

# OUTReach

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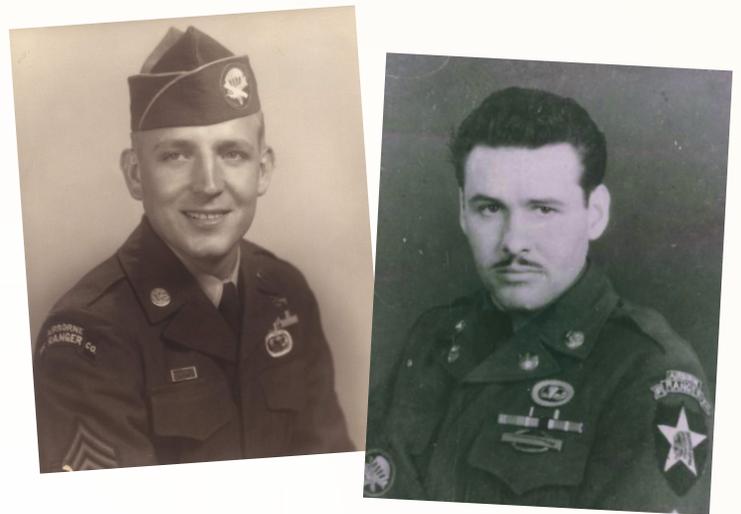
## A Friend's Kindness Leads to Living Kidney Transplant

Circumstances beyond her control have shaped Dorothy Krummel's life, for better and worse. Yet, the bigger picture has worked in her favor and unexpected individuals have carried her through her darkest moments.

Dorothy's story begins before she was even born, when her 18-year old father, Robert J. Safran, enlisted in the military as an Army Airborne Ranger. Private Safran served in the First Airborne Ranger Company along with his friend, Private Wayne Sharpe. At one point during the war in Korea, Sharpe was injured and bleeding profusely on the battlefield and had to be transferred to a med station. A direct donor-to-recipient, in-line, transfusion was needed to save Sharpe's life. Safran, with his A+ blood type, volunteered to be his donor.

The bond between Safran and Sharpe continued well beyond war time. As both men returned home, each married and had daughters. The two families became friends. They stayed in touch, often meeting and reminiscing at Ranger conventions.

Unexpectedly, in 2008, Dorothy found herself fighting for her life in a sterile hospital environment. She was told by doctors that, among other things, she was experiencing acute kidney failure. The medical team was able to provide emergent dialysis to Dorothy and help her recover 38% of her kidney function. While Dorothy was grateful to the medical team for saving her life and restoring partial kidney function, she understood that she would continue to battle the threat of kidney failure. Her life was forever changed.



Private Safran (L) saved Private Sharpe's (R) life with a direct donor-to-recipient, in-line, transfusion.

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+ more! 1

## Living Kidney Transplant Kindness (continued)



Dorothy (L) smiles in a selfie with her living kidney donor Melissa (R).

Dorothy left the hospital and returned to Florida to work at her cousin's family-owned zoo, Dade City's Wild Things Zoo. Dorothy's life revolved around the zoo. Yet, in the back of her mind, Dorothy wondered about her diabetes, Lupus and impending kidney failure.

In 2015, Dorothy wasn't feeling well. In a three day span her glomerular filtration rate (GFR), that indicated how well her kidneys were working, had dropped from 15% to 8%. She knew the time

had come where she'd have to make a decision about kidney treatment. She decided to pack all of her things and head to her mother's house in Columbus, Georgia, to be more accessible to Emory University Hospital where she'd begin working toward a transplant. During the difficult time of packing, Melissa Sharpe, Private Sharpe's daughter, reached out to Dorothy. She refused to let Dorothy make the drive on her own. It was during that journey that Melissa told Dorothy she wanted to be her living kidney donor.

Dorothy was humbled and honored by Melissa's offer to provide her with a kidney. In September of 2015, Dorothy contacted Emory's Living Donor Kidney Transplant Program and scheduled the beginning of many appointments. The typing and matching test results showed that that Melissa's kidney was a 98% match, which is unheard of in non-related donors. The medical team believes that the in-line transfusion between their fathers years ago may have played a role in the compatibility and this will be researched in the future.

