



Cuyahoga County has the highest number of food insecure residents in Ohio.



1 in 6 residents experience food insecurity in Northeast Ohio.



Look for Chop Chop, a family cooking magazine often free at hospitals and community centers



**GEORGE THOMAS, MD, MPH, FACP, FASN** Director, Center for Blood Pressure Disorders  
Department of Nephrology and Hypertension, Cleveland Clinic

## High Blood Pressure—What Do I Need to Know?

*By: George Thomas, MD, MPH, FACP, FASN*

High blood pressure, or hypertension, affects about 103 million adults in the US. In simple terms, blood pressure is the force of blood pushing against the walls of your arteries as the heart pumps blood – if this stays high, it damages the arteries and leads to heart, kidney, and brain damage.

Blood pressure is reported as an upper and a lower number (for example: 120/80) – the upper number (or “systolic” blood pressure) measures the force of blood on the arteries as the heart beats and pumps blood, and the lower number (or “diastolic” blood pressure) measures the force of blood on the arteries in between heart beats, when the heart relaxes. While both numbers are important to follow, the upper number (“systolic” blood pressure) is more significant for people aged 50 years and older.

Current guidelines identify a blood pressure above 130 systolic or 80 diastolic as hypertension. If you are being treated for high blood pressure, your doctor will decide what your ‘goal’ blood pressure should be. You may not experience any symptoms unless blood pressure climbs to extreme highs (which is why hypertension is sometimes called “the silent killer”).

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In most cases, it is difficult to pinpoint an exact cause for high blood pressure, but there are some known risk factors – if you have a strong family history of high blood pressure, your risk is higher. Unhealthy lifestyle habits also increase your risk – including too much salt (sodium) in your diet, too much alcohol, being overweight, and lack of physical activity. Smoking and chronic stress may also contribute.

## There are steps you can take to manage your blood pressure

**1. DIETARY CHANGES AND LOW SALT (SODIUM)** Avoiding the saltshaker and not adding salt at the table helps, but a major part of sodium in the diet (up to 80%) comes from processed and packaged foods (such as canned foods, snack foods, and lunch meats). Some foods may be high in sodium even if they don't taste salty. It is best to avoid processed or packaged foods, but if you do buy these, be sure to choose those which are labeled sodium free or low sodium. Also remember that the amount of sodium listed on the ingredient label is for a particular serving size and eating more than the listed serving size increases the amount of sodium that is consumed. Experts now recommend that you keep sodium intake to less than 1500 mg per day (the average American diet contains about 3400 mg of sodium per day). Consider using herbs and spice blends without sodium. The DASH diet (Dietary Approaches to Stop Hypertension) has been shown to be helpful in reducing blood pressure, and recommends high intake of fruit and vegetables with whole grains and low-fat dairy products; however, be sure to check with your doctor before beginning this diet (or any specific diet), because you may have associated medical conditions that may prevent you from following a certain diet.

**2. REGULAR PHYSICAL ACTIVITY AND WEIGHT LOSS** Maintaining a healthy weight can decrease your blood pressure by approximately 5 points.

**3. LOWER YOUR ALCOHOL INTAKE** Experts recommend no more than 2 standard alcoholic drinks per day for men, and no more than 1 standard alcoholic drink per day for women. Binge drinking should be avoided.

**4. QUIT SMOKING** Discuss with your doctor about resources to help with this.

**5. TAKE CONTROL, KNOW YOUR NUMBERS** Monitor your blood pressures readings at home. It is best to use an automated, digital blood pressure monitor with an arm cuff (wrist and finger devices may not be reliable). When you take your blood pressure, make sure the cuff is properly positioned on your arm; you should be seated in a quiet room with your back supported, your feet uncrossed on the ground, and your arm supported at heart level. It is best to take at least 2 readings a few minutes apart. Wait at least 30 to 45 minutes to check blood pressure if you have had caffeine, because caffeine may cause a spike in blood pressure. Discuss with your doctor about how often to check your blood pressures at home and keep a blood pressure log to share with your doctor. You should also have your home blood pressure machine checked for accuracy at least once a year.

## **6. MANAGE YOUR MEDICATIONS**

If you are on blood pressure lowering medications, take them regularly. Blood pressure medications don't work well if you skip doses. If you experience side effects, discuss with your doctor about alternatives. More than one medication may be needed to control blood pressure. Keep in mind that medications alone will NOT be effective if you don't change your lifestyle habits. Medications that you take for other conditions may affect your blood pressure control – for example, if you tend to regularly take non-steroidal anti-inflammatory medications (NSAIDs) or nasal decongestant medications, this may raise your blood pressure.

**7. MONITOR YOUR SLEEP** If you snore during sleep, or someone notices that you have gaps in your breathing when you sleep, or you have excessive sleepiness during the day, discuss this with your doctor. You may have a condition called obstructive sleep apnea, which can also affect blood pressure. Your doctor may refer you for a sleep study.

