

NETWORK NEWS

Serving Renal Professionals in Alabama, Mississippi, and Tennessee

Spring 2007

Update on Erythropoiesis Stimulating Agents

As noted in the last edition of Network News, controversy surrounding the use of ESAs continues. Since we went to press in January 2007, two new developments have occurred.

On March 9, 2007, the FDA issued new safety information about ESAs, which included a black-box warning. The warning advises physicians to "maintain the lowest hemoglobin level needed to avoid the need for blood transfusions". However, as discussed in the previous Network News article, the studies that prompted the black-box warning showed increased risk of death, blood clots, strokes and heart attacks in patients with CKD, not yet on dialysis, when attempting to reach a hemoglobin of 13.5 g/dL. Prescribing guidelines for these medications previously and currently recommend target hemoglobin of 10-12

g/dL (see http://www.epogen.com/pdf/epogen_pi.pdf). 2006 K/DOQI guidelines recommend lower limit of hemoglobin of "11 or greater", while for upper limit "there is insufficient evidence to recommend routinely maintaining Hb levels at 13.0 g/dL or greater in ESA-treated patients." Furthermore, CMS re-imburement policy requires that Epogen dose be decreased by 25% when hemoglobin reaches 13 g/dL.

The second new development regarding ESAs occurred on April 12, 2007 when the K/DOQI workgroup issued a draft update to the 2006 Clinical Practice Guidelines on Anemia and CKD. Once reviewed by stakeholders in the renal community, the document will be finalized and published. As written, the draft document does differ from the

previous recommendations by more strongly stating that the upper hemoglobin target "should not be above 13.0 g/dL".

While close review of the FDA warning reveals that problems occurred in non-dialysis patients who were given higher than recommended doses, patients and family members may still have concerns. Information for patients can be located on-line from the American Association of Kidney Patients @ <http://www.aakp.org/press/press-releases/2007/FDA-Black-Box-Warning/>

If you are unable to access the Internet and need copies of the AAKP response to the black-box warning, please call Network 8 at 601-936-9260 to request such.

Reducing the Community Problem of Involuntary Discharges

Involuntary discharges of patients by Network 8 dialysis facilities have more than doubled in the past year, based on data submitted by facilities as part of routine census updates.

Per CMS requirement, Network 8 has continued to track and trend facility-specific patient complaints, grievances and involuntary discharges. In 2005, nineteen patients were involuntarily discharged from Network 8 facilities. In 2006 this number escalated to thirty-nine. Additionally, many of these discharges were not reported to the Network prior to the patient being discharged.

Although in most of these instances the patient was placed in another facility, this has not always been possible. Involuntarily discharged patients obviously have a more difficult time being accepted in another unit and will often turn up in the local hospital, sometimes cared for by the very team involved in the discharge. These patients do not go away and often end up becoming somebody else's problem.

The issue of involuntarily discharged patients remains a concern to the MRB and BOD, who took steps last year to provide more direct guidance to facility staff through the issuance of an updated position statement. Network 8 adopted the DPC position statement after a comment period in which there was little opposition to the guidelines. The updated statement provides decision support on the legal, ethical and regulatory issues surrounding involuntary discharge.

It is recognized by everyone that some facilities will face situations in which there is no viable alternative to dismissal. CMS expects the Network to be contacted in advance for these and all other involuntary dismissals. In addition to dismissals that everybody can agree on, there appear to be significant numbers of patients who are dismissed for less serious infractions. Network 8 remains committed to providing case-specific assistance to facilities when we are called upon for help in resolving problem situations like these.

Additionally, we remain committed to the principal that non-compliance alone is not an acceptable reason for discharge. As we have counseled on many occasions, patients can be moved from a standing appointment to an arrangement whereby they will have to call the facility prior to treatment. A spot will be determined based upon what is available. It is critical that the patient be given ample notice before this is implemented, and they should be allowed to regain a standing appointment if they become committed to coming for treatments.

