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HEALTH FACILITIES & SERVICES REVIEW BOARD

March 28, 2012

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

Re: Additional Information

Project: #11-120, Fresenius Medical Care East Aurora

Dear Ms. Avery,

The enclosed pages contain additional information in response to the Intent to Deny given to the above mentioned project at the February 28, 2012 meeting.

Thank you for your time and consideration of this information.

Sincerely,

Lori Wright

Senior CON Specialist

Cori Wright

cc: Clare Ranalli

SUPPLEMENTAL INFORMATION #11-120, Fresenius Medical Care East Aurora

In response to the Intent to Deny issued to project number 11-120 at the February 28, 2012 meeting, Fresenius Medical Care is submitting this additional information for the Board's consideration. The applicant requests the Board reconsider its Intent to Deny based on the following points.

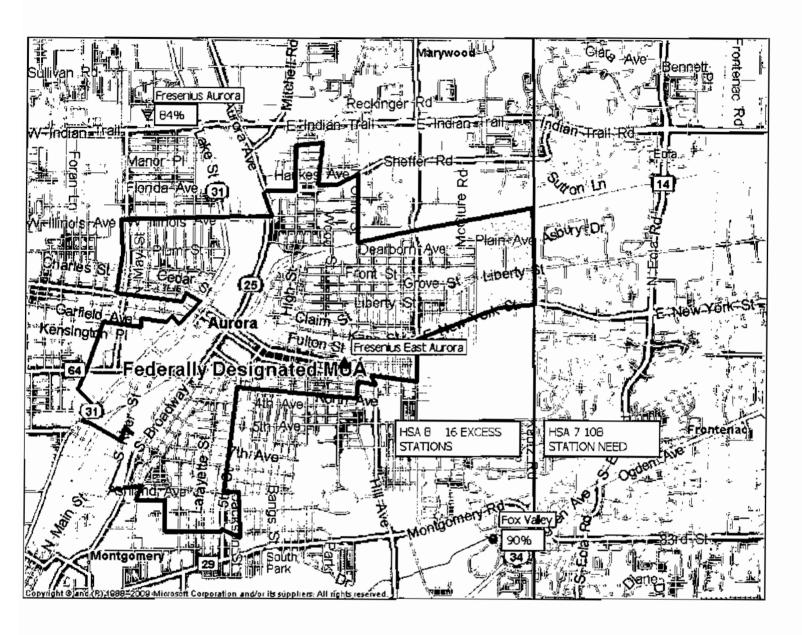
- The facility is being located in a Federally Designated Medically Underserved Area/Population (MUA/MUP)
- The facility will serve a densely populated, disadvantaged population that is at a doubled risk of diabetes and high blood pressure leading to kidney disease.
- The average utilization of facilities within 30 minutes is over the State standard of 80%.
- The average utilization of the 2 facilities serving Aurora is 87% (Fresenius Aurora at 84% & Fox Valley (not a Fresenius facility) at 90%).
- The project was supported with over 40 patient and community member letters. It
 is also supported by various government and health care providers in the area who
 have no reason to support this facility other than understanding the need for
 service to the patients in this area.

Overwhelming Community/Patient Support

Lastly, despite opposition by only Fox Valley Dialysis (operating at 90%) and Rush – Copley Hospital, where Fox Valley is located, there has been overwhelming support for this project due to its recognized need in this community. Supporting the establishment of this facility are:

- Hesed House Homeless Resource Center
- Alderman Hart-Burns
- Over 40 letters of support from patients and community members
- Support from Visiting Nurses Association (VNA), a non-profit organization providing primary care and community health services to individuals regardless of ability to pay
- · State Representative Linda Chapa LaVia
- Dryer Medical Clinic
- · Aurora Executive Director of Economic Development, Sherman Jenkins
- Christina Campos, Aurora Township Supervisor
- Dr. Count Hill
- St Mary Church

FRESENIUS EAST AURORA - MUA AREA - HSA 8 & 7

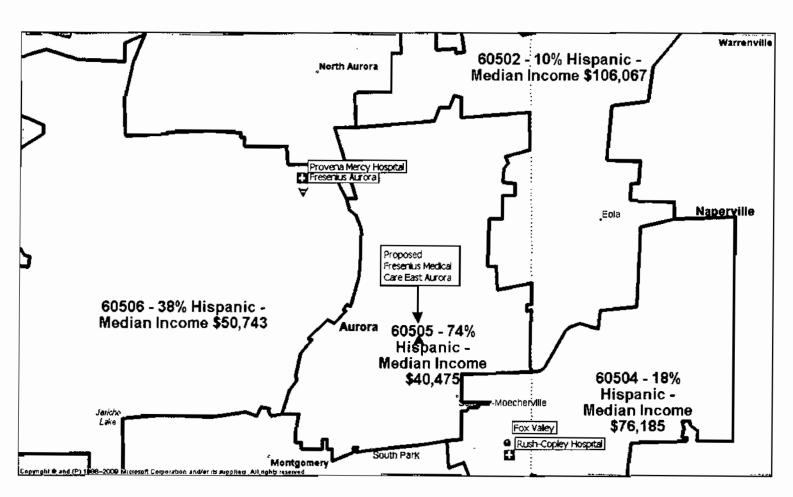


The immediate area of the proposed East Aurora clinic has been designated as a medically underserved area.