**8. CHECKING YOUR BLOODWORK** If your blood pressure is difficult to control despite multiple medications and lifestyle changes, your doctor may run additional blood tests or imaging studies to check for potential contributing factors.

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## ADDITIONAL RESOURCES

[heart.org/en/health-topics/high-blood-pressure](http://heart.org/en/health-topics/high-blood-pressure)

[kidney.org/atoz/what-high-blood-pressure](http://kidney.org/atoz/what-high-blood-pressure)



**DR. APARNA PADIYAR, MD**

Interim Medical Director of Kidney Transplant, University Hospitals Cleveland Medical Center.

## What You Need to Know About a Kidney Transplant

*By: Dr. Aparna Padiyar, MD, Interim Medical Director of Kidney Transplant, University Hospitals Cleveland Medical Center.*

Kidneys do a lot for a person. The millions of tiny filtering units in the kidneys, called nephrons, work day and night to clear waste and fluid to keep a person healthy. Chronic kidney disease is the loss of these nephrons over time. End stage kidney disease means the kidneys no longer filter waste or fluid well enough to keep a person healthy. A person with end stage kidney disease needs dialysis or transplant to stay alive.

Kidney transplant is the best choice when someone reaches end stage kidney disease. Transplants can come from live donors or donors who have died. Around 100,000 people are waiting for a kidney transplant in the United States, though only around 12,000 a year are transplanted. This means the wait for a deceased donor kidney transplant can be long, up to 5-7 years. If they do not have a living donor so they can be transplanted right away, people often need dialysis waiting for a deceased donor kidney to become available.

A kidney transplant is placed in the lower belly and attached to the same blood supply that feeds the leg. In living donor transplants, once the kidney transplant is attached to the blood supply the kidney starts working right away, it starts making urine on the surgical table! In deceased donor transplants the kidney may take some time to recover from the injury of being in a person who has died. One out of four times in deceased donor transplant the kidney doesn't work right away, and the recipient may need dialysis to give time for the kidney to heal.

After transplant, once the kidney is working people do not need dialysis. They are able to eat a less strict diet, train as an athlete, travel, and have children. Kidney transplant at least doubles the recipient's expected lifespan as compared to staying on dialysis. The best part is that transplant allows people to lead a life free of dialysis!

The people who have the best results with transplant are those that get transplanted even before they need dialysis. Patients are allowed to be listed for transplant when their kidney's filtering function is at or below 20 ml/min/m<sup>2</sup>. It is a big surgery, and risks of heart attack and stroke actually increase for the first 3 to 6 months after the surgery. It is important to be in good health at the time of surgery to avoid complications.

Once transplanted patients use immunosuppressive medications. These medications prevent the immune system from recognizing the newly transplanted kidney. Rejection is when the immune system attacks the newly transplanted kidney. Rejection can be treated, but it shortens the lifetime of the kidney transplant. Immunosuppression carries risks of increased infection and increased cancer. Skin cancer risks increases 20-fold, so sunscreen and sun avoidance become important for the transplant recipient. The most concerning types of cancers after transplant, lymphomas, occur in one in one hundred cases. Immunizations are important for preventing infection after transplant, but not all immunizations are allowed with the immunosuppressive medications.

# What You Need to Know About Medication Adherence

By: Dr. Aparna Padiyar, MD

**The medicine your doctors prescribe can treat illness, prevent diseases from worsening and extend your lifespan. Despite this, at any given time over 4 out of 10 people do not take medications as prescribed by their physicians. Why is it so difficult to take medications? There are a lot of reasons:**

1. Not understanding why the medication was prescribed
2. The medicine itself is hard to take— for example, large pills or a funny taste
3. Unwanted side effects
4. High cost
5. Forgetfulness
6. Fear of becoming dependent on the medication
7. Denial that medication is needed
8. Difficulty keeping up with a complicated routine of medications many times per day
9. Drug or alcohol use
10. Difficulty with travelling to the pharmacy for refills of medication

With the partnership of your doctor, help of your family and friends, and planning, you will be able to fully benefit from the medications your doctor prescribes!

**How can you benefit the most from the medications your doctor prescribes? It is important for you to have all the information and have an honest discussion with your doctor. Bring your medications to doctor's visits, participate in your health care decisions and visit your doctor often. Having a family member or trusted friend participate can also be helpful. Things to discuss with your doctor:**

1. Ask why this medication is important for me.
2. What are the barriers to taking the medication?
3. Ask for less-expensive options (such as generics), when available.
4. Ask for less-complicated options, when available.
5. Ask for the smallest effective dose to limit side effects.
6. Monitor the condition at home and bring your report to your doctor's visit.

**How to make the medication part of your daily routine?**

1. Use reminders, such as pill organizers, daily pill dispensers, alarms, text messaging, placement of the medication bottle where you will remember
2. Consolidate refills and reduce the number of visits to the pharmacy. Talk to your insurance or pharmacy about home delivery of medications.
3. Build sustainable habits. It takes 60 days to make a habit. You wouldn't leave the house without brushing your teeth! Plan how to incorporate the medication into your day and have a plan for when things don't go as intended.

