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**STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**IN RE: PROJECT 10-086
FRESENIUS MEDICAL CARE EAST AURORA**

PUBLIC HEARING

FEBRUARY 24, 2011

NATIONWIDE SCHEDULING

OFFICES: MISSOURI Springfield Jefferson City Kansas City Columbia Rolla Cape Girardeau ■ KANSAS Overland Park ■ ILLINOIS Springfield

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761
(217)782-3516

PUBLIC HEARING

Re: Project 10-086

Fresenius Medical Care East Aurora

Public Hearing held on February 24, 2011,
at the Aurora Police Department Headquarters, 1200
East Indian Trail, Aurora, Illinois 60505 presided
over by Courtney Avery, Administrator for the
Illinois Health Facilities and Services Review Board

Reported by:

Linda DeBisschop, CSR-MO, CCR-IL
Midwest Litigation Services
401 N. Michigan Avenue
Chicago, Illinois 60611

1 MS. AVERY: Good morning, everyone. I am
2 Courtney Avery, Administrator for the Illinois
3 Health Facilities and Services Review Board. My
4 purpose here today is to act as the hearing officer
5 and a facilitator for Project Number 10-086
6 Fresenius Medical Care East Aurora, Illinois. The
7 applicants, Fresenius Medical Care Holdings, Inc.
8 and Fresenius Medical Care Sandwich DBA Fresenius
9 Medical Care East Aurora, are proposing to establish
10 a 12-station ESRD facility in 8,500 GSF of leased
11 space located at 924 East New York Street in Aurora,
12 Illinois, with a project cost of \$4,368,990.

13 As per the rules of the Illinois Health
14 Facilities and Services Review Board, I would like
15 to read the previously posted legal notice into the
16 record. Notice of review and opportunity for public
17 hearing and written comment. 10-086. Fresenius
18 Medical Care East Aurora, Aurora.

19 In accordance with the requirements of the
20 Illinois Health Facilities Planning Act, notice is
21 given of receipt to establish a 12-station End Stage
22 Renal Dialysis ESRD facility, Project #10-086
23 Fresenius Medical Care East Aurora, Aurora,
24 Illinois. Applicants: Fresenius Medical Care
25 Holdings, Inc., Fresenius Medical Care Sandwich DBA

1 Fresenius Medical Care East Aurora. The applicants
2 propose to establish a 12-station ESRD facility in
3 8500 GSF of leased space located at 924 East New
4 York Street, Aurora with a project cost \$4,368,990.

5 A public hearing is to be held by the
6 Illinois Department of Public Health pursuant to the
7 Illinois Health Facilities Planning Act. The
8 hearing is open to the public and will afford an
9 opportunity for parties with interest to present
10 written and/or verbal comment relevant to the
11 project. All allegations or assertions should be
12 relevant to the need for the proposed project and be
13 supported with two copies of documentation or
14 materials that are printed or typed on paper, size 8
15 and a half by 11. Consideration by the State Board
16 has been tentatively scheduled for March 22, 2011,
17 at the state board meeting.

18 The public hearing will take place
19 pursuant to part 1130.910. The hearing is scheduled
20 for 10 a.m. February 24, 2011 located at Aurora
21 Police Department New Headquarters, Community Room,
22 1200 East Indian Trail, Aurora, Illinois. 60505.
23 For additional information, call (217)782-3516, TTY
24 number 800-547-0466 for hearing impaired only. Any
25 person wanting to submit written comments on this

1 project must submit these comments by 9:00 a.m.
2 March 20, 2011 and the application for this project
3 can be viewed here and has the project application
4 which is on the website.

5 Notice: This meeting will be accessible
6 to persons with special needs in compliance with
7 pertinent state and Federal laws upon notification
8 of anticipated attendance. People with special
9 needs should contact Bonnie Hills at the Illinois
10 Facilities and Services Review Board Office by
11 telephone at 217-782-3516, TTY number 800-547-0466
12 for hearing impaired only or by letter not later
13 than Monday, February 21st, 2011.

14 If you have not done so, please let me
15 know and I can sign you in on the appropriate forms.
16 We have three forms. The green form is for those
17 individuals who would like to provide testimony in
18 support of the project. The blue form is for those
19 individuals who would like to provide testimony in
20 opposition of the project. The yellow form is for
21 those individuals who would like to register
22 attendance, but who do not wish to testify.

23 To insure that the State Board public
24 hearings protect the privacy and maintain a
25 confidentiality of an individual's health

1 information, covered entities is defined by the
2 Illinois Insurance Portability Act of 1996 such as
3 facilities, hospital providers, health plans and
4 health care clearinghouses submitting oral or
5 written testimony that discloses protected health
6 information of individuals should have a valid
7 written authorization from that individual. The
8 authorization shall allow the covered entity to
9 share the individual's protected health information
10 at this hearing only.

11 For those of you who have come with
12 prepared text for your presentation, again, you can
13 submit it to me without giving oral testimony that
14 will be part of the legal record and the transcript
15 for this meeting. In order to give everyone an
16 opportunity to participate, please limit your oral
17 presentation to three minutes. Should anyone want
18 to speak for more than three minutes, you may do so
19 after everyone has the opportunity to speak. Also,
20 as part of legal notice, if possible, provide two
21 copies of your testimony and when making your oral
22 presentation, please give the court reporter the
23 spelling of your complete name. If there is a lead
24 spokesman for the applicant, we would like that
25 individual to make the presentation. The remaining

1 testimony will be taken in order of the names on the
2 registration form and, because of the process, I may
3 not be able to go in order as you signed in here,
4 but everyone will have the opportunity to speak. If
5 you have any questions about the process here today,
6 not particularly questions on the application, I can
7 answer those at the conclusion of the presentation.

8 At this time, I would like for anyone
9 that's part of the applicant in supporting the
10 project to please come forth and give oral
11 presentation.

12 BY LORI WRIGHT: Go morning, everybody.
13 My name is Lori Wright and I'm a CON Specialist for
14 Fresenius Medical Care. I compiled the application
15 for the East Aurora dialysis facility. Our
16 operations and marketing team, along with physician
17 input, determine where our next facility might be
18 needed. Once I begin to work on the application, I
19 research for myself such things as community,
20 characteristics, patient demographics, population,
21 ESRD growth and facility options for future
22 patients. The more research I did on the East
23 Aurora facility, the more profound the evidence was
24 that we needed a facility here.

25 I would have to admit the evidence found,

1 as you will see here today, is not always this
2 compelling. I have to question the motives of
3 Renaissance Management for opposing the establishment
4 of this facility since they also opposed the
5 four-stage expansion of our current Fresenius Aurora
6 facility, despite the fact that the facility
7 currently remains at 80 percent post-expansion. In
8 fact, this facility added ten stations in the past
9 year to account for ESRD growth and to reduce the
10 utilization rate without success, attesting to the
11 fact that the ESRD growth in the area is extreme and
12 the need for more stations exists in downtown
13 Aurora.

14 The East Aurora Project will meet all of
15 the State Board criteria except the need and
16 maldistribution criteria. While all facilities
17 within 30 minutes travel time of Fresenius East
18 Aurora are near or above 80 percent, some are
19 slightly over, some are slightly below. There is
20 only one facility that essentially keeps this
21 application from meeting the criteria. It is the
22 West Batavia Clinic which is right at 30 minutes
23 away from Fresenius East Aurora and is not yet in
24 operation.

25 Dr. Dodhia's practice will be supporting

1 this facility. It was established to alleviate
2 Aurora and to give the patients from Batavia and
3 North Aurora access to dialysis services and also to
4 eliminate long drive times. It will not serve the
5 residents who live in East Aurora or the patients
6 identified in this application.

7 The West Batavia facility is much closer
8 to Renaissance's Tri-Cities Dialysis than the East
9 Aurora facility, yet Renaissance did not oppose that
10 application. Outside of the 30 minute travel area
11 for East Aurora, Renaissance Management operates 18
12 station Tri-Cities Dialysis Center and the eight
13 station Yorkville Dialysis Center. These are 12 and
14 15 miles away respectively, and, again, over 30
15 minutes from East Aurora, therefore, they are not
16 considered options for the patients from East
17 Aurora.