The patients who will be served by the proposed East Aurora clinic are economically disadvantaged and also face social and cultural barriers to service. When examining the city of Aurora by zip codes the disparity becomes apparent. Maps and charts below show areas of greatest need.

Demographics of Aurora Zip Codes

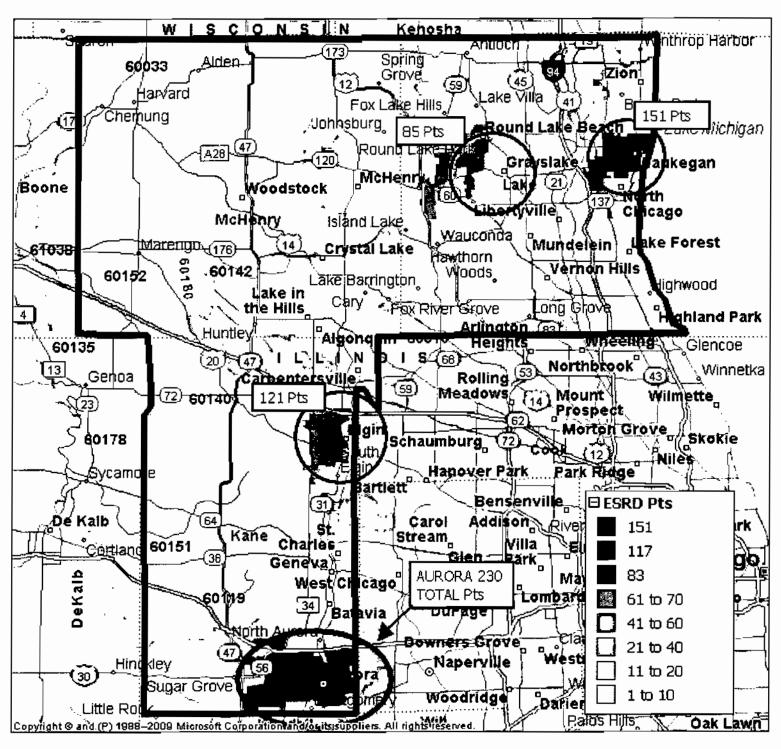
Zip	2010	#	%	Median	Dialysis	Hospital
Code	Population	Hispanic	Hispanic	Income	Location	Location
60502	21,873	2,108	9.6%	\$106,067	N/A	N/A
60504	37,919	6,975	18.4%	\$76,185	Fox Valley Dialysis	Rush-Copley
60506	53,013	19,983	37.7%	\$50,743	Fresenius Aurora	Provena Mercy
60505	76,573	56,373	73.6%	\$40,475	Proposed Fresenius East Aurora	N/A



As seen above and evidenced in the application and supplemental information, Fresenius Medical Care is proposing this facility to serve the poorest and most disadvantaged population of Aurora. No other provider has yet to step up to meet the growing demand for ESRD services experienced in this area of Aurora. Keeping access to dialysis available to this population, of which Dr. Dodhia treats a high percentage of the patients, is the first and foremost goal. The historic ESRD utilization in Aurora for both Fox Valley Dialysis and Fresenius Aurora has been historically over 80% to above capacity at the Aurora facility. Despite expansions at the facility (10 stations) the utilization is once again at 84% as of March. With Fox Valley remaining above 90% utilization, we have not seen a decrease in the rise of ESRD patients in Aurora.

ESRD Population in HSA 8

Fresenius Medical Care notes that there is an excess of 16 stations in HSA 8, however asks the Board to consider the geographic area the HSA covers and the location of the proposed East Aurora facility. HSA 8 covers Lake, McHenry and Kane counties. Even though the inventory reveals a determined excess of stations, the rural areas of this HSA are more numerous than the heavily populated areas. Rural area dialysis facilities rarely operate more than 2 shifts a day (State Board methodology is calculated on 3 shifts a day) thus contributing to the "apparent" excess of stations. There are pockets of need as can be seen on the map below where the population is higher and the incidence of ESRD is higher. This is especially true of Aurora, which is the 2nd largest city in Illinois and has a large Hispanic population. Zip code 60505, where the proposed facility will be located is 74% Hispanic and has 117 ESRD patients. This is over half of the total 230 ESRD patient in Aurora.



HSA 8 POPULATION & ESRD GROWTH

The overall population in Illinois over the past decade has grown only 3% according to the U.S. Census Bureau, however during the same time the population in HSA 8 has grown 17% contributing to the increase in the ESRD population as seen below.

Illinois Population Figures

Illinois Population Growth						
2000 2010 % Growtl						
12,419,293	12,830,632	3%				

HSA 8 Population Growth

H S A 8 Population Growth						
County 2000 2010 % Growth						
Kane	404,119	515,269	28%			
Lake	644,356	703,462	9%			
McHenry	260,077	308,760	19%			
Total	1,308,552	1,527,491	17%			

Kane County has grown 28% over the past decade and along with that the Hispanic population has grown 30%.