We encourage all who have not done so to use the DPC Toolkit, which has been distributed to all facilities. Discharges often result from what starts out as a small misunderstanding or the perception of intentional disrespect. This important resource, if implemented, can assist you and your staff in dealing more successfully with conflict.

Finally, we want to be a resource to you, but we can only do this if you follow through and let us know your plans on the front end. Keep us in the loop and let us work with you in these situations.

Upcoming Events

May

- 1 & 2—NKF of Alabama Meeting, Montgomery
- 10—PAR due
- 10—Network 8 Medical Review Board meeting, Network 8 office
- 12—Chronic Kidney Disease: From Evaluation to Access, Jackson, MS
- 17—Network 8 Board of Directors meeting, Network 8 office
- 20—Fistula First data due
- 28—Memorial Day—Network office closed

June

- 1—Renal Update, UMC Conference Center at Jackson Medical Mall, Jackson, MS
- 6—Fistula First Breakthrough Initiative meeting, Baltimore
- 10—PAR due
- 20—Fistula First data due

July

- 4—Independence Day—Network office closed
- 10—PAR due
- 20—Fistula First data due



MedWatch Warnings

For more information on any of the warnings below, go to: <http://www.fda.gov/medWatch/>

Ziagen (abacavir sulfate) Tablets

Combivir (lamivudine and zidovudine) Tablets

Audience: Pharmacists, other healthcare professionals

[Posted 04/10/2007] GlaxoSmithKline and FDA informed healthcare professionals of an apparent third-party tampering that resulted in the misbranding of Ziagen as Combivir and employed counterfeit labels for Combivir Tablets. Both medications are used as part of combination regimens to treat HIV+ infection. Two 60-count misbranded bottles of Combivir Tablets contained 300 mg tablets of Ziagen. The counterfeit labels identified are Lot No. 6ZP9760 with expiration dates of April 2010 and April 2009. The incident appears to be isolated and limited in scope to one pharmacy in California. Pharmacists should immediately examine the contents of each bottle of Combivir in their pharmacy to confirm that the bottles contain the correct medication. The Dear Pharmacy Professional Letter contains photos of actual Combivir and Ziagen Tablets. If a bottle contains anything other than Combivir Tablets, pharmacists should notify the manufacturer.

Zyvox (linezolid)

Audience: Infectious disease specialists, other healthcare professionals

[Posted 03/16/2007] FDA notified healthcare professionals of new emerging safety concerns about Zyvox (linezolid) from a recent clinical study. This open-label, randomized trial compared linezolid to vancomycin, oxacillin, or dicloxacillin in the treatment of seriously ill patients with intravascular catheter-related bloodstream infections including those with catheter-site infections. Patients treated with linezolid had a higher chance of death than did patients treated with any comparator antibiotic, and the chance of death was related to the type of organism causing the infection. Patients with Gram-positive infections had no difference in mortality according to their antibiotic treatment. In contrast, mortality was higher in patients treated with linezolid who were infected with Gram-negative organisms alone, with both Gram positive and Gram-negative organisms, or who had no infection when they entered the study.

Linezolid is not approved for the treatment of catheter-related bloodstream infections, catheter-site infections, or for the treatment of infections caused by Gram-negative bacteria. If infection with Gram-negative bacteria is known or suspected, appropriate therapy should be started immediately.

Actos (pioglitazone) Tablets

ACTOplus met (pioglitazone and metformin hydrochloride) Tablets

Duetact (pioglitazone and glimepiride) Tablets

Audience: Endocrinologists, other healthcare professionals, consumers

[Posted 03/09/2007] Takeda and FDA notified healthcare professionals of recent safety data concerning pioglitazone-containing products. The results of an analysis of the manufacturer's clinical trial database of pioglitazone showed more reports of fractures in female patients taking pioglitazone than those taking a comparator (either placebo or active). The majority of fractures observed in female patients were in the distal upper limb (forearm, hand and wrist) or distal lower limb (foot, ankle, fibula and tibia). There were more than 8100 patients in the pioglitazone-treated groups and over 7400 patients in the comparator-treated groups. The duration of pioglitazone treatment was up to 3.5 years. Healthcare professionals should consider the risk of fracture when initiating or treating female patients with type 2 diabetes mellitus with pioglitazone-containing products.

Defibtech Lifeline and ReviveR Automated External Defibrillators (AEDs)

Audience: Emergency services personnel, risk managers, consumers

[Posted 03/07/2007] Defibtech and FDA notified healthcare professionals of a worldwide recall of 42,000 Lifeline and ReviveR AEDs with software versions 2.002 and earlier. The self-test software may allow a self-test to clear a detected low battery condition. The operator may be unaware of the low battery and the device may not deliver a defibrillation shock, resulting in failure to resuscitate a patient. The company provided a maintenance procedure that can be used to verify functionality of the device until the software upgrade has been installed, allowing the device to remain in service. The devices were distributed to schools, fire & EMS, businesses, health clubs and hospitality companies.

Avandia (rosiglitazone maleate)

Avandamet (rosiglitazone maleate and metformin hydrochloride)

Avandaryl (rosiglitazone maleate and glimepiride)

Audience: Endocrinologists, other healthcare professionals, consumers

Indication: Treatment of type 2 diabetes mellitus

[Posted 02/20/2007] Glaxo SmithKline (GSK) notified healthcare professionals of the results of a randomized, double-blind parallel group study [ADOPT] of 4,360 patients with recently diagnosed type 2 diabetes mellitus followed for 4-6 years to compare glycemic control with rosiglitazone relative to metformin and glyburide monotherapies. Significantly more female patients who received rosiglitazone experienced fractures of the upper arm, hand, or foot, than did female patients who received either metformin or glyburide. At GSK's request, an independent safety committee reviewed an interim analysis of fractures in another large, ongoing, controlled clinical trial and preliminary analysis was reported as being consistent with the observations from ADOPT. Healthcare professionals should consider the risk of fracture when initiating or treating female patients with type 2 diabetes mellitus with rosiglitazone.

Heparin Sodium Injection 10,000 units/mL, and HEP-LOCK U/P 10 units/mL Medication Errors

Audience: Pharmacists, neonatology/pediatric healthcare professionals

[Posted 02/07/2007] Baxter and FDA notified healthcare professionals of the potential for life threatening medication errors involving two Heparin products, Heparin Sodium Injection 10,000 units/mL, and HEP-LOCK U/P 10 units/mL. Baxter is aware of fatal medication errors that have occurred when two Heparin products with shades of blue labeling were mistaken for each other. Three infant deaths resulted when the higher dosage Heparin Sodium Injection 10,000 units/mL was inadvertently administered instead of the lower dosage of HEP-LOCK U/P 10 units/mL. The currently marketed 1 mL vials of both Heparin products use blue as the prominent background color on their labels.

Topical Anesthetic Drugs for Cosmetic Procedures

Audience: Consumers, healthcare professionals

[Posted 02/06/2007] FDA informed consumers and healthcare professionals of the potential hazards of using skin numbing products containing topical anesthetic drugs such as lidocaine, tetracaine, benzocaine, and prilocaine in a cream, ointment, or gel. Numbing products are widely used to numb the skin for medical and cosmetic procedures, and to relieve pain, burning and itching due to a variety of medical conditions. FDA has approved many of these products for these uses. Some of these products must be prescribed by a doctor, others may be purchased without a prescription. FDA is aware that use of these products before a cosmetic procedure may not be supervised by trained health professionals. Without this supervision, a patient may apply large amounts of the numbing product to their skin, which can cause life-threatening side effects and death. If a skin-numbing product is prescribed or recommended for a procedure, consumers should do the following:

- use a topical anesthetic approved by the FDA.
- use a topical anesthetic that contains the lowest amount of anesthetic drugs possible that will relieve pain.
- ask for instructions from your doctor on how to safely use the topical anesthetic.

