Reach helps patient delay dialysis two years, transition smoothly to in-center hemodialysis

by Susan Affleck

In October of 2012, at age 62, Toni Barboza was in late stage 4 of chronic kidney disease when her nephrologist referred her to Reach Kidney Care of the Chattahoochee Valley. As a Reach patient, Toni was educated about normal renal function, causes of renal failure and treatment options. She paid close attention to the steps she could take to preserve the kidney function she had left in hopes of delaying the start of dialysis treatment as long as possible. Knowing that dialysis treatment may be in her future, she carefully considered all her options and then selected in-center hemodialysis as the treatment that best suited her lifestyle.

Having chosen in-center hemodial-

SEE TONI, PG. 3

Reach Kidney Care of New Mexico shares success, other updates

by Charles Campbell

Reach Success in Numbers
Reach Kidney Care of New Mexico recently added its 100th patient; we are currently serving 107 patients with chronic kidney disease as of Aug. 31. Patients enrolled in the Reach program in New Mexico are three times more likely to start dialysis with a fistula, three times more likely to choose dialysis at home, two times more likely to start dialysis as an outpatient in a clinic rather than in a hospital and three times less

SEE UPDATE, PG. 3
Reach Kidney Care
Real Engagement Achieving Complete Health
The “Fab Five” of CKD

Reach education helps patient avoid serious medication mishap

BY ED DENNIS

Frank Pennington, a Reach patient with an eGFR of 23, was recently in a rollover motor vehicle accident. He went to a local emergency department for evaluation and treatment. Fortunately, he had no serious injuries and was discharged from the ED. Doctors prescribed Ketorolac for pain. He remembered learning about medications and CKD, specifically nonsteroidal anti-inflammatory drugs (NSAIDS), which can advance the progression of chronic kidney disease. When he filled the prescription, he read that this was in the class of NSAIDS. He called Reach before taking the medication, and we confirmed his concern.

Reach plans to educate local emergency departments to avoid possible complications in the future.

TONI, FROM PG. 1

Ysis, Toni recognized the need for fistula placement as soon as possible. Toni’s concern was that her insurance was due to expire in December 2012. When her situation was explained to the fistula-friendly surgeon, he moved everything into high gear to ensure that Toni got her fistula before her insurance coverage expired.

Following surgery, Toni’s fistula matured nicely. Toni adhered closely to the recommendations for controlling her blood pressure; following the dietary modifications as directed by her nephrologist; avoiding NSAIDs and keeping her nephrology follow-up appointments. Her efforts resulted in her ability to delay the start of dialysis for nearly two years after her first visit to Reach Kidney Care.

On July 30, 2014 Toni started dialysis. Her first treatment took place in the outpatient clinic using her mature AV fistula. Toni was able to avoid hospitalization and a dialysis catheter for the initiation of her dialysis treatments. She reports that she is feeling much better and is regaining her strength, energy and appetite.

Toni Barboza is a perfect example of the mission and goals of Reach Kidney Care. Through education and support, Toni became an active participant in her care plan. With the knowledge she gained, she made decisions about her health that will have lasting positive impacts. She is confident in her plan of care moving forward knowing she is the most important part of her healthcare team.

UPDATE, FROM PG. 1

likely to start dialysis with a hemodialysis catheter. With all of these successes we know we can help even more.

Cuba, New Mexico, Grand Opening

DCI recently celebrated the opening of its newest clinic in Cuba, N.M., and Reach was there for the celebration. I was able to meet with providers from the local health clinic. They were very excited to hear about the benefits of the Reach program for their many patients with CKD. With the addition of the Cuba clinic, we are extending our Reach to a total of five CKD clinics and hope to gain the support of the medical community to begin seeing patients at an additional three clinics.

San Felipe Pueblo Presentation

I was recently honored to receive an invitation to give a presentation to a group of Native American elders from the San Felipe Pueblo. For those of you who do not know, New Mexico has a total of 19 Pueblos and three reservations. The elders received the response to the presentation on “Strategies for Prolonging Kidney Function,” and all participants were very engaged and genuinely interested in increasing their knowledge base. The question and answer session alone lasted almost an hour.

Kidney Care Cycling Club

In other news, our informal Kidney Care Cycling Club continues to meet almost every weekend for rides out in the mountains or around town here in Albuquerque. These rides provide a great opportunity to informally discuss issues surrounding CKD and the Reach program. Recently, Dr. Buchwald and I participated in the Tour De Tolerance in El Paso, Texas. The tour proceeds benefit the Holocaust Museum in El Paso. Upcoming tours include the Tour De Acoma to benefit the tribal members of the Acoma Pueblo, the Day of the Tread, which benefits Casa Esperanza, a non-profit organization offering housing to low-income patients suffering from CKD and cancer; and Tour De Tucson to benefit Special Olympics. Current members of the Kidney Care Cycling Club include myself, Veronika Niedzinski, R.D., David Buchwald, M.D., Kamran Shaffi, M.D., Mark Unruh, M.D., and Eduardo Alas, M.D.

