

- Beneficiaries who are eligible are enrolled and may start obtaining discounts and, if receiving the \$600, using these funds to purchase prescription drugs, as early as the first day of the following month.
- Individuals found to be ineligible for either the discount card or the \$600 may request a reconsideration if they continue to believe they qualify.

### Changing Approved Discount Card Programs

An eligible beneficiary can enroll in an approved discount card program at any time. After the initial election, the beneficiary will have the option, for 2005, of choosing a different card program during the annual coordinated election period, between November 15 and December 31, 2004. In addition a beneficiary may change cards during a special election period under certain circumstances, such as if the beneficiary has a change in residential status to a long-term care facility, a move outside of the area served by the beneficiary's approved program, or elects or disenrolls from a Medicare managed care plan.

### ESRD Network 13 Wishes you a Very Happy and Safe New Year!!!

#### OOPS!

Network 13 would like to acknowledge ESRD Network 16 and Michelle Ledeen, Quality Improvement Manager, for the Access article in our October newsletter.

#### Answers from page 4.

A	R	E	N	A	G	E	L	B	D	C	I	A
A	F	C	B	H	C	L	G	O	K	A	J	R
L	R	V	I	T	A	M	I	N	D	X	B	T
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G	F	N	P	H	O	S	P	H	O	R	U	S
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M	A	G	N	E	S	I	U	M	R	X	E	T
K	M	T	C	A	R	D	I	A	C	W	R	S
B	C	Z	E	M	P	L	A	R	O	B	N	Y



### KIDNEY CONCERNS NEEDS YOU!

*Kidney Concerns* is published quarterly by the Patient Advisory Committee of ESRD Network 13. The next edition is scheduled for SPRING/APRIL. To make this newsletter a success, we need your assistance. If you are interested in contributing to this newsletter, please send any articles, materials and/or ideas to:

**Kidney Concerns**  
 ESRD Network 13  
 4200 Perimeter Center Dr,  
 Ste 102  
 Oklahoma City, OK 73112-2314  
 1-800-472-8664  
<http://www.network13.org>

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## US NETWORKING FOR YOU . . . . YOU NETWORKING FOR US

**ESRD NETWORK 13**

4200 Perimeter Center Drive, Ste 102  
 Oklahoma City, OK 73112-2314  
 (405) 942-6000  
[www.network13.org](http://www.network13.org)

# KIDNEY CONCERNS

WINTER/JANUARY 2004

ISSUE 46

### New Years Resolutions

By: Patrick Murphy, LCSW, Patient Services Coordinator, ESRD Network 13

**What will you do this year to improve your dialysis health? How can you stick to it so it is successful? Take charge of the parts of your care under your control. Improved outcomes and quality of life should improve as a result.**

#### Achieving Success

Determined that this year you'll keep those New Year's Resolutions? Here are a few goal-setting tips to get you started!

**Don't Try Everything at Once!** There's a temptation, with the New Year, to run off a list of everything we've ever wanted to change. Don't fall for it! You'll have better luck fulfilling one or two goals than you will with a list of fifty. You can always add new resolutions to your list later. Take one thing at a time.

**Word it Carefully.** Let's say your resolution is to control fluids more in the coming year. Word this carefully. Try not to think of it as "This year I am going to not be fluid overloaded." That's a stress-inducer waiting to happen. It forces you into thinking of the resolution as something you must do, not something you want to do. Try to make it sound a little gentler: "This year I'm going to explore different ways of measuring and tracking my fluid intake between dialysis sessions." It also suggests more of a plan—you'll fulfill the resolution by experimenting with different techniques to measure fluid intake. The first resolution sounds as if you're going to force yourself to not to be fluid overloaded by sheer willpower.

**Make a Plan.** Once you know what your resolution is, try to break it down. Nobody accomplishes anything of significance by trying to do it all at once. This doesn't have to be a complicated plan; just brainstorm enough to give you a place to start.

