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newsmaker



“When patients suffering from chronic kidney disease are accessing dialysis three times per week, convenience becomes a critical factor for quality of life.” - Idaho Business Review



New Haven Register

Dialysis center owner knows exactly what her patients are feeling (video)

By Ed Stannard

February 28, 2010

ORANGE — When Dawn Lawlor greets patients at her new dialysis center, she'll know how they feel.

In fact, kidney disease is a part of her family history, so operating the new Liberty Dialysis center on Indian River Road is not just about opening a new business for her — it's personal.

Both Lawlor and her late father, William Keating, had polycystic kidney disease. Her father underwent dialysis in the 1960s and '70s, when it was a much more drawn-out procedure, lasting six to eight hours at a time. Lawlor used to hang out with him while he sat in the chair.



She has had two kidney transplants herself, the second one donated by her sister, and underwent dialysis for eight months after her body rejected the first transplant.

"It's going to be important when a new patient comes to take the time to sit with them," she says. "I'll be here to greet every new patient that comes through the door ... I want to know every one of them. I want to know what their needs are, what their concerns are."

Lawlor knows her dad would be proud of her. He appreciated the care he received from the nurses in the dialysis unit at Danbury Hospital, and wanted her to go into the field.

"The care was very personalized, of course, and it was a really special relationship between the patient and the nurse.

"So as I got older, that was his thing. He would always say, 'My dream for you is to be a dialysis nurse someday and to be for other patients what these nurses have been for me,'" Lawlor said.

She has finally fulfilled that dream, which has been hers as well as her father's, but at 46, Lawlor has taken a long road to get there. At first she didn't go into nursing. She worked in food service at the Ridgewood Country Club; married her husband, Eric; had her son, Garrett, in 1993; and dealt with her own disease before becoming a nurse in 1999 at Waterbury Hospital.

"November of that year was when I really got sick and I had to stop working," she says.

PKD is a genetic disease in which multiple cysts develop in the kidneys. The symptoms include fatigue, loss of appetite, confusion and nausea.

"I didn't start to fail until I was in my early 30s ... My dad was the same age, so I kind of knew it was coming," Lawlor says. Her son tested negative as a baby but she hasn't had him tested again.

"If he does have it, there's really nothing that they can really do about it," she says. "I don't want him to have that in the back of his mind. ... I'm hoping it's run its course in our family."

After her first transplant, she went back to work, in charge of organ procurement at Hartford Hospital. “Donation is the other part of my passion,” she says.

Last week, Lawlor was doing last-minute tasks at the new center, which she hopes will be ready to open in mid-March. Chairs were draped in plastic, the nurses’ station was not quite put together and there was no furniture in the waiting room — although a fireplace and TV monitor had been installed. TV screens were also set up above each of the 15 stations.

There will be laptops available for patients and movies from Netflix.

Those are the little touches that Lawlor believes will make her patients more comfortable. “It’s all of the things that make people come here and say it’s almost like being at home.”

But Lawlor also knows the most important thing will be the personal touch, and she’ll make sure her staff of seven cares for each patient as if they know what the patients are going through.

The nurse in charge certainly does.

IDAHO BUSINESS REVIEW

Construction begins on new Caldwell medical facility

By IBR Staff

March 29, 2010

Boise Kidney and Hypertension Institute and Liberty Dialysis - an affiliated medical organization - began construction on a new medical clinic in Caldwell at 4609 Highway 20/26 in the Sky Ranch Business Center.

Replacing a medical office at Logan Street in Caldwell, the nearly 10,000-square-foot medical center will provide comprehensive medical services to patients at risk for, or suffering from chronic kidney disease and hypertension with patient care clinics and a dialysis center.

“When patients suffering from chronic kidney disease are accessing dialysis three times per week, convenience becomes a critical factor for quality of life,” David Tupper, practice administrator, said in a release. “Expanding our patient care services in Caldwell with clinics and dialysis allows more patients to access care that is closer to home.”

The Institute provides early diagnosis, treatment and care of patients at risk for, or suffering from chronic kidney disease and hypertension, and conducts clinical research trials on promising medications and innovative delivery methods.

With its affiliate, Liberty Dialysis, the Institute also provides state-of-the-art dialysis services in Meridian and Nampa with a new center scheduled to open in Caldwell in December 2010.

Indianapolis Nephrologist Helps Wounded Haitians

April 7, 2010

Nephrologist Rita Mankus had been on trips to Haiti and other areas of the world before to provide medical help. As a doctor, she has the skills that can make a difference to those who need it most. And no where in the world needed more help than Haiti after it was devastated Jan. 12 by a massive 7.0 magnitude earthquake.

