



**FRESENIUS
KIDNEY CARE**

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RECEIVED

August 22, 2018

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: Project #18-006, Fresenius Kidney Care Madison County

Dear Ms. Avery,

Enclosed please find additional information in support of the approval of the above-mentioned project for a 9-station ESRD facility in Granite City in Madison County. This project was given an intent-to-deny at the July 24, 2018 Board meeting. Though the project was not approved, we are encouraged by the Board's four votes in the affirmative. One more vote would have won its approval.

Given the medically underserved nature of Granite City, the higher than average growth of ESRD in HSA 11, lack of provider choice for area patients and the proven benefits when a clinic participates in the Fresenius CMS End Stage Renal Disease Organization (ESCO), we ask Board members to see the value this facility will bring to area patients as the doctors from St. Louis Kidney Care and Gateway Nephrology have indicated in their support of this project.

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Connor

Growth of ESRD in HSA 11

There has been tremendous growth of end stage renal disease in HSA 11 as evidenced by the Board's own calculations in the staff reports for projects #17-049 and #16-037, both in HSA 11. These calculations show that between 2012 and 2016 there was 6% annual compounded growth and the Board projects a 6.6% increase in dialysis patients for HSA 11 by 2020. The growth of ESRD is twice as high in HSA 11 as the State of Illinois which grew an average of 3% yearly during this time. Much of the growth in HSA 11 is attributed to Madison and St. Clair Counties where there are over 900 ESRD patients.

Excerpt from #17-049, April 17, 2018 Board Staff Report for DaVita Northgrove in HSA 11 Page 5:

The proposed facility will be located in the HSA XI ESRD Planning Area. HSA XI includes the Illinois Counties of Clinton, Madison, Monroe, and St. Clair. The HSA XI ESRD Planning Area has a calculated excess of 27 ESRD Stations as of February 2018. The State Board is projecting less than a 1% increase compounded annually in the HSA XI Planning Area. The State Board is projecting a 6.6% increase compounded annually in the number dialysis patients in this Planning Area by 2020.

Excerpt from #16-037, March 14, 2017 Board Staff Report for DaVita FoxPoint in HSA 11 Page 6:

For planning purposes for ESRD services the State Board uses Health Service Areas as the planning area. These areas provide a geographic frame of reference which allows the State Board to make an estimate of capacity. There are eleven (11) Health Service Areas in the State of Illinois (See Table Seven at end of this report). HSA XI ESRD Planning Area consists of the following Illinois counties: Madison, Clinton, St. Clair, and Monroe. There is a current calculated excess of twenty-one (21) ESRD stations in this planning area, per the December 2016 Revised Bed/Station Need Determination. The HSA XI ESRD planning area has seen a growth in the number of ESRD patients as reported to the State Board of approximately 6% compounded annually for the period 2012-2016.

Evidence of this growth can be seen at two of the newest facilities to begin operation in HSA 11. Fresenius Kidney Care Belleville has only been fully operational since April 2018 and is at 33% utilization as of August 2018. DaVita Foxpoint in Granite City also became fully operational in April 2018 and as of June 30, 2018 was already at 28% utilization according to 2nd quarter Board clinic census data.

If DaVita Foxpoint remains on this pattern of growth, it will reach 80% utilization on target before the Madison County facility is operating. Dr. Cheema, who supports this project, has stated under oath that he has privileges at both DaVita Foxpoint and Granite City and will still refer his area patients requiring dialysis during this time (those he previously identified for Foxpoint) to the DaVita facility in Granite City per the patient's choice. Additional stations will be needed in Granite City in two years and the Fresenius Madison County facility will be ready to meet that need without making patients wait for access.

Comment on cost of project

At the July Board meeting there was concern that this project's costs were too high. While the cost of this project may appear higher than average for a 9-station facility, it should be noted that 60%, or \$2,617,140, are costs related directly to the lease of the space which is for 15 years. When Fresenius enters into a lease for space in a build-to-suit structure the developer/bank require a long-term lease to ensure they can amortize the costs. We generally engage in shorter, 10-year leases for space in an existing building. One is not necessarily more cost effective than the other. The 15-year lease simply inflates the Fair Market Value/lease expense line-item in the project costs and sources of funds criteria.

