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An Interview with Joyce F. Jackson, President & Chief Executive Officer of Northwest Kidney Centers

Since 1998 Joyce F. Jackson has led Northwest Kidney Centers as president and chief executive officer. Her organization delivers 80 percent of dialysis in King and Clallam counties, about 200,000 treatments each year. Northwest Kidney Centers (NKC) provides dialysis to people with kidney failure, who require the treatment to stay alive, in 14 centers, 11 hospitals and 210 homes. NKC also conducts an active public education program called LivingWell with Chronic Kidney Disease™ and was the instigator of the Kidney Research Institute, a collaboration with UW Medicine. With \$83 million in revenue for fiscal 2009, NKC is one of the area's largest non-profits. David Peel, Publisher and Editor of the Washington Healthcare News, asked Ms. Jackson a few questions in this December 2009 interview.

Q: Northwest Kidney Centers has a long and storied history. According to your Web site, www.nwkidney.org, it was established in 1962 as the world's first outpatient dialysis treatment center. What

are the most significant changes to your sector of healthcare since then?



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A: When we began, the world's eyes were on Seattle because we

were the first to replace an organ in the body with a machine that isn't in the body. The biggest change since then is the significant growth in dialysis therapy to address kidney disease, which is now an epidemic because of the growing rate of obesity and diabetes, the most prevalent causes.

The second area that's changed is medication therapies. For example, Epogen, made by Amgen, is now used to treat severe anemia, which affects almost everyone on dialysis. NKC participated in clinical trials for Epogen. Having dialysis keeps people alive and gets them back on their feet. Epogen gives them the energy that they need to do other things.

Unfortunately, however, dialysis itself isn't that different today than it was when we invented it. It's shocking that our field hasn't advanced much as far as changing the outcomes for people with kidney failure. We can help them stay alive, but we still have to do an intensive and expensive

therapy three or more times a week for life.

The only alternative to dialysis for people with kidney failure is an organ transplant but, unfortunately, we don't have enough kidney donors. Only 6 percent of kidney patients nationally receive transplants. In our community the rate is higher, at 9 to 9.5 percent, but a quarter of our patients are waiting for a kidney transplant and the gap is growing because kidney disease is increasing.

We're committed to working to change this situation. NKC, in collaboration with UW Medicine, founded the Kidney Research Institute last year. So far it has secured \$11 million in public grant funding to conduct clinical research to improve patients' lives and slow the progression of kidney disease. We're excited to think that the next generation of people with kidney problems will have a therapy that works better than today's dialysis or transplantation. We also founded the LivingWell with Chronic Kidney Disease™ program to reach out to people before they need dialysis or transplantation to teach them about strategies

to slow the progression of kidney disease and to prepare well for dialysis therapy if they need it.

As a nonprofit, we are owned by the community. Our nonprofit status drives our focus on education and research, as well as patient care. We're not only the nation's first outpatient dialysis program, but we've carried the flag of nonprofit healthcare in our field, which today is dominated nationwide by for-profit companies.

Q: You were recently named the recipient of Washington's 2009 Warren Featherstone Reid Award for Excellence in Healthcare. What thoughts can you share with our readers about providing exceptional quality and value in the delivery of healthcare services, the focus of this award?

A: We define quality not just in terms of clinical outcomes, such as whether somebody lives longer, but also quality of life. We take the patients' perspective. We help them make sure their extensive care is covered by insurance. We have a pharmacy staffed with re-

nal-specialist pharmacists, something that's unheard of. We have two special care units – in Seattle and Kent – with special nurses and special beds to keep people out of the hospital. Our patients are hospitalized 20 percent less than the national average. Our survival statistics are 10 percent better than the national average. We have one of the nation's largest home dialysis programs, which was the first in the country.

Q: What other information would be important for our readers to know about you or Northwest Kidney Centers?

A: Kidney disease is common and harmful, but it's treatable. As we look ahead over the next five years, our focus will be to bridge gaps in care to improve outcomes and efficiencies. We're inviting partners from the community to collaboratively improve the flow of information and services. Our Web site is full of information, and our team can advise and help people get resources. We're Northwest Kidney Centers, the go-to resource for fighting kidney disease.

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