This was the fifth-most catastrophic earthquake in history, according to U.S. Geological Survey, with 222,521 deaths and more than 1 million people displaced within the tiny country, which is about the size of Massachusetts.

It was a dangerous situation, and Mankus understandably had some misgivings prior to leaving. "My husband was holding up the newspapers and saying that they're rioting down there in the streets," she said. "You can't pay too much attention to that, though. There was a call for help."

Mankus is a nephrologist with the Lafayette Center in Indianapolis, Ind., and the center's parent company Liberty Dialysis offered to provide money to the relief effort and to help the doctors in their efforts.

Arriving in Haiti

Nothing could prepare her for the scene that awaited her when she arrived to Port-au-Prince a week after the earthquake. "It was like a war zone," she said of the Haitian capital. "I've never seen so many buildings toppled. The second floor of the [presidential] palace was sunk into the first floor. As people were clearing the rubble, you couldn't get close because the smell of the bodies was so strong."

The night she and her group arrived in Haiti they felt a tremor around 5.2 in magnitude, and the next day another one at about 6.0. Within 12 days of the initial earthquake, Haiti had suffered at least 52 aftershocks of 4.5 or greater.

Mankus and her team arrived first to Port-au-Prince, where there was only one operational runway for planes, and went to a hospital in St. Marx. "The hospital had cracks in it, but we didn't know whether they were there before or after the earthquake," Mankus said.

Because of the structural instability, and the constant threat of aftershocks, they had to wait for a civil engineer to check out the building before it could be cleared for use. Unfortunately, they had to move to another hospital in nearby Petit Riviera. It was primarily used as a maternity hospital, but it had enough clean operating rooms for the medical team to use. And it had one anesthesiology machine.

Life as a Volunteer

"Only two to three days in, I thought to myself, 'Oh my God, it's only Monday.' But as the week went by things seemed to get a little bit better," Mankus said about her seven-day stay in Haiti.

The volunteers were told to bring their own bedding. She lost hers, but she was able to find some padding for the concrete floors of the hospital and a little blanket to cover herself with. "You were so exhausted it didn't matter," she said.

There was no plumbing or running water for the volunteers, so they had to use the "bucket method." Everything was rationed, and everyone would joke about how many cups they would use to wash themselves with.

In addition to the Spartan lifestyle, the usual trappings of medical care were nowhere to be seen. "You just go and do what

you can. You learn on the job,” Mankus said. “We would have to figure it out when we were there. If I wanted something I had to go out and get it. Nothing was convenient. You had to run. There was none of the ancillary help doctors are used to. A simple task at home could take an hour [in Haiti], but you just had to go and get it done.”

Complicating the relief effort, Mankus said some Haitians were spreading propaganda that the Americans were there just to cut off their legs. This was not so much an anti-American screed, but a reflection of culture. She explained that handicapped are not accepted in Haitian culture. “They’re not considered worthy,” Mankus said.

However, as a doctor, she had to ask Haitians, “What about their life?” Most said they would rather die than have their limbs cut off, said Mankus. “It was heartbreaking to see. One man’s daughter had a fracture on one leg and an open wound on another. She was his only child having lost his four other children in the earthquake.

“We fought to get everybody treated, and to save as many limbs as possible.”

Caring for the Victims

With her training in internal medicine and nephrology, Mankus spent most of her time in Haiti treating wounds, infections, crush syndrome patients, and hooking people up to IV bags to treat dehydration. The hospital she worked in was overwhelmed, and people would pile into small rooms. It was hot, humid, and had no air conditioning. “Flies were circling around,” Mankus said.

Many of the wounds were described as “sticky” with serious infections. There were pelvic fractures, but none of the right tools to fix them. “No one there knew that victims had to be turned over in their beds to prevent bed sores. People would be crying out in pain. We would have to scrounge around for narcotics, and there were little to no wound dressings to use.”

Caregivers would have to ration what pain medications they did have. “Only take if the pain is really really bad,” she would say while chopping Vicodin pills in half. The Liberty Dialysis funds helped Haitians who couldn’t afford to pay for the painkillers themselves.

“It was hard to hold a lot of hope for some of these people, she said.” I knew they were going to die. I think we did some good despite all of this.” They also did everything they could to educate Haitians on some basics to care for themselves with translators, who were usually locals and would help for a small fee.

Four months after the quake, Haiti still has a long way to go, and still needs the sustained help of the international community. However, volunteers such as Mankus helped stabilize the country during the first horrifying weeks after the earthquake. “The first few days we were there, they were stacking bodies in the streets,” she said. “Towards the end, we made a difference on a number of lives. I’m glad we put our lives on hold for a week for this purpose. I felt pretty good about mankind after this.”

