

Heartland Headlines

A Special Publication
for people with kidney disease.

Issue 1 | 2021

In This Issue

- 📍 A Patient's Journey to Kidney Transplant
- 📍 COVID-19 Vaccine Myths vs Facts
- 📍 Tips For Coping With Loneliness

...and more stories just for you!



For more information, to request a printed copy of this newsletter or to file a grievance, please contact:



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www.facebook.com/esrdnetwork12

Your feedback is important to us!

Visit <http://bit.ly/2DjNTas> to tell us what you think of this newsletter.

Throughout this issue, you will see a magnifying glass symbol.

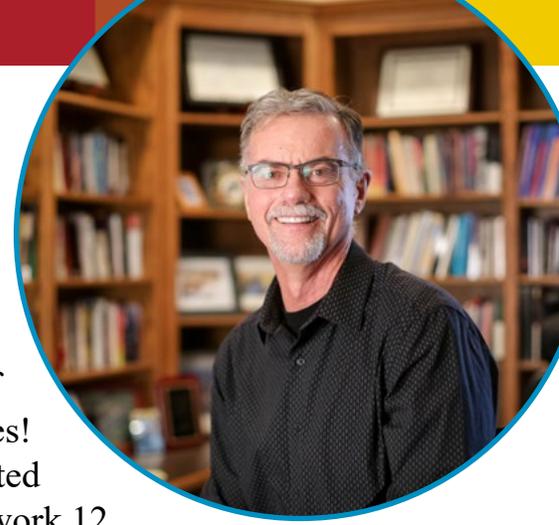


When you see that symbol, you can find more information in the MY KIDNEY KIT (at the dialysis clinic) or online at www.mykidneykit.org.

NOTE: All individuals featured in this publication have given consent to release their name, image and information regarding discussed content.

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Message From the PAC Chair



Welcome to the first issue of the 2021 Heartland Headlines! It is published by the dedicated team at Qsource ESRD Network 12.

It will give you actionable information to help you actively engage in your care. If this is your first time reading, you will find this to be a valuable resource.

As a renal patient, you know the details of your care can be overwhelming. If there is anything renal patients need, it is encouragement. In fact, I have never known of anyone who was “too encouraged.” The team at Qsource is here for you. Check out the Network’s website (esrdnetwork12.org) and use the Patients “drop down list” to find a wealth of resources to help inform you.

Stay actively involved in your care. I know it can be demanding. I’ve had renal disease since 1985. I read a Mayo Clinic study in 2012 that said the self-management of chronic illness demands, on average, two hours of patient work each day.¹ But you can do it! Take one step at a time. Use this newsletter and Network 12’s resources to help you. You will experience better outcomes and a higher quality of life.

Take Care,
Mike Bronson
Patient Advisory Council (PAC) Chair
ESRD Network 12



My Network: ESRD Network 12



Patient Tips: Look for this icon to read tips from people living with kidney disease from the ESRD Network 12 Patient Advisory Council.

1 - <https://hbr.org/2016/11/giving-patients-an-active-role-in-their-health-care>

In the News!

New Transplant Medication Coverage Passed



In December 2020, Congress passed the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act, changing the law and providing lifetime Medicare coverage of immunosuppressive drugs for kidney transplant recipients with Medicare Part B. Now, rather than coverage ending after 36 months post-transplant, individuals without any other forms of insurance will be able to pay for continued coverage of their immunosuppressive drugs beginning Jan. 1, 2023. The law helps to remove a key financial barrier to receiving a transplant and will help patients keep their transplanted kidneys longer.

Highlights of The Law



Provides indefinite coverage of kidney transplant immunosuppressive medications under Medicare Part B.



Medicare Part B premium cost will be =15 percent of the monthly rate for Medicare beneficiaries age 65 and over, determined in September each year.



Only immunosuppressants are covered, no other medications or services will be covered.



Effective Jan.1, 2023

To Be Eligible For The Indefinite Coverage, You Must:



Have received a kidney transplant from a Medicare-approved facility.



Have been eligible for Medicare at the time of your transplant and applied for Medicare prior to the transplant (even if you were not enrolled at that time).



Not have Medicaid.



Not have other public or private health insurance with an immunosuppressive benefit.



For more information visit the National Kidney Foundation website at www.kidney.org or <https://bit.ly/2PPCDgC>.

For more more information on covering transplant costs visit transplantliving.org.