Despite all the risks, people who get transplanted do better overall--leading longer, healthier lives.

For more information, visit the United Network for Organ Sharing website at [transplantliving.org](http://transplantliving.org) or call the Transplant Institute at University Hospitals at 216.844.3689.



**DR. TRAMANH PHAN, MD**  
Senior Instructor of Medicine  
Division of Nephrology  
University of Rochester Medical  
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**FAHAD SAEED, MBBS, FASN**  
Assistant Professor of Medicine  
Divisions of Nephrology and  
Palliative Care  
University of Rochester  
Medical Center, Rochester, NY

**OTHER RESOURCES:**

National Kidney Foundation.  
**kidney.org**

Coalition for Supportive  
Care of Kidney Patients.  
**kidneysupportivecare.org**

National Hospice and  
Palliative Care Organization.  
**caringinfor.org**

## Palliative Care in End-Stage Renal Disease

By: Dr. TramAnh Phan, MD and Fahad Saeed, MBBS, FASN

### WHAT IS PALLIATIVE CARE?

Palliative care specialists help patients with severe illness improve their quality of life. Palliative care experts also help patients prepare for the end-of-life. Palliative care specialists are experts in communication and estimating prognosis for patients with serious illness.

If you are receiving dialysis or have kidney disease, palliative care can assist with symptom management and end-of-life decision-making.

### WHAT IS THE DIFFERENCE BETWEEN PALLIATIVE CARE AND HOSPICE?

Both hospice and palliative care help patients with serious illness improve their quality of life. However, there are some differences between palliative care and hospice care.

1. Hospice care is an insurance benefit reserved for terminally ill patients who have a will probably survive less than 6 months. Patients usually have to forgo curative treatments to be eligible for hospice.
2. On the other hand, palliative care can be provided while patients are pursuing the most aggressive forms of treatments such as dialysis and chemotherapy.

### WHAT CAN YOU EXPECT FROM PALLIATIVE CARE IN END-STAGE KIDNEY DISEASE?

Palliative care is a valuable resource for you and your loved ones when you have any serious illness. The ultimate goal is to make sure that you understand the disease and know the available treatment options. With their palliative care doctor, you may want to discuss:

1. Symptoms – As kidney disease progresses, you may have fatigue, poor sleep, nausea, chronic pain, and itching. A palliative care doctor can help with these symptoms.
2. End of life decisions.
3. Quality of life – how well you are living.

### HOW DO YOU SEE A PALLIATIVE CARE TEAM?

You should ask your primary care physician or your kidney doctor about palliative care. Your physician will then make a referral for you to see the palliative care team depending on your needs.



**JENNIFER KERNER MS, RDN, LD**

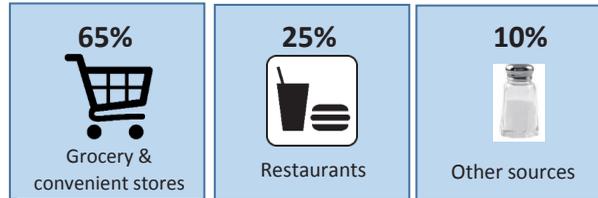
Dietitian at the Transplant Institute at University Hospitals Cleveland Medical Center (UHCMC) in Cleveland, Ohio

# Chronic Kidney Disease and Sodium

Jennifer Kerner

It is recommended you consume no more than **2,000 mg** of sodium per day to protect against high blood pressure and retention of fluid. High blood pressure can cause more damage to your kidney. Fluid retention can add strain on your heart.

## Where do you find sodium in your diet?



**The Bottom Line:** To eat a low salt diet, you should stop adding salt to foods, but you also need to look at the salt that is in the foods you buy.

### Check the food label:

- Many packaged foods are high in sodium. These are foods like canned vegetables, boxed rice and pasta dishes, frozen meals, milk, smoked, cured or canned meat, canned beans, canned soups, breakfast meats, salad dressings, sauces, and gravies.
- Use these tips with food labels to make better choices:

**Addressing Adequate Nourishment**

If you are overweight or obese, some weight loss may be beneficial for your health if you are eating healthy and exercising. However, if you lose weight without trying to lose it, your health is not likely to benefit because it may mean you are losing muscle mass.

You may have good intentions to reduce salt intake for the health of your kidneys, but decreasing sodium intake to less than 1,500 mg per day may not be in your best interest. **When sodium intake is cut to less than 1,500 mg per day, it may be at the expense of consuming enough calories.**

It may be helpful to see a dietitian in order to balance your low sodium diet with adequate calorie intake. You can ask your nephrologist for a referral to a dietitian.