2007 Lab Data Collection Project Update

As you may recall from the last newsletter, non-LDO facilities in the Network 8 region were asked to submit laboratory data for all patients from 4th quarter 2006. Large Dialysis Organizations were to submit lab data directly to the data sub-contractor. Once the sub-contractor receives all facility data, reports will be formulated and returned to Network 8 for review and mail-out to each participating

facility. We anticipate that reports will be ready by mid-summer, though specific date has not yet been determined.

While this process sounds simple enough, manually completing an Excel spreadsheet containing 3 months of lab values for each patient in the facility is NOT an easy, simple, or quick task. This data collection required a huge expenditure of time and patience on the part of the staff member completing the spreadsheet. In most cases, the individual responsible for this task was the facility nurse manager—arguably the one person in

the clinic with the LEAST amount of “extra” time.

Of the 49 facilities in the Network 8 region that were asked to participate in this project, 44 facilities (90%) answered the call and did so! We are very thankful to each and every one of you that took on this time-consuming challenge. The list below recognizes clinic managers that chose to complete this extra work without any extra compensation. You are ALL much appreciated!

Appalachian Dialysis Center - Patty Rogers, RN, CNN; Bay Springs Dialysis - Marlene Buckley, RN; Blount Dialysis Center - Sheree Smith, RN; Chattanooga Kidney Center - Chrissi Devin, RN; Children's Hospital Dialysis - Karen Tipton, RN, data submitted by Dorothy Dorsey, Data Contact; Collins Dialysis - Liz Woullard, RN; Columbia Dialysis - Sheri Sorrels, RN; Crossville Dialysis Clinic - Brenda Lee, RN, CNN; Dialysis Affiliates of South Alabama - Susan Macht, RN; DSI Brandon - Mary Allen, RN; DSI Canton - Lori Springer, RN; DSI Carthage - Lyn Scott, BSN, RN; DSI Central Memphis - Gwen Banks, RN; DSI Chilton Peach - Maria Rooks, RN; DSI Galleria - Terry Warren, RN; DSI Hazlehurst - Margaret Quarles; DSI Jackson North - Alice Luckett, RN; DSI Jackson South - Nicole Coleman, RN; DSI Jackson Southwest - Cheri Shannon, RN, data submitted by Brenda Joiner, Data Contact; DSI Lexington - Lisa Butler, BSN, RN; DSI Memphis Graceland (South) - Bobbie McClannahan, RN; DSI Memphis Midtown (Central) - Barbara Jones, RN; DSI Memphis North - Denise Atkins, RN; DSI Memphis South - Pauline Mays, RN; DSI Norwood - April Calloway, RN; DSI Walker - Shirley Emberg, RN, CNN; DSI Whitehaven - Betty Louis, RN; East Knoxville Dialysis Ctr - Patrice Brooks, RN; East TN Dialysis Ctr - Teresa Cathcart, RN, data submitted by Mamie Evans, Data Contact; Hattiesburg Clinic Dialysis - Linda Allbritton, RN; Landmark Dialysis - Cindy Minchew, RN; Manchester Dialysis - Sandra Sargent, RN; Mid-Delta Kidney Ctr - Vicki Hathaway, RN; Morristown Dialysis Ctr - Sherry Bishop, RN; PCD Alexander City - Nicole Lee, RN; Pearl River Dialysis - Marcie Beach, RN; Richton Dialysis - Tracy Shelby, RN; Roanoke Dialysis Clinic - Christine Conger, RN; Siver Creek Dialysis - Regina Teague, RN; Tylertown Dialysis - Peggy Stringer, RN, CNN; Waynesboro Dialysis - Alice Chambliss, RN; Woods Memorial Reg Dialysis Ctr - Janis Wenzel, BSN, RN

Disaster Preparedness

As part of an ongoing Network-specific quality improvement project, Network 8 held a disaster preparedness meeting for non-LDO facilities located in central and southern Mississippi on March 8 at the Mississippi Dept. of Health. In addition to an overview of disaster planning by Network 8, staff of the Dept. of Health and Mississippi Emergency Management Agency gave timely and informative presentations on the “how-to’s” of disaster planning and recovery. The meeting closed with an excellent presentation by Tammy Gargis, administrator of the Hattiesburg Clinic dialysis units, who spoke of actual lessons learned by hurricane Katrina.

While it may appear that we have had our quota of natural disasters in the Network 8 region, the fact remains that disasters continue to happen every day—just like the tornado that occurred in Enterprise, Alabama on March 2, 2007. When contacted by the Network to assess facility status, we were informed that the approaching tornado could be seen through clinic windows—not an event that one actually expects to occur. Credit is due to facility staff for knowing emergency protocol and moving patients to safety within a 5-10 minute time frame.

In southern states, tornado season typically runs from March through May with May having the highest number of tornados on average and April having the most severe tornados historically. Following closely on the heels of tornado season is hurricane season, which runs from June 1 through November 30, 2007. At this time, forecasters are calling for a “busier-than-average” season with 17 tropical storms predicted, 9 of which are forecasted to become hurricanes. It is important to remember that even those not in the hurricane zone can be affected by tornados spawned from hurricane winds—there were 44 confirmed tornados associated with Hurricane Katrina in August 2005.

We at Network 8 would like to thank everyone that participated in the disaster preparedness meeting and would like to once again ask that all staff members be instructed on the current, facility-specific disaster plan. It has been said, “it wasn’t raining when Noah built the ark” (Howard Ruff)—now is the time to prepare for weather-related disasters.

Please visit our website at http://www.esrdnetwork8.org/admin/disaster_preparedness1.asp for more information and resources.

Data Staff Re-aligned

Network 8 has changed the assignments of the Data Specialists. Katie, who has been working with all of Alabama is now the Office Manager. She has taken on new duties but will continue to work with UAB and Alabama clinics with provider numbers 012540 and above.

April will continue to work with all of Mississippi and will add the Alabama clinics with provider numbers 010087 through 012539.

Janet will now once again have all of Tennessee.

When you have questions, give your Data Specialist a call, and please address all correspondence and faxes to the Data Specialist for your provider number.

We want to give you the best service possible, so give us a call.

2007 Network 8 Annual Meeting Location Announced

Save the date! The 2007 Network 8 Annual Meeting will be held October 17-19 at the Beau Rivage Resort and Casino in Biloxi, Mississippi. Topics and speakers will be announced at a later date, so be on the lookout for mailings. Our website will be updated with Annual Meeting information as it becomes available, so be sure to visit us at www.esrdnetwork8.org. Don't forget to mark your calendar, and we hope to see you there!

NETWORK NEWS

Publication Date April 2007

This material was prepared under CMS contract Number HHSM-500-2006-NW008C, and the contents may not reflect CMS policy.



NETWORK 8, INC.
PO Box 55868
Jackson, MS 39296-5868
Phone: 601-936-9260
Email: info@nw8.esrd.net
Website: www.esrdnetwork8.org

Annual Compliance Reports for 2006

As part of their contract with Medicare, all facilities are required to submit Form 2728 on all new patients starting dialysis with outpatient dialysis or transplant, and Form 2746 must be submitted for all deaths. These forms are required to be timely and accurate. The Network is required to track the timeliness and accuracy and report to the facilities and to CMS those facilities that met the 90% goal and those facilities that did not.

We are very pleased to commend the following facilities for meeting or exceeding the 90% goal for 2006:

****100% Compliance for 2006 ****

010087T USA TRANSPLANT
 01014F VA BIRMINGHAM
 012513 FMC LANGDALE
 012517 ATHENS DIALYSIS
 012523 PHENIX CITY DIALYSIS
 012535 PCD PRATTVILLE
 012538 FMC ANDALUSIA
 012558 DCI DECATUR
 012559 FMC UNIV SOUTH ALABAMA
 012572 FMC CAMELLIA
 012574 FMC CHAMBERS
 012590 DCI MOULTON
 012599 FMC PORT CITY
 012602 RUSSELLVILLE DIALYSIS
 012607 ROANOKE DIALYSIS CLINIC
 013300 CHILDRENS HOSPITAL DIALYSIS
 252502 HATTIESBURG CLINIC DIALYSIS
 252510 LAUREL DIALYSIS
 252517 PEARL RIVER DIALYSIS
 252523 COLUMBIA DIALYSIS
 252534 WAYNESBORO DIALYSIS
 252546 WIGGINS DIALYSIS
 252554 BAY SPRINGS DIALYSIS
 252558 COLLINS DIALYSIS
 252559 TYLERTOWN DIALYSIS
 252561 RICHTON DIALYSIS
 252565 FMC D IBERVILLE
 252569 SILVER CREEK DIALYSIS
 440082 ST. THOMAS HOSPITAL
 442507 DCI MADISON
 442530 EAST KNOXVILLE DIALYSIS CNTR
 442569 FMC NORTH PARKWAY
 442574 FMC ROANE COUNTY
 442581 DCI LEBANON
 442589 DCI SEVIERVILLE
 442591 FMC GRACELAND
 442595 FMC ATHENS
 442603 FMC TIPTON COUNTY
 442618 FMC MORRISTOWN
 442626 DCI JASPER
 442634 FMC LOUDON DIALYSIS
 442651 CHATTANOOGA KIDNEY CENTER
 442652 STONEGATE PD DIALYSIS
 442656 CROSSVILLE DIALYSIS CLINIC
 442664 FMC WINCHESTER

90% or better

Mississippi

250001 UMC PEDIATRIC NEPHROLOGY
 252509 FMC VICKSBURG
 252511 FMC OXFORD
 252513 FMC TUPELO
 252514 FMC GREENWOOD
 252522 FMC CANTON
 252530 FMC ABERDEEN
 252537 FMC FOREST
 252538 FMC STARKVILLE
 252540 FMC GULFPORT
 252543 FMC BILOXI
 252545 FMC HOLLY SPRINGS
 252547 FMC ORANGE GROVE
 252556 LUCEDALE DIALYSIS
 252563 FMC NORTH GULFPORT
 253503 MEDICAL MALL DIALYSIS

90% or better

Alabama

012500 FMC CAPITOL CITY
 012501 GADSDEN DIALYSIS
 012506 DOTHAN DIALYSIS
 012507 FMC MOBILE
 012512 FMC SELMA
 012515 FMC OPELIKA
 012519 FMC SCOTTSBORO
 012525 FMC WEST MOBILE
 012526 FMC BIRMINGHAM
 012527 DCI ENTERPRISE
 012529 FLORENCE DIALYSIS
 012531 FMC JACKSON
 012532 DCI EUFAULA
 012536 FMC MONTCLAIR
 012539 FMC TALLADEGA
 012540 FMC MONROEVILLE
 012541 FMC DADEVILLE
 012543 DEMOPOLIS DIALYSIS
 012544 OZARK DIALYSIS
 012545 TUSCALOOSA DIALYSIS
 012546 FMC TUSKEGEE
 012548 FAYETTE DIALYSIS
 012551 SHEFFIELD DIALYSIS
 012552 FMC TOULMINVILLE
 012553 PCD ELMORE COUNTY
 012554 DCI UNION SPRINGS
 012556 FMC PELL CITY
 012557 PCD EAST MONTGOMERY
 012560 FMC HAMILTON
 012562 DCI PELL CITY
 012563 DCI CULLMAN
 012566 FMC SYLACAUGA
 012570 NORTHPORT DIALYSIS
 012571 DCI GEORGIANA
 012573 DCI BIRMINGHAM
 012576 DCI MONTGOMERY
 012578 FMC SOUTHSIDE
 012580 FMC THOMASVILLE
 012582 FMC WILCOX
 012588 SYLACAUGA DIALYSIS
 012591 FMC SHELBY
 012593 FMC ODYSSEY DIALYSIS
 012595 FMC FORT PAYNE
 012596 FMC MONTGOMERY BAPTIST
 012597 FMC BAY MINETTE
 012598 DCI PHENIX CITY
 012605 BIRMINGHAM HT DIALYSIS
 012613 FMC DISCOVERY
 012615 FMC AUBURN
 012616 LANDMARK DIALYSIS