HSA 8 Hispanic Population Growth

H S A 8 Hispanic Population Growth						
County 2000 2010 % Growth						
Kane	95,924					
Lake	92,716	139,987	51%			
McHenry	19,602	35,249	80%			
Total	208,242	333,626	60%			

	H S A 8 Hispanic % of Population							
	2000 2010 % Change							
•	24%	31%	30%					
	14%	20%	38%					
	8%	11%	51%					
	16%	22%	37%					

HSA 8 ESRD Population Figures

HSA8	Network ESRD Patients								
County	2007	2007 2008 2009 2010 2011							
Lake	604	617	638	676	713				
McHenry	144	166	181	193	192				
Kane	433	479	513	483	512				
Totals	1,181	1,262	1,332	1,352	1,417				

Annual Growth							
08 vs 07 09 vs 08 10 vs 09 11 vs 10							
2%	3%	6%	5%				
15%	9%	7%	-1%				
11%	7%	-6%	6%				
7%	6%	2%	5%				

The ESRD growth in the area correlates to the high utilization of the Aurora clinics despite station additions. ESRD growth in Illinois has been approximately 3% average yearly according to the Renal Network. Kane County, in 2011 experienced a 6% ESRD growth. HSA 8, which is comprised of Lake, McHenry and Kane Counties, also experienced 5% ESRD growth in 2011, exceeding the State and National Averages.

On a national level, the annual increase of ESRD patients has between 1.9% and 2.4% between 2003 & 2009 according to the 2011 United States Renal Data System (USRDS) Annual Data Report (see excerpt from report attached).

ESRD Patient Transportation In Aurora

The chart below depicts how the current 123 patients travel to and from dialysis treatment at Fresenius Aurora, three days each week. Similar modes can be expected for the East Aurora facility, however due to the characteristics of the area it will serve, it is expected that there would be a higher rate of PACE Public transit and Medicaid transportation.

Mode of Transportation	Patients	Percent	
PACE Public Transit	11	9%	Bus runs every 30-60+ minutes depending on time of day. This type of transportation is not suitable for travel out of downtown Aurora due to length of travel and non-existent routes to other dialysis locations
Medicaid Transportation Medical Transportation	21	17% 5%	Some do not provide rides after 4pm, requiring patients to need 1st or 2nd treatment shifts. Patients have to travel with others and often have long rides due to the extent of travel and wait times.
Nursing Home Transportation	10	8%	Nursing homes transport to their general area
Friends	1	1%	Friends or family members either have to wait for the
Family	35	28%	patient or make two round trips three times a week. Can greatly impact their lives especially if they work or have families to care for.
			Patients are often not feeling well before and after
Drive Self	37	30%	treatment
Other	2	2%	
Grand Total	123	100%	

Overview of Clinics Within 30 Minutes

_		MapQuest	Travel Study		Patients		Patients to
Name	City	Mites	Time	Stations	12/31/11	Utl 12/31/11	reach 80%
Fox Valley Dialysis	Aurora	2.78	8.8	26	141	90.38%	
Fresenius Aurora	Aurora	3.59	12.2	24	111	77.08%*	
Fresenius Naperville North	Naperville	8.38	22.2	14	66	78.57%	1
Fresenius Naperville	Naperville	7.84	19.2	15	76	84.44%	
Fresenius Oswego	Oswego	8.16	18.2	11	45	68.18%	8
Fresenius DuPage West	West Chicago	11.92	26.5	16	74	77.08%	3
Grand Totals 106 513 79.28% 12							

*The Fresenius Aurora facility was operating at 77% as of December 31st, however is operating at 84.28% with 123 patients as of March 26th. **This makes the average** utilization within 30 minutes of East Aurora 80.49%. The average utilization of the two clinics serving Aurora is 87%.

Fresenius Naperbrook	Naperville	11.52	25.5	16	0	0.00%

This facility was not permitted at the time the East Aurora application was submitted and was not included in the independent travel study. It has since been added (see attached travel report). This facility will not have any impact on utilization or capacity in the 30-minute travel area because the Naperville 15-station clinic will be discontinued around the same time the East Aurora facility is beginning operations. All Naperville patients will be transferred to the Naperbrook facility keeping utilization virtually the same.

While the average utilization of all facilities within 30 minutes is over 80%, it will only take 12 more patients before all facilities are individually over 80%. Of those facilities that are not at 80%, Naperville North has been highly utilized and is now showing a normal "dip" in patient census which is only 1 patient below 80%. Fresenius Oswego reached 80% approximately one year after beginning operations and remained above 80% for many years. It is now experiencing a "dip" in census; however the facility has one of its 11 stations designated as an isolation station. This station can **only** be used for a patient who has Hepatitis B. If there is not a Hepatitis B patient, the station remains unused which can skew the utilization. If this station were deducted from the calculation, the facility would be at 75%, just 3 patients away from 80%. Fresenius DuPage West is a long way for residents of Aurora to travel for treatment and receives referrals from a separate hospital system and nephrology practices. Patients in Aurora are generally referred from the two Aurora hospitals and the Aurora nephrology practices. Dr. Dodhia does not refer patients to DuPage West and patients would loose continuity of care if this occurred. The clinic is only 3 patients away from 80%.