For fluid intake, you might devise a plan like this:

- 1) Surf the Internet or ask your dietitian to find different patient education material on fluid control techniques.
- 2) Make a list of all the techniques that interest you.
- 3) Pick one of these techniques—pouring your allotted fluid intake in a pitcher and place in the refrigerator, for instance—and try one for a month.
- 4) Try a different technique every month until you find one you like.

**Write it Down.** Write down your resolution and your plan of action. Stick it up on the fridge, on your bathroom mirror, wherever you know you'll see it. That way you'll have a constant reminder of the resolution. You may want to change the wording as time passes and your goal changes.

## Dialysis and Support Group Starts in Northwest Oklahoma City

The second Tuesday of every month The Dialysis and Transplant Support group will meet at 7:00 PM at the Grace Presbyterian Church located at 11300 North Council Road in Oklahoma City. The church is located on Council Road between Hefner and NW 122<sup>nd</sup> Street. Patients, family members, friends and caregivers are invited to attend. The group will offer encouragement, motivation and education/information on renal disease and its impact on people and their families. The group will promote a positive attitude in learning, adjusting and improving the well being of persons affected by renal disease. John Borger, dialysis patient, and Micki McLemore, LCSW, dialysis social worker, will facilitate the group.

The first meeting of the group occurred on November 11, 2003. The meeting brought together kidney transplant, hemodialysis, peritoneal dialysis patients and their families for over an hour of information sharing in an informal and comfortable setting. In 2004 the group plans to have speakers and patients discuss different topics related to adjustment to dialysis, dietary changes and requirements for renal patients, types of dialysis options, financial resources, medication information, transplantation issues, travel and an open forum for other issues that are presented by group participants.

In the hurried world of the dialysis center, it is sometimes difficult to receive patient education and time to seek information or answers to questions. This support group provides you with the opportunity to learn and discuss the impact of renal disease on you and your family in a relaxed, caring environment. Mark your calendar and attend the next session. For further information about the support group contact Micki McLemore at 640-7949.

## A Summary of Bone K/DOQI™

By Susan Knapp, MS RD CSR LD

### What is K/DOQI™?

K/DOQI™ stands for "Kidney Disease Outcomes Quality Initiative". These are a series of guidelines written with the goal of helping professionals take the best possible care of their patients. The National Kidney Foundation created committees of experts to write these guidelines. They are based on numerous research and reference articles. While some are based strictly on proven data, some are "opinion-based". In other words, because there was not enough good research available, they were based on the opinion of the experts on the committee. Realize that these are guidelines only. These are very complex issues and your physician may feel that other considerations or goals are more important for you. The original groups of guidelines were: Vascular Access, Anemia Management, Hemodialysis Adequacy and Peritoneal Dialysis Adequacy. Later Nutrition Guidelines were added. Most recently Managing Dyslipidemias (high fat levels in the blood), Chronic Kidney Disease and Bone Disease Guidelines were released.

### How Does K/DOQI™ Affect You?

Your care-givers may be focusing or emphasizing certain things with you even more than before—such as being sure you receive enough dialysis, have a good albumin (nutrition), or keep your phosphorus level down.

### Bone K/DOQI™

The Bone Metabolism and Disease guidelines were published as a supplement to the American Journal of Kidney Disease, October 2003. They emphasize the importance of keeping a good phosphorus level

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Beginning in June, 2004, the discount cards will provide discounts off the regular cash price of prescription drugs. The cards are primarily intended for individuals without outpatient prescription drug insurance. The discount card program is not intended to be a prescription drug benefit, but rather a discount card program to help people until the Medicare drug benefit takes effect on January 1, 2006.

In addition, beginning in June 2004, Medicare will provide \$600 in 2004 and up to an additional \$600 in 2005 to Medicare beneficiaries whose incomes are not more than 135 percent of the poverty line (\$12,123 for single individuals or \$16,362 for married individuals in 2003 – these income levels will vary slightly for subsequent years) if they do not have certain other drug coverage. These funds will be provided through the Medicare-approved drug discount card in which the beneficiary enrolls. When applying the \$600 toward prescription drug purchases, beneficiaries at or below 100 percent of poverty will pay 5 percent coinsurance and beneficiaries above 100 percent of poverty will pay a 10 percent coinsurance. Since, on average, Medicare beneficiaries without prescription drug insurance would otherwise pay about \$1,400 in 2004, the discounts and \$600 in assistance, which many of them will be eligible for, will be of substantial help.