All Fresenius project's construction, architecture and equipment costs always remain within Board standards. Our long-term commitment to the communities we serve is the same and the length of our leases support that. Fresenius does not enter into short-term (5-year) leases for its facilities as some providers do, making project costs appear much lower.

Fresenius' project costs are also in line with other major dialysis provider's applications in Illinois. There is no corporate overhead or executive offices located in our clinics or included in any project cost estimates as it has been suggested by another provider. Spaces in the facility are either mandatory or necessary for the operation of the clinic and are standard across the industry.

Furthermore, a new structure ensures a long-term stay at a given location. The site is developed with optimal interior clinical spaces, physical plant, parking, patient drop-off, clinic supply delivery and room for future expansion making a relocation at some point much less likely. It is more cost effective in the long run to move into a new build-to-suit facility which makes repairs less likely for many years.

Treatment Modality Options

All patients in Fresenius clinics receive treatment options education upon admittance to the clinic. Some patients also participate in Chronic Kidney Disease (CKD) classes hosted by physicians along with Fresenius staff prior to beginning dialysis and receive information on modality choices (see Appendix 1 – Treatment Options Program or TOPS).

Hemodialysis (Generally performed in-center)

This is the most common form of treatment generally performed three days per week for approximately 4 hours in a dialysis clinic. The patient's blood is circulated through a filter attached to a dialysis machine via an access in the patient's arm while the patient is monitored by clinical staff. There are some patients who do home hemodialysis as well on their own or with a partner/caregiver.

Peritoneal Dialysis (Generally performed at home)

In Peritoneal Dialysis or PD, blood is cleaned inside the peritoneum using a solution inserted through an abdominal catheter. Excess fluid and waste are collected in the solution and then drained and replaced with fresh solution.

To address Board members concerns regarding home dialysis, the physicians supporting this project, Dr. Cheema from Gateway Nephrology and Drs. Polack and Mayer from St. Louis Kidney Care are strong proponents of home therapies treatment for those patients who are appropriate candidates. Gateway Nephrology has 12% of its patients on home dialysis and St. Louis Kidney Care has 22% of its patients receiving home dialysis. The State's total home dialysis population

is 14% for 2017, which is up from 10% from 2016. At the Fresenius Regency Park facility in O'Fallon 22% of total patients are home therapy patients.

Not all patients are appropriate candidates for home dialysis. There may be medical, social or home environment reasons a patient may not be able to dialyze at home. Some patients prefer the social aspect of an in-center treatment and become like family with staff and other patients. Or, they may feel safer in-center with clinicians attending them. Some patients are concerned about body image if they have an abdominal catheter and choose in-center dialysis.

Transplant

Transplant is the preferred option for patients with kidney failure, however not every patient is a candidate. All patients under age 70 are offered the choice to obtain a transplant work-up and be placed on a waiting list. Considerations for transplant include general health, treatment compliance, emotional health, health insurance and financial resources. 21% of Illinois dialysis patients are on a transplant wait list. According to dialysisdata.org from the University of Michigan, of the Fresenius Illinois clinics that had data to report, 21% of patients are on a wait list. Waiting for a kidney transplant can take several years for a cadaver donor and the best chance of a donor match is in the patient's first year of dialysis, before antibodies have built up due to sometimes needed blood transfusions.

The Renal Network 10¹ (Illinois) has compiled the following data in their Annual Report for 2017. There were 3,134 patients on wait lists for a kidney transplant at Illinois transplant centers and 759 transplants were performed. Many patients also are on wait lists in surrounding states and are not reflected in the data below. While any patient under age 70 is eligible to have a transplant

Network 10

Created 06/21/2018

Renal Transplant by Transplant Center

As of: 01/01/2017 - 12/31/2017

Transplant Center	Total Transplants Performed		Patients Awaiting Transplant	
	2016	2017	2016	2017
143300	13	20	13	0
149801	73	81	585	532
149802	49	89	345	82
149803	110	98	515	499
149805	113	140	643	628
149806	236	248	1,125	967
149807	44	41	405	318
149808	17	23	0	89
149809	23	19	41	19
IL Total	678	759	3,672	3,134

evaluation, nationally only 20% of patients are on a wait list due to disqualifying factors as determined by transplant centers.

Approximately 70% of the transplants were from a cadaver, 15% from a living related donor and 15% from an unrelated living donor.