While waiting to schedule her transplant, Dorothy needed dialysis. She visited one dialysis provider and then moved to Dialysis Clinic, Inc.

(DCI). She was appreciative of the wonderful dialysis team that kept her going, especially the social worker. Yet, she admitted that being on dialysis was very hard. She would start her four hour treatment and count down until it was time to leave.

Thankfully, September 22, 2016, Dorothy was scheduled for her kidney transplant. The surgery was to take place at Emory University Hospital with recovery at the Mason Guest House. Melissa received support from the American Kidney Fund (AKF) to help with transportation cost to the hospital and the stay at the Mason Guest House. All plans were in place. The surgery was scheduled. It was a success!

Dorothy reports that when her new kidney was grafted in, it began to make urine immediately.

"When I woke up after the transplant, I knew I was alive again," said Dorothy. "I stood up and had no chest pain. I felt so good."

*"The medical team believes that the in-line transfusion between their fathers years ago may have played a role in the compatibility."*

Dorothy and Melissa are planning to write a book detailing the events of their fathers' experiences and how it has impacted both of their lives. They intend to sell the book to raise money for living organ donation.

"My donor lovingly gave me life," said Dorothy. "I'm going to forever advocate for organ donation."

On the battlefield, one friend reached out and restored life for another. That kindness manifested into a daughter's desire to donate life. While it's not always immediately obvious, every act of kindness continues the cycle of hope.

## An Interview with Dr. Robert Taylor, new Music City ESCO CMO, Senior Medical Director of REACH Kidney Care

### **Q: Of all the medical fields, why did you choose nephrology?**

A: In medical school, I found that the nephrologists often had a better understanding of the overall health of their patients. I also really liked that a nephrologist has the opportunity to take care of his or her patients for an extended period of time. I enjoy getting to know patients and their families, from diagnosis to ESRD or transplant.

### **Q: What is your primary responsibility as an ESCO Chief Medical Officer?**

A: One thing I love about my role is that I get to help DCI transform from a dialysis organization to a kidney health organization. It has been a real pleasure working on a model of care that keeps our patients healthier and out of the hospital. My primary responsibility is to continue innovating within the model of care and programs that we can put in place to help keep our patients' healthy and off dialysis. Additionally, one of the focuses of REACH is to increase the number of transplants for our patients, especially pre-emptive transplants. If a transplant or dialysis is not what the patient chooses, I want to help the patient understand that medical management without dialysis is an option. Part of the role of the REACH team is to ensure the patient has appropriate community support and resources available.

### **Q: In your opinion, how is the ESCO model beneficial to people with kidney disease?**

A: Unfortunately, in the traditional care of patients with ESRD, healthcare providers have not collaborated well to address the overall health of the patient. The introduction of care coordinators as a primary resource for patients has dramatically changed the care of patients with ESRD. Now, communication is carried across multiple providers and over episodes of care. The outcome is that the patient benefits from having additional resources and care coordination.

### **Q: How have you seen innovation in kidney care benefit your patients?**

A: At DCI, our care focuses on patient-centered decision making. DCI partners with the best available resources in the community to educate patients about their options. Then we ensure that the patient decision is supported. DCI is leading the charge in innovation from a technology, communication, personnel and organizational perspective. With REACH Kidney Care and the ESCOs, we hope not only to increase the health literacy of our patients, but also to raise the awareness of the scope of kidney disease in the US.



### **Q: What is your vision for the ESCO programs in 2017?**

A: Early indicators reveal that focusing on coordinated care is paying off for the patient. We're seeing decreased hospitalization rates and shorter lengths of stays for our ESCO patients. Additionally, patients are starting dialysis in a more organized manner, and in a healthier state, and our Medication Therapy Management program is playing a significant role in improving patient outcomes. Moving forward, I want to focus on how we address end-of-life, palliative care, and mental health.