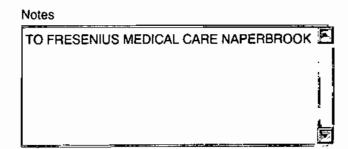
In summary, we respectfully ask the Board members to consider the patients who reside and seek healthcare services in this unique community and the disadvantages that they face economically and culturally and the difficulty they would encounter if they have to go outside of the 30-minute travel area for services. We also ask that you consider that while the inventory may show an excess of stations for the HSA as a whole, that there exists small areas of need within the HSA.

We thank you for your time and consideration of this information.

MAPQUEST.

Trip to 2451 S Washington St

Naperville, IL 60565-5419 11.52 miles - about 20 minutes





924 E New York St, Aurora, IL 60505-3724

STAPI	Start out going east on E New York St toward Hickory Ave.	go 4.6 mi
⊕ 📆	2. Turn right onto IL-59 S.	go 1.1 mi
③	3. Turn left onto 75th St.	go 3.9 mi
®	4. Turn right onto S Washington St.	go 1.9 mi
END	5. 2451 S WASHINGTON ST is on the right.	go 0.0 mi



2451 S Washington St, Naperville, IL 60565-5419

Total Travel Estimate: 11.52 miles - about 20 minutes

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MEMORANDUM

TO: Ms. LORI WRIGHT

FRESENIUS MEDICAL CENTER

FROM: STEPHEN B. CORCORAN, P.E., PTOE

DIRECTOR OF TRAFFIC ENGINEERING

ENGINEERING ASSOCIATES, LTD.

DATE: SEPTEMBER 14, 2011

REVISED NOVEMBER 11, 2011 REVISED MARCH 12, 2012

RE: TRAVEL TIME SURVEYS

PROPOSED FRESENIUS MEDICAL FACILITY

924 EAST NEW YORK STREET

AURORA, ILLINOIS

This memorandum summarizes the travel time surveys conducted for a proposed Fresenius Medical facility to be located at 924 East New York Street in Aurora, Illinois. The purpose of the study was to determine the average one-way travel times between existing/planned dialysis centers and the proposed location pursuant to the methodology required by the Illinois Health Facilities & Services Review Board. The travel surveys were to and from the following facilities:

	Facility	Street Address	<u>City</u>
1)	Fox Valley Dialysis	1300 Waterford Drive.	Aurora
2)	Fresenius Aurora	455 Mercy Lane	Aurora
3)	Fresenius Oswego	1051 Station Drive	Oswego
4)	Fresenius Naperville North	514 W. 5 th Avenue	Naperville
5)	Fresenius Naperville	100 Spaulding Drive	Naperville
6)	Fresenius DuPage West	450 E. Roosevelt Road	West Chicago
7)	Tri Cities Dialysis	306 Randall Road	Geneva
8)	Fresenius West Batavia	2580 W. Fabyan Parkway	Batavia
9)	Yorkville Dialysis	1400 Beecher Road	Yorkville
10)	Fresenius West Chicago	1859 Neltnor Boulevard	West Chicago
11)	Fresenius Plainfield	2320 Michas Drive	Plainfield
12)	US Renal Bolingbrook	396 Remington Boulevard	Bolingbrook
13)	Fresenius Naperville Washington	2451 S. Washington	Naperville

The surveys were conducted between the hours of 6:30 AM and 6:30 PM. Three travel runs were conducted for each facility with two runs occurring in the midday period from 9:30 AM to 3:30 PM. The third run was conducted in the evening peak period from 3:30 PM to 6:30 PM.

145 COMMERCE DRIVE SUITE A GRAYSLAKE, IL 60030 T: 847.223.4804 F: 847.223.4864 Www.eea-Ltd.com Grayslake Chicago FMC Aurora Travel Surveys March 12, 2012 Page 2

The average one-way travel times for each facility are summarized below. Table 1 (attached) provides a detailed listing of each travel run.

Average Travel Time Survey Results

		Average Travel Time
	<u>Facility</u>	(One-Way)
1)	Fox Valley Dialysis	8.8 minutes
2)	Fresenius Aurora	12.2 minutes
3)	Fresenius Oswego	18.2 minutes
4)	Fresenius Naperville North	22.2 minutes
5)	Fresenius Naperville	19.2 minutes
6)	Fresenius DuPage West	26.5 minutes
7)	Tri Cities Dialysis	32.0 minutes
8)	Fresenius West Batavia	30.2 minutes
9)	Yorkville Dialysis	31.7 minutes
10)	Fresenius West Chicago	34.2 minutes
11)	Fresenius Plainfield	30.7 minutes
12)	US Renal Bolingbrook	32.2 minutes
13)	Fresenius Naperville(Wash)	25.5 minutes
	Average of All Facilities	24.9 minutes

Professional Certification

I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Illinois. License No. 062.046487, and Expiration Date: November 30, 2013.