Note:

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the national ESRD Network Program consists of 18 regional ESRD Networks, covering every U.S. state, territory and the District of Columbia. Together The Renal Network 10 (Illinois) and Heartland Kidney Network 12 (Missouri, Kansas, Iowa, Nebraska) support the work of healthcare clinicians, kidney dialysis facilities and transplant centers as they accelerate improvements in quality care for nearly 59,000 Medicare beneficiaries in these five states.

¹ Source: therenalnetwork.org

Granite City/Medically Underserved Area

The area where we propose to build the Madison County clinic, Granite City, is a Medically Underserved Area. Granite City is 7% African American and 6% Hispanic with 17% of residents living below the poverty level. 8% have no health insurance and 44% are covered by Government insurance. Madison County statistics are similar to Granite City. St. Clair County, which our clinic will also serve, is 30% African American, 3% Hispanic with 18% of residents living below poverty level.² Those of African American and Hispanic descent are 2-3 times more likely to acquire diseases leading to kidney failure.

	African American	Hispanic	Living Below Poverty Level	Food Stamp	No Health Insurance	Govt. Health Insurance
Granite City	7%	6%	17%	17%	8%	44%
Madison County	8%	3%	13%	13%	7%	35%
St. Clair County	30%	4%	18%	16%	9%	37%

The approval of Fresenius Kidney Care Madison County will benefit Metro East area dialysis patients in several ways. It will give the patients in this MUA a choice of dialysis provider for their treatment. Currently there is no access to a choice of provider for these patients unless they drive at least 15 miles away, which is a separate healthcare market from Granite City.

Fresenius Kidney Care participates in nearly all the major Managed Medicaid programs, and of the 12,000 plus patients we treated in Illinois in 2017, approximately 10% were covered by Medicaid or a Managed Medicaid insurance. This is particularly important because of the demographics we will be serving in Granite City.

Contracted Plans

- Blue Cross/Blue Shield of Illinois
- Harmony Health Plan
- IlliniCare Health Plan
- Meridian Health
- CountyCare Health Plan (Cook County only)
- NextLevel Health (Cook County only)
- IlliniCare Health Plan (DCFS Youth)

² Source: U.S. Census Bureau, American Factfinder, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

CMS End Stage Renal Disease Seamless Care Organization (ESCO)

Patients will have access to participation in the CMS ESCO. The ESCO is a Medicare program designed to increase quality and lower costs for dialysis patients. Fresenius is the only provider in Illinois who has contracted with CMS (Medicare), to provide this service.

Dr. Mayer, Medical Director of DaVita Granite City, who is supporting this project with Dr. Polack, stated in his support letter that their patients in Missouri have a "clinical advantage" of participating in the Fresenius ESCO and want to continue that care across the river in Illinois. He also stated that he and his partner, Dr. Polack, "are interested in creating a novel value-based practice for our specialty that incentivizes good outcomes, rather than fee-for-service model within which our specialty currently operates".

While involved in the ESCO these physicians take on the downside of financial risk of any poor outcomes of their patients. He stated that, "Last year, these ESCO's successfully improved the care of the patients involved by reducing hospitalizations and readmissions and gave significant cost savings to Medicare in the process".

The ESCO is a Medicare program designed to increase quality and lower costs for dialysis patients. In 2015 Fresenius Kidney Care was approved to pioneer the 1st Illinois ESCO in the Chicago area, in addition to several others around the country. In 2016 our Chicago area ESCO saved Medicare over \$11 million dollars. This year we have added the Springfield area down through Central Illinois to St. Louis to an ESCO program. We made significant investments in technology, personnel, and staff training to participate in the ESCO giving us resources to focus on the whole patient, from eyes, feet, skin and even depression and social needs. Our partnership with CMS is transforming the way care has traditionally been delivered in our industry. Today over 4300 patients in Illinois benefit from being a part of our ESCO.

These patients maintain freedom of choice for all aspects of their care as a Medicare beneficiary. The only difference is that they have additional resources to assist them, their caregivers, and other healthcare providers.

One resource is what we call our Care Navigation Unit. This team of specially trained clinicians provide support and care management for patients, physicians, and hospitals 24 hours a day - 7 days a week. They identify patients at risk for hospitalization and provide interventions to prevent un-necessary or duplicative care by providing vital patient information to Emergency departments and other providers allowing them to make more informed patient treatment decisions. In its first year of operation this Care Navigation Unit reduced hospitalizations for Illinois dialysis patients who are part of the ESCO by 20% and readmissions by 27%.