18 Although both facilities are under
19 utilized, their distance and excessive drive time do
20 not make these facilities treatment alternatives for
21 these patients residing in Aurora. The Fresenius
22 East Aurora facility will, therefore, have no impact
23 on either one of these facilities. The only other
24 facility serving Aurora besides Fresenius Aurora is
25 the 26 station Fox Valley Dialysis Center. This is

1 supported by the physicians from Renaissance
2 Management as well. Due to the fact that this
3 facility has been operating between 85 and 92
4 percent utilization for the past seven years, it is
5 apparent that the East Aurora facility could not
6 possibly have an adverse effect on that facility.
7 Dr. Dodhia does refer some patients to this
8 facility, but it clearly cannot accommodate the
9 growth of ESRD seen in Aurora.

10 As some of you may have heard lately in
11 the news, Aurora has grown tremendously in the last
12 ten years, 38 percent to be exact, and with that the
13 growth of the minority population has increased to
14 41 percent Hispanic and 10 percent African American.

15 The East Aurora community itself has a
16 higher percent of these two ethnic backgrounds
17 residing within its borders. These groups are
18 disproportionally affected by diabetes and
19 hypertension which are the leading two causes of
20 kidney disease. This trend is causing the continual
21 rise in dialysis patients seen in larger cities such
22 as Aurora. It is for these disadvantaged patient
23 populations that Fresenius Medical Care is preparing
24 to serve.

25 Aside from the health risks experienced by

1 this patient population, these patients are at an
2 economic disadvantage as well. Many of these
3 patients are undocumented and do not have insurance
4 coverage. Fresenius Medical Care would like to
5 offer these patients access to treatment in their
6 community.

7 In sum, it is clear that, due to
8 neighborhood demographics, current clinic
9 utilizations, growth of the general population, the
10 minority growth, the growth of ESRD patients and the
11 excessive distance to any other facility with excess
12 capacity, that additional access to dialysis
13 services is needed to serve the residents of the
14 City of Aurora. I want to thank the board for their
15 time and their attention to this matter.

16 MS. AVERY: Next speaker is Jenny Lowe.

17 BY MS. LOWE: My name is Jenny Lowe and I'm
18 the area manager with Fresenius Medical Care
19 covering the far west suburbs including the current
20 Aurora Dialysis Center. I also cover the Fresenius
21 Oswego, Sandwich and the new West Batavia dialysis
22 facilities.

23 I had lived in Aurora for the last 18
24 years and have been associated with the Aurora
25 Dialysis Center for almost as long formerly working

1 one and on with patients there as a registered
2 dietician. I have seen this facility grow from six
3 stations with less than 50 patients to 24 stations
4 with nearly 120 patients. In just the last year we
5 have added ten stations, ten of these stations
6 placing the facility at its physical capacity.

7 With the continual increase in patient
8 referrals to this facility, it is still operating
9 close to 80 percent utilization. From my
10 experience, I believe Aurora will need another
11 facility in the near future due to its growth.

12 Living in the Aurora community, I have
13 also witnessed the extensive population growth and
14 the changing demographics of the city. I am aware
15 that Aurora is now the second largest city in
16 Illinois behind Chicago. With this growth, the city
17 has seen an increase in Hispanic population to
18 41 percent and African American population to
19 10 percent.

20 The Aurora dialysis facility represents
21 this too with 59 percent of the patients coming from
22 Hispanic and African American backgrounds. This
23 being said, the patient population has a two time
24 higher risk of developing diabetes and hypertension
25 which are the two leading causes of kidney failure.

1 This accounts for the continual rise in end stage
2 renal disease cases in the City of Aurora.

3 For this reason, we need to be prepared to
4 serve this community's needs with access to
5 treatment and the community where these patients
6 live. Dialysis patients come to the facility three
7 times a week for usually over four hours.
8 Transportation for these patients can be very
9 difficult. Some patients rely on family, friends,
10 church members, public transportation or medical
11 vans. Having the dialysis center in the
12 neighborhood makes it so much easier and convenient
13 for dialysis patients. The hardship of obtaining
14 transportation is one burden we can help alleviate
15 for these patients when they are trying to cope with
16 chronic illness. Transportation is also an issue
17 for many of these patients from East Aurora because
18 this is a disadvantaged population.

19 As I mentioned earlier, this is a minority
20 population and many of these patients are
21 underinsured or have no insurance coverage at all.
22 Those that are undocumented cannot obtain any
23 transportation coverage.

24 Along with this is the economic
25 disadvantage these patients experience making travel

1 outside of their neighborhood an even greater
2 hurdle.

3 I also know that many of Dr. Dodhia's
4 patients who are insured are managed by Dreyer
5 Managed Care. These patients can only dialyze where
6 their managed care organization has contracted with.
7 The Fresenius Aurora facility is currently in their
8 network and so will the East Aurora facility and
9 they can only dialyze at these facilities.

10 I strongly support the need for another
11 dialysis center in downtown Aurora to meet the
12 constantly growing needs to this diverse community.

13 Thank you for your time and attention in
14 this matter.

15 MS. AVERY: Gail Bumgarner.

16 BY MS. BUMGARNER: My name is Gail
17 Bumgarner. I'm a Senior Vice-president of Strategy
18 at Rush-Copley Medical Center in Aurora, Illinois.
19 Rush-Copley Medical Center opposes the request for a
20 certificate of need permit filed by Fresenius
21 Medical Care Sandwich, LLC to establish a 12-station
22 in-center hemodialysis facility at 924 East New York
23 Street, Aurora, Illinois, 60505.

24 We ask the Health Facilities and Services
25 Review Board to deny this application. We are

1 convinced by the evidence that this project is
2 premature and will have a negative impact on the
3 other hemodialysis facilities already approved to
4 operate in a community.

5 Our community has the following available
6 or approved in-center hemodialysis facilities which
7 are easily accessible to the proposed population to
8 be served by the new facility, and then we have a
9 chart that lists eight facilities all of which are
10 within 12 to 28 minutes drive time and none of which
11 have greater than 76 percent occupancy and capacity
12 available.

13 The applicants submitted an independent
14 travel study showing that three of the above
15 facilities may be over 30 minutes travel time:
16 Yorkville Dialysis, Tri-Cities Dialysis and
17 Fresenius Medical Care West Chicago. Other travel
18 studies may be conducted to dispute or corroborate
19 this study. However, these data indicate that the
20 applicant has five underutilized facilities within
21 30 minutes of the project. Conveniently located
22 quality dialysis services are readily accessible to
23 the patients served by Rush-Copley Medical Center
24 and the physicians on its medical staff. We
25 experience no difficulty finding available dialysis

1 services for our patients.

2 We support the reasonable and timely
3 development of health care facilities in the greater
4 Aurora area. We respectfully ask the Health
5 Facilities and Services Review Board to consider the
6 impact on existing approved facilities. We urge the
7 State Board to deny this CON application at this
8 time.

9 Thank you for your consideration of our
10 comments on this important matter. Thank you.

11 BY DR. DODHIA: Good morning ladies and
12 gentlemen, members of the Health Facilities and
13 Services Review Board. My name is Navinchandra
14 Dodhia and I am a nephrologist practicing in the
15 Aurora area for almost 20 years. I am the Medical
16 Director of Fresenius Aurora and Oswego Dialysis
17 centers. I also lived in the far east side of
18 Aurora ever since I started practicing here.

19 I am employed by the Dreyer Medical
20 Clinic, which is a multi-specialty clinic with 160
21 physicians including about 50 primary care
22 physicians, over 500,000 out-patient visits, 125,000
23 active patients at multiple sites. My practice
24 partner is Dr. Atif Fakhruddin and Dr. Bina Mirza is
25 in the process of joining our practice. All three

1 of us are on staff at Rush-Copley and Provena Mercy
2 Medical Center. I have been very active in the
3 health care community in Aurora. Every year I have
4 volunteered at the African American Health Fair. At
5 this event, members of the public are screened for
6 high blood pressure and chronic kidney disease.
7 Early detection and treatment will lead to
8 prevention of complications, dialysis and
9 transplant.

10 For many years I volunteered at the Aurora
11 Wellness Clinic which was set up to serve anyone who
12 had no insurance. There was no charge for the
13 services. Unfortunately, the Wellness Clinic was
14 closed.