In Nashville Oct. 7.

Reach Kidney Care coordinators Christa Lawson and Ed Dennis represent Reach at a Walgreen’s health fair in Nashville Oct. 7.
CKD patients face many challenges on a daily basis. One of these challenges is managing a long list of medications needed to treat multiple disease states and comorbid conditions. The average medication list for a patient with chronic kidney disease requiring dialysis consists of ten to twelve medications. It is common for these medications to be dosed several times daily requiring multiple pills at each dose. It is estimated that only 40-50% of patients are adherent with long-term medications and greater than 30% of medication related hospitalizations are due to lack of adherence. Improving medication adherence will increase positive health outcomes and reduce the number of hospitalizations.

Here are several things you can do to help your patients:

1. **Explain the medication**
   - Adherence can be greatly improved by ensuring that the patient knows why they are taking their medications. Educational counseling for all medications are helping them is critical.
   - Many patients say “I don’t feel any different. Why do I need to take this?” As humans, we tend to reason things out and form associations. If there is no reasonable association available, we may discard the idea or process as unreasonable. Knowledge is power, and simply providing an association may increase the chance a patient will pick up their medications properly. If not, there may be an underlying cause. The patient may not like the taste of a medication or may experience negative side effects. These are issues we can resolve and would not know if we do not communicate with the patient on a regular basis.

2. **Demonstrate caring**
   - It is important to recognize the stress and hardships patients may be experiencing at this point in their lives. Patients may find it difficult to adhere to a medication regimen. Sympathize with them and let them know that you are here to help work through their issues.

3. **Assess patient adherence**
   - Medication reconciliation is an opportunity to counsel patients on medications most appropriate for them. Talk with the patient about their adherence to medications. Medication adherence is a glaring issue. Each clinic visit is an opportunity to assess patient adherence to medications. Ask if patients are taking all medications properly. If not, there may be an underlying cause. The patient may not like the taste of a medication or may experience negative side effects. These are issues we can resolve and would not know if we do not communicate with the patient on a regular basis.

4. **Prescribe generic medications**
   - A major contributor to non-adherence is the cost of medications. It is estimated that only 40% of patients are adherent with long-term medications and greater than 30% of medication related hospitalizations are due to lack of adherence. Improving medication adherence will increase positive health outcomes and reduce the number of hospitalizations.

5. **Maintain an accurate medication list**
   - There is an inverse relationship between the number of medications and adherence. That is, as the number of pills or number of doses per day increases, adherence decreases. The table below illustrates the percent reduction in adherence when the frequency of administration is increased from once daily to four times a day. Describe medications for your patients that offer the lowest number of pills taken as few times a day as possible.

<table>
<thead>
<tr>
<th>Reduction in Adherence Associated with Increased Dosing Frequency³</th>
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<tbody>
<tr>
<td>Once daily:</td>
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<td>Three times a day:</td>
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<td>Four times a day:</td>
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   References:


### Velphoro® (sucroferoxhydroxydride) – A new iron based phosphate binder

**Problem:** Mineral bone disorders are a common problem in patients with kidney disease. Through declining kidney function comes a lesser ability to process and handle elements like calcium and phosphorous in the body. This imbalance causes bone abnormalities that can progress and cause fractures or other complications. Phosphate binders play an important role to therapy as they help decrease the amount of phosphorous absorbed from the diet. Traditional phosphate binders are based on elements like calcium, aluminum, or lanthanium and require multiple tablets to be taken with each meal. Velphor® (sucroferoxhydroxydride) is a novel agent aimed at tackling the barriers to adequate phosphate control.

**General information:** Gaining initial FDA approval in 2013, sucroferoxhydroxydride is the first calcium free, iron based phosphate binder. Sucroferoxyhydroxydride works by forming complexes between phosphate taken in from a patient’s diet and the active form of the drug, polynuclear iron (III)-oxhydroxydride. This