Patient to Patient “A Journey Worth Taking – My Journey to Kidney Transplant” by Jerry Ribbing

When I was first diagnosed with kidney failure in 2017, I started a journey that I was not expecting. There was a lot of fear of the unknown and I was ignorant of what was ahead of me. When I think back to when I first entered the clinic for dialysis, there is a kind of foggy memory. I do remember that I met a man, Russ. Russ used crutches because of an amputation, and I sat next to him at dialysis. He immediately took me under his wing. What a blessing Russ was. If I had questions, he was there for me. Russ’ support meant so much to me that I decided as a goal for myself I would be there for others in the way Russ had been there for me.

I became a Network Patient Representative (NPR) at my clinic and then later, a part of the ESRD Network 12 Patient Advisory Council (PAC). What a wonderful group of people. I have crossed paths with many amazing people through the PAC. I was fortunate enough to get very involved in the PAC and have been blessed with it.

Jerry at his first Patient Advisory Council Summit in October 2018



Jerry with his wife, Debbie and their granddaughter, Emma Grace (top), Jerry as a NPR in 2018 with staff from Ozarks Dialysis in Monett, Missouri (bottom)



My transplant journey started around three years after starting dialysis. I went to Barnes-Jewish Hospital in St. Louis to be evaluated for a kidney in April 2020. I did not have hopes it would happen as quickly as it did. On Aug. 12, 2020, I got a call out of the blue. They had a kidney for me, but I would be secondary in getting it. We made a four-hour trip in a lot less than four hours and arrived at Barnes minutes before requested to. It was disappointing to be told that the primary patient got the kidney, and I was sent home. But I was very happy for the person that received the kidney. I knew what excitement they felt.

I figured it would be a long time before I would be called again. I was wrong. I got a call two weeks later and was told I was primary this time. My heart was racing with excitement. Again, we made a fast trip to St. Louis. My kidney was not confirmed to me until they were taking me in to prepare for the surgery. All went well with my transplant, but they found a heart problem I was unaware of. That prolonged my stay, but I was blessed that the problem was found while I was still in the hospital. I had two stents placed a week apart from each other and now I am on my journey to recovery.

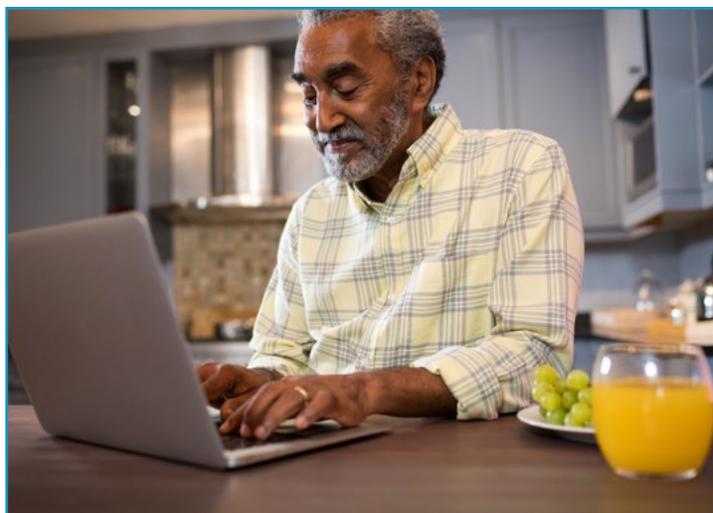
Almost three years to the day from entering dialysis, I got my transplant. It is a blessing from God. They could not tell me the age or gender of my deceased donor because of HIPAA (privacy) laws. My wife, Debbie, and I have joked that it must have been female because I am craving chocolate, going to the bathroom more and more emotional than I was. This has been a journey well worth taking. My advice for anyone if you are faced with the option of dialysis and/or transplant, is to stay positive, research and find all the legitimate information that you can from several sources, have faith and never give up.

Jerry Ribbing is a kidney transplant recipient and lives with his wife in Marionville, Mo. where he is an active volunteer and deacon at his church. Jerry was a Network Patient Representative at his clinic before joining the Patient Advisory Council in October 2018. In 2020, he was elected the Vice Chair for the PAC.

Jerry with his granddaughter, Emma Grace (top), Jerry at Buck Prairie Baptist Church (bottom)



My Network: [Patient Advisory Council](#)



Care Compare

Did you know [Medicare.gov](https://www.medicare.gov) offers a way to check out different health care providers including dialysis clinics? Care Compare allows you to filter by the dialysis offered, sort by location and see quality of care and patient survey ratings.

To do your own search, visit:
www.medicare.gov/care-compare



My Network: [Care Compare](#)



Shout Out For Kidney Health!