15 At Provena Mercy Medical Center, I have
16 been on various committees over the years.
17 Currently I am the Vice Chief of Staff.

18 Network data will show that the Aurora
19 Dialysis Facility has operated above capacity for
20 many years. This resulted in many patients
21 dialyzing to almost midnight. This caused conflict
22 with transportation options, family obligations or
23 work schedules.

24 In the last year, the facility has been
25 expanded by ten stations allowing it to operate a

1 normal three shift a day schedule.

2 A new Aurora facility in the city is
3 needed to accommodate the 71 pre-ESRD patients I
4 have from the East Aurora area who will utilize the
5 new facility. This number does not account for
6 those patients I see the first time who come to the
7 emergency room in kidney failure or those patients I
8 will continue to refer to the current Aurora
9 facility.

10 In the 20 years that I have been in the
11 Aurora area, I have witnessed a continued growth of
12 end stage renal disease. This is partly due to the
13 rapid population growth of the region in recent
14 years. According to the 2010 census, Aurora is the
15 fastest growing city in the state and has grown
16 38 percent in the last ten years. The city
17 demographics have also changed with the percent of
18 Hispanic Americans now at 41 percent and African
19 Americans at 10 percent. I have seen this increase
20 reflected among the patients I treat as well.

21 I have great concern for these patients
22 because of their higher vulnerability to the two
23 leading causes of kidney failure, diabetes and high
24 blood pressure. Nearly 15 percent of African
25 Americans have diabetes and one-third go undiagnosed

1 and untreated causing kidney damage. Also,
2 40 percent have high blood pressure, which is a
3 second leading cause of kidney failure, and
4 one-third of these cases are also undiagnosed.

5 The fastest growing population in Aurora
6 is Hispanic Americans who are also
7 disproportionately at risk for kidney failure.
8 11 percent of these two population groups are twice
9 as likely to die of diabetes. I have seen evidence
10 of this in my practice over the years. The number
11 of patients with kidney disease from these two
12 groups has increased exponentially with 50 percent
13 of the current Aurora dialysis patients representing
14 this demographic.

15 In order to reduce the health disparities
16 in this community, my practice, along with Fresenius
17 Medical Care, reaches out quarterly to those in the
18 early stages of kidney disease to educate them on
19 their disease and ways to prolong kidney health to
20 hold off dialysis as long as possible.

21 I have also seen over the years my
22 patients' economic status and insurability decrease.
23 Some of my patients are indigent, uninsured or are
24 dependent on Medicaid. Many of these patients are
25 undocumented and cannot qualify for Medicare which

1 covers end stage renal disease. These patients are
2 admitted to the Fresenius Medical Care facilities
3 regardless of their ability to pay.

4 If patients are unable to be accommodated
5 at a local dialysis facility due to space,
6 constraints or time, then they will need to seek
7 care at a facility where we may not be on staff.
8 This disrupts the patient/physician relationship.

9 Often times patients are admitted to a
10 hospital after an operation or change in condition
11 of dialysis. Once at a dialysis facility outside
12 the home area, you end up in a hospital which is not
13 your usual local hospital. This results in a whole
14 new set of physicians taking care of you and you may
15 not -- and they may not be the same ones every time.
16 Thus, we end up with fragmented care.

17 I hope this application will be approved.
18 Thank you for your time and consideration.

19 BY MS. WOZNIAK: My name is Delia
20 Wozniak. I'm a CON consultant for Renaissance
21 Management and I urge that the CON board disapprove
22 this application. I know most of you here today are
23 probably supporting the application and just listen
24 to what I have to say for a minute.

25 The reason that we are opposing this

1 application is that, if you look at the numerous
2 facilities that are in the area, they are not fully
3 occupied. The applicant has indicated that these
4 are not good alternatives. Yes, some of these
5 facilities are almost 80 percent occupied, but they
6 are too distant and three facilities were excluded
7 by the independent travel study for being over 30
8 minutes, when using Map Quest unadjusted travel
9 time, they are within even using Map Quest adjusted
10 travel time which adds 15 percent to the travel
11 time, these facilities are within 30 minutes travel
12 time. But let's accept the applicant studies and
13 just look at what they consider to be within 30
14 minutes of Aurora.

15 There are five Fresenius' facilities in
16 this area that are not at 80 percent including
17 Fresenius Medical Care of Aurora, which the
18 application states that at 83 percent occupied.
19 Data in the renal network indicate that it's only
20 76 percent occupied and that the ten stations that
21 were added are not being fully utilized. It is not
22 operating at four shifts any more, it is only
23 operating at three shifts. If you consider the
24 three facilities that are outside the area, based on
25 the travel time, but they are still within a

1 reasonable time frame, there's room for 83 patients
2 just in those three facilities.

3 Within the five facilities that they say
4 are within 30 minutes travel time, there is room for
5 another 83 patients before these facilities are 80
6 percent occupied.

7 Now, the applicant wants to spend
8 \$4 million to bring better care to the people of
9 Aurora. I suggest that what the applicant look at
10 is or, at least, discuss is what do people need?

11 People need better access to primary care.
12 The Health Care Reform Act is allowing providers now
13 an incentive to bring patients into their system
14 with chronic illnesses and give them the opportunity
15 to have early treatment so that they don't suffer
16 the mortality of having to wait for treatment
17 because they don't have access to primary care
18 physicians. I understand the referring physician
19 has said that he's a member of the Dreyer Medical
20 Clinic that has 168 physicians, including a numerous
21 number of primary care physicians, and I encourage
22 all providers in the area, whether they be
23 hospitals, physicians or hemodialysis facilities, to
24 develop with the incentive of the Health Care Reform
25 Act new accountable care organizations that will

1 allow the hard working poor that do not have access
2 to care; to have access to physician services before
3 they need end stage renal disease treatment. This
4 is the reason why the minority populations are
5 suffering such high mortality because they don't
6 have access to primary care.

7 The \$4 million could be better spent in
8 this way. Why? Because of the available stations
9 that are here within the community to serve
10 in-center hemodialysis patients.

11 What do we know about in-center
12 hemodialysis? In the State of Illinois it is fully
13 covered financially. Medicare pays for this service
14 regardless of a patient's age and, fortunately, for
15 those of us that live in Illinois, whether we are
16 citizens or not or whether we have insurance or not,
17 the State of Illinois considers hemodialysis an
18 emergency service, therefore, while it may not pay
19 as much as insurance for the service, a provider of
20 in-center hemodialysis services receives payment
21 eventually. Obviously, not as much, but there is no
22 patient that is denied access outright because they
23 don't have payment for in-center hemodialysis.

24 The issue is, what is the access to
25 primary care for treating the working poor, they're

1 largely over represented in the minority population.

2 The second point that I would like to make
3 relates to why aren't these other facilities decent
4 alternatives since there are so many stations
5 available? The applicant states that, well
6 transportation is a problem. People can't get to
7 them. Well, if that's an issue, let's look at now
8 who is being treated at Fresenius Medical Care
9 Aurora. Over half their patients are not in Aurora,
10 if these data are correct which we get from the CON.
11 If we look at the physicians practice data, unusual
12 changes have occurred in the practice of the
13 referring physicians at Fresenius Medical Care
14 Aurora. Twenty-nine patients now come from North
15 Aurora and 21 of these are brand new. Twenty-seven
16 patients come from West Chicago who have never been
17 treated before. Both of those sets of patients, 56
18 by my count, that represents half of the utilization
19 at FMC Aurora. Both of those sets of patients would
20 be better served if transportation is a problem at
21 either Fresenius Medical Care West Batavia, which is
22 not yet open. Why don't we wait and see what
23 happens here.

24 This current physician is supporting that
25 project, this medical director, and has indicated

1 that 29 patients will be sent there or West Chicago,
2 which is only 29 percent occupied.

3 We are asking the planning board to wait
4 on this project, find out if patients are being
5 double counted. We don't know. We don't have
6 patient initials. And we are also encouraging
7 health planning to encourage among providers of
8 services the use of accountable care organizations
9 so that patients in minority populations that are
10 the working poor have access to services that they
11 really need, primary care. Thank you.