### Example: 25% Less Sodium Chicken Noodle Soup Label

The amount listed is for one serving of 1/2 cup serving. If you eat the whole can, you would consume 660 mg x 2.5 servings = 1,650 mg of sodium

One serving has 660mg of sodium

Nutrition Facts	
About 2.5 Servings Per Container	
Serving size 1/2 Cup (120mL) Condensed Soup	
Amount per serving	
<b>Calories</b>	<b>60</b>
% Daily Value*	
Total Fat 1.5g	2%
Saturated Fat 0.5g	3%
Trans Fat 0g	
Polyunsaturated Fat 0.5g	
Monounsaturated Fat 0.5g	
Cholesterol 15mg	5%
<b>Sodium 660mg</b>	<b>29%</b>
Total Carbohydrate 9g	3%
Dietary Fiber <1g	4%
Total Sugars 0g	
Includes 0g Added Sugars	0%
Protein 3g	

This package has 2.5 servings per container

**The Bottom Line:** Avoid buying groceries with 20% or more % Daily Value (DV) sodium. Most of your groceries should have less than 5% DV sodium.

This is a high sodium food even though it is advertised as 25% less sodium. You can tell this because it has 29% DV sodium in one serving.

- ❖ National Kidney Foundation Food Coach for guidance on diet restrictions, recipes, salt-free seasonings: [https://www.kidney.org/patients/kidneykitchen/diabetes\\_ckd](https://www.kidney.org/patients/kidneykitchen/diabetes_ckd)
- ❖ Davita Diet Helper for planning meals, recipes, and download cookbooks: <https://www.davita.com/diet-nutrition>
- ❖ Academy of Nutrition and Dietetics resources on diet with CKD: <https://www.eatright.org/health/diseases-and-conditions/kidney-disease>



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## Why Estimated Dry Weight or Fluid Removal is Crucial for You on Dialysis?

*By: Rupesh Raina, MD and Nikhil Nair, MS*

The reason why individuals go on dialysis is because their kidneys can no longer remove waste and extra fluid from their body properly. These excess fluids can build up in the body and can cause swelling, shortness of breath and/or weight gain. The process of hemodialysis is used to filter the blood in order to remove excess fluid. Dialysis, however, is not nearly as effective as the healthy kidneys that work around the clock. In order to effectively replace lost kidney function, most hemodialysis patients go to dialysis treatment three times a week for about four hours. The target of each treatment is to remove enough fluid to return a patient to their “dry weight.” This is a weight where the patient will be normally hydrated (not feel thirsty) and feel comfortable.

This assessment is usually a clinical estimate since there are no reliable scientific ways of measuring dry weight and is a value that needs to be constantly updated. In between each treatment, patients will also have their weight measured to see how much fluid they have gained. If too much fluid is present in the body it can cause weight gain, increased blood pressure, and swelling. Furthermore, the short-term effects of excess fluid may include headaches and breathing difficulties which can serve as warnings for potential problems in the future. Furthermore, if the recommended fluid allowance is exceeded between treatments, that much more fluid must be removed. An unlimited amount of fluid cannot be removed and as such there is a limit to the amount of fluid that can be removed safely. Some side

effects may involve feelings of nausea, weakness, and tiredness because your body may not be used to having so much fluid removed at once.

During dialysis some patients may begin to also experience muscle cramping when they gain too much fluid weight. If there is too much fluid, then an extra session may also have to be planned to remove all the extra fluid. This makes it especially important to both monitor and keep fluid gain in check between each dialysis treatment. If excess fluid is consistently gained over a long period of time it can lead to chronic problems that effect the entire body. Repeated fluid gain can be especially detrimental to the heart, forcing it to work harder to pump the excess fluid found in blood. Keeping to a strict regimen of fluid intake will ensure a patient has more successful and comfortable clinical outcomes after dialysis sessions. Furthermore, it decreases the risk of negative side effects both in the short and long term. In order to maintain proper fluid balance, it is important to both monitor daily weight gain and food intake. Avoiding salty foods also helps prevent unnecessary fluid retention and will enable consistent dialysis treatments.

### ADDITIONAL RESOURCES:

American Kidney Fund | Dialysis Patient Resources: [KidneyFund.org](https://www.kidneyfund.org)

Dialysis | National Kidney Foundation  
[kidney.org/atoz/atozTopic\\_Dialysis](https://www.kidney.org/atoz/atozTopic_Dialysis)

Dialysis Care - Innovative  
Mayo Clinic Care  
[mayoclinic.org/Dialysis/Expertise](https://www.mayoclinic.org/Dialysis/Expertise)



### ZARA DOOLITTE-KORAN

MSW, LSW, Director of Operations-Greater Cleveland and East Cleveland Area at Fresenius Medical Care.

## Home Therapies

*Zara Doolitte-Koran*

Home is where the heart is. Home sweet home. There's no place like home. These phrases resonate with us in various ways. For me, they're relevant when discussing dialysis therapy choices with staff and patients. I have personally witnessed improvement in our patients' quality of life when they dialyze at home. Fortunately, patients have a choice when it comes to home therapy—it is not a one-size-fits-all treatment. They can opt for peritoneal dialysis or hemodialysis, depending on which therapy best fits their lifestyle.

Peritoneal dialysis uses a space in the abdomen as a membrane to both clean your blood and remove fluid. That's right—no needles required! Instead, a prescribed solution flows into the membrane through a permanent catheter. The lining of the abdomen (peritoneum) filters out waste from the blood and then the solution is drained back out of the body. This daily treatment can be done during the day or at night while you sleep.