In recognition of National Kidney Month in March 2021, Qsource ESRD Networks celebrated people who are living well with kidney disease and the care providers that help them every day. Each week we focused on a different group, giving a Shout Out to thank them for their efforts and sharing their stories to encourage others. Visit our website at esrdnetwork12.org/shout-out-for-kidney-health/ to find out more about their journeys and how they are great examples of people living well with kidney disease!



Shout Out to Transplant Trailblazers!

A Transplant Trailblazer is someone who has received a kidney transplant, is living well with kidney disease, and shares their story to encourage others to consider transplant as a treatment option. Meet some Transplant Trailblazers.



Shout Out to Mike Ashley!

Shout Out to Mike Ashley-
The Kidney Man!

Mike Ashley lives in Des Moines, Iowa, with his wife of seven years, Dawn. He has Polycystic Kidney Disease and had a kidney transplant in 2009 and recently returned to dialysis. He deserves a **Shout Out** for all his volunteer efforts with ESRD Network 12, and the National Kidney Foundation. As “The Kidney Man” he has traveled throughout the country giving his time and talents to promote kidney health and kidney transplant. He has inspired many to pursue kidney transplant and now has begun his pursuit for another one.



Shout Out to Barbara Briggs!

Barbara Briggs lives in Omaha, Neb. and received her second kidney transplant in 2017. She deserves a **Shout Out** for her passionate advocacy efforts in her community and with ESRD Network 12, serving on the Patient Advisory Council and Medical Review Board. She shares her story with patients at her former dialysis center, members of her church and inspired her son to pursue a career helping with organ donation.



Shout Out to Mike Bronson!

Mike Bronson lives in Tonganoxie, Kan. with his wife of 35 years and where he is the senior pastor for a Baptist church. He received a living donor transplant in 2009. He deserves a **Shout Out** for reaching out to join the Network Patient Advisory Council (PAC) in 2016 and volunteering his time and talents advocating on behalf of kidney patients. Mike has served on the ESRD Network 12 Medical Review Board, is now on the Board of Directors and the PAC Chair.





Shout Out to Home Heroes!

A Home Hero is a home dialysis patient who is living well with kidney disease and shares their story to encourage others to consider home modalities. Meet some of our Home Heroes.



Shout Out to Jimmie Bates!

Jimmy Bates lives in Dubuque, Iowa with his wife, Dawn. He began his journey with kidney disease in 2008. Jimmy deserves a **Shout Out** for his advocacy efforts to promote home dialysis. He has been doing home hemodialysis since 2018. It has allowed him to do the things he enjoys—spending time with his family and motorcycle riding. He is a member of the ESRD Network 12 Patient Advisory Council and has worked with his dialysis clinic and NxStage to promote home modalities



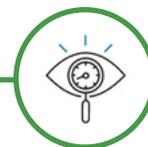
Shout Out to Jeffrey Cauley!

Jeffrey Cauley lives in Kansas City, Kan. He deserves a **Shout Out** for Kidney Health because he is a rock star at home hemodialysis. Jeffrey's journey with dialysis began 1999, and he has been on home hemo since 2005. He is a great example of someone who is living well with kidney disease and encourages others with his story. After COVID restrictions are lifted, his clinic has asked him to come and do a treatment at the in-center so other patients can see him in action. Instead of waiting, Jeffrey recorded a video of himself doing his dialysis at home so the Network can share it out more broadly.



Shout Out to Anja Schlagel!

Anja Schlagel lives in Overland Park, Kan. but is originally from Berlin, Germany. She was diagnosed in her mid-thirties and had been on peritoneal dialysis (PD) from December 2017 until she received a kidney transplant in 2019. Anja is on the Network 12 Patient Advisory Council, the Medical Review Board and volunteers for the American Association of Kidney Patients (AAKP). She deserves a **Shout Out** for her passionate advocacy efforts and drive. She wants all patients to know their options and consider PD. PD allowed her to work full-time as a structural engineer while raising two children with her husband.



For more information on home dialysis, visit our website and/or check out these My Kidney Kit pages.

- My Choices:
 - [Is Home Hemodialysis Best For Me?](#)
 - [Peritoneal Dialysis](#)
- My Treatment:
 - [Am I Getting Enough Hemodialysis?](#)
 - [Am I Getting Enough Peritoneal Dialysis?](#)



Shout Out to PEERS in Action

PEERS in Action are **Patients who Empower, Educate, Represent and Support** their patient peers by being active in their care and in the dialysis clinic's improvement efforts. PEERS in Action are positive examples of living well with kidney disease and they work to help others do so too. Meet some PEERS in Action leading the way for others to live well with kidney disease.