Liberty Dialysis Raises New Capital

April 12, 2010

MERCER ISLAND, Wash.—Liberty Dialysis LLC has raised an undisclosed amount of new private equity funding. KRG Capital Partners led the round, and was joined by return backers Bain Capital Ventures and Ignition Partners.

“KRG’s investment in Liberty, along with the continued support of Bain Capital Ventures and Ignition Partners, brings experience and resources in our industry sector to help us expand our product offering, support our existing growth and build new relationships,” said Mark Caputo, co-founder and CEO of Liberty.

Liberty Dialysis operates more than 100 dialysis clinics throughout the country. Liberty is the sixth platform company for KRG’s \$1.96 billion Fund IV. Current investors Bain Capital Ventures and Ignition Partners are participating in the investment alongside KRG.

“We are very excited to be partnering with Bain Capital Ventures, Ignition Partners and the management team at Liberty to support the growth of this great company,” said Mark King, co-founder, and managing director of KRG Capital. “We believe Liberty is uniquely positioned, through its partnerships with nephrologists and hospitals, to provide end-stage renal disease (ESRD) patients with optimal healthcare through active participation of both patients and caregivers.”

St. Luke's Cornwall Hospital partners with leading dialysis service provider

May 5, 2010

NEWBURGH — St. Luke's Cornwall Hospital has partnered with Liberty Dialysis, a leading dialysis services provider.

Beginning July 1, St. Luke's will transition ownership of its dialysis center to Liberty, under the new facility name Liberty Hudson Valley Dialysis.

For current and new dialysis patients, the transition will be seamless, according to Jane Livingston, St. Luke's director of communications, marketing and media relations. Patients will continue to see the same physicians at the center's current location, 4 Corwin Court.

St. Luke's does not anticipate changes in insurance coverage or out-of-pocket expenses, said Livingston.



Holistic approach to kidney disease

May 6, 2010

By Jocelyn Maminta

North Haven, Conn. (WTNH) - One man is taking a holistic approach to help him deal with his kidney disease.

"I was a day away from dying - it was that close," said Charlie Wachtel.

Charlie empathizes with others who are battling kidney disease saying, "A lot of people are very scared and timid and for a long time, I was too."

Now, he feels empowered to motivate others. Charlie takes a holistic approach to fighting end-stage kidney failure which includes leading a Tai Chi class for patients and staff at Liberty Dialysis in North Haven.

Charlie was also able to choose at home dialysis for a more independent lifestyle. Dr. Bayo Afolalu says his patient is unique but others can follow a similar approach.

"It is achievable, it takes a lot of effort on the patient's part and the doctor's part but it is achievable," Dr. Afolalu said.

Staying active will benefit dialysis patients.

"Kidney disease leads to unhealthy bones in general," explained Dr. Jeffery Reynolds, Liberty Dialysis. "If people are not active, then it's that much harder to prevent fractures and osteoporosis."

Living your life to the fullest is the key, Charlie says. "I don't care what your abnormality is, it could be cancer, multiple sclerosis, parkinson's, AIDS, whatever, you live your life with quality, anything is possible, it's about hope, never give up hope."

Charlie walks two hours a day and also prays and meditates daily.



Community dialysis center soon to open in former Linwood restaurant

By Suzanne Marino

May 11, 2010

LINWOOD – The cavernous space that once served as the commissary for nearly 1,000 people who worked at the insurance giant Prudential in Linwood, proved to be a difficult space to repurpose.

But after a few tries continuing its use as an eatery, Liberty Dialysis, LLC has transformed the southernmost portion of the Cornerstone Commerce Center into a modern yet homey environment where people from around the region are able to come for dialysis as well as a full spectrum of educational and nutritional help in working with their kidney disease.

Nephrologist Dr. Chetan Shah, one of the owners of the center, said the Cornerstone site was chosen for its high visibility location on Route 9, easy access to patients in Atlantic and Cape May counties, ample parking, and the available space – 10,000 square feet to accommodate the large dialysis center. The site was also favored because Linwood is a safe community.

“Our center will be open to all nephrologists and our goal is to create a community dialysis center,” Shah said. “We want to be a part of the community that we serve. We are going to be patient oriented and nurse driven.”

The center, whose parent company is based in Washington state, does more than simply allow for patients with end stage kidney disease to come for dialysis.

“We are really very involved with education of our patients and their families,” said Victoria Caprial of Absecon, director of nursing for Liberty Dialysis. “We will teach them how to do home hemodialysis if that is what they would prefer or they can come to the center and we will do dialysis here. It is all according to each individual patient.”

Christine Daisy of Egg Harbor Township, who heads the home health division for Liberty Dialysis, works one on one with patients to help them understand how important nutrition is to their overall health.

