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Dialysis Patients in Rural California Need Better Access to Care

By Susie Soares-Phillips RN CNN
Regional Director of Operations
Satellite Healthcare

and

By Alex Dellon
Director of Hospital Services
Satellite Healthcare

In 1984, a California man perished in a car accident en route from rural Sonora to a dialysis center in Modesto, more than 50 miles away. It was a trip he made several times a week because he required routine treatment for End Stage Rental Disease (ESRD) and there were no dialysis centers closer to home. The following year, a small not-for-profit dialysis center opened its doors in Sonora with the aim of helping to prevent this kind of tragedy from occurring again. Today, the center serves 54 patients and has a record-long waiting list of 11. Those 11 individuals have the option of making that same costly and time-consuming trip to one of a handful of modern centers in Oakdale and Modesto; undertaking home hemodialysis which requires rigorous compliance and has been found to have a higher mortality rate in rural populations[i]; or forgoing dialysis treatment altogether.

Thousands of people across rural California, and the country, face the same choice. About 3.8 million Californians – one in ten – live with Chronic Kidney Disease[ii] (CKD), and 50,000 with ESRD, the latter stage of the disease, are undergoing dialysis treatments. While 13 percent of Californians live in rural areas, the ability for most to readily access life-sustaining treatment for dialysis – as well as any number of other serious medical issues – remains limited. Some 64 percent of residents in rural communities must seek medical care at out-of county facilities, compared to only about 20 percent of the rest[iii]. Research has shown that dialysis treatment outcomes for people living in rural areas are just as good, if not better, than those in urban areas[iv]. When rural patients receive proper care, they thrive.

Nephrologists like Dr. Kalluri K. Kishore, Medical Director of the Sonora center, run by San Jose-based not-for-profit Satellite Healthcare, know firsthand the challenges of providing sophisticated services in rural settings. When he joined the center five years ago, there was no waiting list. The number of treatment chairs has increased from six to nine since the center's founding, but he says another three are needed to meet demand. In the Midwest, where he has previously practiced, dialysis centers with fewer than 16 chairs were financially feasible, but in California it's a different story. Rural dialysis populations rely more heavily on government programs for treatment – 100 percent of Sonora's patients are on Medi-Cal and Medicare, compared to an estimated 80 percent at a suburban or urban Satellite Healthcare facility. Given the costs of doing business here and the state's reimbursement rates, operating smaller centers that merely break even – much less turn a profit – is nearly impossible. And dialysis providers will soon begin to feel the effects of a controversial cut to Medicare payment rates – about $30 per treatment – set to phase in over the next few years.

The delivery of dialysis services is not economically viable in rural parts of California, says Dr. Kishore – a challenge no one has seen fit to take up. "Satellite is in a unique position as a not-for-profit, and even then this center has struggled to keep its doors open. I'm sure other large companies would like to serve these communities, but they won't do anything unless they can financially justify it in the long run."

Dr. Kishore believes that at this point, the ability of dialysis organizations to provide better care – and a better quality of life – to rural residents hinges on legislative action. "It's about time legislation is enacted to ensure that organizations that want to provide care to underserved areas are not penalized. To make that happen, providers need to work with legislators to help them better understand the financials of what goes on in a dialysis center."

An additional challenge faced by rural patients is that in the face of rising budget constraints, many hospitals are slashing the hours their dialysis units are in operation or shuttering them altogether. As of 2012, just 10 percent of the 5,550 dialysis units nationwide are run by hospitals[v]. As a result, more and more patients with dialysis needs are forced to be admitted as inpatients or are transferred to outside facilities, which can mean even more taxing journey. An increasingly popular alternative has been for hospitals to partner with private providers.

"At least a dozen hospitals that I know of have decided to offload," said Dr. Kishore In fact, the figure is many times that in California alone. Before partnering with Satellite Healthcare in June, Lodi Memorial Hospital, for instance, didn't have the budget to staff its acute kidney care unit through the night. Patients admitted to the emergency room with acute kidney injuries or CKD requiring dialysis had to be treated elsewhere. Satellite Healthcare now provides the hospital's inpatient dialysis around the clock, at a reduced cost to the hospital. Such partnerships with established private providers also benefit from the availability of backup support, as additional staffing support and supplies can quickly and easily be transferred to the hospital unit from other centers in the region as needed.

Dialysis providers know all too well that there's only so much they can do on their own. In 2005, the Sonora center reached out to then-California congressman George Radanovich as part of a lobbying effort to enhance rural reimbursement rates, and an aide toured the center to meet with its staff, patients and their families. A plaque and a certificate from the congressman's office were presented to Satellite Sonora to commemorate the center's 20th anniversary. Efforts to garner support from a local American Indian reservation, which had patients at the center, were equally fruitless.

Perhaps the straightforward letter written to the editor of The Union Democrat by a patient dialyzing in Sonora, urging readers to contact politicians and ask for change, sums it up best:

"Kidney failure affects a lot of you. It might be grandparents, parents, children, a relative, neighbors, or just a friend. There is room in Sonora for 54 patients a week. Everyone else must go to Oakdale, Modesto, Stockton, Merced or Turlock. This is where you come in. Write or call your representatives, or go to town meetings. Tell our representatives we need more coverage for this problem."[vi]

Susie Soares-Phillips, RN, CNN, is Regional Director for Satellite Healthcare. She provides operational and strategic planning for a specified region of operations and participates in developing, implementing, and evaluating corporate initiatives. She can be reached at SoaresPhillipss@SatelliteHealthcare.com.

Alex Dellon is the Director of Hospital Services for Satellite Healthcare and manages dialysis operations for the Hospital Division at Satellite Healthcare. He can be reached at dellona@satellitehealth.com.

[i]Source: Clinical Journal of the American Society of Nephrology, http://cjasn.asnjournals.org/content/7/7/1055.full

[ii]CDC, http://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf

[iii]American Journal of Kidney Disease, http://www.ajkd.org/article/S0272-6386(08)00034-6/abstract?cc=y?cc=y

[iv]Kidney International, http://www.nature.com/ki/journal/v69/n2/abs/5000044a.html

[v]MedPAC, http://www.medpac.gov/documents/MedPAC_Payment_Basics_12_dialysis.pdf

[vi]The Union Democrat, http://www.uniondemocrat.com/Opinion/Letters/Letters-to-the-editor-for-Nov-24-2009