Shout Out to Susie Atterberg!

Susie Atterberg lives in Keokuk, Iowa with her husband. She started her kidney journey with an Anti-GBM (Goodpasture's) disease diagnosis and spent 18 months on in-center dialysis before receiving a kidney from a longtime friend in February 2018. Susie deserves a **Shout Out** for the annual "Twisted Sisters" event she coordinates with her donor and others to benefit dialysis patients and staff with their needs. Susie was the first honoree of the 2019 Ardyth M. Boucher Legacy Award because of her efforts. She is a Network Patient Representative and member of the Network 12 Patient Advisory Council.



Shout Out to Doug Carrell!

Doug Carrell lives in Morrill, Neb. and does in-center hemodialysis at Scottsbluff Dialysis. He deserves a **Shout Out** for his exceptional work as a Network Patient Representative sharing his insight, time and talents to improve the patient experience for his peers. He works with the staff to improve patient outcomes, meets with new patients, and helps with events to improve morale. Doug is also on the Network 12 Patient Advisory Council.



Shout Out to Debra Cohns!

Debra Cohns lives and does in-center hemodialysis in St. Louis, Mo. She deserves a **Shout Out** as the 2020 Ardyth M. Boucher Legacy Award winner for her advocacy efforts at Fresenius Kidney Care- North County, supporting the patients at the clinic and in her community. Her positive outlook and drive to give back to others is an inspiration. Debra has joined the ESRD Network 12 Patient Advisory Council and is now a Network Patient Representative at her clinic.



Volunteering is not only good for others but for you! Volunteering makes you happy and helps to curb the effects of stress, anger, anxiety and depression. Volunteering builds self confidence and gives a sense of purpose. Visit our website at www.ESRDNetwork12.org or talk with your clinic social worker if you are interested in becoming involved as a Network Patient Representative at your clinic.



My Network: [NPR Program](#)



Shout Out to Care Teams and Care Partners

Care Teams at our dialysis and transplant clinics and Care Partners deserve a big **Shout Out** as they are essential! We recognized a few of the many Kidney Care Teams by sharing some staff appreciation activities done in the region. We also wanted to highlight a Care Partner because their care and support help people to live well with kidney disease.



Shout Out to Dawn Bates!

Dawn Bates lives in Dubuque, Iowa with her husband, Jimmie who is on home hemodialysis. She has been his care partner since he began home dialysis in 2009. Dawn deserves a **Shout Out**, not only for her advocacy on behalf of her husband, but also as a Network Patient Representative at his clinic and as an advocate for NxStage. Dawn facilitates a local support group for home dialysis patients and cohosts a caregivers support group on Zoom. She is on the Network 12 Patient Advisory Council to share her positive attitude, creativity and passion!



Shout Out to Staff at Scottsbluff Dialysis!

Thanks to Doug Carrell, Network Patient Representative for sharing how the patients showed their appreciation for the staff at Scottsbluff Dialysis in Scottsbluff, Neb.! Staff provided patients with an opportunity

to write their words of appreciation on hearts and post them on a bulletin board to be seen by all. **Shout Out** to the staff at Scottsbluff Dialysis- you are ESSENTIAL! Your caring helps to improve the lives of your patients to help them live well with kidney disease!!!



Shout Out to Staff at Tri-State Dialysis-Dubuque!

Patient and Care Partners, Jimmie and Dawn Bates and all the patients at Tri-State Dialysis in Dubuque, Iowa say their team deserves a **Shout Out** for all they do! Thanks to Dawn and Jimmie for sharing their idea to honor staff with a **Staff Shout Out** bulletin board. As the Network Patient Representative for the Home Program, Dawn helped to design and post a bulletin board that would allow patients to share their gratitude for staff. They also provided lip balm to all the staff, because the Staff at Tri-State Dialysis - Dubuque is the BALM!

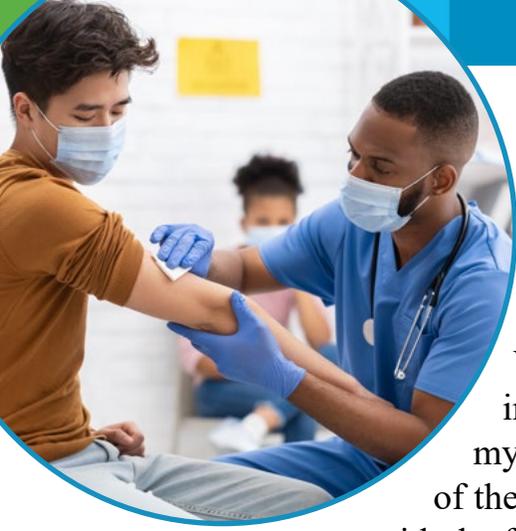


“Appreciation can make a day, even change a life. Your willingness to put it into words is all that is necessary.” - Margaret Cousins

Show your appreciation to the health care workers and your care partners today!



