



MISSION STATEMENT

The mission of the Network of New England is to facilitate the improvement of health care and quality of life for individuals who have chronic renal insufficiency and those treated with dialysis or transplantation.

Who is the Network of New England?

The ESRD Network of New England is a non-profit corporation, which serves as the Medicare contractor for the New England States of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

As of Dec. 31, 2005 there are 156 dialysis facilities and 15 renal transplant centers in this

region, providing treatment to over 11,100 dialysis patients and approximately 6,773 patients who have a functioning kidney transplant in New England.

The activities of the Network organization are directed by a 40 member Board of Directors and a 20 member Medical Review Board.

Prescription Drug Coverage - Help Is Here

If you are already enrolled in a drug plan and have questions, help is here.

- If the drug you take is not covered, your pharmacist, doctor, and plan can work together to get the help you need.

To get the help you need to:

1. Ask your pharmacist to identify a generic or other alternative drug your plan covers.
2. Call your doctor to discuss the alternatives your pharmacist suggests.
3. Ask your plan for an exception, if needed.
4. Ask your plan for an expedited review, if urgent.
5. Ask your plan if they will cover a temporary supply of the drug you use, while they review your request.

- If you have a Medicare Prescription Drug Plan and are having **problems filling your prescription because the pharmacy can't confirm you are enrolled** in a Medicare Prescription Drug Plan, help is here.
- If you have a Medicare Prescription Drug Plan and are having **problems filling your prescription because the pharmacy can't confirm you qualify for extra help**, help is here.
- If you are a pharmacist having **problems with claims or dual eligible beneficiaries**, help is here.

For more information, please go to:
<http://www.medicare.gov/help-is-here.asp>

Or call for live help:
 1-800-MEDICARE (1-800-633-4227)
 TTY: 1-877-486-2048
 24 hours a day, 7 days a week!

Patient Support & Useful Websites

Dialysis Facility Compare
<http://www.medicare.gov/Dialysis/Home.asp>

American Association of Kidney Patients (AAKP)
<http://aakp.org/>

Renal Support Network (RSN)
<http://www.rsnhope.org/>

National Kidney Foundation (NKF)
<http://www.kidney.org/>

Kidney Patient News
<http://www.kidneypatientnews.org/>

LORAC – Life Options Rehabilitation Program
<http://www.lifeoptions.org/>

Kidney School
<http://www.kidneyschool.org/>

Home Dialysis Central
<http://www.homedialysis.org/>

Have Dialysis – Will Travel

By Ginny G. - New Hampshire Hemodialysis Patient

Dialysis In France

My former unit nurse, Gail, accompanied me to dialysis. When we arrived at dialysis, the secretary came to greet us. She said a nurse would be out soon. The nurse came and introduced herself and led me to a locker room. She gave me a locker and a key. The locker room also had a sink to wash your hands. When I entered the dialysis unit, I met the doctor. His office is right off the unit. He is there all day and comes to see you at least 3 times during your treatment. He was very upset to think I was only going to get 1 day of dialysis. Gail spoke French and explained I had been dialyzed on Monday and Tuesday of that week and today was my third treatment. He was also upset that I was only dialyzed for three hours. The nurse weighed me and took my

blood pressure. They take the temperature in the ear. Usually, a tech does all of this routine work, but a nurse did it for me because I was a new patient. The nurses do everything from putting your needles in to programming your machine. Since they do not use lidocaine in France, we brought it with us and Gail administered it to me. The unit has hospital beds, and behind each bed is a cabinet. Everything used for the treatment, including the water, is in the cabinet. They take what is needed out of it and put it on a cart. After everyone is on (I think there were twelve beds in the unit), someone comes and asks if you want breakfast or a down blanket. They bring you coffee or tea and a croissant. The unit itself is very light and in a beautiful location. One side of the room is all windows. Outside is the view of

the snow-covered mountains. It is very beautiful. They use different tape than we do. There are 6 strips of tape in a packet. I liked that. They take your pressure every hour, not half-hour, unless you are having trouble. When they take your needles out, they put something over your sight (cannot recall the name) that helps you clot. It stays on when they put on the bandage. They will not run the machine more than 350. The doctor said it is bad for your heart. My second treatment I had on 4 kilos, and the doctor made me stay 3 1/2 hours. Most of the patients run 4 to 4 1/2 hours. My dialysis experience went very well. The total cost for two treatments was US \$1000.00. I would not trade my experience for anything.

Permanent Access Options (Reprinted with permission from AAKP)

The arteriovenous or AV fistula is a type of vascular access involving a direct connection between an artery and a vein. This connection is made underneath the skin with a surgical procedure that can often be performed on an outpatient basis.

The connection between a vein and artery allows for adequate blood flow during dialysis. This increased blood flow leads to larger and stronger veins and makes repeated needle insertions easier. Fistulas are the preferred vascular access for long-term dialysis patients because they last longer than any other vascular access

and are less prone to infection and clotting.

The fistula is usually placed in the forearm. AV fistulas may also be placed in the upper arm if an access in the forearm fails or if the arteries or veins in the forearm are unsuitable for the creation of a fistula. It is preferred that the fistula be placed on the "non-dominant" arm or the arm that you do not use as frequently.

A few months are usually needed to allow the fistula to properly develop, although it may take longer in some cases. Once the fistula has developed, you are ready for hemodialysis.

A healthcare professional will insert two needles into the fistula, one for withdrawing blood from the body and the other to return dialyzed or filtered blood to the body.



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