### **Q: To someone in the early stages of kidney disease, what is a key action to take to delay the need for dialysis?**

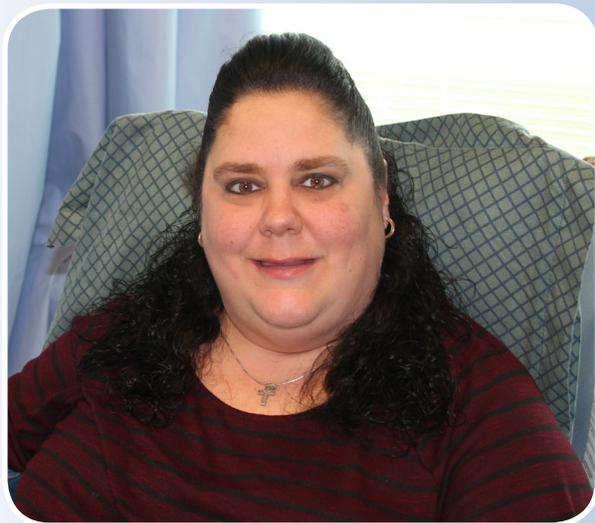
A: Be an active participant in your care. Many of the improved outcomes we see in REACH Kidney Care are due to a better understanding of how caring for your diabetes, hypertension or diet play a dramatic role in decreasing the chances that you'll need dialysis.

### **Q: Outside of the office, you'll most likely find me...**

A: Exercising or relaxing with my wife Becky, and children, Jacob and Annie.

# Dorothy's Story: A Decade of Battling Kidney Disease

## Metropolitan Kidney Care Alliance Patient Spotlight



Nine years ago, Dorothy Bradley-Gonzalez's doctor told her if she had her baby, one of them wasn't going to make it. Dorothy had several health issues that made her pregnancy high risk, one of those being the threat of kidney failure, but she was determined to have her child.

"God gave me my baby, anyway," she said with pride. Yet, her kidney disease journey had just begun.

Since that meeting with her doctor, Dorothy managed to keep her glomerular filtration rate (GFR), or kidney function, around 22%.

In 2015, Dorothy's GFR started declining. She knew it was time to begin educating herself about treatment options for kidney failure. Her kidney doctor referred her to the local REACH Kidney Care program. There she met care coordinators, Karen Nugent and Kathy Searson, who began to teach her about kidney disease, diet, and treatment options that would fit her goals and lifestyle.

"One of the best things about the REACH Kidney Care team is that they understood my thirst for knowledge throughout the entire experience," said Dorothy.

Meeting with the REACH team helped Dorothy to incorporate exercise and new recipes into her family's life. As a person with kidney

disease, she learned the importance of cutting back on foods high in potassium, like potatoes and milk.

In November, her REACH team helped coordinate her access surgery. Dorothy understood that when the time came to start dialysis she needed to be prepared. She had a fistula placed in her arm for hemodialysis treatments. Soon after, Dorothy said she began feeling the effects of the kidney disease. When it became difficult for her to climb up and down the stairs in her home, she knew it was time to start dialysis. Dorothy began in-center hemodialysis at DCI Freehold in January 2016.

Her REACH Kidney Care coordinators stayed with her during this next step in her dialysis journey. "My care coordinator, Karen, told me everything I needed to know," she said. "When I began dialysis, Karen taught me about the machine. And, the technicians at the dialysis clinic walked me through the process every time because they knew I wanted the details."

After spending time on in-center hemodialysis, Dorothy began to re-evaluate her needs. She began thinking about the possibility of switching to home peritoneal dialysis.

"With peritoneal dialysis, I can go back to work and I can spend more time with my family. I can pack up my machine and fluids and travel again if I want."

"With peritoneal dialysis, I can go back to work and I can spend more time with my family. I can pack up my machine and fluids and travel again if I want," explained Dorothy.

*Story continued on next page.*

## **Dorothy's story (continued)**

After meeting with her care coordinators again, Dorothy had a peritoneal dialysis catheter placed. Peritoneal dialysis is not the last stop on Dorothy's kidney disease journey. She views dialysis as a short-term solution and a kidney transplant as the long-term solution.