Fresenius Kidney Care along with our supporting physicians want to maximize the benefits of coordinated care, higher quality outcomes, and reduced health care costs that are attributed to the ESCO by offering this care to patients on the Illinois side of St. Louis.

Treatment Options Program

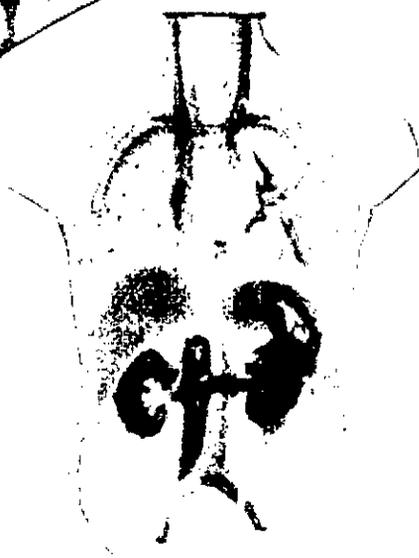
For People with
Chronic Kidney Disease



Welcome to the Treatment Options Program

Over the next hour you will learn:

- What your kidneys do to keep you healthy
- What gradually or suddenly may happen to you if your kidneys stop working properly
- What you need to know if you are diagnosed by your physician with Chronic Kidney Disease (CKD)
- What you need to know if you develop "kidney failure"
- How you can live with "kidney failure" and lead a productive life
- The treatment options available to make living with "kidney failure" a good fit with your lifestyle



Your Kidneys and What They Do

- Kidneys are two bean-shaped organs about the size of your fist.
- They are located on either side of the spine, just below the rib cage.
- Your kidneys perform several important functions:
 - Filter your blood to remove waste and excess fluid;
 - Control the making of red blood cells;
 - Help control blood pressure;
 - Help control the amounts of calcium, potassium, and phosphorus in the body.



What is Chronic Kidney Disease (CKD)?

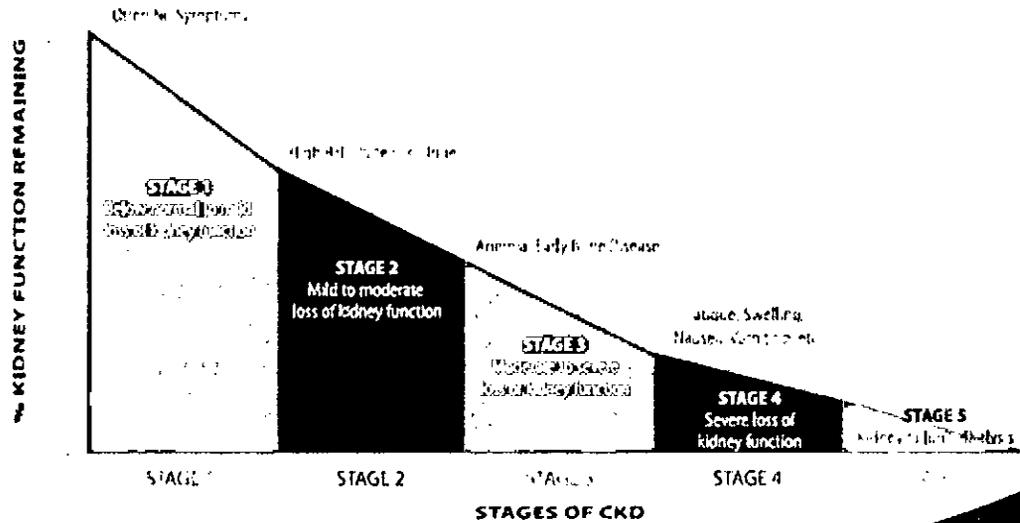
CKD is a progressive disease that advances from Stage I through Stage V.

Stage V CKD or End-Stage Renal Disease (ESRD) is commonly referred to as "kidney failure."

Kidney failure is when your kidneys no longer work well enough to keep you alive, and where death will occur if treatment is not provided.