I am Professional Traffic Operations Engineer - No. 380 Expiration Date: November 2014.

Stephen B. Corcoran, P.E., PTOE



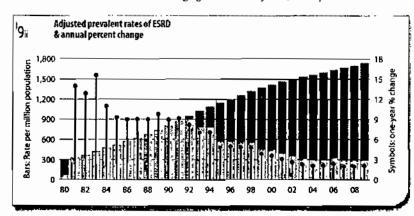
Table 1 Aurora Travel Run Data

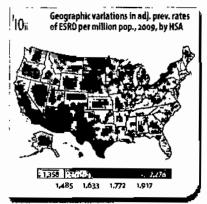
924 E. New York Street Aurora

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(450 E. Roosevelt Road; Wes To West Chicago 9/1/201	1 Wednesday	4:13 PM	4:34 PM	21	19.2	To Aurora	9/1/2011	Thursday	1:44 PM	2:14 PM	30	30.7
To West Chicago 9/1/201	t Chicago (III)	oie)				12 - US Renal Bolingbrook (396 Remington Bouleyard; Bolingbrook, Illinois)						
		12:16 PM	12:41 OM	25		To Bolingbrook	11/10/2011	Thursday	12:42 PM	1:13 PM	31	
	,		1:10 PM	27		To Aurora	11/10/2011	Thursday	1;15 PM	1:45 PM	30	
To Aurora 9/1/201 To West Chicago 9/1/201		12:43 PM 2:16 PM	2:40 PM	24		To Bolingbrock	11/10/2011	Thursday	1:47 PM	2:19 PM	32	
To Aurora 9/1/201		2:16 PM 2:42 PM	3:10 PM	28		To Aurora	11/10/2011	Thursday	2:20 PM	2:51 PM	31	
To West Chicago 9/1/201	*	5:02 PM	5:30 PM	28		To Boilngbrook	11/10/2011	Thursday	4:11 PM	4:46 PM	35	
To Aurora 9/1/201		5:32 PM	5:59 PM	27		To Aurora	11/10/2011	Thursday	4:48 PM	5:22 PM	34	32.2
									_			
						13 - Fresenius Napi (2451 S. Washingto		•				
						To Naperville	3/8/2012	Wednesday	1:30 PM	1:65 PM	25	
						To Aurora	3/8/2012	Wednesday	1:57 PM	2:22 PM	25	
						To Napervilla	3/8/2012	Wednesday	2:30 PM	2:58 PM	26	
						To Aurora	3/8/2012	Wednesday	2:58 PM	3.22 PM	24	
						To Naperville	3/8/2012	Wednesday	5:05 PM	5:31 PM	26	
						То Ашгога	3/8/2012	Wednesday	5:33 PM	6:00 PM	27	25.5

The adjusted rate of prevalent cases of end-stage renal disease rose 2.1 percent in 2009 - up slightly from the 1.9 percent growth in 2008 - to 1,738 per million population. This rate is nearly 23 percent higher than that seen in 2000. The annual rate of increase has remained between 1.9 and 2.4 percent since 2003. >> Figure 1.9; see page 379 for analytical methods December 31 point prevalent usun patients, Adj: age/gender/race; ref: 2005 BSRD patients.

In 2009, the rate of prevalent ESRD was 1,738 per million population. Geographic patterns generally follow those found in the incident population, with rates in the upper quintile averaging 2,278. (Rates are not adjusted for ethnicity.) Figure 1.10; see page 379 for analytical methods. December 31 point prevalent patients. Adj: age/gender/race; ref: 2005 ESRD patients.





l _{bii}	Patient demographics & adjusted rates, by ESRD network: December 31 point prevalent dialysis patients, 2009										
	All	% of	Rate/	Меап	%	%	*6	%	%	%	
	pts	total	million	age	DM	White	Af Am	N Am	Aslan	Hisp.	
1	12,821	3.2	832	64.3	39-4	74.4	21.4	0.3	3.2	9.3	
2	25,688	6.4	1,233	62.5	40.7	51.2	40.6	0.5	5. 6	15.0	
3	16,285	4.1	1,255	62.7	47.1	59.9	34.1	0.1	3.4	36.0	
4	17,334	4.4	1,127	63.0	41.2	62.4	35.3	0.1	1.7	4.1	
5	72,953	5.8	1,344	60.8	39.2	35.9	60.3	0.1	2.7	3.4	
6	38,066	9.5	1,499	589	41.1	30.5	67.2	0.6	1.1	2.6	
7	23,149	5.8	1,172	61.4	40.6	55.2	41.7	0.3	2.0	15.5	
8	22,464	5.6	1,535	59.2	40.8	37.5	61,3	0.5	0.6	0.8	
9	28,205	7.1	1,202	62.1	43.7	64.5	34.4	0.1	0.7	2.0	
10	16,678	4.2	1,233	61.7	39.1	54.2	41.7	0.1	3.4	13.1	
11	24,219	6.1	1,018	62.9	41.4	62.2	31.8	3.2	2.5	4.1	
113	14,410	3.6	7,012	61.8	41.1	67.2	29.8	1.0	1.6	4.7	
13	15,648	40	1.373	59.2	42.2	42.1	51.8	4.B	1.0	2.7	
14	36,489	9.2	1,397	59.2	53.1	66.9	30.1	0.3	2.0	44.0	
15	18,521	4.6	891	60.8	52.6	71.0	11.3	13.3	4.1	29,2	
16	10,897	2.7	749	61.1	41.3	77.5	9.2	4.3	8.9	10.3	
17	21,413	5.4	1,284	61.3	49.1	50.3	15.6	a. 6	31.7	72.7	
18	33.414	8.4	1,356	8.06	47.7	70.1	15.9	0.5	13.0	46.3	
Unk	<u>·</u>	*	•	•			•	•	•		
AU	398,861	100.0	7,270	61.1	43.9	56.0	36.9	1.4	4.9	16.3	