"I usually just share recipes on Facebook," she said. "But lately, I've been thinking... I'm going to put my 'ask' for a kidney out there on social media." She hopes that she'll find a match on social media, because her husband and siblings are unable to donate to her.

REACH Kidney Care is committed to helping Dorothy live her best life. There are many treatment options for kidney failure. And, with a team to support you, there is hope for living the life you want to live. •

## **Nila's Kidney Dream Walk**

*Nila's Kidney Dream Walk raised \$3,055 for the National Kidney Foundation*

Nilarosa Munawar touched many lives during her time at DCI Faulkner. Whether she was checking in with a patient or providing nutritional counseling, Nila had a special way of showing her support to the hopes and goals of each dialysis patient in the clinic.

As a dietitian, Nila provided essential dietary counseling in the clinic. Her passion for both her profession and patients was evident in all of her actions. Last year, DCI Faulkner Home program won the DCI Darwin Peterson Award, which Nila was instrumental in helping to achieve.

In 2015, Nila also spearheaded a new outreach opportunity for the first time at DCI Faulkner. She recruited patients and coworkers to join her at

the National Kidney Foundation's Boston Kidney Walk. As team captain, Nila made it her mission to educate and encourage patients and community members to learn more about their kidney health.

"Nila was so involved in our community and listened to each and every patient. She offered sound counsel and advice for patients on what to do to best take care of themselves," said Abigail DeMille, LCSW, social worker at DCI Faulkner. "Nila was always supportive and always helping. I felt that the world was a better place with her in it."

The kidney walk had a special place in Nila's heart. This year, about 15 patients and staff walked in Nila's honor. Abigail shared that one patient walked again this year

specifically because Nila had encouraged him to participate and he cherished their memory from the walk together in 2015.

"It was a completely unifying experience," said Abigail. "Patients really wanted to participate, and we found that it was a special time where we could all come together, instead of being a 'patient' or a 'clinic employee'. We were all unified by the same purpose, to honor Nila's life."



*Team Nila consisted of about 15 DCI patients and staff from the area.*

## Looking for a delicious and nutritious main dish?

Try our kidney-friendly slow turkey meatloaf!

### Directions

- Mix ground turkey, vegetable oil, egg, oats, onion, garlic, and black pepper and form into a loaf shape.
- Cross two strips of parchment paper along bottom and sides of slow cooker (making an X) to form a "sling" for the meatloaf. Place the meatloaf onto the parchment.
- Mix the vinegar, sugar and mustard together and spread onto top of meatloaf.
- Cook on low for 8 hours.
- Once cooked through, remove from slow cooker by lifting the four strips of parchment.
- Slice into pieces and serve.



FIND THIS RECIPE AND MORE AT  
[WWW.DCIINC.ORG/RECIPES](http://WWW.DCIINC.ORG/RECIPES)

### Ingredients

- 1 1/2 lbs. ground turkey (93% lean)
- 1 T. vegetable oil
- 1 medium egg, beaten
- 1/2 c. oats
- 1/2 c. diced onion
- 1 garlic clove, minced
- 1/2 tsp. black pepper
- 1 T. balsamic vinegar
- 1 tsp. prepared mustard
- 1/4 c. brown sugar

## A MESSAGE FROM

**Reach MTM**<sup>SM</sup>  
Real Engagement Achieving Complete Health  
Medication Therapy Management



## DON'T PROCRASTINATE! VACCINATE!

Flu season can start as early as October and as late as May. According to the Center for Disease Control, a study from 2012-2013 found that flu vaccination prevented about 6.6 million illnesses and approximately 80,000 hospitalizations.