Hemodialysis is the method of cleaning the blood and removing fluids outside of the body. Treatments can be done in-center or in the luxury of your own home. Home hemodialysis patients are less restricted by diet, medications and travel time—resulting in greater schedule flexibility, fewer hospitalizations and better health outcomes.

Several factors come into play for patients who prefer a home modality. First, it offers more freedom. The average dialysis patient comes to the center 13 times per month. Conversely, home peritoneal dialysis patients visit the center twice a month after they complete training—once for a lab visit and once to see their dialysis team. Home hemodialysis patients typically visit the center only once per month after training because they perform labs at home. If prescribed by their doctor, patients treating at home may also receive more frequent dialysis, which more closely mimics normal kidney function than traditional hemodialysis. After all, a healthy kidney works 24 hours per day, 365 days per year.

Many people are eligible to dialyze at home. The first step toward home sweet home dialysis is discussing it with your nephrologist. He or she can determine whether you are a viable candidate and may refer you to receive treatment option education. At Fresenius Kidney Care, we offer KidneyCare:365 ([freseniuskidneycare.com](https://www.freseniuskidneycare.com)), a free, expert-led class that outlines treatment options for people with kidney disease. Home therapy nurses are trained to teach patients and caregivers how to perform their own dialysis. And an on-call nurse is available around the clock to answer any questions about your treatment. People with kidney disease have several choices related to their treatment, and once on dialysis there are many resources to help you live a full and active lifestyle.



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**MALLORY S. ZEHE, PSY.D.**

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Talking to kids/ teens about Chronic Kidney Disease (CKD) can be a daunting task for parents and caregivers. Questions like, “What do I tell them about their diagnosis?” and “How do I explain it in a way they’ll understand?” are common. Below, we offer some tips for talking to kids/teens about CKD, and provide examples for helpful language to use.

Start with the basics! What are kidneys?

## Talking to Kids/ Teens about CKD

Paige Peterson, LSW & Mallory Zehe, Psy.D.

- Kidneys are organs in our body that help filter waste out of our blood. That waste gets sent to the bladder where it turns into urine.
- Kidneys also release hormones that manage our blood pressure and help us grow.
- Define the problem. What is Chronic Kidney Disease?
- Chronic Kidney Disease (CKD) means that the kidneys are not filtering waste the way they are supposed to.
- CKD isn’t anyone’s fault! Remind kids/ teens that they did not do anything to cause the disease.
- Explain the process. What do we do now? What should you expect?
- You will be asked to see a kidney doctor called a Nephrologist. This doctor will tell you things you can do to help keep your kidneys healthy. The Nephrologist works with other people on the team to make sure they create the best plan to help your kidneys.
- You’ll also see a nurse during your appointment. The nurse will ask questions about how you have been feeling, review any medications you’re taking, and ask you if there are any questions you would like to ask the doctor. They will also take your blood pressure. Don’t worry, it doesn’t hurt! It feels like an arm hug.
- You might see a dietician. The dietician will ask you about the foods you eat, foods you don’t like, and make recommendations for foods that will help your kidneys function best.
- Give kids/ teens the opportunity to ask questions and express their concerns.
- Offer kids/ teens the opportunity to ask questions (many times, on multiple occasions). Keep a list of questions to review with your doctor during appointments.
- Checking in about questions, concerns, and feelings provides kids/ teens the opportunity to express themselves, and gives parents, caregivers, and providers insight into how they may be coping with their disease and disease management.
- Acknowledge and validate concerns, while offering reassurance and hope.

**REMEMBER!**

- Use developmentally appropriate language – generally, keep explanations simple, concrete, and fact-based.
- Be honest – Kids/teens with CKD often notice they’re not feeling well, but may not have the language or understanding of physiological processes to describe their experience. Learning accurate information about what’s happening in their body can help ease worries and empower kids/teens to be active participants in managing their disease.



### **DR. MEELIE DEBROY, MD, FACS**

Director, Pediatric Transplant Surgery Director, Living Donor Transplantation, Director, Transplant Surgery Fellowship Program, Director, Kidney Transplant Surgery Outreach and Vascular Access at UHCMC and Associate Professor within the Department of Surgery Division of Transplant and Hepatobiliary Surgery

## Living Donor Transplant

*Dr. Meelie DebRoy, MD, FACS*

A living donor kidney transplant is the removal of a kidney from a living donor and placement into a recipient whose kidneys are no longer able to function properly. Only one donated kidney is needed to provide enough function to take the place of the two failed kidneys.

Approximately one-third of all kidney transplants performed in the United States are living-donor kidney transplants. The rest involve receiving a kidney from a deceased donor – which can involve years of waiting on a list.