12 MS. AVERY: Is there anyone else from
13 Fresenius that wants to speak?

14 MS. LADYA: Good morning, everyone. I do
15 not have a structured speech, but what I am saying
16 comes from my heart and my passion for the dialysis
17 patients.

18 I am a registered nurse with Fresenius
19 Medical Services. I have been a nephrology nurse
20 for the past 34 years. I see in the last 34 years
21 the change that has been made in dialysis and our
22 education and what we provide as a dialysis provider
23 is a CKD program where I educate and see patients
24 prior to the start of dialysis. This is a free,
25 non-biased program and I see patients, late stage

1 three, stage four, stage five so that I can offer to
2 them and educate them on their treatment options
3 such as transplant, peritoneal dialysis, home
4 dialysis, in-center and nocturnal dialysis. This
5 program has been very successful.

6 Our goal is that, when the patient there
7 has a need for dialysis, that they start dialysis
8 healthy and that they can remain in the work force.
9 They can support their family. They can be there to
10 travel and enjoy quality time with their family.

11 I support this region and I have seen an
12 increasing number of patients in this region that I
13 educate every month and that will probably be
14 increased to every two weeks to have this program
15 here because of the need for education for these
16 patients.

17 Again, I really support this. I do
18 believe there is a need here and, as you have heard,
19 the two leading causes of kidney disease are
20 diabetes and high blood pressure, which are very
21 prevalent among the demographics of this area. I
22 fully support this. Thank you.

23 MS. AVERY: Dr. Sood?

24 BY DR. SOOD: Good morning. I am Pardeep
25 Sood. I am a practicing nephrologist in Aurora for

1 the last 20 years and I work at both the Copley
2 Hospital and Provena Mercy Hospital and I have
3 patients at both units and I go to Aurora Dialysis
4 Unit on a daily basis. And I also have representing
5 my partner, Harry Rubenstein, who is a practicing
6 nephrologist here.

7 We have been serving this dialysis
8 community for last 20 years. Both hospitals I have
9 no problem getting the patients from Copley Hospital
10 or Mercy Hospital for the dialysis unit when they
11 need the space and the data indicates that Aurora
12 unit is at 80 percent, which is not, because I go
13 over there on a daily basis and the last
14 12/31/2010 data shows that it's only at 76 percent
15 occupancy. Expanding the unit last two years was a
16 good idea because people needed that access, but now
17 there are several other facilities in the area for
18 the patients so that is why we are opposing the need
19 for the other unit. It just dilutes all the health
20 care sources and it's basically wasting precious
21 health care resources that people need for other
22 services.

23 The applicant needs to justify the project
24 with 71 treating of patients from Dr. Dodhia, which
25 they discount 20 percent to 51 pre-renal patients

1 and four patient transfer FMC Aurora. While the CON
2 application does not state the number of patients
3 Aurora had on 12/31/10, applicant states its
4 utilization is 83 percent which computes to 120
5 patients. If that were correct, the occupancy level
6 would allow for the transfer of four patients while
7 permitting the FMC Aurora to maintain the required
8 80 percent utilization. However, that's not
9 correct.

10 Renal data indicates that FMC Aurora is
11 not at 80 percent occupancy, but rather posted only
12 110 hemodialysis patients and 10 home patients on
13 12/31. And, therefore, this transfer for FMC Aurora
14 realized upon the support of this application will
15 negativity impact the FMC's Aurora's utilization.

16 As the Illinois Health Facilities and
17 Services Review Board's need determination dated
18 January 18, 2011 showed numerous excess stations in
19 Planning Area 8, the applicant needs to find current
20 patients to justify the establishment of yet another
21 new 12-station facility in the area. In its attempt
22 to justify the need for the project, the applicant
23 provided the travel time and utilization data which
24 is also not accurate.

25 The Review Board should advise the

1 applicant to wait at least until the nearby FMC West
2 Batavia facility is 80 percent occupied before it
3 approves another facility in the community. FMC
4 West Batavia is a plausible alternative due both to
5 its proximity and lack of patients. FMC West
6 Batavia should be 80 percent occupied before opening
7 another brand new facility and to shift patients
8 there and that facility should be 80 percent
9 occupied before opening another and we are
10 submitting all of the travel times from several
11 units that are not fully utilized yet.

12 And the renal network data is not
13 consistent with the CON application they are filing.
14 Whereas, FMC is 76 percent utilized, they are saying
15 it is 83 percent. Naperville unit, which is only
16 8.3 miles, is 75 percent utilized whereas the CON
17 application says it is 81 percent. The DuPage West
18 unit is only 69 percent utilized and the CON
19 application says 78 percent. So there is a lot of
20 discrepancies in the application they are filing.

21 Again, we suggest that the units they are
22 all operational, that they are utilized to the
23 extent before we open more units and I realize that
24 I see that dialysis patients all the time that have
25 travel transport is an issue, so they should have

1 access to the unit. And now actually people can
2 stay at home and do the dialysis at home. I think
3 we should be looking in that direction to serve the
4 people so they are more comfortable at home rather
5 than opening brand new dialysis units and using
6 other resources for doing that. Again, thank you
7 for your consideration of this.

8 MS. AVERY: Thank you. Bill Gazda.

9 BY MR. GAZDA: Good morning. My name is
10 Bill Gazda and I serve as Director of Market
11 Development at Fresenius Medical Care. My
12 responsibilities in this role include, but are not
13 limited to, new site development, implementation of
14 initiatives focused on patient care and education
15 and serving as a liaison to nephrologists, hospitals
16 and community physicians.

17 I've worked in the health care industry
18 for over 16 years and have come to recognize the
19 difference that organizations can make in improving
20 patient outcomes. I've also seen the circumstances
21 where selfish motivations make patient care
22 secondary.

23 The proposed site in East Aurora will be a
24 shining example of what can be accomplished when
25 patient care and outcomes are the forefront of the

1 decision-making process. At Fresenius Medical Care,
2 our goal is to deliver healthier patients to our
3 dialysis clinics so that our ESRD population can
4 continue to have all of the same opportunities that
5 were afforded to them prior to being diagnosed with
6 this condition.

7 Building a dialysis facility in a
8 community is just one step in the process of
9 impacting ESRD patient's lives. There are a number
10 of considerations that are taken into account when
11 making this decision. Is there a need in the
12 community? Is the ESRD population growing? Is
13 there availability and flexibility at the sites in
14 the surrounding area? Do we have a physician
15 partner who shares our vision to supply the highest
16 quality of dialysis services for all patients and
17 not just those with the right insurance?

18 In the case of the East Aurora site, the
19 answers to each of these questions helps us to
20 determine there was a pressing need for a greater
21 availability of dialysis services in this community.
22 As the state's second largest city, Aurora has
23 experienced growth of 38.4 percent since the year
24 2000. The ESRD patient growth within Aurora zip
25 codes has grown by 9 percent year over year and

1 growth within the dialysis facilities in a 10-mile
2 radius of the East Aurora site has been at
3 6 percent. In the 60505 zip code, where the site
4 would be built, there are well over 100 ESRD
5 patients alone and the nearby facilities that serve
6 this patient population are operating at or near
7 capacity. As these growth trends continue moving
8 forward, there will not be sufficient availability
9 or flexibility to serve this number of ESRD patients
10 suitably.

11 At Fresenius Medical Care choosing the
12 right physician partner is just as important as
13 finding the right site location. Our commitment to
14 the ESRD population is not just having a facility
15 they can access. We are committed to delivering
16 healthier patients to dialysis and focused on
17 limiting the complications that can inhibit patients
18 from living full lives while managing chronic kidney
19 disease. This commitment is shared by Dr. Dodhia
20 and one of the many reasons he is seen as the top
21 nephrologist in the area.

22 Our collaborative work in educating all
23 patients under treatment options, increasing the
24 number of patients with permanent access versus
25 catheters and educating the referring physician

1 base, including internal medicine and primary care
2 about the importance of an early and smooth
3 transition to a nephrologist's care, has been
4 instrumental in meeting our goal of delivering
5 healthy patients to our dialysis clinics.

6 Lastly, having family in the Aurora area,
7 I have recognized the diversity within the community
8 and have witnessed the disparity of services
9 available to its membership. Our proposed site in
10 East Aurora will open its doors in array of services
11 to all of the area's residents.

