

More kidney patients doing dialysis at home

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John Quintero of Del Valle hated the idea of leaving work to go to a dialysis center three times a week, so he does hemodialysis at home, with the help of his wife, Rose.

Though home hemodialysis isn't for everyone with kidney failure — Austin pharmacist O.C. Houston tried but gave it up — an increasing number of Americans are turning to it as a way to gain more control of their lives.

The trend is being fueled by recent technology and the government's Medicare program, which covers most dialysis patients and earlier this year began paying the centers in a way that promotes less costly home treatment.

"It's a story of back to the future," said Glenda Harbert, executive director of the End Stage Renal Disease Network of Texas. In the late 1960s and early '70s, she said, kidney failure patients had no real option but home dialysis. Those who couldn't do it died, she said.

But as dialysis centers opened in the 1970s, home dialysis steadily declined, except for peritoneal dialysis, a form that is not for everyone. It involves feeding a cleansing solution through a tube in the abdomen and allows excess fluid and waste products from the blood to go into the solution and then exit the body.

In the more common hemodialysis, the blood is removed from the body a few ounces at a time and passes through a filter that removes wastes and extra fluids. The clean blood is then returned to the body.

About 92 percent of the 400,000 Americans on dialysis go to hemodialysis centers on a strict schedule: three times a week for about three to five hours a session. But in the past five years, the number of Americans on home hemodialysis has doubled to more than 5,000, according to NxStage System One, the maker of a home machine.

That's the most since 1986, according to a 2010 report by the United States Renal Data System.

Home hemodialysis patients have increased more than sevenfold in Texas, from 50 patients in 1995 to 399 at the end of 2010, Harbert said. That is still a fraction of the 37,547 Texans on dialysis, but most predict the numbers will swing up.

Home hemodialysis is just starting to catch on in Austin, said Dr. Jack Moncrief, a medical director for DaVita Inc., a national dialysis provider whose Austin clinics stopped training patients in home hemodialysis in April. Moncrief said he thinks DaVita will get back into the business in the future. Patients able to dialyze at home "can live their own lives and not have to live their lives at the dialysis center," he said.

It "takes about a month of training in the center, but the payoff has been you have complete control of the schedule," said Dr. Byron Welch, a kidney doctor at Satellite Healthcare's WellBound, a relatively new home hemodialysis program in Austin that has 17 patients.

That control was important to Moncrief's patient, Quintero, 40, who said he did not want dialysis to interfere with his air-conditioning maintenance job in the Elgin school district. He also can spend more time with Rose, 44.

They started the dialysis in April, and Quintero said that while it was rough the first few times, now "it's fairly easy."

For William Van Dresar, 43, of La Grange, home dialysis has saved him a thrice-weekly, 157-mile round trip to Austin. Dresar has been dialyzing since 2005 and has vision problems and a lower leg amputation.

He had the 5 a.m. dialysis shift, which required him to leave home at 3:30 a.m. His wife dropped him off at the Austin center on her way to work, then his father would pick him up and get him home around 3:30 p.m. It was grueling for everyone, Dresar said.

The NxStage system was small enough and easy enough for him and his wife to use at home, he said.

More doctors are encouraging home dialysis, Welch said. They get paid the same, but dialysis centers have a financial incentive to promote it, he and others said.

In January, Medicare started "bundling" payments for dialysis — instead of paying for dialysis drugs, lab tests and other services separately, it paid for them in a bundle. The centers provide the machines to patients, and Medicare or other insurance covers the cost, plus supplies and medicines, Welch said. Patient copays and other costs are about the same, he said.

And because centers don't have overhead costs such as staffing for home dialysis, they can earn more, said Dr. Brigitte Schiller, chief medical officer of Satellite Healthcare in San Jose, Calif., and a scientific adviser to NxStage.

Patients on home dialysis usually do it more frequently — sometimes seven times a week — and for shorter periods. They tend to feel better, sleep better and need less medicine, which also keeps costs down, Schiller said.

People too sick or fragile are not good candidates, however, Welch said.

Pharmacy owner Houston, 65, said he had a kidney transplant but it stopped working, and after 26 years he went back on home dialysis. He and his wife, Ernestine, 62, trained on home dialysis for about three months and tried it for six or nine months, he said. But there was too much heavy lifting and worry, so he's back at the dialysis center, he said.

"When you're younger, it's not as big a deal," Houston said.

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