My Network: [NPR Program](#)
My Network: [Patient Advisory Council](#)



COVID-19 Myths vs. Facts

Why Patients are Saying YES to the Vaccine!

When it comes to COVID-19 and the vaccine, there has been a lot of information shared and some of it has been untrue or misleading. Many myths out there can cause people to be anxious or afraid. Here are some of the most common myths related to COVID-19 and the vaccine, along with the facts to help you understand the difference.

- X** **Masks still work if they cover your mouth, so keeping your nose out is OK.**

✓ Your mouth and nose are connected. So when you sneeze, cough or even breathe – you use both. Your mask needs to cover your mouth AND your nose. Lowering your mask down under your nose can expose you to infectious air, while also exposing others to the respiratory droplets you are exhaling.

- X** **You should avoid the hospital if you want to stay healthy.**

✓ It can be dangerous to avoid the hospital when you need medical help. If you or someone else is experiencing a life-threatening emergency, it is important to get medical attention immediately.

- X** **I have been exposed to someone with COVID-19 but had a negative COVID-19 test, so I don't need to quarantine.**

✓ Quarantine is used to keep someone who might be exposed to COVID-19 away from others. A negative test does not end your quarantine early. It means that at the time of your test, your sample did not show viral levels high enough to be measured. You still could have COVID-19, be contagious and spread the virus to others. It is important that you follow quarantine guidance provided by your local public health department or health care provider.

- X** **I had COVID-19, so I'm immune.**

✓ Scientists have studied similar viruses and say it is possible to get COVID-19 more than once. They are still learning more about how likely you are to get infected again, how often it happens, and who has a higher chance of getting the disease again. Even if you had COVID-19, you should still wear a mask in public, stay away from crowds, wash your hands and get the vaccine.

- X** **The COVID-19 vaccines are unsafe because drug companies created them quickly.**

✓ Because we are in a global pandemic, drug companies moved quickly to make the COVID-19 vaccines. For many years, they had already been doing research on new vaccines because of other outbreaks, making the technology available for them to act quickly. All vaccines in the United States go through strict studies and approval from the Food and Drug Administration (FDA) to make sure they are safe and will work.

Resource: <https://cle.clinic/3wB2J7w>, <https://bit.ly/3t6RLV8>, <https://mayoclinic.org/3217yes>

X **The COVID-19 vaccine can make you sick with COVID-19.**

✓ None of the COVID-19 vaccines approved for use in the United States contain the live virus that causes COVID-19.

X **The COVID-19 vaccine makes people sick that were otherwise healthy.**

✓ There are several different types of vaccines. All of them teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are a sign that the body is building protection against the virus that causes COVID-19.

X **Some people got COVID-19 right after their vaccine, so it must not work.**

✓ It typically takes a few weeks for the body to build immunity (protection against the virus that causes COVID-19) after vaccination. That means it is possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination.

X **The COVID-19 vaccine will alter my DNA.**

✓ The COVID-19 vaccine will not alter your DNA. There are currently two types of COVID-19 vaccines that have been authorized for use in the United States: messenger RNA (mRNA) vaccines and viral vector vaccines. They both work in different ways to help the body's natural defenses to safely develop immunity to disease by sending instructions to our cells to start building protection.

X **The COVID-19 vaccines do not work on new strains of the virus.**

✓ It is normal for viruses to change over time. Scientists have found multiple strains of COVID-19 around the world. They seem to spread more easily, but right now, there is no proof that they make you sicker or cause more deaths. Scientists are still studying if the COVID-19 vaccines work against these mutations.

Please remember to always do your research and get your information from sources that are trusted for medical, science and fact-based information such as the Centers for Disease Control (www.cdc.gov), National Institutes of Health (www.nih.gov), your local health department or major research hospitals. If you hear something that does not sound right, be your own best advocate and check it out! Download a list of credible resources at: <https://bit.ly/2PSLpKC>



Why Are You Saying YES to the Vaccine?