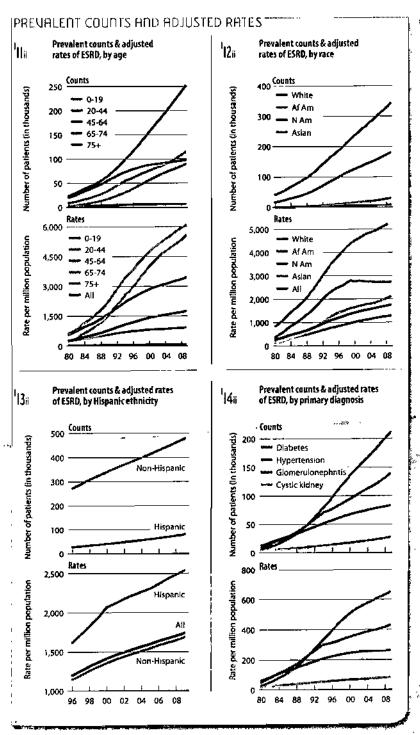
ťCìì	Patient demographics & adjusted rates, by ESRD network: ii December 31 point prevalent transplant patients, 2009									
	A() gts	% of total	Rate/ million	Mean age	% DM	% White	% Af Am	% N Am	% Asian	% Hisp
1	8,329	4.8	537.3	52.4	20.1	81.6	11.9	0.3	5.0	8.2
2	11,311	6.6	549.4	51.9	19.8	65.8	22.8	0.8	7.8	17.8
3	4,950	2.9	439.3	51.8	22.8	69.4	21.8	0.3	5.4	30.7
4	9,997	5.8	694.1	52.7	22.3	72.3	10.6	0.4	4.8	3.3
5	10,737	6.2	628.7	52.1	22.1	55.5	36.5	0.6	5.5	4.6
6	10,268	6.0	413.9	50.8	23.2	57.3	38.6	~ o.9	2.7	2.5
7	8,868	5.1	451.4	53.0	21.8	70.4	23.7	0.6	4.1	17.9
8	7,851	4.6	542.6	50.6	21.0	63.7	33.7	0,4	1.8	1.1
9	12,072	7.0	516.7	51.7	25.1	79.6	16.9	0.2	2.5	1.7
10	7.498	_ 4.4	538.2	51.0	23.5	65.5	25.7	0.6	5.6	14.6
11	18,482	10.7	785.1	52.3	27.8	81,5	12.6	1.8	3.5	3.3
12	8,036	4.7	568.1	51.8	23.3	81.8	14.3	0.8	2.7	5.0
13	5,112	3.0	446.4	50.9	23.9	61.9	32.5	3,1	2.0	2.7
14	11,953	6.9	451,1	50.3	25.5	76.9	16.9	0.5	4.4	37.6
15	9,004	5.2	442.5	51.5	28.2	B3.7	5.2	6.0	4.7	21.3
16	6,331	3.7	443.0	52.4	24.1	63.7	5.8	2.5	84	7.1
17	9.069	5.3	557.0	51.5	21.3	63.7	8.8	1.0	24.0	21,0
16	12,321	7.1	501.6	50.1	19.6	73.0	10.8	0.6	14.5	38.5
Unk_	364	0.2		43.5	0.0	10.2	1,9	4.7_	42.0	00
All "	172.553	100.0	528.2	51.6	23.2	71.9	19.4	7.7	6.2	13.3

In 2009, the overall rate for December 31 point prevalent dialysis patients was 1,210 per million population. The percentage of prevalent patients with ESRD caused by diabetes ranges from 39 in Networks 1, 5, and 10 to 53 in Networks 14 and 15. >> Table l.b; see page 379 for analytical methods. December 31 point prevalent dialysis. African Americans account for 67 percent of prevalent dialpatients. Values for cells with ten or fewer patients are suppressed. , ysis patients, but only 39 percent of the prevalent transplant Adj: age/gender/race; ref: 2005 patients.