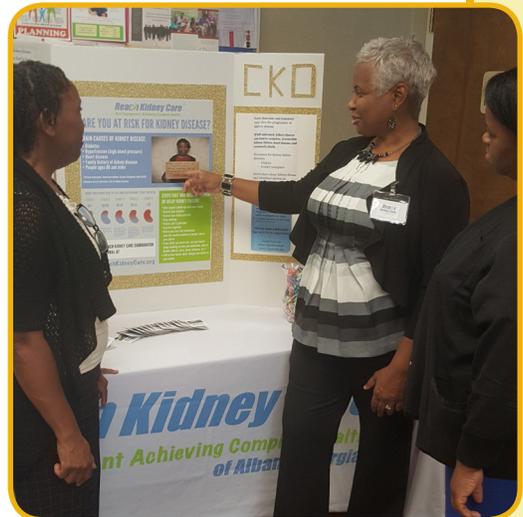
**Common symptoms of the flu include fever, chills, runny nose, and muscle aches.** For patients with chronic kidney disease and for patients undergoing dialysis treatments, the flu can be dangerous because they are at a higher risk for infections. **Additionally, patients with impaired kidney function who get the flu experience more severe and life threatening infections.**

The easiest way to prevent the flu is getting the flu shot every year. You can also protect against the flu by practicing everyday preventive actions: wash your hands with soap frequently; use alcohol-based hand rub; and avoid close contact with sick people. Further protection is to routinely clean surfaces and avoid touching your eyes, nose and mouth to reduce the spread of germs. If you do get the flu, avoid spreading it by staying at home and getting plenty of rest and fluids.

**Remember, don't procrastinate! Vaccinate!**

# THREE WAYS YOU CAN IMPACT YOUR COMMUNITY THROUGH KIDNEY DISEASE EDUCATION

Sharon Cooper, REACH Kidney Care coordinator in Albany, GA, knows about community involvement. This summer, she and her team participated in six community events! Of the experience, Sharon said, "Community outreach has impacted our program profoundly. At first, I was surprised by the lack of knowledge about high blood pressure and diabetes in our community. Because of this, we encourage everyone we meet to talk with their doctor and look at their lab results. Discussing the risk factors for kidney disease and emphasizing the importance of self-care are two of the biggest ways we can impact our community. We teach people that the earlier they detect kidney disease, the earlier they slow down the progression of it."



Kidney Day at the Capital provided renal healthcare workers the opportunity to advocate for patient needs, such as transportation and dental care. Stephanie Sutherland, REACH Kidney Care coordinator of Columbia, MO, attended along with some DCI staff. "It was a great learning opportunity for me," she shared. "I was able to meet with other seasoned professionals to discuss how we could collaborate to help meet the needs of kidney patients. Participating in outreach like this is a great way to let healthcare providers and patients know about REACH services offered in their area. Healthcare professionals think the REACH program is great, but more importantly, the patients who hear about it and later make an appointment, feel it is invaluable."



Glenda Gary, REACH Kidney Care Coordinator in Montgomery, AL, spoke at the monthly MACOA (Montgomery Area Council on Aging) meeting this October. The MACOA group is made up of men and women aged 55 or older. "I was given the opportunity to inform this group about the services we provide and how clients are referred to REACH," she shared. "Community outreach has impacted my REACH program by providing me the opportunity to plant seeds of information to diverse groups of people. I enjoy educating people about the 'world' I have worked in for 28 years. Unless people are affected by kidney disease they seem to know very little. If I can make a difference in one person's life by helping them to manage their chronic disease and avoid dialysis, then I have truly made a difference."



## TRICKS TO MANAGE YOUR TREATS THIS HOLIDAY SEASON

Many people see the holiday season as an opportunity to eat, or overeat, lots of sweet things. Beginning on Halloween (one study found the average trick-or-treater to consume up to 7,000 calories on Halloween alone – *the same as eating 13 Big Macs!*) and moving through Thanksgiving and Christmas, the holidays remain a tricky temptation for many.

For people with kidney disease trying to monitor their phosphorous, or for those who may be monitoring their blood sugar due to diabetes, this is one of the toughest times of the year to practice self-discipline.

With that in mind, here are four tricks to help you with your treats this holiday season:

### KEEP A FOOD DIARY.

If you are planning to indulge in a small, sugary treat this Halloween, you will need to cut sugar in another meal that day to keep your daily intake balanced. The easiest way to do this is to keep track of what you're eating throughout the day in a diary or app. Many smartphone apps will even calculate and keep tabs on the nutritional facts for you. [www.MyFitnessPal.com](http://www.MyFitnessPal.com) contains a food diary that tracks calories, carbs, fat, protein, sodium and sugar.