Private sector discount card programs that meet standards set by Medicare can qualify for a Medicare approval/endorsement to provide discounts. Medicare will make sure that beneficiaries have at least two choices of approved cards in each State.

CMS will provide information about the prescription drug prices offered by the approved discount card programs and other information about the Medicare-approved cards and other pharmacy assistance opportunities, through [www.Medicare.gov](http://www.Medicare.gov) and 1-800-MEDICARE. CMS plans to make this information available so that beneficiaries can make informed decisions about the options that best meet their prescription drug needs.

Medicare-approved discount card programs can charge a beneficiary an enrollment fee up to \$30 per year. Medicare will pay the enrollment fee for beneficiaries who qualify for the \$600. More information about this program can be found at [www.cms.hhs.gov/discountdrugs/](http://www.cms.hhs.gov/discountdrugs/).

## Eligibility for the Medicare-Approved Prescription Drug Discount Card & \$600

Drug Discount Card Eligibility: Medicare beneficiaries are eligible for the drug discount card program if they are enrolled under Part A or B, so long as the beneficiary is not receiving outpatient drug benefits through Medicaid, including 1115 waivers.

\$600 Eligibility: Beneficiaries are eligible for up to \$600 a year toward prescription drugs if their income is not more than 135% of the poverty line (\$12,123 for single individuals or \$16,362 for married individuals in 2003). Also, to qualify for these funds, beneficiaries must not be receiving outpatient drug coverage from other sources, including Medicaid, TRICARE, group health insurance or health insurance coverage, or FEHBP. Generally, once a person qualifies for the \$600, they are qualified until the new Medicare drug benefit begins.

## Enrollment Process

CMS has established a simple and convenient enrollment process.

- To enroll, the beneficiary will first select the discount card program that best meets his or her needs. The beneficiary will then submit basic information on an enrollment form to the selected approved discount card program about his or her Medicare and Medicaid status. If the beneficiary wants the \$600, he or she also must submit income and other information about retirement and other health benefits, and attest to its truthfulness.
- CMS will verify this information and notify the approved discount card program of the beneficiary's eligibility and enrollment outcome.

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### Apple Blossom Cake

- 1 egg
- 3 tablespoons vegetable oil
- 1 cup granulated sugar
- 1 teaspoon vanilla
- 1 cup flour
- 1 teaspoon baking powder
- ½ teaspoon cloves
- ½ teaspoon cinnamon
- ¾ teaspoon nutmeg
- 3 ½ cups tart apples, finely diced



Mix all ingredients together, in the order listed above. Pour batter into greased 8" square baking pan. Bake in preheated 350 degree oven for 50 minutes, or until done. Cut into 9 equal squares and serve.

9 Servings: 1 Serving = one 2 ½" X 2 ½" square

Each Serving contains:

Protein: 2 ½ grams; Potassium 2 mEq (78 mg); Sodium 1 ½ mEq (35 mg); Calories 202

Diabetic Serving:

1 Starch, 1 Low Potassium Fruit; 1 Fat; 1 Calorie supplement

Recipe from [Hillcrest Happy Kidney Kookbook](#)

Following is a Public Release from the Centers for Medicare & Medicaid Services (CMS)

## New Medicare Prescription Rule Changes for 2004 and the Impact on You as a Patient

### Medicare Prescription Drug Discount Card and Transitional Assistance Program

#### Overview:

The Medicare Prescription Drug Discount Card and Transitional Assistance Program was enacted into law on December 8, 2003 as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The Administration worked with Congress to provide this voluntary program to give immediate relief to seniors and disabled people covered under Medicare to help reduce their costs for prescription drugs now, before the new Medicare drug benefit is implemented on January 1, 2006. Today, Medicare beneficiaries without outpatient drug coverage pay among the highest prices for prescription drugs, as much as 20 percent higher than people who have drug coverage. Under the Medicare Prescription Drug Discount Card Program, CMS expects beneficiaries to save an estimated 10 to 15 percent on their total drug spending, with discounts of up to 25 percent or more on individual prescription drugs.

Starting in May, Medicare beneficiaries, except for those who have Medicaid drug coverage, will have the opportunity to enroll in a Medicare-approved prescription drug discount card, which will help to lower their prescription drug costs.



to prevent not only bone disease, but also the build up of calcium deposits in the soft tissue such as lungs, heart and arteries (calcification). Some problems that a high phosphorus or high parathyroid hormone (PTH) can cause include bone pain, bone fractures, muscle pain and an increased risk of death.

#### Summary of Some of the Bone K/DOQI™ Guidelines for Dialysis Patients:

- The goal for Phosphorus is 3.5 to 5.5 mg/dL.
- The goal for Calcium (corrected) is 8.4 to 9.5 mg/dL.
- The goal for multiplying Calcium X Phosphorus is 55 or less.
- Phosphorus should be limited in the diet to 800 to 1000 mg per day when phosphorus is 5.5 or more.
- Phosphate binders are needed if phosphorus is high while limiting phosphorus in the diet.
- Guidelines are given for how often to check blood levels of Calcium, Phosphorus, PTH and Aluminum.
- Suggested uses of the various types of phosphate binders are given, as well as the advantages and disadvantages of each of them. Types of binders include calcium carbonate (like Tums), calcium acetate (PhosLo), sevelamer HCl (Renagel), magnesium carbonate, and aluminum hydroxide.
- If the parathyroid hormone (PTH) level is high, the active form of Vitamin D should be given if the phosphorus and calcium levels are low enough. Vitamin D may also be needed to keep the PTH level at goal. Examples of the active form of Vitamin D are: Zemplar, Calcijex, Hectorol, and Rocaltrol.
- Parathyroidectomy (surgery to remove the parathyroid glands) may be needed if PTH levels stay very high in spite of treatment with the active form of Vitamin D.

#### Are Phosphorus and Protein Related?

All foods with protein have a significant amount of phosphorus in them. That is why it is a challenge to keep protein (albumin) level good while keeping phosphorus down. An interesting way of looking at the phosphorus is included in a table in the Bone KDOQI™ that lists how many mg of phosphorus are found per gram of protein. A selection of these plus a few additional ones are included in the following table. You probably have been advised to avoid those foods towards the top of the list. All foods contain other nutrients (such as sodium and potassium) that must also be considered. Always check with your dietitian regarding specific food choices.

Food	Mg of phosphorus per gram of protein
Biscuit, from mix	69.3
Sunflower seeds	53.7
Hot Fudge Sundae	40.5
Yogurt, non-fat	29.5
2% Milk	29
Walnuts	24.5
Cheese, Cheddar	20.7
Navy Beans	17.9
Beef Liver	17
Peanut Butter, Smooth	14.8





Food (Cont. from previous page.)	Mg of phosphorus per gram of protein
Egg, Whole	14.3
Franks, Pork & Turkey	13.1
Ham	12.6
Bologna	10.7
Cottage Cheese, Regular	10.6
Soybeans, Roasted	10.2
Sausage, pork	8.4
Beef, Sirloin	8.1
Turkey	7.5
Chicken (breast)	7.3
Pork Loin	6.6
Shrimp or Tuna	6.4
Non-fat cottage cheese	6
Egg Whites	1.4



References:

Clinical Practice Guidelines for Bone Metabolism and Disease in Chronic Kidney Disease, AJKD, Vol 42, No. 4, Suppl 3, October, 2003. [http://www.nal.usda.gov/fnic/cgi-bin/nut\\_search.pl](http://www.nal.usda.gov/fnic/cgi-bin/nut_search.pl) (Food and Nutrition Information Center)

Find the following hidden words related to renal bone disease:

- Zemplar,
- Calcijex,
- Calcium,
- Phosphorus,
- Parathyroid,
- VitaminD,
- Bones,
- Muscles,
- Itching,
- Fractures,
- Heart,
- Lungs,
- Arteries,
- Cardiac,
- Tums,
- PhosLo,
- Renagel,
- Ca X P,
- Deposits,
- Aluminum,
- Binders,
- Magnesium,
- Calcification,
- PTH.