12 End stage renal disease can have life
13 changing effects on patients and their families.
14 The hope of all patients and families is that their
15 dialysis therapy can given them a chance to live
16 their lives with the same opportunities and
17 convenience that many of us take for granted. The
18 convenience of the East Aurora location, along with
19 the array of services provided by Fresenius and Dr.
20 Dodhia, will give Aurora's ESRD patients the
21 opportunity they seek and deserve. Thank you for
22 granting us the opportunity today to share our
23 thoughts.

24 BY MR. GANONG: Good morning. My name is
25 Cal Ganong. I'm the Chief Operating Officer of

1 Renaissance Management Company. Thank you for this
2 opportunity to address the FMC East Aurora Project.
3 We ask that the Health Facilities and Services
4 Review Board deny FMC East Aurora's certificate of
5 need application for three reasons.

6 First, the project proposes to establish
7 another 12 station in-center hemodialysis facility
8 in the Aurora community before similar projects
9 serving virtually the same population have reached
10 target utilization.

11 Secondly, the applicant utilizes data in
12 support of its application that we believe is both
13 inaccurate and inconsistent.

14 And third, the data further indicates that
15 there are not sufficient patients in these
16 communities to support all dialysis stations.

17 With respect to our first concern, we
18 submit the following. One year ago the Review Board
19 approved FMC West Batavia CON, a new 12-patient
20 facility to be located only approximately 20 minutes
21 from the proposed East Aurora project. In measuring
22 travel time, the CON rules permit increasing Map
23 Quest travel by 15 percent. With this adjustment,
24 FMC West Batavia facility is still only 23 minutes
25 away from the proposed East Aurora site. This

1 project by the applicant's own admission is 12
2 months away from becoming operational and, when it
3 becomes operational, it will serve as a plausible
4 alternative site to the East Aurora Project.

5 Additionally, only four months ago, the
6 review board approved four additional stations at
7 FMC Aurora. These four stations are now
8 operational, but are not yet 80 percent occupied.
9 The renal network's fourth quarter data for 2010
10 shows the facility's 24 stations served 110
11 hemodialysis patients with a 76 percent utilization
12 rate. This is in contrast to the data submitted by
13 the applicant which reports an 83 percent
14 utilization rate.

15 With respect to our second concern, we
16 submit that, in addition to the overstatement of
17 utilization of FMC Aurora, there are other
18 discrepancies in the applicant's supporting data
19 which raises additional questions concerning
20 accuracy and consistency. For example, the
21 project's referring physician, Dr. Dodhia, served
22 only two patients in Aurora zip code 60505 and 60506
23 at FMC Aurora, according to the third quarter 2010
24 data submitted by Dr. Dodhia. However,
25 historically, for the years ending December 31st,

1 2007, 2008 and 2009, his practice on the average
2 served over 50 patients from these Aurora zip codes.
3 A change of this magnitude is highly unusual and we
4 believe should be further explained.

5 And yet another data discrepancy. Last
6 year, FMC Aurora served 27 patients of Dr. Dodhia
7 from West Chicago zip code 60185, however, in the
8 previous three years not one dialysis patient from
9 this West Chicago zip code was treated by Dr.
10 Dodhia. Moreover, if this data is correct, it begs
11 the question as to why these 27 West Chicago
12 patients are not being served at the new FMC West
13 Chicago facility which is much closer and is only
14 26 percent utilized.

15 Lastly, it should be noted that, if FMC's
16 Aurora utilization will fall 25 percent if and when
17 these patients are transferred to the closer FMC
18 West Chicago facility. Similarly, last year FMC
19 Aurora served 29 patients of Dr. Dodhia from the
20 North Aurora zip code 60542. Before last year, FMC
21 Aurora served only eight patients from the zip code.

22 The review board granted the FMC West
23 Batavia CON permit last year based, in part, on Dr.
24 Dodhia's pledge to refer 29 pre-renal patients from
25 zip code 60542. As the renal network's 2010 data

1 indicates, 60542 had a total of only 25 patients in
2 total in 2010. We can presume that many of these
3 patients are the same pre-renal patients pledged to
4 justify the establishment of the FMC West Batavia
5 site. We can further presume that the FMC Aurora's
6 utilization will again decline when many of these
7 patients transfer to the West Batavia site, FMC West
8 Batavia unit.

9 Our concerns for the accuracy of the
10 submitted data continue. The CON application
11 misstates the utilization of other FMC facilities
12 within 30 minutes of the proposed project. For
13 example, the application states that FMC DuPage West
14 is at 78 percent utilization. However, the renal
15 network's 2010 4th quarter data indicates that the
16 facility only serves 68 patients with a 69 percent
17 utilization rate. Additionally, the application
18 states that FMC Naperville North is at 81 percent
19 utilization, but the renal network's fourth quarter
20 data indicates that only 63 patients were served for
21 a 75 percent utilization. Based on just the data
22 errors alone, we feel that this project should be
23 denied.

24 With respect to our third and last
25 concern, we believe insufficient patient growth

1 exists to support the project and other approved
2 projects. All of the following three expansions of
3 hemodialysis services in the Aurora area are
4 supported by the same physician practice of Dr.
5 Dodhia and Dr. Fakhruddin. These include FMC West
6 Batavia's 12 stations, Aurora's four additional
7 stations, FMC Aurora's four additional stations, and
8 the proposed FMC East Aurora's 12-station facility.

9 An analysis of the physicians practice
10 data in these CONS demonstrates that patient growth
11 in the practice is insufficient to support East
12 Aurora facility without significantly impacting the
13 other approved facilities or projects.

14 Please consider the following. Dr.
15 Dodhia's practice has grown by only 16 patients from
16 the end of 2008 which he had 133 patients to 149
17 patients at the end of the third quarter of 2010.
18 Yet in a 24-month period commencing in 2008 and
19 ending in September of 2010, the practice added 189
20 new patients. Therefore, the practice needed 173
21 new patients in this two-year period simply to
22 sustain or maintain its status quo of 133 patients.

23 On an annual basis then, the practice
24 needed 86 patients per year to replace patients lost
25 due to transfer, recovery of renal function or

1 death. This represents an annual patient loss ratio
2 of 65 percent. We would subsequently adjust the
3 data to match exactly with the patient practice data
4 and we find that the patient loss ratio declined
5 slightly to 62 percent, but 62.6 percent is far
6 larger than the 20 percent patient loss estimate
7 provided in the CON application. Our ratio,
8 however, is derived from the actual data submitted
9 by Dr. Dodhia and is not an estimate. The more
10 accurate patient loss ratio of 62 percent indicates
11 that Dr. Dodhia will need to double the number of
12 new patient referrals in his practice by 2013 in
13 order to maintain the current practice and to
14 achieve an 80 percent utilization of the three
15 expansion projects which I have previously
16 mentioned.

17 These projections assume that the projects
18 will be completed in two years which is the standard
19 for the CON's board approval. That these
20 projections also assume that the projects will
21 achieve 80 percent utilization by the end of the
22 second year of operation, also a CON standard. And
23 that 50 percent of the target growth will be
24 achieved in year one and 50 percent in year two.
25 Lastly, these projections assume the calculated

1 patient loss ratio of 62 percent.

2 Finally, in addition to the aforementioned
3 issues and by way of comparison, data from the renal
4 network indicate that in-center hemodialysis
5 population living within an estimated 30 minutes of
6 Aurora zip code 60505, FMC East Aurora site does not
7 historically support the doubling of new patients in
8 three years. In-center hemodialysis patients living
9 in this area increase 16.5 percent between the years
10 of 2007 and 2010 growing from 558 patients to 650.
11 An annual increase of only 5.2 percent. As the
12 entire hemodialysis population within the 30 minutes
13 of the new facility is increasing only at
14 5.2 percent per year, it is unreasonable to assume
15 that Dr. Dodhia will be able to double new patient
16 referrals within a three-year period the amount of
17 referrals required to support all three expansions,
18 as well as maintain his current practice level.

19 Absent a plausible explanation, the new
20 patient referrals from FMC East Aurora CON, if
21 approved, will be obtained at the expense of
22 numerous other area units undermining clinical and
23 operational performance of these units.