The progression of CKD



Common Causes of Chronic Kidney Disease (CKD):



- A history of diabetes, especially if poorly controlled
- A history of high blood pressure, especially if poorly controlled
- Repeated kidney infections
- Immune diseases of the kidney (like glomerulonephritis)
- Heredity (like polycystic kidneys)
- Others, including unknown



What Happens to Your Body with Chronic Kidney Disease?

- Build up of fluid (water) and waste products in your blood
 - Causes swelling and generally not feeling well
- Chemical imbalances
 - Potassium, sodium, phosphorus and calcium
- Loss of hormone production that helps:
 - Control your blood pressure
 - Build red blood cells
 - Keep your bones strong



Symptoms of Chronic Kidney Disease (CKD)

Common symptoms of CKD include:

- Nausea, poor appetite, and weight loss
- Trouble sleeping
- Loss of concentration
- Dry, itchy skin
- Swelling of face, hands, and feet
- Cramping at night
- Difficulty breathing
- Tiredness and weakness

FRESENIUS MEDICAL CARE

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Treatment Options Program



If Your Doctor has Told You that You Have (CKD), YOU ARE NOT ALONE

- People are often unaware of their kidney disease.
- One in nearly seven adult Americans (13%) have kidney disease*.
- A recent study reported over 358,000 people in the US were on dialysis.
- Roughly 16,000 (or 5%) of these people received a kidney transplant**.
- The remaining 342,000 people (or 95%) needed to choose one of the types of dialysis treatments that you will learn about in this presentation**.

* NHANES (1999-2004)

** USRDS (2006 data report)

*** 2007 OPTN/ESTR Annual Report 1997-2006
HHS-HRSA-HCB/DOH



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Treatment Options Program



People Like You

- Prior to 1960 people with kidney failure had little hope for survival.
- Today many people have not only survived on dialysis for over 25 years, but continue leading productive lives.
- A growing number of people performing their dialysis treatments at home are finding it possible to continue pursuing their careers and life aspirations.
- Many patients have also received kidney transplants and are alive and well 30 to 40 years later.
- If your kidneys stop working that doesn't mean that you have to; treatment options are available for you.

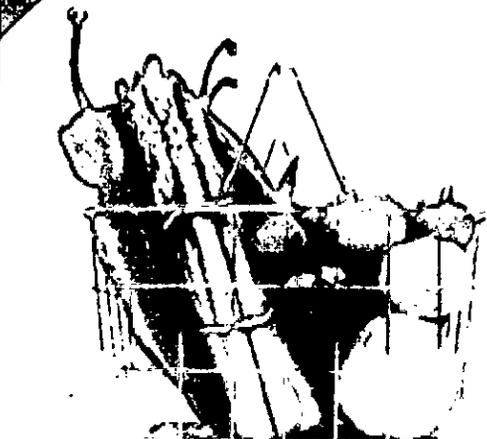


Fresenius Medical Care
APPENDIX



If You Have CKD You Need to Know:

- Early diagnosis & treatment helps slow the disease process.
- It's important to learn about the available treatments now before therapy is needed.
- You can take an active role in deciding with your doctor the best choice to meet your medical needs and lifestyle preferences.
- Managing your disease well helps determine the quality of your life.
- You have the right not to accept treatment for your kidney failure (ESRD).

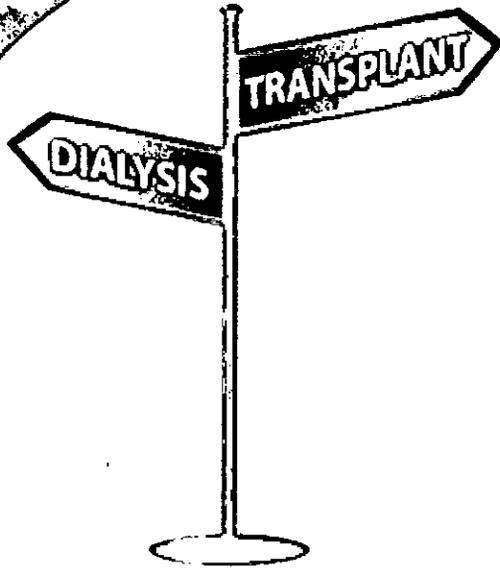


Managing Your CKD

Diet & Medication

- Dietary changes help decrease the fluid and waste build-up that the kidneys can no longer remove.
- Medications replace some of the functions that the kidneys can no longer do:
 - Control blood pressure
 - Make red blood cells
 - Keep bones healthy and strong
- Be prepared, before you become sick, to treat your CKD with one of the methods outlined in this training.