Compared with deceased donor kidney transplants, living-donor kidney transplants offer these benefits:

- Less time spent on a waiting list, which could prevent possible complications and deterioration of health
- Potential avoidance of dialysis altogether, if it has not been started
- Better long- and short-term survival rates
- A pre-scheduled procedure once your living donor is approved compared to an unscheduled, emergency transplant procedure with a deceased donor
- Living-donor kidneys almost always start working immediately after transplant compared with deceased-donor kidneys that may not work right away, requiring dialysis after transplant

The risks of living-donor transplant are similar to those of deceased-donor kidney transplant. They include the risks associated with the surgery, organ rejection and side effects of anti-rejection medications.

### **WHAT TO EXPECT**

A living donor can be a family member, friend or even a stranger! The National Kidney Foundation runs workshops called **“The Big Ask, The Big Give”** which provide patients with tools to start the conversation to find living donors. Both you and your potential living donor will be evaluated to determine if the living donor’s organ is a good match for you. Even if your donor isn’t a match, in some cases a successful transplant may still be possible by participating in the paired donation program. In paired donation, your donor gives a kidney to someone else with whom they are compatible. You will then receive a kidney from that recipient’s donor.

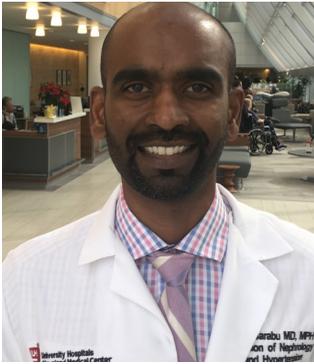
Once you have been matched with a living kidney donor, and both the evaluations are completed, the kidney transplant procedure will be scheduled. The recovery times and hospital stay for you and your donor may be different – talk to your transplant team to understand the details of the post-transplant process.

Living donor kidney transplants can last many years, usually longer than kidneys from a deceased donor. You will still need to take anti-rejection medications for the rest of your life to prevent your body from rejecting the new kidney. You will be closely monitored by the transplant team with a schedule for labs and visits to ensure that the transplanted kidney functions well – and to monitor any side effects from the anti-rejection medications.

For further information, visit the National Kidney Foundation website at [kidney.org/transplantation/livingdonors](https://www.kidney.org/transplantation/livingdonors) or call the Transplant Institute at University Hospitals at 216-844-3689.

# Kidney Transplant & Living Donation

Dr. Nagaraju Sarabu, MD



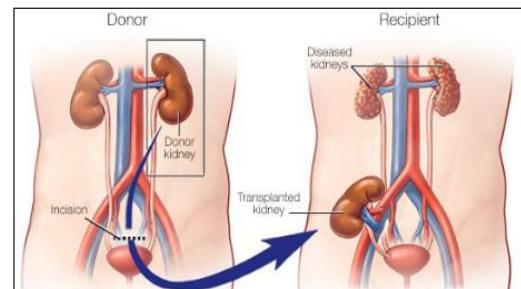
**DR. NAGARAJU SARABU, MD**

Nephrologist at UH Hospitals  
Transplant Institute



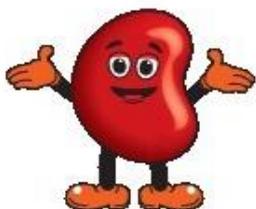
Since the first living kidney donation by Ronald Herrick to his twin brother in 1954, many hundreds and thousands of living kidney donations had occurred across the world, where donors, out of their good will, donated their kidneys to their loved ones or in some occasions even to anonymous patients with kidney disease. These donors are real life heroes because they donate a vital organ with no direct benefit to their own health.

**DID YOU KNOW?** Ronald Herrick, the first living kidney donor, who donated at age 23, went on to live a normal healthy life for over 50 years after donation. Studies focused on living donors have shown that living kidney donors outlive their general counterparts of same age, gender and race. Everyone may not be eligible for kidney donation, which is determined by a battery of tests, including blood, urine and radiological images and evaluation by specialists. Owing to this rigorous evaluation, individuals with pristine health are chosen to be donors and hence it is not surprising that kidney donors outlive general population counterparts.



Thanks to advances in transplant research and technology, a barrier of non-compatibility is now being able to be overcome through paired kidney donation, where two or more donor-recipients pair exchange living donor kidneys to facilitate compatible transplants. Surgical procedure of removing a kidney from living donor is mostly done through laparoscopic approach with three tiny incisions and another of a few centimeters long. Recovery after surgery includes a couple of days in the hospital and a few weeks at home, following which they resume their previous level of physical activity.

**DID YOU KNOW?** On average, transplanted patients live two to three times longer than those who stay on dialysis. While kidney transplant can be received from cadaver donors as well, waiting period to receive a cadaver donor can be up to six years, depending on blood type and other factors. Waiting = wasting, since research has shown that the longer someone does dialysis, the body takes a toll and compared to someone else who had shorter dialysis vintage, one with longer time on dialysis would do poorly, even after transplant.