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**Table:**

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<thead>
<tr>
<th>Brand</th>
<th>Generic Formulation</th>
<th>How supplied</th>
<th>Interactions</th>
<th>Counselling points</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Velphor®</td>
<td>Sucroferoxhydroxydride</td>
<td>300mg chewable tablet/ 500mg oral tablet</td>
<td>Intial: 500mg TID with meals</td>
<td>Tablets must be chewed or crushed.</td>
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<td>- May cause diarrhoea or disorientation of taste.</td>
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<tr>
<td>Renvela®</td>
<td>Bevaterol</td>
<td>80mg chewable tablet, 160mg oral tablet</td>
<td>Intial: 500mg TID with meals</td>
<td>Tablets must be chewed or crushed.</td>
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<td>Physical/Calcium icterate</td>
<td>Calcium carbonate</td>
<td>300mg chewable tablet/500mg oral tablet</td>
<td>Intial: 500mg TID with meals</td>
<td>Tablets must be chewed or crushed.</td>
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<td>Tesser®</td>
<td>Calcium carbonate</td>
<td>300mg chewable tablet/500mg oral tablet</td>
<td>Intial: 500mg TID with meals</td>
<td>Tablets must be chewed or crushed.</td>
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<td>Faner®</td>
<td>Lanthanum</td>
<td>300mg chewable tablet/500mg oral tablet</td>
<td>Intial: 500mg TID with meals</td>
<td>Tablets must be chewed or crushed.</td>
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<tr>
<td>Ampibo®</td>
<td>Aluminum hydroxide</td>
<td>300mg chewable tablet/500mg oral tablet</td>
<td>Intial: 500mg TID with meals</td>
<td>Tablets must be chewed or crushed.</td>
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**References:**

Taking all of your prescribed medications may seem like a very difficult task. You may have several different life issues that you must handle throughout the day that make it difficult to remember to take your medications. We understand that it is not easy, but here are a few tips that may help:

Organize

While taking medications from the prescription vial verifies you are taking the correct medication and contains all of the important prescribing information, you may find it easier to organize medications in a pill container. This helps separate doses by time of day and can help you remember all the medications that should be taken at that time of day. It also reduces your workload so you do not have to go through each bottle to find what medications need to be taken at that time.

Establish times

With multiple medications it is important to set times to take your medications that work with your schedule. Setting times each day will reduce the number of missed doses and reinforce a habit of taking your medications.

Place your medications somewhere you can see them

Many people place their medications in the cabinet where it is out of sight. We have all heard the saying “out of sight, out of mind.” This applies to medications too! Place your medications near an item or task that you know you will be using or performing each day. Remember to keep your medications out of reach of children and pets!

Implement tools

There are many tools available to help increase adherence. These tools may include: medication calendars, frequently updated electronic or paper medication lists, and alarms or reminders set on phones or other devices. There are also programs offered by most pharmacies that automatically refill prescriptions monthly, thus ensuring that all medications are consistently filled.

Keep track of your medications

Keep an accurate list of all of the medications you take including over the counter products, vitamins, and herbal supplements. Keep track of when and how you take each medication. Keep this list in your wallet or purse so you can easily refer to it and share it with your healthcare team. Notify your healthcare team if there is any change so they can update their records as well.

Speak with your Reach team

If you are ever confused about your medications or health care, your Reach team is available to answer any questions for you. Do not be afraid to ask your nurse, doctor, care coordinator, social worker, or pharmacist for help! They want to ensure you are receiving the best care possible. It is very important to communicate any concerns you may have with them. The Reach team will help you address your concerns.

VEL, FROM PG. 5

Velphor® - A New Option in Phosphate Control

Mineral bone disorders are a common problem in patients with kidney disease. As your kidney function decreases, it becomes harder for your body to process and handle calcium and phosphorus. This can cause abnormal changes in your bone, making it weaker and easier to damage. One class of drugs used to treat mineral bone disorders is phosphate binders. Phosphate binders help the body decrease the amount of phosphorous absorbed from the diet. This results in better control of calcium and phosphorus.

There are several phosphate binders available currently and recently a new phosphate binder was made available.

Velphor® (sucralfate oxyhydroxide) is a new phosphate binder that uses a different chemical compound containing iron to bind phosphate. This is different from all other binders on the market as they are usually based on calcium, lanthanum, lanthanum, or other chemicals. Velphor® does not contain calcium and has no effects on calcium levels. Velphor® has been shown to use fewer tablets to control phosphate levels when compared with traditional phosphate binders, such as PhosLo (calcium acetate), Renagel, and Fosrenol. These features may set Velphor apart from other phosphate binders.

Here are some common questions regarding Velphor® therapy:

How much does Velphor® cost?

Velphor® costs range between $1,026 - $2,052 monthly. It is important to check with your insurance provider to make sure Velphor® is covered.

How do I take Velphor®?

Velphor® is taken by mouth with meals. Tablets must be fully chewed and cannot be taken whole. If you have problems chewing, you can crush the tablets prior to use.

What is the normal dosing of Velphor®?

You should always take Velphor as prescribed, but is commonly started at a dose of one 500mg tablet with the three largest meals of the day.

What are the side effects of Velphor®?

The most commonly seen side effects with this medication are darkened stools (12-16%) and diarrhea (4-24%). The percentages are the percent of people who experienced these side effects in studies.

Who should use this drug?

Velphor® should be taken by patients on dialysis who need better control of phosphorus levels as determined by their doctor.

References: