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

**PROJECT 11-024
U.S. RENAL CARE OAK BROOK DIALYSIS**

PUBLIC HEARING

JULY 11, 2011

ORIGINAL

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 #11-024

U.S. Renal Care Oak Brook Dialysis

Public hearing held on July 11, 2011, at Village of
Downers Grove, Council Chambers, 801 Burlington Avenue,
Downers Grove, Illinois, before Courtney Avery,
Facilitator.

Reported by:

Karen K. Keim
CRR, RPR CSR-IL, CRR-MO
Midwest Litigation Services
401 N. Michigan Avenue
Chicago, IL 60611

1 START TIME: 1:35 p.m.

2

3 MS. AVERY: Good afternoon. I'm Courtney
4 Avery from the Illinois Health Facilities and Services
5 Review Board. We have with us today Cathy Clarke, Karen
6 Keim, and Kathy Olson.

7 The purposes and intention for today's process
8 is to afford an opportunity for interested parties to
9 present oral and written comments relevant to Project
10 11-024. In accordance with the Illinois Health Facilities
11 Planning Act, notice is given of receipt to establish a
12 13-station end renal dialysis, ESRD, facility in Oak
13 Brook -- I'm sorry, Oak Brook Dialysis in Downers Grove,
14 Illinois. The applicants are USRC Oak Brook, LLC and USRC
15 Alliance, LLC. The applicants propose to establish a
16 13-station ESRD facility in 6,500 gross square feet of
17 leased space, to be located at 1201 Butterfield Road,
18 Downers Grove, Illinois. Project cost is \$1.8 million,
19 approximately.

20 A public like hearing is being conducted today
21 pursuant to the Illinois Health Facilities Planning Act.
22 The hearing is open to the public and will afford an
23 opportunity for parties interested to present oral or
24 written comments relevant. All allegations or assertions

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1 should be relevant to the need for the proposed project and
2 be supported with two copies of documentation or materials
3 that are printed on typed paper, size 8 1/2 x 11. The
4 public hearing is taking place pursuant to Part 1130.910.
5 The hearing is scheduled for July 11th at 1:30 p.m. at the
6 Downers Grove Council Chambers at 801 Burlington Avenue in
7 Downers Grove, Illinois. Consideration by the State Board
8 has been tentatively scheduled for August 16th, 2011 at the
9 State Board's meeting. Any person wanting to submit
10 written comments on this project must submit those comments
11 by 9 a.m. on July 27, 2011.

12 If you have not registered your participation
13 for this public hearing, please see Ms. Clarke, and in
14 order to ensure that the Illinois Health Facilities
15 Planning Board's public meeting hearings protect the
16 privacy and confidentiality of an individual's health
17 information, covered entities, as defined by the Health
18 Insurance Portability Act of 1996, such as facilities,
19 hospitals, hospital providers, health plans, and health
20 clearinghouses submitting oral or written testimony that
21 discloses protected health information of individuals
22 should have a valid, written authorization from that
23 individual. The authorization shall allow the covered
24 entity to share the individual's protected health

1 information at this hearing.

2 Those of you who came with prepared text for
3 your testimony may choose to submit the text without giving
4 oral testimony. If you are giving oral testimony, please
5 be brief as possible, and we'll try to limit each presenter
6 to approximately three minutes. Should anyone want to
7 speak for more than the time allowed, if time permits you
8 may do so after everyone has had an opportunity. Prior to
9 beginning your oral presentation, please give the Court
10 Reporter the complete spelling of your full name. Oral
11 testimony will be taken in the order in which participants
12 sign in, and if you have any questions regarding today's
13 proceedings, please hold them until we're done.

14 Thank you.

15 (Pause)

16 DR. RAUF: My name is Anis Rauf. First of
17 all, I'd like to thank everyone for being here this
18 afternoon, and I appreciate the opportunity to speak on
19 behalf of advanced renal care and USRC to establish a
20 dialysis facility in Downers Grove.

21 Just to give you a bit of background about
22 myself, I'm a native Chicagoan and grew up in the north
23 part of Chicago and trained at Northwestern University
24 undergrad, went to medical school right here in Downers

1 Grove, and I lived in Lombard for the last 8 to 10 years,
2 recently moved to the Oak Brook area, and I had firsthand
3 experience, growing up in this area. I did my nephrology
4 fellowship at Loyola University Medical Center and I also
5 had an opportunity to train at the Mayo Clinic in
6 Rochester, Minnesota.

7 When I was at the Mayo Clinic, I learned
8 firsthand how the needs of the patient come first,
9 particularly from every aspect of patient care, even
10 positions such as custodians or technicians, to well-known
11 heart surgeons, everyone really focused on putting the
12 needs of the patient first, and that's one philosophy that
13 I think we've been trying to bring back to the western
14 suburbs of Chicago.

15 After I finished my training at Loyola, I
16 sought out for a position in the area. Since I grew up in
17 the area, I wanted to serve the community. And found it
18 very difficult to find a position in the area, because
19 there was either not a need or there was only one
20 nephrology practice and they weren't looking for anyone at
21 that time. So, I took on a bold move with my wife Humera,
22 who is in the audience, who helped me start a practice from
23 scratch in June of 2007. We literally started the practice
24 from our home and really focused on the essentials of

1 putting the needs of the patient first, from taking care of
2 them 24 hours, 7 days a week, being available and providing
3 utmost quality, and I found that that philosophy really
4 helped us a great deal. We quickly became very busy in
5 Lombard, and we opened a second office in Hinsdale and a
6 third office in Bolingbrook.

7 I brought on my first partner, Dr. Mohammed
8 Ahmed, who will also speak, within six months of starting
9 my practice, and we found that there has been an explosive
10 need for dialysis services in the area. Finding the fact
11 that there was only one nephrology group for a very long
12 time, we found ourselves to provide a choice in providing
13 nephrology services to the primary care physicians, and I
14 think we quickly were able to decrease the waiting time it
15 takes to see a nephrologist early, and that becomes very
16 important, because as patients develop chronic kidney
17 disease, if we recognize that disease very early, we can
18 start to assess and treat these patients, and I can tell
19 you that several of the primary care physicians I've worked
20 with have told me that "before you started Dr. Rauf, it
21 would be very difficult to get in to see a nephrologist or
22 get our patients in, because the wait time was six months
23 to a year sometimes in some cases."

24 So, I think that by providing choice in

1 nephrology services, we've just improved the quality and
2 raised the bar. Not to say that anyone wasn't providing
3 good service, I think that competition itself raises the
4 bar, and what I found over the last four years, working in
5 this area closely with Advocate Good Samaritan Hospital as
6 well as Adventist Hinsdale Hospital, found that there has
7 been only one provider here for a very long time, and often
8 times that provider dictates certain rules or regulations,
9 which make it very difficult to really push towards patient
10 quality and patient choice.

11 Often times we are found running around
12 between eight dialysis units. All of our patients are on
13 different shifts, and some of it we can't control. Some of
14 them, even the medical directors at the facilities, can't
15 control because of chair availability, and I think that the
16 demand is so great that there definitely is a need for a
17 new dialysis provider in DuPage County. I think it's very
18 important to be in close proximity to the hospital, because
19 often times these patients are living in the Downers Grove
20 community, living in the Oak Brook community, living in the
21 Lombard community, and we've chosen a location that is
22 easily accessible by major highways so these patients can
23 get their treatments and, most importantly, their doctors
24 are very close by and observing their treatment. If we

1 find ourselves running around between eight different
2 dialysis units and each patient can be on one of eight
3 shifts, it proves very difficult to provide care.

4 The growth has been so substantial that we've
5 been able to have a full-time Physician Assistant with five
6 years of nephrology assistant, Carrie Kopala, who will also
7 speak today, help us care for these patients, and we've
8 also hired a third partner who has started with us this
9 past month, Dr. Suneel Udani.

10 I think the changing demographics of the area
11 of Downers Grove, Hinsdale and Oak Brook is rapidly in need
12 of diagnose services. We've got a very high population of
13 Hispanics, African Americans, as well as North American
14 Caucasians, with difficult-to-control diabetes,
15 difficult-to-control hypertension, as well as heart
16 failure, and often times these patients are admitted and
17 readmitted to the hospital because they're not able to
18 manage their fluid very well. Dr. Ahmed and I have done
19 several community sessions in the area. We've done several
20 CME presentations for primary care physicians, as well as
21 taken time out and teach the medical school. Midwestern
22 University is my alma mater. Both Dr. Ahmed and I have
23 faculty appointments there. We are the only doctors of
24 osteopathic medicine with certification in nephrology.

1 Dr. Ahmed and I also have dual Board certification in
2 critical care medicine, so we're able to take care of these
3 patients at all phases of their life cycle, whether in the
4 outpatient, inpatient, or ICU, and I think our patients
5 need to have a choice about not only nephrology, but our
6 patients need to have a choice for their dialysis provider.