As Caprial explained, those patients who are doing any type of home hemodialysis, along with at least one member of their family, must first learn how to take care of the site where they will connect with the dialyzer. Next they must understand the workings of all of the equipment they will be using.

Eileen Walker, director of operations for the Linwood location, said home hemodialysis patients come in for a complete check up every five weeks to allow the medical staff to evaluate the patient and assess their treatment.

“Education of our patients is a very important part of our center,” said Walker.

Educational material given to every Liberty Dialysis patient explains the process of cleaning the patient’s blood, doing the work their kidneys are not able to do.

Hemodialysis uses an artificial kidney to remove excess fluid and waste products from the blood stream. The process treats the blood, not the kidneys. The artificial kidney or dialyzer is the means by which hemodialysis is accomplished.

It has two chambers separated by a thin membrane containing tiny holes for filtering. The blood flows through the fibers and a special fluid called dialysate, which closely resembles the chemicals in normal blood. Waste products and excess fluid from the blood pass through the fibers and are washed away.

Making use of the in-center dialysis, patients come to the facility, choose one of the shifts that works best for them. Shah said they offer times beginning at 6 a.m. and will see the last patients at 3 p.m. seven days a week. The dialysis itself takes several hours, usually three times a week.

In order to make the treatments manageable and to help keep the kidney disease from interrupting patient's lives, each of the 18 in-center dialysis units is equipped with wifi so people are able to do work or surf the Internet during their treatment. There are flat screen TVs at each unit and each seat is also equipped with massage.

"Any time you have to sit for several hours, it can get uncomfortable," said Walker. "We are doing everything we can to make the patient as comfortable as possible."

The home hemodialysis allows patients to do their dialysis in their home or wherever they might be. Liberty Dialysis has patients like William Paynter who does his dialysis in his recreational vehicle while he is driving.

"We help empower our patients and teach them what they are able to do to manage their disease," said Walker. "Some will prefer to come to the center and others wish to remain at home, we work with them to do what is best for them."

Shah said the Liberty Dialysis Center will officially open its doors in the latter part of May or first of June. The center is staffed and ready to open; now they await a final federal inspection.

Liberty Dialysis is located at 1201 New Road in Linwood.



The \$300M Deal Nobody's Talking About, and More Seattle Funding Highlights

By Gregory T. Huang
May 14, 2010

Ever heard of Liberty Dialysis? It's a healthcare company, headquartered in Mercer Island, WA, that runs more than 100 dialysis clinics around the country, and has more than 1,750 employees. Last month, we reported the company raised money from KRG Capital Partners, Bain Capital Ventures, and local investors Ignition Partners (or Ignition Capital, the growth-stage fund, to be more precise).

Liberty didn't say how much money. So...any guesses? Try \$315 million. I confirmed that number this week with one of the investors. That sounds like a private-equity buyout rather than expansion capital to me. Liberty was co-founded in 2002 by CEO Mark Caputo. It will be interesting to see where it goes from here. But let's just say it's not every day a \$315 million deal goes down in Seattle without much fuss.

That number has seriously skewed our April company-financing stats, which come courtesy of our partner CB Insights, a New York-based private company intelligence platform. Not counting the Liberty deal, Washington companies raised just over \$28 million in equity deals and \$7.5 million in debt financing last month (see tables below).

That's about on par with the \$21 million raised in March, but there were more funding deals in April (7 as compared to just 3 in March). But only Bonanzle, the e-commerce startup, qualified as a seed-stage or Series A round.

Insight into Dialysis Joint Ventures

By Keith Chartier, Editor

July 9, 2010

Saying “in this economy” is quick becoming a frequent addition in many people’s conversations—whether it is looking for a new job, deciding to rent or own a house, and for many doctors, deciding to place a financial stake in a clinic and create a joint venture.

For nephrologists, healthcare reform and especially the new bundling payment add layers of doubt to the decision to joint venture. Even in the best of times, a joint venture isn’t for everyone. Therefore, *Renal Business Today* spoke with three nephrologists to gain some insight into the real experience of being a part of a dialysis clinic joint venture.

“You’re investing more than just money,” said Dr. Paul Panebianco who runs two centers in south New Jersey in joint ventures with Liberty Dialysis. “You’re investing time. For example I may have to fit into my day going to the dialysis unit to interview a nurse. You have to have a certain willingness to do that. You can’t be at the end of your career where you’re trying to slow down. You still have to have the passion to do that.”

“It’s very difficult to be a passive investor when the product you’re investing in is the product that I provide,” he added. “I’m investing in what I do. It’s completely different than if you invest in a shoe store. I am bound by more than just the regular legal codes. I have a moral obligation to see that these patients do well.”

