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# Lifesaving Dialysis at a Crossroads: Nephrologist Calls for Immediate Action

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Dr. Walter Rohloff, a German-born nephrologist, testified before the Senate Committee on Health, Hospitals and Human Services on Wednesday on dialysis options for people suffering with kidney disease. In his lengthy presentation, he detailed the severity of the issue in the USVI, spoke about options that exist outside of the territory, and made suggestions to improve treatment within territory moving forward.

“In the United States, if you are of African heritage, one out of every 13 people will develop end-stage kidney disease during their lifetime. This is an enormous burden,” Dr. Rohloff said. “In the Caribbean, the number is even higher, the estimate is currently about one in 10,” he noted.

The rapid increase in the population of patients with end-stage kidney disease is cause for concern, Dr. Rohloff told lawmakers. During the 1990s, there were approximately 50 people on dialysis in the territory. Thirty years later, that number stands at over 200. “There are 219 Virgin Islanders that are currently on island requiring dialysis service on both St. Croix and St. Thomas. There are also another 20 to 40 patients that are off-island. They are not able to return to the Virgin Islands because of a lack of suitable outpatient dialysis chairs. Some have started on home dialysis but are unable to transfer because we just don’t have that option here,” Dr. Rohloff said.

“Patients that live on St. John and Water Island have no dialysis options on the islands and have to travel three times weekly to receive four hours of dialysis on St. Thomas,” he continued.

Healthcare facilities that provide dialysis treatment have been buckling under rising costs and staff shortages. Dr. Rohloff reminded the senators “as you all are painfully aware, in June, the Senate [took the decision](#) to pay \$72,000 Every two weeks to bail out the price for a private dialysis provider, CKC [Caribbean Kidney Center].”

This scenario will play out over and over again for private and public providers, Dr. Rohloff warned, unless the landscape of dialysis treatment in the territory changes significantly. “Only today, I received a letter that the private provider on the Virgin Islands again will require further bailouts from the Virgin Islands government in order to continue its operations, or it may have to close its operations,” he disclosed.

To change this paradigm, the principal of The Kidney Center on St. Thomas outlined necessary six steps. “Number one is to bring in new treatment choices, which is a mitigation program for kidney disease or home dialysis. Number two, decrease the number of patients that will ever require dialysis services, which would be through an outreach program that mitigates kidney disease. Number three is to improve the survival of patients with end-stage kidney disease which could be through transplantation or home dialysis. Number four, is to improve the quality and life of patients again through transplantation and home dialysis. Number five... improve the quality and stability of the service, which can be achieved through better staff retention, availability, ongoing staff training, financial stability of services, and pre-established emergency evacuation routes for kidney disease patients when the next hurricane hits. And number six – achieve financially self-sustainable kidney care services that do not require ongoing USVI government interventions and subsidies.”

Home dialysis was a specific focus of Dr. Rohloff, who said that it was much less resource-dependent than in-center dialysis because overheads such as staffing costs were greatly reduced. “People on home dialysis only meet once a month with the nurse and the doctor...and discuss the progress of dialysis and changes that are necessary,” he told lawmakers. The procedure can be performed without electricity or running water, meaning that it could be maintained in the aftermath of a storm or hurricane. With electricity, however, the dialysis process can be done overnight, said Dr. Rohloff, leaving patients with a free day. It “provides a better quality of life,” he said. ““if we had [home dialysis] available in the Virgin Islands, it would allow people on St. John and Water Island, and the younger people, to have much easier ways to maintain their life.”

The main reason home dialysis has not been able to be successfully maintained in the territory, Dr. Rohloff said, is the lack of trained staff, caused in part by brain drain. To counteract this challenge, the nephrologist believes that the territory must align itself with one or more large kidney care organizations that operate nationally. In this way, the USVI can access savings on materials, parts, and overheads because services like billing, IT, laboratory and pharmacy services, as well as staff training, among others, would be consolidated.

He referenced the new [dialysis center](#) slated for St. Croix, speaking highly of Dialysis Clinic Inc, the nation's largest non-profit dialysis provider, which will be operating and managing the new clinic. "Once DCI comes to the Virgin Islands, I believe many of the services which are routinely available to its patients on the mainland will also become available to us, which includes the outreach program that prevents a need for kidney disease treatments in the first place and slows down the progression of kidney disease as described earlier," he said. "They have made it easier to get a kidney transplant since they have their own kidney transplant procurement program. They likely will be able to offer a home dialysis program such as peritoneal dialysis, which can be operated for all islands from one base which may be on St. Croix."

Noting that he resigned from the Schneider Regional Medical Hospital over his failure to bring DCI to the territory, Dr. Rohloff urged lawmakers to consider providing support to the VI Healthcare Foundation, which is behind the new clinic slated for the Sunny Isles Shopping Center. This funding would help DCI get them over the final financial hurdle and into operation. Senators responded to Dr. Rohloff's entreaties with caution, expressing some skepticism about the efficacy and safety of home dialysis.

Senator Marise James wondered if patients would be disciplined enough to perform dialysis on themselves for two hours daily, rather than attend the three four-hour sessions at a clinic each week. Ultimately, Committee Chair Senator Ray Fonseca asked Dr. Rohloff to make his presentation to Health Commissioner Justa Encarnacion for her vetting and approval before returning to the Committee with a proposal for action.