“I want to see my family, my grandkids. I can’t wait to get back into the world and be able to go to concerts and motorcycle rallies safely.”
- Jimmie Bates, home hemodialysis, Iowa



“I have a few family members in healthcare, a doctor and nurse practitioner that encouraged me to get the vaccine. I figure it’s the only way we’ll get over this (pandemic).” -Fred Krejci, in-center hemodialysis, Nebraska

The New House Call

How to Make Telehealth Work For You

One helpful thing to come out of the global pandemic was the use of technology to connect people, including your care team. Many people found value in being able to talk to doctors, nurses, social workers and others over a quick video-call using a smart phone, laptop or tablet. Medicare saw the value of telehealth services and started paying for it.



Telehealth may not be for everyone. But if you can do a few things through telehealth, it may be worth giving it a try. Here are some thoughts and tips from members of our Patient Advisory Council:



“I did telehealth for my annual appointment with my transplant doctor in Iowa City and found it to be very personal, even from a distance. It gave me peace of mind and time to actually bond with the doctor. I was able to ask questions in a relaxed format while sitting in my living room.” – Susie Atterberg, kidney transplant recipient, Iowa



“Even though we touch base with the home dialysis nurses weekly, I felt safe at home seeing my doctor on the screen and felt all my needs were being met. I believe telehealth is a great tool and I would encourage patients to use it as often as they can.” – Jimmie Bates, home hemodialysis, Iowa



“I had my telehealth visit using a laptop and it was easy. It was one of the greatest things they could have done, especially for people who are in remote areas having to drive two hours for appointments. Telehealth eliminates driving, having to find a parking space, and all of the slipping and sliding in winter weather.” – Barbara Briggs, kidney transplant recipient, Nebraska



“The best tip I can offer for engaging in a telehealth team is to prepare exactly as you would for an in-person visit. Have a list of questions. Write down troubling symptoms ahead of time. Prioritize what you want to tell the doctor. Be ready to take notes. Telehealth visits are identical to in-person visits except for the physical exam.” – Mike Bronson, kidney transplant recipient, Kansas



“I was pleasantly surprised that the appointment was on time and went so quickly. Normal in person appointments have unexpected delays and can run late at times, where telehealth appointments are on time and quick. It’s nice to see and talk to the doctor without possible exposure.” – Laura Novy, in-center hemodialysis, Nebraska



“Don’t be afraid of it. Check your technology prior to the appointment and make sure you have the right app installed so you can use the camera option. Block out the time, and try to ensure that you won’t be disturbed by your spouse, kids, telephone etc. Have your vitals ready to go like blood pressure, pulse and so forth, along with your list of items that you want to discuss. Hopefully, seeing your doctor away from the clinic will alleviate some of the White Coat Syndrome, allowing you to talk more freely about your concerns.” – Anja Schlagel, kidney transplant recipient, Kansas

For more information on how to make Telehealth work for you, download the Telehealth Passport from our website at: www.Qsource.org/coronavirus/esrd-networks/patient-resources/

Medicare and Continuous Glucose Monitors (CGMs)

Medicare covers CGM for those who qualify.

To qualify you must:



have a diagnosis of Type 1 or Type 2 diabetes.



currently use a blood glucose monitor (BGM) and do BGM testing at least four times a day.



treat your diabetes with multiple daily injections of insulin or use a continuous subcutaneous insulin infusion pump.



need frequent adjustments to your insulin treatment regimen.



have had an in-person visit with your doctor to evaluate diabetes control and make sure the criteria above is met six months before ordering the CGM.



If you have questions about diabetes supplies, visit Medicare.gov/coverage. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



You Are Not Alone

Tips For Coping with Loneliness

You're not the only one feeling lonely during the pandemic. Although staying home and self-isolating is helping to reduce the spread of the COVID-19 virus, more and more people are feeling very lonely. Being told we should stay at home and limit contact with others can have a big impact on our mental health, as we feel isolated and cut off from the world. At least we're not alone. Everyone has had to change how we live and interact with others. However, you may not realize that loneliness can put your health at risk. According to the Centers for Disease Control & Prevention (CDC), studies have shown that many adults aged 50 and older are socially isolated or lonely in ways that put their health at risk.¹ This includes being at a higher risk of heart disease, dementia, depression, anxiety, and premature death. Here are some tips to help you feel less lonely despite having to be socially distant.



"I send out a daily text message to friends and family. Not only am I sharing a positive message, but I'm getting encouragement in response." - Jerry Ribbing, kidney transplant recipient, PAC member from Missouri

Reach out. Reach out to family and friends. Schedule a time just as if you were planning a visit. Plan phone calls and/or video calls, or text to let your loved ones know how you're

feeling. If you find yourself lonely, video call a friend or family member. Seeing their facial expressions and reading their body language will help you feel like you're not alone in your home.