Tennessee

440015 UNIV OF TN KNOXVILLE
 440015T UNIV OF TN KNOXVILLE TRNSPLNT
 440039T VANDERBILT RENAL TRNSPLNT
 44013F VA-MEMPHIS
 44018F VA NASHVILLE DIALYSIS
 442501 FMC JOHNSON CITY
 442502 DCI NASHVILLE
 442503 DCI KNOXVILLE
 442504 DCI JACKSON
 442511 COOKEVILLE DIALYSIS
 442513 FMC OAK RIDGE
 442514 DCI EAST RIDGE

90% or better

442517 MORRISTOWN DIALYSIS CENTER
 442518 DCI CUMBERLAND
 442519 FMC BRISTOL
 442522 FMC EASTERN TENNESSEE
 442523 MEMPHIS UNIV DIALYSIS CNTR
 442524 FMC EAST MEMPHIS
 442527 FMC N KNOXVILLE DIALYSIS CNTR
 442528 DCI MURFREESBORO
 442531 DCI MARYVILLE
 442533 DYERSBURG DIALYSIS
 442538 DCI BROWNSVILLE
 442540 WHITEBRIDGE DIALYSIS
 442541 DCI SOUTHERN HILLS
 442550 CARRIAGE DIALYSIS
 442553 FMC WEST KNOXVILLE
 442555 DCI CHATTANOOGA BROAD ST
 442562 DCI PARIS
 442564 DCI MEDICAL CENTER
 442565 DCI HIXSON
 442566 DCI DAYTON
 442567 APPALACHIAN DIALYSIS CNTR
 442572 DCI CLARKSVILLE HWY
 442573 MEMPHIS CENTRAL DIALYSIS
 442576 MEMPHIS EAST DIALYSIS
 442577 FMC KINGSPOET
 442579 FMC BRADLEY
 442583 VANDERBILT DIALYSIS CLINIC
 442586 DCI SHELBYVILLE
 442593 FMC NORTH MEMPHIS
 442594 DCI SUMMIT
 442596 DCI LYERLY
 442598 HUMBOLDT DIALYSIS
 442599 BROWNSVILLE DIALYSIS
 442604 TIPTON COUNTY DIALYSIS
 442605 NRI RCG MEMPHIS SOUTH
 442607 CAMDEN DIALYSIS
 442609 DIALYSIS ASSOC. HOME TRAINING
 442610 FMC MEMPHIS MIDTOWN
 442613 FMC COLUMBIA
 442614 FMC SPRINGFIELD
 442615 FMC WEST NASHVILLE
 442616 FMC GALLATIN
 442621 FMC MOUNTAIN CITY
 442624 FMC TULLAHOA
 442625 FMC WHITEHAVEN
 442627 FMC MADISON
 442629 FMC ELK RIVER DIALYSIS
 442630 FMC FRANKLIN
 442635 DCI HOLSTON RIVER CLINIC
 442639 BLOUNT DIALYSIS CENTER
 442640 NRI RCG MEMPHIS NORTH
 442644 FMC DIALYSIS FORT SANDERS
 442646 NRI MEMPHIS MIDTOWN (CENTRAL)
 442647 FMC MEMPHIS EAST
 442648 COLLIERVILLE DIALYSIS
 442649 MEMPHIS SOUTH DIALYSIS
 442650 NRI MEMPHIS GRACELAND (SOUTH)
 442654 VANDERBILT DIALYSIS CLINIC EAST
 442658 FMC DIALYSIS NEWPORT
 442660 NRI GALLERIA
 442661 DCI BEECH LAKE
 442663 MCMINNVILLE DIALYSIS CLINIC
 442665 MANCHESTER DIALYSIS CLINIC