Earlier in his career, Amit Sharma, MD, FACP, FASN, was at the Naval Medical Center in San Diego and was initially interested in the academic side of nephrology. However, he moved to Idaho in 2005 in search of new opportunities, and partnered with the Boise Kidney and Hypertension Institute, which is also affiliated with Liberty.

“I wanted to see what the best role for me,” Sharma said. “It was difficult to find a job that was exciting. Instead of being an employee, I took a shot [with a joint venture]. It’s up to our own work ethic to be successful.”

In five years, Boise Kidney has expanded to three dialysis clinics and runs new research on a regular basis. In Boise, Sharma is the director of clinical research and has been part of clinical trials in chronic kidney disease, anemia management, and dialysis treatment standards of care. And in March, the Renal Physicians Association recognized the organization with its 2010 Exemplary Practice Award.

“We can prioritize what is important,” Sharma said. “The nephrology community is dynamic. We don’t have to go through approval hoops. We can make changes that are not blocked by corporate. We have more freedom.”

Local Governance

“We try and meet patient’s needs if they have a particular problem,” Panebianco said. “We tend to individualize it. We have local governance in the system we’re in right now, which means that in spite of a parent company some place, I can pretty much do what I need to do for my patients on a local level.”

As an example, Panebianco’s clinics trained a patient in home dialysis, but he wanted to travel. Therefore, he and the clinic’s nurses helped him put his home dialysis machine into his RV. He travels all over and can dialyze himself.

Before Dr. Mitch Vernace partnered with Liberty in a joint venture in Doylestown, Pa., he had an experience that made him appreciate local governance. “We had a nearly 400-lb. patient, and the larger someone is, the longer you have to dialyze

them,” he said. “You can also get a larger dialyzer and enhance the clearance. I made a request for a larger dialyzer. It took three months to get an approval from some central area because of cost. If that was my brother sitting in that chair I would be pretty mad that I would have to wait for approval. That started my thinking that maybe there is a different model out there.”

Increased Involvement

“You become a jack of all trades,” Vernace said. “Nephrology is a subspecialty of medicine that a lot of physicians find very complex and too detailed. Patients tend to have a lot of medical problems, so it’s not an attractive area of medicine to begin with. And to stay on top of your game is hard enough to do. Now, in a joint venture, you need to become a plumber, a technician, a physicist, an engineer.”

Joint venture physicians become very much involved, not only in direct patient contact, but also in setting up the system by which they will be care for, according to Panebianco. For example, they have to understand what water systems to use, and what protocols to use for patient care. “The only thing I tell the administrators is I don’t pick colors,” he said. “I will do everything else. Doctors are not the best at picking colors. I take care of sick people. That’s my forte.”

Vernace also took a hand-on approach to the look and feel of his clinics. “Most dialysis facilities are just so cold and blah, and I understand they have to keep costs down. Certainly it costs a few more dollars to put together a beautiful facility—extra moldings, nice chairs, soothing colors, a fireplace, a waterfall—but long term the few extra dollars up front really isn’t that big of a deal.”

“Certain things make a difference to patients, he added. “They are consumers. You can be the best doctor in the world, but if the patients can’t get to your office, or if they see that it is old, dirty and dingy they kind of lose a little respect and feel their care would be given similarly. First impressions and putting people at ease and making them feel comfortable. There’s a personal part of this too. My mother-in-law is a 15-year dialysis patient. I went into the next phase of my career with her in mind. We’ve used the line for years that we want to treat patients like family; in our case it’s literal. I often ask myself, where would I want my family member to sit and dialyze for four hours, three times a week?”

Financial Perception

“I would hope people don’t think that just because we have a financial involvement that our decisions would be based predominately on finances,” Panebianco said. “I can only speak for myself, but my decisions and the care that I give my patients is based on the patients. I’m not a businessman. I never trained to be a businessman; I’ve always trained my entire life to be a doctor. I leave the business to the business. In turn, the businesspeople leave the care of the patients to the doctors. They don’t influence us.”

However, market forces, and especially the new dialysis bundle, will have an affect on joint ventures, which is not lost on such physicians. “Remembering that my goal here is to take care of sick people and get them the best level of care that they need, bundling is going to affect all of us,” Panebianco said. “It’s going to affect the large clinics and the locally run clinics. My sense is that since we have local governance and can make decisions on a local level, we probably will be better positioned, but no one knows.”

That local governance is something Sharma said will help these clinics in uncertain times. “The pros and cons of the bundle for the JV model is that it has the freedom and movement,” Sharma said. “There is a lot at stake for the government, taxpayer, patients and physicians.”

All of these variables make choosing a joint venture partner even more important. Vernace interviewed six to eight potential companies. “I asked if they would visit to see what we’re like just to see if we were philosophically aligned. When I crossed paths with the folks at Liberty, I was really wowed. My interest is not to make a whole lot of money. We only run the one hospital. We have one office. We really try to take care of patients like family, which unfortunately is getting harder and harder to do in the current climate.”



New Dialysis Center Serves as State of the Art Facility for South Jersey

By Matt Lerario

July 14, 2010

LINWOOD -- A new state of the art dialysis center brings first class accommodations to South Jersey patients with kidney disease.

Liberty Dialysis opened its doors to the public Wednesday, showing off all the amenities this new Linwood facility has to offer.

Located in the Cornerstone Commerce Center, their staff will be able to serve people throughout Atlantic and Cape May Counties, along with vacationers visiting the Jersey Shore.

If you'd like to learn more about Liberty Dialysis Center, you can visit their website through our links page.

The Seattle Times

Venture capital investments rebound in state

Seattle metro area startups received \$550.8 million in venture capital in the second quarter of this year — their highest amount of quarterly investment since late 2007, according to a report by Dow Jones VentureSource being released Saturday.

By Jason Bacaj
July 16, 2010

Seattle metro area startups received \$550.8 million in venture capital in the second quarter of this year — their highest amount of quarterly investment since late 2007, according to a report by Dow Jones VentureSource being released Saturday.

A \$315 million investment in Liberty Dialysis, a health care services company on Mercer Island, inflated the number slightly, cautioned Tim Tasker, a venture capital expert with Ernst & Young.

Washington ranked third out of all states in terms of money raised, following California and Massachusetts, respectively, according to data from the Dow Jones VentureSource second-quarter report.

The VentureSource report culls data with a different methodology than the MoneyTree Report published Friday by PricewaterhouseCoopers and the National Venture Capital Association. The MoneyTree report said Washington companies received \$187.4 million during the quarter.

Nationally, VentureSource said investors handed out \$7.7 billion in 744 deals in the second quarter, up 26 percent from the second quarter last year. (The MoneyTree report pegged the figure at \$6.52 billion.)

Healthcare companies raised the highest amount, \$2.7 billion, a 13 percent increase from the same quarter in 2009. There were 201 deals finalized in the health care industry, ranking behind only the information technology sector.

IT saw a 24 percent jump in deals from the first quarter, moving from 186 to 231. IT raised \$1.9 billion, the second-highest amount.

"Deal activity and capital invested in venture-backed companies is once again near levels seen before the start of the economic recession," Jessica Canning, global research director for Dow Jones VentureSource, said in a release.

Healthcare industries (including the Liberty Dialysis investment) received the largest amount in the Seattle metro area during the quarter, with \$430 million. IT saw the second-highest total, with an investment of \$40.5 million spread over seven total deals, jumping 523 percent from the first quarter total of \$6.5 million.

Deals are occurring in the Seattle area with an encouraging velocity, Tasker said. "There's still a lot of money flowing," Tasker said. "We're cautiously optimistic that the trend will continue."

Liberty Dialysis now has a new location in Hammonton

By Kevin Post

October 5, 2010

Business: Liberty Dialysis

Location: 392 N. White Horse Pike, Suite1, Hammonton

Owner: Liberty Dialysis LLC, of Mercer Island, Wash.

Medical director: Dr. Paul Panebianco, 60, of Voorhees

Phone: 609-561-0044

Employees: Six now and eventually 20

We do all three types of dialysis. The main service is hemodialysis, in which someone comes in, a nurse puts them on the dialysis machine, and then they go home.

We're also licensed for home training to do two types of dialysis in their own home.

One is home hemodialysis, same as in the center but we bring a machine to them. The needles are inserted into the arm, the blood is cleaned and returned to them.

The other type is peritoneal dialysis, in which a tube in the abdomen exchanges a fresh solution that pulls the chemicals out. The blood stays in the patient and we clean it.

Both accomplish the same goal. The difference is if you come to my center, then your responsibility is low. The nurses do all of the treatment, but your freedom is impinged.

If you're home and we've taught you how to do it, you can actually take your stuff down to the shore and do it there. The equipment is totally portable. One fellow flew it to the Bahamas.

There used to be a dialysis unit in Hammonton associated with Kessler Memorial Hospital and both closed. Unfortunately, 67 patients in Kessler's dialysis unit had to go elsewhere. I know for a fact we took about 20 of them to the Berlin unit of Liberty Dialysis, and another 20 went to a center in Egg Harbor Township.

We chose Hammonton because of the glaring patient need. We knew there was a huge geographic gap, with no centers between Berlin and Egg Harbor Township. Patients would have to drive 20 miles, each way, three times a week, which is dangerous, expensive and annoying.