Content Provided By: Dr. Nagaraju Sarabu, Living  
Donor Medical Director at University Hospitals  
Cleveland Medical Center



# BLOOD PRESSURE MEASUREMENT INSTRUCTIONS

**DON'T SMOKE, EXERCISE, DRINK CAFFEINATED BEVERAGES OR ALCOHOL WITHIN 30 MINUTES OF MEASUREMENT.**

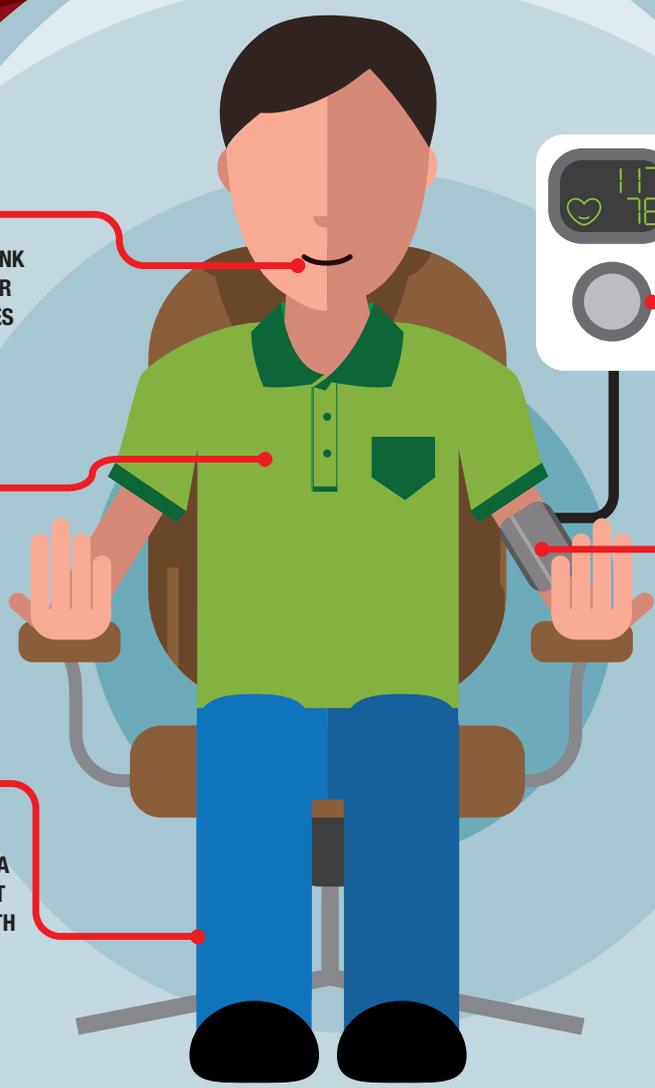
**REST IN A CHAIR FOR AT LEAST 5 MINUTES WITH YOUR LEFT ARM RESTING COMFORTABLY ON A FLAT SURFACE AT HEART LEVEL. SIT CALMLY AND DON'T TALK.**

**MAKE SURE YOU'RE RELAXED. SIT STILL IN A CHAIR WITH YOUR FEET FLAT ON THE FLOOR WITH YOUR BACK STRAIGHT AND SUPPORTED.**

**TAKE AT LEAST TWO READINGS 1 MIN. APART IN MORNING BEFORE TAKING MEDICATIONS, AND IN EVENING BEFORE DINNER. RECORD ALL RESULTS.**

**USE PROPERLY CALIBRATED AND VALIDATED INSTRUMENT. CHECK THE CUFF SIZE AND FIT.**

**PLACE THE BOTTOM OF THE CUFF ABOVE THE BEND OF THE ELBOW.**



# AKI Financial Assistance Guide:

## PRESCRIPTION ASSISTANCE CONTACTS

Rx Management Group  
866.996.1105

Rx Assistance Pros.  
855.201.0232

The Rx Advocates  
844.658.7861

Patient Assistance Prog.  
888.344.8915

## NATIONAL KIDNEY FOUNDATION

Email: [anna.tzinis@kidney.org](mailto:anna.tzinis@kidney.org)

Phone: 440.241.6780

Toll-Free: 800.242.2133

## OHIO HEALTH ODJFS (MEDICAID)

Call (614) 466-3543 Tell them where you live and they will direct you.

When you DO get your appointment with your County Office you will need to take this with you.

- 1.) Proof of income
- 2.) Mortgage and or Rent documents (How much are you paying out)
- 3.) All utility bills include all of your utilities some cable billing companies include your house phone line so don't forget that too. Include how much you are paying at the grocery store
- 4.) Include ANY and ALL medical bills, hospital, doctor, Eye doctor too
- 5.) Medications for the past year, have your pharmacy run a financial total of how much you are paying out of pocket for your medications, vitamins too
- 6.) If you are going to give your medication list to the caseworker use a permanent marker and line out the name of your meds (See Sample)
- 7.) If you have more than one person in your home include what you are paying for their medical needs and care too

## HOW DO I KNOW I NEED MORE INSURANCE?

If you are having to pay for medical needs like the 20% after a visit and deductibles to your plan that is not covered. If you have to pay for medications, then you need more insurance. Now, you may have a co-pay with your plan, but a minimal co-pay for your visits and medications is a lot better than \$100-\$1000 of dollars.