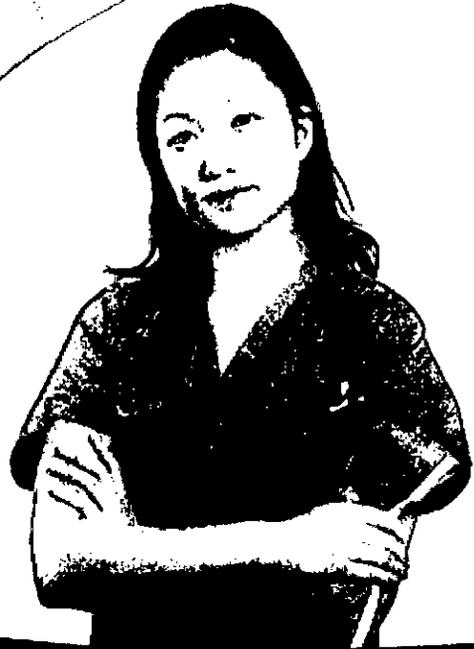
Treatments for Kidney Failure or ESRD



- Kidney Transplant: considered the "Gold Standard"
- Kidney Dialysis
 - Two types of treatments to remove excess fluid and waste from your blood
 - Peritoneal Dialysis (PD)
 - Hemodialysis (HD)

The Transplant Option

- A kidney transplant is not a cure. It is a treatment option that requires life long commitments (taking medications and being followed by a kidney specialist).
- A transplant is considered the "Gold Standard" because it is the treatment that comes closest to "normal" kidney function.
- A transplant is a major surgical procedure that places a healthy kidney from another person into your lower abdomen.
- Usually it is not necessary to remove your kidneys, however it is the donated kidney that performs the functions yours once did.
- It is possible to have a kidney transplant without going on dialysis.



A Kidney Transplant is Not for Everyone

Several factors determine if a transplant is an option for you:

- General health
- Emotional health
- Health insurance and financial resources
- Treatment compliance

The benefits of a transplant should outweigh the risks associated with surgery and life long medications.



Finding a donor kidney

- Your body tissues must "match" the tissues of the donor
 - Living donor:
 - Relatives (usually the closest match)
 - Non-relative (spouse, friend)
 - Non-Living donor:
 - A person that donates their organs when he/she dies
- A non-living donor kidney may not be immediately available
- The waiting list may extend beyond a year or two



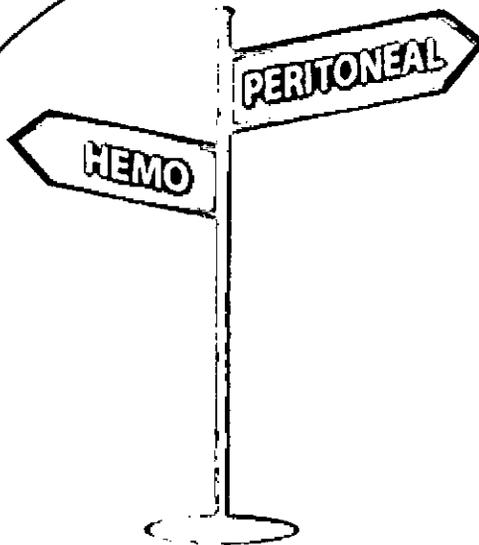
Caring for the Donated Kidney

- Daily, lifelong medication is usually required to prevent rejection.
- Regular follow-up with your physician is required.
- Follow all other physician guidelines:
 - Diet
 - Activity
- Watch for signs of potential problems.