At the Hammonton center, we have 18 stations, which gives us the potential to provide dialysis for 120 or so patients.

We're planning to start with two dialysis shifts a day at the center, with one group Monday, Wednesday and Friday, and another Tuesday, Thursday and Saturday.

We're planning to start with two dialysis shifts a day at the center, with one group Monday, Wednesday and Friday, and another Tuesday, Thursday and Saturday. As demand grows, we'll add a third shift.

Smart dining out choices for dialysis patients

By Pohla Smith

November 1, 2010

Kidney specialist Cynthia West and renal dietitian Allyson Almeida try not to forbid their patients on dialysis from eating foods high in sodium, potassium or phosphorus, even though they're generally bad for them.

Rather, they encourage moderation.

"Our belief is once you tell someone they can't have something, psychologically they crave things they know they can't have ... and then when they eat it, they might go overboard," Dr. West said.

With that philosophy, the two Washington, Pa.-based specialists wrote "Dialysis Dining on the Go!" The easy-to-follow, 36-page guide helps patients occasionally enjoy fast food meals at Wendy's or Taco Bell and casual dining at Eat'n Park without causing an accumulation of harmful waste products handled by the kidneys. The guide also includes convenience foods such as Lean Cuisine, Healthy Choice and Smart Ones entrees.

"If [the diet] is less onerous, they're more likely to follow the instructions," Dr. West said.

The guide is meant for dialysis patients only, Dr. West and Ms. Almeida stressed. "A diet for chronic kidney disease is quite a bit different, especially in protein content," which is lower, the doctor said.

Each eatery or convenience food company in the book is given a page or two listing "Go!," "Stop" or "Caution" foods, along with occasional extra tips to help patients stay within dietary guidelines.

Most dialysis patients are encouraged to eat about 100 grams of protein a day, if not more, depending on body weight, Ms. Almeida said. Sodium is limited to between 2,000 and 4,000 milligrams, but that's based on a patient's blood pressure.

Restrictions on potassium and phosphorus also are based on individual needs.

Foods high in phosphorus, for example, include dairy, cola, bran cereals, beans, and nuts and peanut butter.

Foods high in potassium include oranges and orange juice, potatoes, bananas, tomatoes, dried fruits, chocolate and melons.

"The other thing is fluid restriction," Ms. Almeida said. "About 99 percent of the patients are limited to 40 ounces of fluid per day. That's five 8-ounce cups per day." Any substance that is liquid at room temperature, like ice cream or gelatin, counts toward the total.

The book starts with general guidelines. Topics include "When I Don't Know What to Choose," which lists things like scrambled eggs or Egg Beaters as "Go!" foods for breakfast and ham, sausage or bacon as "Stop" items. Yellow mustard or mayonnaise are "Go!" condiments, but Dijon mustard, which is high in potassium, is a "Stop." General tips include grilled or broiled foods and shared entrees as OK, but dark-colored sodas, fried foods or all-you-can eat buffets as items to be avoided.



There also are pages of general advice on better fluid control, what to eat off salad bars, choosing desserts and how to read a food nutrition label.

It took Dr. West and Ms. Almeida a year to put the book together. The work wasn't just a matter of looking up and analyzing nutrition guides on the products' websites. Ms. Almeida also called company dietitians to try to get additional information, like potassium and phosphorus levels, which weren't generally listed on the Web.

They also had to get permission from the corporations to use their food items, images, icons and trademarks. About five declined, and McDonald's never answered any e-mail requests at all. More than 20 participated.

The two took the guide to the National Kidney Foundation annual meeting in Orlando, Fla., in April, where it drew very positive reactions, Ms. Almeida said.

New dialysis clinics fill need that's growing as population ages

By Michael Miller

November 4, 2010

Patients suffering from kidney disease have more treatment options now with several new dialysis centers open in southern New Jersey.

Liberty Dialysis opened two clinics in Atlantic County this year, one in Linwood's Cornerstone Commerce Center and another in Hammonton. In recent years, additional new clinics have opened in Vineland, Bridgeton and Northfield to serve an aging population that is more prone to diabetes and high blood pressure, the two main causes of kidney disease.

"We're only going to grow. I don't see the need getting any smaller," said Phyllis Leggett, a licensed social worker who works with dialysis patients at U.S. Renal Care centers in Vineland and Manahawkin.

"With the advent of chronic kidney disease programs, they're identifying people who are going into kidney failure sooner," she said.

"There is more prevalence of kidney disease in older populations," said Rachel N'diaye, program manager for the Philadelphia chapter of the National Kidney Foundation.

Dialysis typically requires patients to go to an outpatient clinic or hospital for treatment three times per week for four hours per session. Machines take the place of kidneys by removing waste from the patient's blood.