## TIPS AND POINTERS

A. This is a great starting point if you need insurance assistance visit [quote.firstquotehealth.com](http://quote.firstquotehealth.com) This is a great resource. Just type into the search link your zip code and they will guide you to an assistance program suitable to your needs. If you do not have a computer, your local public library will have one for you to use and will also have someone to assist you.

B). When you have an appointment with your Nephrologist don't forget to bring a few things to your appointment:

- 1) Photo ID
- 2) All of your Insurance Cards
- 3) A current list of any medicines
- 4) Any Co-Pay you are responsible for at your visit
- 5) If you the caretaker you will need to help the office and bring the items listed above with you

[quotes.healthcare.org/healthcare-marketplace](http://quotes.healthcare.org/healthcare-marketplace) This is a good resource if you do not have any insurance at all. It will go by your household income.



# NKF RESOURCES



## NKF CARES

Get help navigating the challenges of kidney disease, organ donation and transplantation.

**855.NKF.CARES**  
**nkfcares@kidney.org.**  
**English and Spanish available.**



## MY FOOD COACH

by NKF is designed to help you understand and manage all your nutritional requirements, especially if you have kidney disease or other dietary concerns. Download the FREE app My Food Coach or visit:

**foodcare.com/myfoodcoach/signin**



## NKF PEERS

You're Not Alone! Talk to someone who's been there. Speak with a trained peer mentor who can share their experiences about dialysis, transplant or living kidney donation with you.

**855.NKF.PEER**  
**kidney.org/patients/peers**



## WANT TO BECOME AN NKF ADVOCATE?

Join our network of advocates to make a difference for kidney patients. You can influence public policy relating to kidney health, organ donation, and transplantation through simple activities like emailing, calling or tweeting your legislators. For more information:

**advocacy.kidney.org/**



## THE BIG ASK: THE BIG GIVE

program leads to a conversation that can save a life. Whether you need a kidney or are considering donation, let us help you start the conversation.

**kidney.org/livingdonation**  
**844.2BIGASK**  
**bigask@kidney.org**



## FOR MORE NKF PATIENT AND FAMILY RESOURCES

**kidney.org/patients/resources**

# THE ADVANCING AMERICAN KIDNEY HEALTH INITIATIVE



Changing kidney disease policy has become a national priority.

On July 10, 2019, the President launched the Advancing American Kidney Health Initiative, taking the largest steps forward in U.S. history to support kidney care since the end-stage renal disease (ESRD), a program that began in 1973.

The President signed an Executive Order that directs the Department of Human Services (HHS) to take

bold action to transform how kidney disease is prevented, diagnosed, and treated within the next decade. NKF worked closely with the administration to develop the Initiative's priorities and strategy, as outlined in NKF's kidney policy blueprint.

The Executive Order is the second of several national efforts to better kidney care across the United States. In March of 2019, the Secretary of the United States Department of Health

and Human Services Alex M. Azar II, announced that the federal HHS will change the Medicare reimbursement payment methods to promote a shift towards home dialysis and kidney transplants for end stage renal disease (ESRD) patients. These are life-saving measures and life-changing for patients who undergo dialysis, in many cases, daily.



While our national team is at work executing this Executive Order and all the efforts of HHS, it is imperative that we do our part on the state level. Living organ donation, to save the life of an Ohioan, should not cause economic hardship and discrimination.

Living organ donors are some of the healthiest Americans and should not be penalized for their altruistic act to save the life of a friend or family member. Help us remove one barrier to living organ donation by passing House Bill 41.

This a 2-page bill is designed to prohibit an insurer from discriminating against a living organ donor based solely, and without any additional actuarial risks, on that person's status as a living organ donor.

Currently, the local staff is working alongside Representative Hambley, Rep. Hicks-Hudson, Chairman Brinkman and many other legislators to pass this Bill. The local staff also testified in front of the Ohio Insurance Committee back in March 2019 and reached out to 99 members of the Ohio House of Representatives to vote this bill out of the House Insurance Committee. To write letters to your legislator and support HB41 visit [advocacy.kidney.org/action-view/?sl=ohio-ldpa-alert-2019](https://advocacy.kidney.org/action-view/?sl=ohio-ldpa-alert-2019) or please contact **Anna Tzinis** at [anna.tzinis@kidney.org](mailto:anna.tzinis@kidney.org)



National **Kidney** Foundation®



## Patient Symposium

Everyday Heroes Living  
With Kidney Disease

FOR ADDITIONAL INFORMATION, PLEASE  
CONTACT THE NATIONAL KIDNEY  
FOUNDATION, SERVING NORTHERN OHIO:

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Fueled by passion and urgency, the National Kidney Foundation (NKF) is a lifeline for all people affected by kidney disease. As pioneers of scientific research and innovation, NKF focuses on the whole patient through the lens of kidney health. Relentless in our work, we enhance lives through ACTION, EDUCATION, and ACCELERATING CHANGE.