Kidney Transplant Option

- | | | |
|---|---|--|
| <ul style="list-style-type: none">• Closest treatment to "normal" kidney function• Fewer dietary and fluid restrictions• Allows you to maintain your normal schedule & activities |  | <ul style="list-style-type: none">• Risks associated with surgery and kidney rejection• Daily medications may have side effects and can be costly• Must take medications and follow with physician for life of the kidney• May be placed on a waiting list for an extended period of time |
|---|---|--|

The Dialysis Options



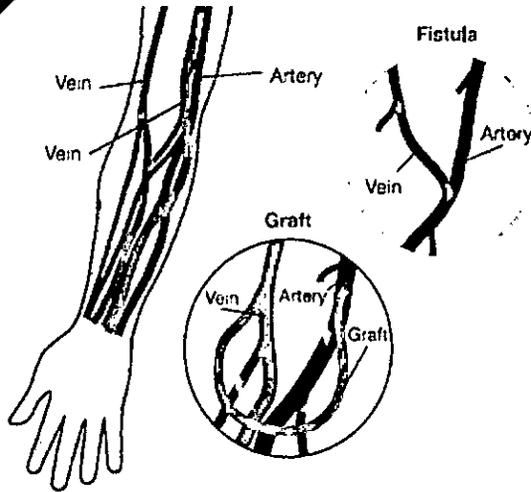
- There are two types of dialysis:
 - Peritoneal dialysis
 - Hemodialysis
- Both remove excess fluid and wastes from the body
- Hemodialysis is routinely done in a dialysis facility, and can be done at home with training.
- Peritoneal Dialysis is typically done at home.

Hemodialysis



- Blood is cleaned by an "artificial kidney" or dialyzer and a machine
- Tubing allows blood to flow from your body to the machine and back to your body
- Two needles are required for each treatment if you have a fistula or graft; one to remove the blood, one to return the blood
- Only a small amount of blood is out of your body at any time

Hemodialysis Access



- Your blood must flow out and back to your body through a blood vessel that can be used repeatedly. This is called an access.
- A fistula, the 1st choice, is a surgical connection of your artery and your vein.
- A graft, 2nd choice, is a surgical insertion of a special tube which is used like a vein.
- A catheter is a temporary tubing inserted through the skin and sutured into place.



In-Center Hemodialysis Option



- Treatments are done by trained dialysis nurses and technicians.
- You are on a fixed schedule for your treatments, and changes may be difficult.
- You must travel to/from the dialysis center.
- Treatments are usually done 3 times each week.
- No equipment or supplies needed at home.
- Opportunity for regular social interaction with other dialysis patients.
- Treatments usually last 3.5-4.0 hours each.



In-Center Nocturnal (night-time) Hemodialysis Option

- Treatments are done by dialysis nurses and technicians
- Treatment occurs during the night while you sleep at the dialysis center; usually 3 times a week for about 8 hours each treatment
 - Allows you to work, go to school, or participate in other activities during the day
 - Provides more treatment over a longer period of time
 - Useful when needing to remove large amounts of fluid
 - Helpful when removing fluid is difficult with regular hemodialysis
- You must travel to the dialysis facility for treatment and are away from home 3 nights each week
- May not be offered in your area



In-Center Hemodialysis Considerations

- Therapy performed by trained clinicians
 - No equipment or supplies needed at home
 - Opportunity for more frequent social interaction with other dialysis patients
- 
- Patient must travel to the clinic usually 3 times per week
 - Patients are on a fixed schedule to receive their therapy

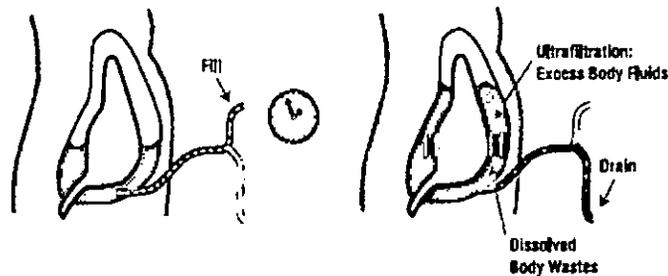


Home Hemodialysis Option



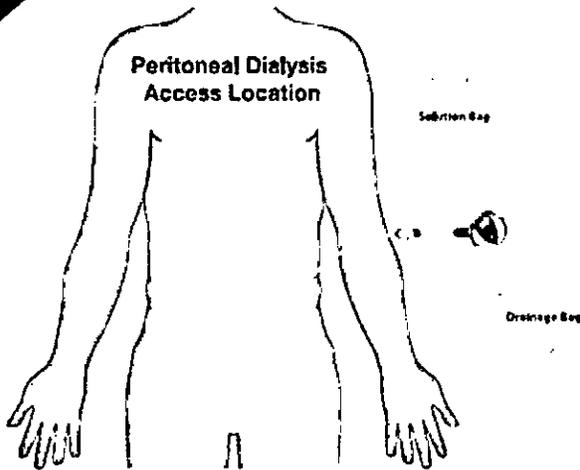
- Easier to fit into your daily or nightly schedule
- No travel to clinic needed
- Comfort and privacy of your own home
- Easier to keep working if you have a job
- Must have a trained helper or partner
- Must have space in home for supplies and equipment
- Home may need changes and plumbing or wiring
- Less social interaction with other dialysis patients than at a dialysis center