Dialysis patients often require additional medical services to address complications from the disease, she said.

"Dialysis is very expensive. It costs over \$60,000 per year per patient," she said.

Hospitals meet some of the demand. Shore Memorial Hospital in Somers Point has a treatment clinic in Northfield. And AtlantiCare Regional Medical Center's Atlantic City campus offers hemodialysis for patients who typically come in three times a week.

Cape May Regional Medical Center in Middle Township treats acutely ill patients in need of dialysis.

But most patients are served by for-profit companies such as U.S. Renal Care's clinics in Cape May, Atlantic, Cumberland and Ocean counties.

Besides their regular patients, these clinics also often treat vacationing patients who have made arrangements to receive dialysis while on vacation, Leggett said.

"We get an influx of people who come from all over the state in the summer," she said. "You still need your treatment."

More than 26 million Americans over age 20 — or 13 percent of adults — have chronic kidney disease, according to the National Kidney Foundation. Of them, 526,000 are being treated for kidney failure with dialysis or functioning kidney transplants.

Each month, the number of Americans waiting for kidney transplants increases. About 83,000 patients are awaiting kidney transplants and more than 2,200 are waiting for kidney-pancreas transplants.

Chronic kidney disease has a disproportionate impact on minority populations, especially black adults who are three times as likely to contract the disease as white adults in the United States. Diabetes is the leading cause of kidney failure, accounting for 44 percent of the new cases. Nearly 180,000 people are living with kidney failure resulting from diabetes.

And in New Jersey, an aging population is driving the demand, said Dr. Richard Falivena, vice president of medical affairs for Cape Regional Medical Center. Cape Regional also opened a diabetes clinic in May accredited by the American Diabetes Association. The center conducts classes daily and offers a support group to help people learn how to manage the disease.

“The county’s overall population is decreasing, but the aging portion is stable or increasing,” he said. “We’re expecting to see a slight uptick in dialysis patients in Cape May County.

About 200,000 people ages 65 or older live in Cape May, Cumberland, Atlantic and Ocean counties, according to the U.S. Census Bureau.

But another 66,300 baby boomers will join them over the next five years. The median age in Cape May County is 47.

Falivena said some of these patients must travel outside the county to get treatment. And this does not count the many visitors who need dialysis when they travel.

“We do everything we can to find them a spot in-county,” he said.

AtlantiCare Regional Medical Center’s outpatient treatment has been in high demand, said Pamela Peterson, the hospital’s clinical director of critical care, emergency and dialysis.

“We have been pretty much full for a number of years. We were doing four shifts every day before a private facility opened in Atlantic City,” she said.

Dr. M. Yaser Mourad, director of nephrology at AtlantiCare, said these clinics are meeting a growing demand for kidney treatment.

“Kidney disease in southern New Jersey has been on the rise for five or six years. We try to accommodate all of our patients to be dialyzed where they live. That’s why you see all of these dialysis centers,” he said.

Mourad said kidney disease is more prevalent in black and Hispanic patients and often stems from genetic susceptibility.

“Hypertension and diabetes incidents in African-Americans and Latino-Americans are on the rise,” he said. “The population in southern New Jersey is growing, but the whole population of dialysis patients is growing as well.”

More patients are opting for home dialysis, which is both more convenient and allows patients to undergo the treatment at more frequent intervals, which is better for their long-term health, he said.

“The patient does it at night. They have a better quality of life and an increased life expectancy,” he said.

But the hospital also works with patients who show early signs of kidney disease, he said.

“The nature of the beast we can’t change,” he said. “But we can delay the progression of kidney disease by controlling blood sugar and blood pressure.”



Renal Advantage deal worth \$606M

Tie up with Liberty Dialysis funded with new debt

By Erin Lawley

November 30, 2010

When Renal Advantage and Liberty Dialysis announced plans to merge last month, the companies were silent on the value of the deal that will create the nation's third-largest dialysis firm.

According to new reports from a pair of credit rating agencies, it's going to cost about \$606 million.

The figure consists of Renal Advantage's proposed new \$350 million term loan and \$50 million credit facility, as well as \$206 million of senior subordinated mezzanine debt and equity contributions from Liberty private equity owners KRG Capital and Bain Capital, according to Standard & Poor's and Moody's. Combined, the funds will be used to buy Renal Advantage from its existing shareholders and refinance its existing debt.

Brentwood-based Renal Advantage, which operates 149 dialysis centers and one laboratory, had about \$504 million in revenue for the 12 months ended Sept. 30, according to Moody's.

Under the deal, Renal Advantage and Liberty will operate as separate sister companies in order to achieve greater purchasing power and economies of scale.