24 We ask the board to consider our evidence
25 and to deny this unnecessary project. Thank you for

1 your time and consideration.

2 BY MS. ROSA: Hi, my name is Milli Rosa
3 and I work for Fresenius. I'm the secretary there
4 and, not only am I the secretary, I'm also a kidney
5 transplant recipient. I was also a patient at the
6 Aurora Dialysis Center back in 1996.

7 On January 25, 2001, not only did I
8 receive a kidney, but I received a second chance for
9 life. I was born and raised on the east side of
10 Aurora. I'm 42 years old and just knowing that I
11 had to go to dialysis was a shock. When I was first
12 told that I had to start dialysis, to my knowledge,
13 no one in my family had any kidney problems. So my
14 thoughts were going through my mind and I feared
15 who, what, where, when, and how. Who will help me,
16 what is dialysis, where will I go, how will I get
17 there, when will I have time to because I was
18 working a forty-hour job. And, of course, the why
19 me.

20 I had no idea what dialysis was or how
21 would I handle it. But when I first went to the
22 center, I spoke to the nurses and the techs. They
23 answered my questions and they made me feel as
24 comfortable as I could. I was educated in the hemo
25 side, the PD side and the nocturna. I chose the

1 hemo. I chose to go to the dialysis center.

2 I had explained to them that I can only
3 come at certain times because of my job and who will
4 be taking me which was my father. I also had to
5 consider his time and his job. He works second
6 shift and, if he had the opportunity to work
7 overtime, he would take it, then how would I get
8 there.

9 Being in Aurora all my life I was grateful
10 to have a dialysis close to me. Transportation was
11 still a little hard. I wasn't driving at the time.
12 And, like I said, my transportation was my father.
13 I was the lucky one, I had someone there for me.
14 Without him, it would have been difficult for me
15 from where I lived. I did let them know they did
16 accommodate me for the shifts that they had, the
17 first, second, third and they did accommodate me
18 with all of those shifts. I did fear that I would
19 have to go further than that, but I did not have to.

20 One of the reasons I did fear is coming
21 home sick. I feared leaving dialysis feeling too
22 sick to move or too weak because I didn't eat
23 enough, but if I did eat, I would get too sick.
24 Once I arrived home, it was a relief. Mother. My
25 mother was there. She took care of me.

1 And lastly, the why. I asked myself a
2 million times why did this happen to me. I asked
3 myself over and over. I never received an answer.
4 With the support of my family and faith, and
5 honestly, my faith at that time was questionable.
6 But I decided to leave it in God's hands. I got
7 angry, was sad, depressed and then finally I
8 accepted dialysis. Once I did, things became a
9 little easier. I accepted my path. I tried to take
10 care of myself a little bit more, make myself more
11 knowledgeable and put myself first, which is very
12 hard to do sometimes.

13 For the opposing side, once you walk in
14 our shoes as patients and you go through the
15 sickness, the cramping, the nausea, 10, 15 minutes
16 versus 20 to 30 minutes does make a difference from
17 your home. When you're in the car, you're sick, the
18 car sickness, motions, while you are cramping, while
19 you are nauseated, and if you're diabetic, your
20 sugar drops and it is the worst feeling ever. So I
21 do support this cause 100 percent wholeheartedly.
22 Thank you for your time.

23 BY MR. GALLEGOS: Good morning. My name is
24 Andres Gallegos. I'm an attorney with the Chicago
25 Law Firm of Robbins, Salomon and Patt. I also serve

1 as outside corporate counsel to Fox Valley Dialysis
2 and its affiliates. On behalf of my client, we
3 respectfully move the Health Facilities and Service
4 Review Board to deny Fresenius Medical Care's East
5 Aurora certificate need application. To be clear,
6 we do not oppose the opening of new dialysis
7 facilities when there is a legitimate need in the
8 community. What we do oppose are applications that
9 seem to exaggerate what that need is.

10 The specific reasons though for opposition
11 and why the board should deny this certificate of
12 need application can be summarized as following:

13 First, as Dr. Sood testified, the review
14 board should wait until the nearby Fresenius West
15 Batavia facility is at 80 percent utilization before
16 it approves another facility in the community. By
17 the applicant's own admission, that project is 12
18 months away from becoming operational. When it is
19 operational, Fresenius West Batavia is a possible
20 alternative to the proposed project due to its lack
21 of patients and its proximity, which is between 20
22 and 23 minutes from the proposed project's location.
23 Moreover, as Dr. Sood also pointed out, the Review
24 Board should also consider the capacity and
25 utilization of Fresenius playing field which,

1 although omitted from the East Aurora application,
2 is within 28 minutes of the proposed project and is
3 now at 74 percent utilization as of the end of last
4 year, according to data obtained from the renal
5 network.

6 Second, as Mr. Ganong testified, the
7 Aurora community has an open project recently
8 approved by the board in addition to the West
9 Batavia facility that has not yet reached its target
10 utilization, namely FMC Aurora. With its expansion
11 of the four additional stations, Fresenius Aurora
12 will also serve the same population as the
13 applicant's East Aurora Project for it to serve.

14 In addition, as Mr. Ganong's testimony
15 reflected, there are serious concerns regarding the
16 project's principal referring physician patient
17 growth. Specifically, the deficiency of his growth
18 to attain the required utilization percentage of
19 this new project and open projects. Those open
20 projects being Fresenius West Batavia and the
21 Fresenius Aurora expansion and also to maintain the
22 required utilization percentage of the four other
23 existing facilities that he refers patients to in
24 the area.

25 And, finally, as all of my clients have

1 testified, including their CON consultant, Ms.
2 Wozniak, there exists data discrepancies. We
3 believe there are significant material discrepancies
4 between the applicant's data regarding the
5 utilization of existing alternative facilities and
6 their respective proximity to the proposed project
7 location in addition to the referring physician's
8 data used for his projected referrals.

9 Part of the problem with the applicant's
10 utilization data could be with its use of Fresenius
11 data obtained internally instead of data reported to
12 the renal network. The problem with referring
13 physicians projected referrals becomes clearer if
14 you review these anticipated referrals for this
15 project together with his anticipated referrals
16 tendered in support of the applicant's two
17 immediately preceding CONs which were approved by
18 the board; Fresenius West Batavia and Fresenius
19 Aurora, and you compare that all against his
20 documented historical case load.

21 When all of this is reviewed together, it
22 is clear that the anticipated number of referrals
23 do, in fact, exceed the physician's documented
24 historical case load which is in violation of the
25 provisions of the Review Board of Administrative

1 Regulations for projected referrals.

2 Through the collective testimonies made on
3 behalf of my client, my client has demonstrated what
4 we believe is by clear and convincing evidence that
5 the applicant's calculation of utilization, under
6 utilization, time travel and the anticipated patient
7 referrals are misstated, if not misrepresented.
8 While the purported purpose of this project is to
9 keep dialysis services accessible in Kane County,
10 more specifically in the Aurora market, we submit
11 that it now is. And for the reasons that I just
12 stated, as elaborated more specifically in my
13 client's testimony, we believe that it will be in
14 the future without the need to the applicant's
15 project.

16 In summation, we are convinced that this
17 project, if approved, will result in the unnecessary
18 duplication and maldistribution, the essence of what
19 the Illinois Certificate of Need Law was enacted to
20 avoid. Thank you.

21 BY MS. KEILMAN: Good morning. My name is
22 Geri Keilman. I'm a registered dietician and I have
23 lived on the east side of Aurora for over 30 years.
24 After moving from the west side of Aurora, my son
25 was ready to start school and I was informed that

1 the east side of Aurora does not have school bus
2 service, so I asked why? East Aurora pays taxes
3 also for these services. I got no answer. The west
4 side still has no bus service. So for 12 years I
5 drove my son to school and also helped my neighbors
6 provide transportation for their children if they
7 worked and couldn't get their children to school on
8 time.

9 Now, for the last seven years I've worked
10 in dialysis and I understand when a patient says how
11 am I going to get to dialysis, I live so far away,
12 it could be miles from the facility. So I know that
13 they have problems with family, maybe not living
14 near them or relatives or neighbors that can help
15 them out.