Take care of your physical health.

Your physical health can affect your mental wellbeing. Exercise can help clear your mind. A walk in the garden, eating well, getting enough sleep and staying on track with your dialysis can all be positive steps toward feeling better.



"Get outside. When the weather's nice I enjoy taking walks."
- Mike Ashley, training on home hemodialysis, PAC member from Iowa

Keep yourself busy. It is important that you fill the time you have while you are self-isolating, keeping yourself busy. With extra time on your hands, you can find yourself overthinking, leading to you feeling anxious and lonely. Keeping yourself busy can simply mean tidying up your room, learning a new recipe, or even picking up that book you've been wanting to read. It is also important to have some downtime. You can keep yourself busy by watching a series on an online streaming platform or listening to an audiobook. Podcasts can also help as they can give you the feeling you are surrounded by others in the room. This will stop you from feeling lonely as you will have distractions all around you.



“I find things to keep me busy throughout the day, everything from cleaning out a closet, to reading or coloring in a coloring book.” -Barbara Briggs, kidney transplant recipient, PAC member from Nebraska

Make your living space positive. Keep photos of the people you love or things that give you feelings of comfort, in the place in which you like to spend time.

Make plans for the future. Planning an event for the future can give you something to look forward to – whether it’s heading back to your favorite restaurant with your best friend, or simply scheduling a video chat for next week. If you are missing someone specific, make plans to see them. You will have something to look forward to.

Learn something new. Start a new hobby or take an online class. An online class could help expand your network and meet others who will share your interests.



“We are involved in several support groups that meet monthly. The people we met have become our friends and we support each other.”
- Dawn and Jimmie Bates, care partner and home hemodialysis patient, PAC members from Iowa



My Life: [Being Active](#)
My Life: [Coping With Dialysis](#)
My Treatment: [What is Depression?](#)

1. Loneliness and social isolation linked to serious health conditions. (2020, November 04). Retrieved April 30, 2021, from <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

These are only a few ideas to help you during self-isolation. Give some a try and make sure you are always keeping yourself busy or communicating with others to help fight the feeling of loneliness. If you need help, talk to someone you can confide in. Talk to your social worker or your doctor so they can work to help you feel better or connect you with people who can help. If you are in crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or message the Crisis Text Line (text HELLO to 741741).

Silver Linings

To help us cope with the pandemic, some things have changed for the better.



Telemedicine: Medicare now covers telemedicine visits so you can see your doctor or other providers from home. This includes mental health care! Medicare Part B helps pay for therapy and counseling services covering 80 percent of the costs of care. Visit www.medicare.gov to find out more.



Online and telephone patient support groups for kidney patients have expanded. There are more opportunities to connect online. Download a copy of Online and National Peer Support at: <https://bit.ly/3wGe1rh>.



Learn about loneliness and social isolation and get tips on how to stay connected at: <https://bit.ly/3mSR937>.

A Note from Your Nurse

Dealing with Diabetes

By Roma Heater, RN, Quality Improvement Manager
Qsource ESRD Network 12



The two main causes of chronic kidney disease are diabetes and high blood pressure. Many patients who are on dialysis also have diabetes. Coping with diabetes while on dialysis can be difficult, but here are a few tips to help.



Visit your doctor regularly. Make sure to see your endocrinologist and/or primary care doctor to review your labs and blood sugars.



Take your diabetes medicine as directed by your doctor.



Check your blood sugars often, as directed by your doctor.



Know the symptoms of low blood sugar. The following are some signs that you may need immediate assistance:



Excessive Sweating



Feeling Tired



Blurred Vision



Lightheadedness or feeling dizzy



Feeling Weak



Keep your diet on track.

- Eat three meals a day and snacks.
- Control your portion sizes.
- Always carry something to eat or drink that will help when you have low blood sugar.



Work with your dialysis care team.

- Talk to your team about how diabetes affects you.
- Ask about your labs so that you understand and can get advice on what you can do to feel your best.
- Attend your Plan of Care meetings, work with your team to make a care plan that meets your needs.
- Talk with the dietitian about how you can manage your kidney and diabetic diet. They can go over food options and suggest things that would fit your lifestyle. They can also help with ideas on would work around dialysis treatment times.
- Know the plan. Every clinic should have a protocol in place, in case of emergency, for diabetic patients. Ask what steps would be taken if you needed help.



Stay active. Healthy weight loss can help with managing diabetes. Before starting any exercise routine, talk to your doctor about what would work best for you.