Peritoneal Dialysis (PD)



- Blood is cleansed inside the body by using the peritoneum; a filter-like membrane located in the lower abdomen.
- Solution is inserted into the abdomen where it is in contact with the peritoneum.
- Excess fluid and waste products in the nearby blood vessels are filtered through the peritoneum and collect in the solution in the abdomen.
- The solution is allowed to dwell for a period of time, then is drained out of the abdomen and replaced with fresh solution.

Peritoneal Dialysis Access



- PD solution flows in and out of your body through a catheter
- A PD catheter is surgically inserted into the lower abdomen and secured in place
- The catheter extends several inches out of your body
- Your clothes cover the catheter when it is not being used



Two types of PD



1. **Continuous Ambulatory Peritoneal Dialysis (CAPD)**
 - A manual process usually done during the day
 - Can be done in any clean location at home, work or while traveling
 - Average 4 to 5 exchanges each day
 - About 30-45 minutes for each exchange



Two types of PD

2. Continuous Cycling Peritoneal Dialysis (CCPD)

- A machine-controlled process usually done overnight while sleeping, for about 9-10 hours
- Solution remains in the peritoneum during the day until you go to bed and hook up to the machine
- Occasionally some patients require an additional exchange during the daytime

Peritoneal Dialysis Option

- A partner is not required, but may be needed by some
 - More flexible dialysis treatment schedule
 - Allows independence and a more normal (working) lifestyle
 - Gentle treatment more like "normal" kidney function
 - A bloodless form of treatment with no needles required
- 
- Treatment needs to be performed every day
 - Risk of infection
 - External catheter
 - Need storage space in home for supplies
 - Larger people may need to do more exchanges

Dialysis Options Comparison

Advantages	IN-CENTER		HOME		Advantages	IN-CENTER		HOME	
	HD	NHD	HD	PD		HD	NHD	HD	PD
Treatment Time Flexibility			✓	✓	Perform treatments during nightly sleep		✓	✓	✓
Treatment Location Flexibility			✓	✓	Improved availability during work hours		✓	✓	✓
Treatment Duration Flexibility				✓	Bloodless access				✓
Reduced Clinic Visit Time			✓	✓	More Independent lifestyle			✓	✓
Reduced Clinic Travel Time			✓	✓	Greater treatment supervision	✓	✓		
Reduced Clinic Travel Costs			✓	✓	No supply delivery & storage needs	✓	✓		
No treatment partner needed	✓	✓		✓	No routine needle sticks				✓
Greater Privacy			✓	✓	Greater Travel options				✓
Greater Social Interaction with Other Dialysis Patients	✓				No additional electrical/plumbing	✓	✓		✓

Note: Together with your nephrologist, who will advise you based on your medical condition, you should seek a treatment option which best suits your medical and lifestyle needs.

People Like You

Shad Ireland's kidneys failed in 1983 at age 10.

On July 25th, 2004 Shad became the first dialysis patient to complete an Ironman triathlon.



Shad continues to compete, and has also created the Shad Ireland Foundation to help people with renal disease improve their lives through physical activity.

Mickey Sledge developed kidney failure in 2000 at age 46. He has developed a passion for taking care of himself as a result of his disease. As a volunteer for treadmill manufacturers he enjoys demonstrating his fitness at major dialysis conferences around the country. "Working helps me stay in tune with reality," says Mickey, who continues his job of 23 years. Apart from routine appointments, Mickey takes pride in never having had to take time off work because of his kidney disease.

Lori Hartwell, a kidney patient since the age of two, founded the Renal Support Network to instill "health, happiness, and hope" into the lives of fellow patients. Lori travels throughout the country educating and inspiring patients and healthcare professionals with her stories, insight, and humor. She was named "2005 Woman of the Year" by California State Senator Jack Scott and continues to be widely recognized for her contributions to improving the lives of people with Chronic Kidney Disease.