

UNC Hospitals

Dr. Keia Sanderson's Presentation

Good afternoon. I am Dr. Keia Sanderson, Assistant Professor in the Department of Nephrology and Hypertension at the UNC School of Medicine. I want to speak to you today from a clinical and patient care perspective about our petition for four outpatient dialysis stations in Orange County.

As Lauren mentioned earlier, our petition specifies a particular patient population that is in need of outpatient dialysis treatment, but who cannot be cared for in an outpatient ESRD facility. If approved, the outpatient dialysis stations would be limited to caring for these patients, not general dialysis patients. As background, my residency was in pediatrics and I am fellowship-trained in pediatric nephrology, so let me start by discussing our pediatric patients.

Many of the children we treat at UNC Hospitals who need dialysis are simply too young, too medically complex, or are crib-bound and cannot be treated in an ESRD facility. Compared to the adult patients we treat, pediatric patients receive outpatient treatments in a hospital setting for a longer period, an average of 11 weeks. One such patient is currently receiving dialysis at UNC Hospitals due to being small for her gestational

age and not meeting the minimum weight requirements for a community dialysis station. Another patient is a 16-year-old male whose family has no transportation. Our case managers attempted to place him in a community facility, but he could not be accepted because he is a pediatric patient and because he only needed chronic hemodialysis for six sessions before moving out of state, making it difficult to allocate space and resources on a temporary basis. Further, without transportation, he could not travel a significant distance so attempting to find an opening at a facility farther away would have been futile. He came to UNC Hospitals for all six outpatient sessions before moving. These are just some of the patients we serve every day, for whom we receive no reimbursement. Without UNC Hospitals to provide dialysis treatments, these patients could not survive.

As Lauren mentioned, we also treat adult patients, many of whom have behavioral health issues, drug use or other challenges that prevent them from receiving care in an ESRD facility. Here are a couple examples of real patients we care for. One patient was involuntarily discharged from an ESRD facility in a nearby county in November 2018 after making threats of violence against the staff there and has been unable to be placed in another facility since then. Another patient is a peritoneal dialysis patient who came to the United States to visit family in July 2018. He had been receiving peritoneal dialysis in Mexico for three years, but

he had problems with peritoneal dialysis in the U.S. and was converted to hemodialysis during his visit. He remained on hemodialysis at UNC Hospitals for months while awaiting an emergency Medicaid determination, which would allow him to be transferred to an outpatient ESRD facility for care. One final example is a patient who had several admissions to the UNC inpatient psychiatric unit due to suicidal ideation and cocaine use; due to behavioral issues at an outpatient ESRD clinic in a nearby county, he was directed to UNC Hospitals for dialysis treatments. Once his behavior had improved, the referring ESRD facility had no available capacity to take the patient back. Further, the patient decided to participate in a drug rehabilitation program and only one such program was found that would accept Medicare-qualified dialysis patients. The patient applied for Medicare, and after several months had qualified for Medicare; however, the rehabilitation center would not agree to admit him until he had returned to an outpatient dialysis facility. The patient had ongoing transportation issues, which became the barrier to allowing him to return to an outpatient facility, and ultimately, to a drug rehabilitation facility.

These are just a few examples of some of the patients we treat without asking for or receiving any payment. We will continue to serve these patients, but we believe it is important to find a way for us to be reimbursed for those patients who have a payor source, and approval of

this petition will help us do that. More importantly, developing an approved outpatient program would allow us to provide the specific dialysis nursing, social work, and dietician support necessary for the most optimal care of patients on dialysis. I hope the stories of these patients made you think of the issues we all face trying to deliver the best care possible to patients in a healthcare system that is not always good at finding the best solution for those patients. Today we are not asking you to tackle all of those problems, however. We are asking that you help us develop the tools we need to serve these patients and the citizens of North Carolina in the most effective manner.

I ask you to consider these patients and approve our petition.

Thank you.