### EAT BALANCED MEALS.

Dessert or carbohydrates should not count as a primary meal. A well-balanced meal includes 3-4 servings of carbohydrates,



CHECK OUT OUR TREAT GUIDE ON THE NEXT PAGE!

3-5 ounces of meat and non-starchy vegetables. It is important to space your meals throughout the day, and avoid eating right before bed. Speak with a dietitian regarding your needs. Need access to a dietitian? Visit [www.ReachKidneyCare.org](http://www.ReachKidneyCare.org) to see if a program is in your area.

### TRADE THE CHOCOLATE AND NUTS IN FOR SUCKERS.

If you know you're going to be handing out candy this year (and maybe eating some yourself) replace the chocolate with low-sugar candy. Some low-sugar candy options include lollipops, jelly beans and candy corn. In addition, candies or foods with nuts and peanut butter are often high in phosphorous. Be sure to check the nutritional label and serving size on the candy labels.

### SKIP THE KING-SIZE CANDY BARS.

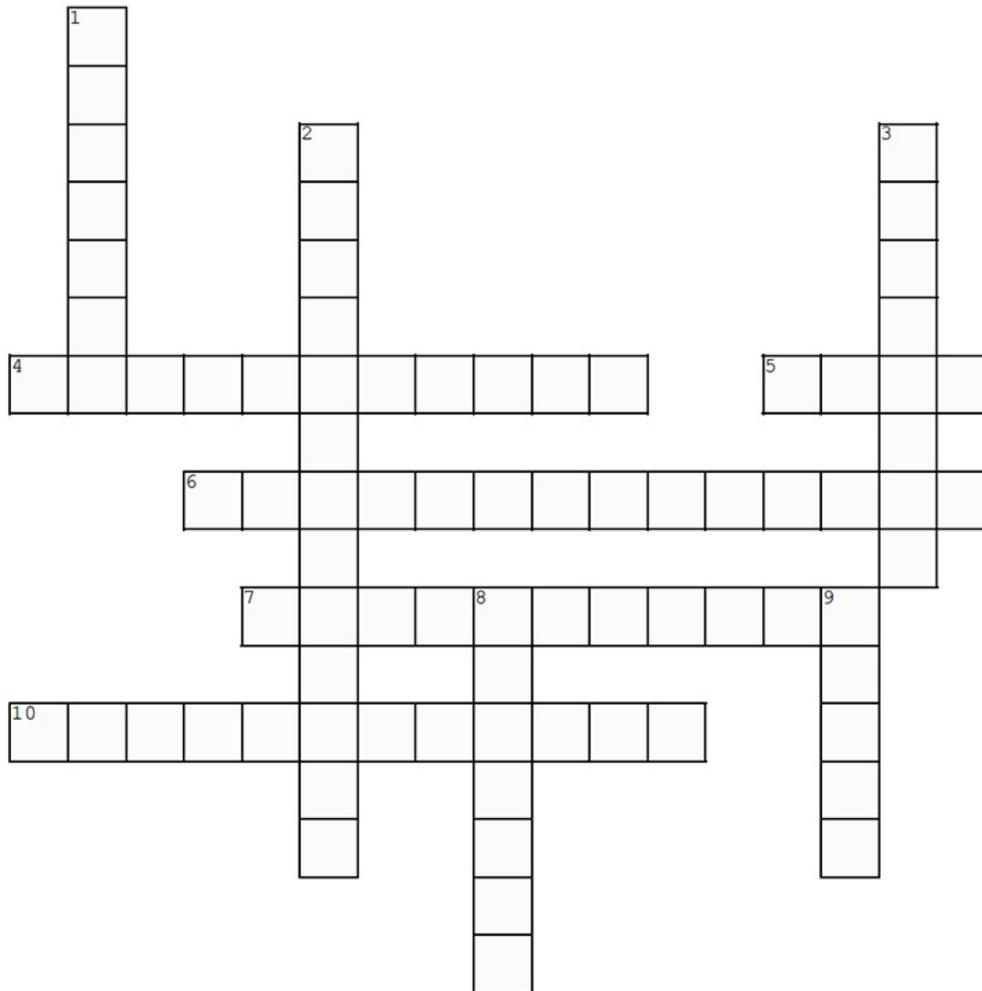
A Hershey's kiss has 80 calories and 8 grams of sugar. A king-size Hershey's bar has 370 calories and 41 grams of sugar. You're more likely to eat the whole thing if you have it on hand, so skip the king-size and go with the fun-size.

# HOLIDAY TREAT SURVIVAL GUIDE

TREAT	POTASSIUM (MG)	PHOSPHORUS (MG)
Lollipop	0	0
Lifesavers	0	0
Candy corn ( 1 4 C)	2	3
Taffy (.5 oz)	1	0
Skittles (2.3 oz)	3	1
Starburst fruit chews (6)	1	4
Gumdrops (10 small)	2	0
Jelly beans (10 large)	10	1
Toffee (.42 oz)	6	4
Apple cider (from mix)	1	27
York Peppermint Patty (1.5 oz)	49	40
Glazed doughnut	42	58
Milky Way (snack size)	43	29
3 Muskateers (2.13 oz)	80	55
Cherry Nibs (1 oz)	18	88
Brownie (1 large square)	83	57
Chocolate cake doughnut	64	97
Almond Joy (1.7 oz)	120	69
Mounds (1.9 oz)	111	64
Twix (2 oz)	115	68
Kit Kat (1.5 oz)	126	73
M and M's (1.69 oz)	128	72
Caramels (6 pieces)	152	81
M and M' s peanut (1.74 oz)	169	93
Raisinettes (1.58 oz)	231	65
Butterfinger (2.1 oz)	230	79
Baby Ruth (2.1 oz)	238	91
Snickers (2.1oz)	206	113
Reeses Peanut Butter cup (2)	176	120
Pumpkin pie (1 slice)	288	152
Homemade hot cocoa (1C)	492	262
Pumpkin seeds ( 1/4 C)	457	665

# NOVEMBER IS NATIONAL DIABETES MONTH

Print this page and challenge yourself to see what you know about diabetes, the leading cause of kidney failure.



## Word Bank:

Diabetes  
Glycemic Index  
Prediabetes  
Glucose  
Carbohydrates  
Insulin  
Diet  
Sugar  
Nephropathy  
Hypertension

### Down

1. The simple sugar that is the chief source of energy.
2. The body makes glucose from three elements of food: protein, fats, and \_\_\_.
3. Nearly 29.1 million Americans have \_\_\_, a serious disease in which blood glucose levels are above normal.
8. \_\_\_ is a hormone made by the pancreas that regulates your blood sugar level from getting too high or low.
9. High levels of \_\_\_ make the kidneys filter too much blood. All this extra work is hard on the filters.

### Across

4. Diabetic \_\_\_ is damage to your kidneys caused by diabetes.
5. Balancing your \_\_\_ with exercise and medicine (if prescribed) can keep your glucose in a healthy range.
6. A ranking of carbohydrate-containing foods, based on the food's effect on blood glucose.
7. Before people develop Type 2 diabetes, they usually have \_\_\_, which means their blood glucose levels are higher than normal, but not yet high enough to be called diabetes.
8. 2 out of 3 adults with Type 2 diabetes also have \_\_\_, a condition in which the arteries have consistently elevated blood pressure.

# Flaws in the Dialysis PATIENTS Demonstration Act

## IF I DON'T LIKE THE CARE I'M RECEIVING FROM MY DIALYSIS PROVIDER IN THE DEMO, CAN I OPT OUT AT ANY TIME?

No. A patient originally has 75 days to opt-out. After that point, you will have to wait one year to leave the program, unless ESRD is no longer your primary disease.

**Send a letter of opposition to your congressmen and senators at [www.dciinc.org/DPDA/](http://www.dciinc.org/DPDA/)**

## DOES THIS BILL INCLUDE WAYS FOR ME TO DELAY OR PREVENT DIALYSIS?

Unfortunately, the Dialysis PATIENTS Demonstration Act does not include chronic kidney disease care, transplantation, or medical management for ESRD patients.

## WILL THE DIALYSIS PATIENTS DEMONSTRATION ACT DIALYSIS PROVIDER BE ABLE TO CHANGE MY CARE?

Because they will be acting like an insurer, they can decide which providers, including your doctor, are in-network or out of network. If out-of network, you may pay more than if they are in-network.

## CAN I STILL VISIT MY NEPHROLOGIST OF CHOICE?

During original enrollment, you will need to see if your doctor is included in the network. If he/she is not included, you may have to pay out of network fees. The next year you may be offered a narrow "Preferred" network that may not include your current providers.

AT FIRST GLANCE, THE DIALYSIS PATIENTS DEMONSTRATION ACT APPEARS TO BENEFIT PATIENTS.

HOWEVER, UPON CLOSER INSPECTION, THERE ARE CONCERNS THAT PATIENTS NEED TO CONSIDER.

Under the provisions in the Dialysis PATIENTS Demonstration Act, **patient choice is limited** and the legislation fails to provide patients, at a time of great personal duress and health concern, adequate time to make a reasonable decision on their care.

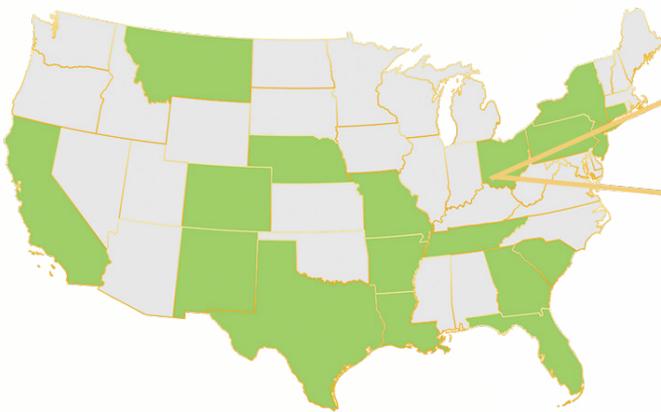
We also have concerns that patients do not have the option to depart the model they have been assigned to whenever they choose based on any concerns about the quality of care they are receiving. In addition, there is a risk of disruption in the patient-physician-clinic

relationship with closed networks, as proposed in the legislation.

The Dialysis PATIENTS Demonstration Act fails to address three critical aspects of kidney care including chronic kidney disease, transplant, and end of life care. Without these pieces included in the model, we are not providing patients with the best care options. Inclusion of these pieces is necessary in order to truly provide integrated care throughout all phases of the disease and achieve savings in the Medicare program.

# REACH Kidney Care is now following 4,000+ patients with chronic kidney disease in 27 programs across the U.S.

REACH Kidney Care continues to be DCI's fastest growing program. Of patients followed in January - October 2016, 62.9-percent of patients are in stages 1-3 of chronic kidney disease (CKD). Of the 23 million Americans who suffer from CKD, only 7% know that they have kidney disease by stage 3. Take a look below at our interview with the newest REACH team established in Cincinnati, Ohio.



## REACH of Cincinnati

Established: June 2016

- Maria Sims, MSN, RN, CKD Care Coordinator
- Gloria Bissler, RD, LD
- Lisa Sorn, MS, RD, CSR, LD
- Debra Muchmore, MSW, LSW, NSW-C

"Our vision for the Cincinnati REACH Kidney Care program is for every patient that comes in to the office to walk out feeling less afraid, more empowered, and encouraged to take the steps needed to prolong their kidney function. I hope to reach as many patients as possible and provide a safe haven for them and their family. The discussions in the REACH Kidney care offices often go far beyond simple education. I find that a listening ear is what these individuals thrive on and need in order to begin accepting their disease process and move toward a better quality of life."

- Maria Sims



Left: Gloria Bissler, RD, LD  
Right: Maria Sims, MSN, RN



Left: Lisa Sorn, MS, RD, CSR, LD  
Right: Debra Muchmore MSW, LSW, NSW-C