16 So I also believe that we need a facility
17 on the east side of Aurora, in my community. It
18 will provide lifesaving treatments for these people
19 and also jobs for the community. It's hard to work
20 a lot of patients and give them the correct amount
21 of time that they need.

22 In the last 15 years, I have had one
23 nephew, 35 years old on dialysis, a brother-in-law,
24 an uncle and two of my very close neighbors. So I
25 support this facility. Thank you.

1 MS. AVERY: Is there anyone else who has not
2 signed in to give testimony to give testimony to
3 oppose the project? Anthony Furelli?

4 BY MR. FURELLI: I don't think I need the
5 microphone. This is a no brainer with the
6 population growth, number one. Number two, the
7 price of transportation. Did anyone look at the
8 gasoline signs lately? Number three, which no one
9 mentioned is weather. When I started out on
10 dialysis which is a year and 20 days ago, I had
11 started out in Oswego, winter time. Right away I
12 was convinced, hey, you got a place six minutes
13 away, why not go there and I feel that the people on
14 the east side should be afforded the same
15 opportunity. There is no rhyme or reason for people
16 -- look at this past winter or just two weeks ago.
17 What happened? The damn snow was so deep you
18 couldn't even get out of the driveway and, to ask
19 the people from the east side to come all the way
20 over to the west side is just ludicrous, so I'm in
21 favor of this station for the east side. Thank you.

22 MS. AVERY: Joseph Kuzin, K-U-Z-I-N.

23 BY MR. KUZIN: I was in the same
24 circumstance as this gentleman to my right here.
25 Anyway, I was traveling from North Aurora to Oswego

1 for a year and a half and I have only partial sight
2 in my eyes so, whenever it would snow, it was kind
3 of a tedious job. To get to my dialysis I had my
4 wife drive me and there was a couple of times that
5 she went over off the road by Wal-Mart on Orchard
6 Road there. So I finally got the opportunity to
7 relocate to Aurora which is only about five minutes
8 from my house. So it makes a difference. I'm able
9 to drive myself back and forth and with this
10 association I just got back from Arizona for three
11 months and they made the accommodations to take care
12 of me out there. It was the second time. So it's a
13 good organization and I support this facility that
14 you want to put up. Thank you.

15 MS. AVERY: Nancy Kuzin.

16 MS. KUZIN: That was my husband, Joe. I
17 guess I have the same feeling. You need to be in
18 your community where your friends and neighbors can
19 take care of you. The one instance that I think I
20 will never forget. I had to take Joe to dialysis
21 when he was going to Oswego. From North Aurora to
22 Oswego, to go back home and get him again and come
23 back. I didn't mind it. He's my husband. I love
24 him. It's a commitment we made to each other. One
25 morning at a quarter to five in the morning, I'm

1 coming back from taking him from dialysis and I hit
2 a patch of ice and I spun out over the median into
3 ongoing traffic. I would not wish that on anyone.
4 I felt like I had an angel on my shoulder. There
5 were cars, but they all avoided me. And shortly
6 after that, Dr. Dodhia was able to get Joe into the
7 Aurora facility.

8 It was such a burden lifted off of my
9 shoulders that, you know, you are trying to deal
10 with adjustments of the dialysis and change in diet
11 and change in lifestyle and then to have to go for
12 that drive. I feel for these people that have to
13 drive. I mean, you save 20, 30 minutes, but it's
14 not always a good 20 or 30 minutes and it is not
15 always -- I mean, it's stress.

16 I support what we're trying to do here. I
17 support to keep our friends and neighbors in their
18 community rather than to drive 20 or 30 minutes.
19 I'm sorry. We're dealing with people that are older
20 that don't necessarily have the same abilities as
21 young people to make these transitions. Thank you.

22 MS. AVERY: Lauralie Davis.

23 BY MS. DAVIS: I'm a dialysis patient also
24 and all I want to say is I agree with the gentleman
25 and the lady before me. I am for keeping the east

1 side community whole.

2 MS. AVERY: Paul O'Brien?

3 BY MR. O'BRIEN: I had something in writing,
4 but I would just like to say I had a strange
5 situation where I had to have heart surgery and go
6 right back into dialysis because my kidney failed
7 and, if it wasn't for the dialysis center over there
8 and it being located where it was, I couldn't drive
9 or anything like that, it would have been an extreme
10 hardship. And, if this group of doctors wants to
11 spend their own money putting up another dialysis
12 center anywhere, I think it's a good idea.

13 MS. AVERY: Thank you. Is this Mayer Suj --

14 BY DR. SUSAIRJANI: Yes. I'm a young
15 physician. So I don't have the experience a lot of
16 these physicians have, but one thing I've been
17 hearing is a lot of numbers and statistics and I
18 came into medicine to take care of patients, not
19 only to worry about numbers and statistics. So I
20 hope that, when this group comes together and this
21 group makes a decision, they don't look at just the
22 numbers and statistics, but listen to patients and
23 patients who probably couldn't get here because of
24 transportation.

25 I'm a hospitalist. I see many patients in

1 the hospital that are dialysis patients. There are
2 dialysis patients that come from dialysis center to
3 the hospital because they are the people that will
4 see them and know that something is going wrong and
5 take care of them and send them to the hospital and
6 there is a benefit from not having fragmented care.
7 If their physician is in the area, they benefit from
8 having taking care of those patients going 26
9 minutes or 12 minutes or whatever numbers you guys
10 want to use away to take care. I will say I'm not a
11 patient. Hopefully, I will not be later, but there
12 is something to say about feeling comfortable with
13 the physician you are with.

14 Yes, there are excellent physicians
15 everywhere, but it is not only about the physician,
16 it is not only about numbers, it is about the
17 patient. So in this position, what the patients
18 thinks or the patient's comfort is should come
19 foremost, in my opinion, and then the numbers and
20 money should be played afterwards.

21 I understand there is some reality in this
22 situation and money plays some aspect, the numbers
23 do play some aspect, but there is much more than the
24 numbers that have been used in general today and
25 physician resources and health care resources. It

1 doesn't only have to do with the dialysis center.
2 It has to do with patients going to different
3 hospitals and length of stay, if you want to talk
4 about that, being taken care of by physicians who
5 know them. Many other things that come into play.
6 I think, basically, without having a long drawn out
7 statement that I thought of, that needs to be said
8 and I could probably go on for another hour and I
9 won't because I'm not allowed to.

10 MS. AVERY: Thank you.

11 BY MR. RIHANI: My name is Rami Rihani and
12 I'm a clinical pharmacist and I oversee chronic
13 disease management of patients who have diabetes,
14 hyperkalemia, chronic kidney disease, hypertension
15 and who are in need of anti-coagulation services.

16 Twenty-five years ago when pharmacies
17 started to pop up, there was a lot of fear in the
18 pharmacy community about all of these pharmacies
19 being opened and whether patients would be able to
20 access these services. Looking back at that, I
21 think one of the greatest benefits of that happening
22 is that it spurred the pharmacy community to be more
23 efficient in the care and to become better at
24 servicing patients and providing the services to the
25 patients that they serve.

1 So, with dialysis as well, I think having
2 more opportunity to provide dialysis care in the
3 community will spurn dialysis providers to provide
4 better quality of care and will spurn them to
5 differentiate themselves in the community so that
6 they will be the provider of choice and I think that
7 having more access to care is not a deterrent for
8 patients. It is actually a good thing that in terms
9 of the provider to differentiate them to have better
10 care, better quality care and an opportunity for
11 them to provide the opportunities of skill. Thank
12 you.

13 MS. AVERY: Thank you. It looks like that's
14 it. Clare Ranalli.

15 MS. RANALLI: Good morning. My name is
16 Clair Ranalli. I'm counsel to the applicant for the
17 facility, Fresenius Medical Care East Aurora. I
18 would like to thank the court reporter here for
19 being able to transcribe and listen to us all as we
20 speak from various parts of the room.

21 I also have a letter here from Colleen
22 Muldoon. She's the Regional Vice-president for
23 Fresenius Medical Care supporting this project.

24 In the interest of time, rather than read
25 it into the record, I was planning on doing that,

1 but a lot of people have spoken here today, so I
2 will just hand this in when I'm done speaking, but I
3 did want to address a couple of things that were
4 brought up by various people here either for or
5 against the project.