Do not be afraid to ask questions and seek help.



“I worked with the staff to figure out how to manage my diabetes during dialysis. I use the continuous glucose monitor system that connects with my smart phone. I check my blood sugar every 30 minutes when they take my blood pressure. If it gets too low, I drink an Ensure to help bring it back up.”

-Doug Gudenkauf, in-center hemodialysis, NPR and PAC member from Iowa



“As a diabetic for 38 years, the one thing that has helped me the most is the continuous glucose monitoring system. It has transformed my diabetes management. It allows me to see trends in my blood sugar levels and I can check it any time during dialysis. I keep energy bars in my bag if I need them. At the end of my treatment, I check my meter, and adjust as needed.”

-Kevin Dobbins, in-center hemodialysis, NPR and PAC member from Missouri





Popcorn Three Ways

Ingredients

- 1/4 cup popcorn kernels
- 1 1/2 tablespoons canola oil
- 1 teaspoon Sriracha hot chili sauce
- 4 tablespoons unsalted butter, melted
- 1 teaspoon nutritional yeast
- 2 teaspoon granulated sugar
- 1 teaspoon cinnamon

Nutrition

Calories	275
Protein	3 g
Carbohydrates	23 g
Fat	19 g
Cholesterol	20 mg
Sodium	65 mg
Potassium	96 mg
Phosphorus	78 mg
Calcium	17 mg
Fiber	3.7 g

Find More Recipes:

- www.davita.com/diet-nutrition/recipes
- www.dciinc.org/recipes
- www.freseniuskidneycare.com/eating-well

Serving Size: 3 cups popcorn

Preparation:

- Pour canola oil in medium saucepan and place over medium-high heat.
- Add three popcorn kernels and place lid, slightly cracked on the pan.
- When all three kernels have popped, add the remaining kernels and gently shake pan to coat kernels in oil. Replace lid, slightly cracked on pan.
- Popcorn kernels will begin popping rapidly. When popping slows, remove pan from heat and pour popcorn into 3 separate bowls.
 1. Drizzle chili sauce over popcorn in first bowl and gently toss to coat.
 2. Mix nutritional yeast with 2 teaspoons melted butter. Drizzle over popcorn in second bowl and gently toss to coat.
 3. Combine the remaining melted butter with the cinnamon and sugar. Drizzle over popcorn in the third bowl and gently toss to coat.
- Divide each bowl into two servings so each person gets one cup of each popcorn flavor.

Helpful Hints

- Use white or yellow popcorn.
- **CAUTION:** Oil will be hot and can pop out of pan during popping. Be careful!
- Increase Sriracha sauce to 2 teaspoons if more heat is desired.
- This spicy, sweet and cheesy popcorn keeps for 1 to 2 days if sealed in a container or zip-top bag.

Recipe downloaded from www.davita.com/diet-nutrition/recipes/appetizers-snack/popcorn-3-ways.

Pain Management

Pain is the most common and troubling symptom for patients in all healthcare settings. It is estimated that 30 percent of adults in the U.S. suffer from chronic pain.¹ There are many ways to treat pain in addition to the use of prescription drugs. Prescriptions—like hydrocodone, oxycodone, and morphine – can be prescribed by doctors to treat moderate to severe pain but can have serious risks and side effects.

Your doctor may talk to you about opioids for pain treatment. Ask about the risks and benefits so that you can work together to decide what is best. You can also ask your doctor to help you find other safer ways to manage pain like:

-  Acupuncture
-  Chiropractic care
-  Cognitive Behavior Therapy
-  Massage Therapy
-  Meditation and Relaxation
-  Physical Therapy and Yoga

Keeping track of your activities, and when you experience pain, can help you self-manage your condition. Pain management apps that include a pain diary can be helpful. One example, the Manage My Pain app, has been shown through research to help people lessen their anxiety and feeling overwhelmed by their pain.

1. Johannes CB, Le TK, Zhou X, Johnston JA, Dworkin RH. The prevalence of chronic pain in United States adults: results of an internet-based survey. *J Pain*. 2010;11:1230–1239. doi: 10.1016/j.jpain.2010.07.002. [PubMed] [CrossRef] [Google Scholar]



For more information, visit nccih.nih.gov/health/pain/ebook.

Call 1-800-662-HELP (4357) for 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

www.samhsa.gov/find-help



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Take Steps to Stop the Spread of COVID-19



**Wear A
Mask**



**Wash Your
Hands**



**Watch Your
Distance**



**Get
Vaccinated**

Contact your local health department to find out how you can get vaccinated.