A	R	E	N	A	G	E	L	B	D	C	I	A
A	F	C	B	H	C	L	G	O	K	A	J	R
L	R	V	I	T	A	M	I	N	D	X	B	T
U	A	P	N	U	L	U	T	E	F	P	E	E
M	C	H	D	M	C	S	C	S	P	Y	P	R
I	T	O	E	S	I	C	H	E	A	R	T	I
N	U	S	R	B	F	L	I	O	W	H	H	E
U	R	L	S	M	I	E	N	C	L	P	Z	S
M	E	O	N	E	C	S	G	W	R	U	A	D
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U	P	A	R	A	T	H	Y	R	O	I	D	P
N	C	A	L	C	I	J	E	X	A	S	I	O
G	F	N	P	H	O	S	P	H	O	R	U	S
S	U	X	G	V	N	S	D	O	V	I	J	I
M	A	G	N	E	S	I	U	M	R	X	E	T
K	M	T	C	A	R	D	I	A	C	W	R	S
B	C	Z	E	M	P	L	A	R	O	B	N	Y

Answers on page 8.

Chili Con Carne

- 1 lb. lean ground beef
- 1 cup chopped onion
- ½ cup chopped green pepper
- 6 oz. no-salt tomato paste
- 2 tablespoons chili powder
- 1 teaspoon garlic powder
- ½ teaspoon ground cumin
- ½ teaspoon paprika
- 1 quart water



In a large pot, brown the ground beef. Drain fat. Add onion and green pepper. Cook until onion is transparent. Add remaining ingredients and simmer 1 ½ hours. Before serving, measure chili and add additional water to make 5 cups. Heat through. Serves 5. 1 cup per serving.

Renal and Renal Diabetic Exchanges: 3 Meat, 2 Medium Potassium Vegetable

Recipe from Living Well on Dialysis Cookbook

Hot German Cabbage

- Ingredients:
- 2 tablespoons sugar
  - 1 tablespoon minced onion
  - ½ teaspoon caraway seed
  - ½ teaspoon dry mustard
  - ¼ teaspoon pepper
  - 3 tablespoons vinegar
  - 2 tablespoons margarine
  - 4 cups shredded red cabbage
  - 1 cup unpeeled diced green apple



Directions:  
Combine sugar, onion, caraway seed, dry mustard, pepper and vinegar in a bowl. Mix well and set aside. Melt margarine in a large skillet. Saute cabbage and apple in skillet over medium heat for 3 minutes. Stir in vinegar mixture and simmer over low heat for 5 minutes, stirring occasionally, until cabbage is tender. Serves 6. 2/3 cup per serving

Renal and Renal Diabetic Exchanges: 1 Medium Potassium Vegetable, 1 Fat  
Analysis: Calories – 77; Carbohydrates – 9 g; Protein – 1 g; Fat – 4 g; Sodium – 36 mg; Potassium – 128 mg; Phosphorus – 26 mg.

Recipe from Living Well on Dialysis. A Cookbook for Patients and Their Families

Zesty Pork Sausage

- 1 lb. coarsely ground pork
- ¼ tsp. black pepper
- 1/8 tsp. basil
- ¼ tsp. sage
- 1 tsp. fennel seed\*



Mix together thoroughly in bowl. Cover and refrigerate overnight. Divide into 3 ½ to 4-ounce portions and make into patties. Fry patties and drain well.

4 Servings: 1 Serving = 3 oz. Patty (cooked weight)

Each Serving contains: Protein 21 grams, Potassium 9 mEq (351 mg); Sodium 2 mEq (46 mg); Calories 279

Diabetic Serving: 3 Meat, 1 Fat

\*Note: More fennel seed makes a spicier sausage!

Recipe from Hillcrest Happy Kidney Kookbook