For December 31, 2009 point prevalent transplant patients, the adjusted rate per million population is lowest in Network 6, at 414, and greatest in Network 11, at 786. As in the incident population, racial discrepancies persist. In Network 6, for example, 31 point prevalent transplant patients. Adj. age/gender/race; ref. 2005 patieills

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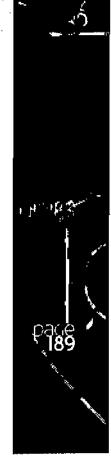
Incidence, prevalence, patient characteristics, and modalities PREVALENT COUNTS & RATES



Reaching 6,066 per million population in 2009, the adjusted rate of prevalent ESRI) for patients age 65-74 has increased 28 percent since 2000, while the rate among those age 75 and older has grown 37 percent, to 5,545. Among those age 20-44 and 45-64, in contrast, growth has been 13 and 20 percent, respectively.

By race, rates of prevalent ESRD remain greatest in the African American and Native American populations, at 5,284 and 2,735 per million population in 2009, compared to 1,279 and 2,101 among whites and Asians. The rate among Hispanics reached 2,538 in 2009, 1.5 times greater than that in the non-Hispanic population.

Rates of ESRD due to diabetes and hypertension rose 2.2 and 2.7 percent, respectively, in 2009, to 647 and 429 per million population. ESRD caused by cystic kidney disease rose 2.4 percent, to 83, and ESRD due to glomerulonephritis remained stable, at 263. » figures l.ll-14; see page 379 for analytical methods. December 31 point prevalent ESRD patients. Adj: gender/race (1.11); age/gender_(1.12-13); age/gender/race (1.14); ref: 2005 ESRD patients.



in 2009, 104,252 new patients began ESRD therapy on hemodialysis, 6,966 were placed on peritoneal dialysis, and 2,500 received a preemptive transplant (these data exclude patients with missing demographic information). The rate per million population reached 325 for hemodialysis, 21.9 for peritoneal dialysis, and 7.9 for transplant.

Dramatic differences by race persist, with the rate for African American patients initiating on hemodialysis at 928 per million population — 3.7 times greater than the rate of 251 among whites. The rate for patients who receive a preemptive transplant, in contrast, is 32 among Asians, compared to 6-7 among whites and African Americans and 22 among Native Americans.

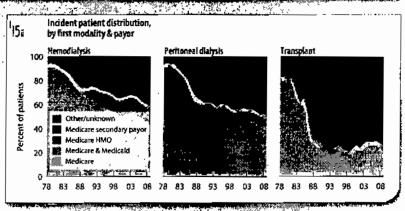
Past studies have suggested high mortality and significant movement between modalities in the first 90 days after ESRD initiation. The total number of patients with a known modality fell 12 percent between initiation and day 90. The hemodialysis population at day 90 was 14 percent smaller than at initiation; the peritoneal dialysis and transplant populations, in contrast, gained 1.4 and 21 percent, respectively.

Between initiation and day 90, the rate per million population for hemodialysis fell from 325 to 280, while the rate for transplant rose from 7.9 to 9.5, and that for peritoneal dialysis remained relatively steady, rising from 21.9 to 22.2. » lable l.d; see page 379 for analytical methods. Incident ESRD patients, 2009; unknowns dropped. Ref. 2005 patients.

	At initiation Number of p	atlents		Rate per mi	llion populat	ion	At day 90 Number of	patients		Rate per mi	(l io n popula	tion
	HD	PD	Ţx	HD	PD	Ŧx	HD	PD	Tx	HĐ	PD	T:
0-19	684	401	214	8.0	4 B	2.5	583	392	262	6.8	4.7	3.1
20-44	11,958	1,251	646	113.1	11.9	5.9	10,745	1,306	782	101.5	12.4	7.5
45-64	39.337	2,987	1,238	552.4	40 6	16.1	35,045	3,012	1,493	493.1	40.9	19.
65-74	24,688	1.377	360	1,318.5	696	17.2	20,957	1,425	440	1,123.1	72.2	21.
75+	27,585	949	42	1,704.8	53.9	2.1	22,427	929	44	1,381.2	52.2	2.1
Male	59,081	3,884	1,462	415.1	26.3	9.5	50,535	3,988	1,781	353.4	26.9	11.
Female	45,171	3,082	1,038	256.6	18.4	6.4	39,217	3,077	1,240	222.8	18.4	7.3
White	68,173	5,043	1,722	251.0	19.1	6.6	56,912	5,098	2,182	209.8	19.3	8.
African American	30,418	1,462	209	928.3	41.2	5.7	27,680	1,469	263	838.0	47.1	7.7
Native American	1,255	73	71	473.8	25.4	21.7	1,729	94	69	425.9	32.5	21.0
Asian	4,406	388	498	341.2	27.8	32.4	4,031	404	507	309.9	28.9	33.1
Hispanic	13,704	822	227	470.7	23 7	5.8	12,475	849	287	426.0	24.3	7.3
Non-Hispanic	90,548	6,144	2,273	314,1	21.9	8.3	77.277	6,216	2,734	268.5	22.2	10
Diabetes	46,500	2,791	453	143.9	8.7	1.4	41,911	2,833	603	129.6	8.8	1.9
Hypertension	30,338	1,662	345	94.7	5.2	1.1	26,231	1,684	412	81.9	5.3	1.3
Glomerulonephritis	6,107	901	476	19.3	2.9	1.5	5,480	925	575	17.3	3.0	1.5
Cystic kidney	1,760	448	413	5.6	14	1.3	1,666	403	488	5.3	1.3	1.5
Other urologic	1,397	93	61	4.4	0.3	0.2	1,263	97	71	. 4.0	0.3	0.2
Other cause	13,322	803	494	42.0	2.6	1.6	9.473	839	604	29.9	2.7	1.9
Unknown/missing .	4,828	268	258	15.2	0.9	0.8	3,748	284	268	11.8	0.9	0.8
All	104,252	6,966	2,500	325.0	21.9	7.9	89,752	7,065	3,021	279.7	22.2	9.5