6 First of all, one thing that was mentioned
7 were the statistics that were thrown out and a lot
8 of them have been thrown out and statistics, I
9 agree, certainly should be subservient to access to
10 care, quality care and providing care within the
11 community for patients to be seen.

12 Nonetheless, the Health Facilities
13 Planning Board does have to pay attention to a
14 certain amount of statistics and numbers. It does
15 have rules and obligations that it must fulfill in
16 deciding whether a clinic is appropriate within a
17 community and, in that regard, the statistics do
18 support this clinic despite what has been said here
19 today. So we've been paying attention to the
20 statistics. They support the clinic being
21 established in East Aurora.

22 I will not dive down into detail like some
23 of the people that have spoken, because the
24 application provides sufficient information, but the
25 Fox Valley Dialysis Clinic and the Aurora Clinic has

1 served the community of Aurora for many, many, many
2 years. During the time that I've worked with
3 Fresenius for the past ten years, those two clinics
4 have always operated at target utilization here in
5 the Aurora community. Sometimes they slip to
6 78 percent. The target utilization is 80 percent.
7 Sometimes they go way above and, in fact, many times
8 both Fox Valley and the Aurora Clinic have been so
9 utilized that patients can't get into dialysis,
10 which should not be happening in the United States
11 of America. Certainly shouldn't be happening in
12 Aurora, Illinois.

13 And what have those clinics done?
14 They have responded to patient's needs. They have
15 grown, they added stations. Every time they have
16 done that, they filled up again and meet the target
17 utilization criteria established by this board. I
18 don't think you have to be a statistical professor
19 to figure out that what that means is there's a need
20 for access to dialysis in the community of Aurora
21 and someone mentioned the fact that Dr. Dodhia's
22 numbers were based upon historical referrals and
23 that projected numbers far exceeded those historical
24 referrals and that somehow implicating that that was
25 wrong or maybe that Dr. Dodhia's numbers were

1 misleading. Well, that couldn't be further from the
2 truth because, again, dialysis across the country
3 and in various communities, particularly those like
4 East Aurora serving a population that has a majority
5 of the African American and Latino population, are
6 seeing a very large growth of incidence in end stage
7 renal disease. That's documented across the
8 country. That is not made up by Fresenius. That is
9 not made up by anyone. It's apparent information
10 that is available through the renal network and
11 other facilities that provide that type of
12 information.

13 The fact of the matter is, it's an
14 unfortunate fact, end stage renal disease is
15 growing. That's why Dr. Dodhia and everyone else's
16 patient population is growing and why there is an
17 increased need for dialysis access in all
18 communities, but particular communities like East
19 Aurora that, again, serve a population that are
20 adversely impacted by the underlying causes for end
21 stage renal disease and that's a statistic. It's
22 not a number standard, but that is just a fact.
23 That's why those referrals are growing and that's
24 why there is a need for this clinic.

25 And the documented case load I would also

1 like to say because I think there are then some
2 implication or inference that there have been
3 intentionally misleading or inaccurate numbers
4 presented in the application and that is simply not
5 true. That is all I can say about that.

6 People can throw that out there and it
7 hangs. Well, it won't hang because it will be in
8 black and white in the transcript, but it is simply
9 not true. The information provided is correct and
10 accurate regarding the anticipated need for the
11 clinic in East Aurora and the pre-ESRD patients that
12 Dr. Dodhia and his practice partners are seeing.

13 Also, someone mentioned that Plainfield
14 was a potential clinic that would accept these
15 patients. The Plainfield Clinic is in no way, shape
16 or form within 30 minutes of the proposed site of
17 East Aurora, so I don't know. That person must
18 drive really, really fast because that is simply not
19 a clinic that is within the service area, however
20 there are clinics within the service area and it is
21 true that some of them are under the State Board
22 target utilization and the Board has to look at that
23 and it does and it looks at it seriously and it
24 should because that's its charged with
25 responsibility.

1 But those clinics that are underutilized
2 are at 76 percent utilization, 79 percent
3 utilization. I mean, that's just a few patients to
4 get those clinics up to where they need to be and
5 most of those clinics, including the Aurora
6 facility, just recently added, someone mentioned
7 four stations. Those four stations are now
8 operational and at the end of 2010, the Aurora
9 facility was at 79 percent utilization after adding
10 four new stations and certifying them and having
11 accepting patients.

12 Also, people brought up travel times and,
13 again, maybe implicated that the travel times were
14 wrong. The board looks at Map Quest adjusted travel
15 times and, if it does that, then there are a number
16 of facilities that are within a 30 minute distance.
17 Again, most all of them are at very close to the 80
18 percent utilization target, so it's easy to say that
19 you have five clinics that are not appropriately
20 utilized. Well, when those clinics are, again, at
21 78, 76 percent utilization, I think there is a big
22 difference when they are way underutilized, so I
23 think you have to look at the reality of where those
24 clinics are standing and most of them are above the
25 target utilization.

1 Lastly, I just want to point out that the
2 West Batavia Clinic has been brought up a number of
3 times as a clinic that maybe we should wait and let
4 that clinic get operational and see how it fills up
5 before East Aurora is built. Well, from what I hear
6 from people who live in East Aurora, that is not a
7 very good option. The West Batavia Clinic is, even
8 by the Map Quest adjusted times, 25 minutes from the
9 proposed clinic in East Aurora. According to the
10 travel study, which the board is allowed to accept
11 and which was an accurate travel study, it's around
12 29 minutes away. So it's not a very good option.
13 Also, that clinic, Dr. Dodhia and his partners, were
14 the physicians who supported that clinic and said
15 they had patients who lived in the West Batavia area
16 who would go to that clinic. There would be
17 absolutely no reason and this is something that I
18 think gets a little bit lost in the shuffle here.
19 No reason for Dr. Dodhia to try and submit patients
20 for a clinic. He gets no benefit from that. None
21 whatsoever. I mean, he and his partners are going
22 to see those patients that require dialysis, whether
23 it is in Aurora or Fox Valley or West Batavia or
24 where ever they might go. He will see them and
25 treat them and take care of those patients.

1 The only reason that he would say that I
2 need a clinic in West Batavia and I need a clinic in
3 East Aurora is to serve his patients because he
4 knows where they live, he knows what their needs
5 are, he and his partners, and that's the reason he
6 supports this clinic. There is no personal benefit
7 to him. Why would he put himself on the line other
8 than to provide adequate access to his patient
9 population. That's what it's all about, so thank
10 you. That's all I have to say.

11 MS. AVERY: I would like to thank everyone
12 for their time today and one more time to make sure
13 that I have not overlooked anyone that wanted to
14 provide testimony or give additional statement.
15 Those who need to sign in, will you just please give
16 me like two minutes and I will get you signed in and
17 on the record.

18 I would like to remind everyone that you
19 still have an opportunity to submit written comments
20 to the planning board so that we will have this
21 information for the record. Please note that this
22 project is scheduled for consideration by the State
23 Board at its March 22, 2011 meeting. The meeting
24 will be held at the Holiday Inn-Joliet Banquet and
25 Conference Center located at 411 South Larkin Avenue

1 in Joliet, Illinois. Please check the state website
2 for any additional information or last minute
3 changes. The public has until 9:00 a.m. on
4 March 3rd, 2011 to submit any additional written
5 comments. Comments can be sent to the attention of
6 Courtney Avery, Administrator at the Illinois
7 Department of Public Health, 525 West Jefferson
8 Street, Second Floor, Springfield, Illinois,
9 62761-0001. Or, if you prefer, your comments may be
10 faxed to our offices. That number is (217)785-4111.

11 Are there any other questions regarding
12 the process today or the State Board meeting?
13 Hearing none, I will deem that this public hearing
14 is now adjourned and I thank you for your time in
15 coming out today.

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CERTIFICATE OF REPORTER

I, Linda DeBisschop, Certified Shorthand Reporter, Notary Public within and for the State of Missouri, do hereby certify that the witness whose testimony appears in the foregoing deposition was duly sworn by me; the testimony of said witness was taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

Linda DeBisschop

Notary Public within and for the State of Missouri



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