2011 USRDS ANNUAL DATA REPORT

yoluma Twoesrd Forty-five percent of new hemodialysis patients are covered solely by Medicare, 13.5 percent have dual Medicare/Medicaid coverage, and 15.3 percent are covered by a Medicare HMO provider. Medicare covers 41 and 22 percent of new peritoneal dialysis and transplant patients, while 9.8 and 4.2 percent are dually-enrolled, and 9.8 and 3.5 percent have HMO coverage. Coverage by non-Medicare insurers has increased for hemodialysis patients from 5.4 percent in 1978 to nearly 17 percent in 2009. >> Figure 1.15, see page 379 for analytical methods. Incident ESED patients.



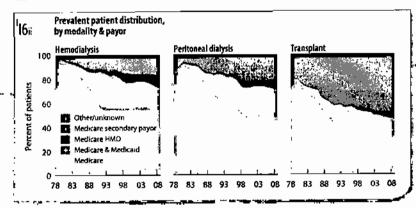
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Incidence, prevalence, patient characteristics, and modalities INCIDENT & PREVALENT MODALITY

Prevalent counts & adjusted rates of ESRD, by modality,
age, gender, race, ethnicity, & primary diagnosis, 2009

l e ii

	Number of pat	lents		Rate per millio			
	HD	PD	Tx	HD	PD	Tx	
0-19	1,264	847	5,160	14.4	10.0	61.2	
20-44	48,443	5.734	42,618	459.2	54.6	407.8	
45-64	151,005	12,073	87,320	2,123.7	161.8	1,141.0	
65-74	82,737	5,029	26,199	4,499.2	257.3	1,308.3	
75+	79,210	3,332	6,291	5,013.8	188.4	3399	
Male	200,829	14,242	99,643	1,388.6	95.9	652.2	
Femate	161,830	12,773	67,946	912.7	76.2	416.1	
White	200,779	17,912	122,398	739.2	67.6	469.5	
African American	139,320	6,995	33,737	4,166.0	191.9	918.3	
Native American	5,363	345	1,860	1,991.3	119.0	620.6	
Asian	17,197	1,763	10,200	1,2966	122.8	676.6	
Hispanic	55,360	3,458	20,797	1,864.6	98.4	572.4	
Non-Hispanic	307,299	23,557	146,792	1,069.0	83.9	529.3	
Diabetes	161,671	9,127	39,450	494.9	28 1	123.1	
Hypertension	104,734	6,809	26,771	324.3	21.3	63.1	
Glomerulonephritis	34,374	4,642	43,694	108.4	14.8	138.9	
Cystic kidney	8,999	1,421	15,389	28.1	4.5	50.6	
Other urologic	6,494	567	5.733	204	1.8	18.5	
Other cause	32,754	3,353	25,122	103.3	10.7	80.8	
Unknown/missing	13,633	1,096	10,430	42.6	3.5	33.1	
All	362,659	27,015	167,589	1,121.8	84.7	528.2	



On December 31, 2009, more than 362,000 ESRD patients were receiving hemodialysis therapy, 27,015 were being treated with peritoneal dialysis, and 167,589 had a functioning graft. Rates of ESRD in the prevalent population continue to be highest among African Americans, at 4,166 per million population for hemodialysis, 192 for peritoneal dialysis, and 918 for transplant. Rates for peritoneal dialysis and transplant are similar in the Native American and Asian populations; at 1,992, however, the rate of Native Americans receiving hemodialysis is 54 percent greater than that found in the Asian population and more than double that found in whites. >> Table I.e; see page 379 for analytical methods. December 31 point prevalent ESRD patients, 2009; unknowns dropped. Ref: 2005 patients.

Nine in ten prevalent hemodialysis patients had some type of Medicare coverage in 2009, with 40 percent covered solely by Medicare, and 32 percent under Medicare/Medicaid. In the transplant population, in contrast, just 32 percent are covered solely by Medicare. Transplant patients younger than 65 and not disabled lose their entitlement after three years with a functioning graft. Coverage by non-Medicare insurers continues to increase in the dialysis population, in 2009 reaching 10.8 and 10.2 percent for hemodialysis and peritoneal dialysis patients, respectively. » Figure I.I6; see page 379 for analytical methods. December 31 point prevalent ESRD patients.



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