7 I think that's all I'd like to say, and I'd
8 like to thank you for your time.

9 (Pause)

10 MS. LINSNER: My name is Jennifer Linsner.
11 Good afternoon. I'm here today to support U.S. Renal
12 Care's application to build a dialysis center in Oak Brook.
13 I urge this Board to also support what is a much-needed,
14 critical project for dialysis patients in the area, like
15 me.

16 I have needed dialysis therapy since December
17 when I became sick with a life-threatening illness. I feel
18 fortunate and grateful to have had Dr. Ahmed's and Dr.
19 Rauf's care and compassion during this very difficult time.
20 From the beginning, they treated me with respect, and they
21 made me feel that I was well cared for. They discussed
22 every step of my care, and they even took extra time to
23 re-explain things I didn't understand. I've always felt
24 valued as a patient in their care, and I will continue to

1 see these very talented physicians.

2 The dialysis treatment I received from
3 Fresenius, however, was a very different experience. I did
4 not as if the nurses and technicians were on my team. I
5 wasn't treated with respect or care, and they created an
6 environment of negativity and stress that was not conducive
7 to dialysis therapy. I was very unhappy and, like most
8 anyone in my situation, I looked for a different place to
9 seek my treatment. Sadly, there wasn't a single
10 alternative. Even now, I look back and get frustrated and
11 disappointed that I didn't have a choice as to where I
12 sought dialysis. Because I am young and active, I have the
13 benefit of dialyzing at home, but I think of the many, many
14 other patients who are elderly or ill. They are truly
15 stuck when they don't have a single alternative when it
16 comes to where they dialyze.

17 There is a growing need for the kind of
18 alternative that U.S. Renal Care has proposed. Patients
19 deserve at the very least a choice of where they seek their
20 treatment. That they don't have any choice now is a
21 travesty.

22 I urge this Board to approve U.S. Renal Care's
23 application to open the dialysis center. My experience
24 with these doctors has been nothing but positive, and I am

1 thrilled that I will be able to continue my care with them
2 at the new facility.

3 Thank you very much for the opportunity to
4 speak for this very important project.

5 (Pause)

6 DR. AHMED: My name is Dr. Mohammed Ahmed. I
7 grew up in the Chicagoland area, just like Dr. Rauf did. I
8 did my undergraduate work at University of Chicago, after
9 which I went to medical school at Midwestern University,
10 Chicago College of Osteopathic Medicine, and completed my
11 general internal medicine and nephrology fellowships at
12 Loyola. After completing my fellowship in nephrology, I
13 had the choice of either embarking on a career in
14 nephrology or pursuing additional training to provide the
15 utmost care for my patients. I opted to pursue additional
16 training.

17 I went to the Mayo Clinic for a fellowship in
18 critical care medicine to really have a handle on how to
19 care for the critically-ill patient. I did critical care
20 medicine there in Rochester, Minnesota. At Mayo Clinic it
21 was there that I learned what enables Mayo Clinic to
22 provide world-class medicine, is to have the passion for
23 providing the utmost care for every patient, and this
24 philosophy is what I tried to embody in every one of my

1 patient encounters.

2 After having been there for two months, I was
3 offered a job at Mayo Clinic to serve as a nephrology and
4 critical care attending, but due to family ties in the
5 area, and the desire to bring what I learned at Mayo Clinic
6 to the local community here, I decided to come back to
7 Chicago and join Dr. Rauf. I must say that the last three
8 years of Dr. Rauf and I embarking on this impossible feat
9 of creating a nephrology practice from scratch has been the
10 most challenging three years of my life. I have been
11 through the most academically rigorous undergraduate
12 education at the University of Chicago and came out on top.
13 I've been at the most aggressive nephrology fellowships in
14 Chicago and the critical care fellowship at Mayo Clinic,
15 and I must say, it pales in comparison to the time and the
16 toll that this practice has had on my family and my
17 personal life. What has fueled my drive in pursuing this
18 is that the sacrifice that I've made against my family has
19 enabled me to provide that best, utmost care to my
20 patients. That is what fueled me. The patient feedback
21 that I've gotten and the growth that I've seen in the
22 practice is what has fueled my ability to make those
23 sacrifices to provide this care to our patients.

24 Our entry into DuPage County now provides a

1 choice for patients. Prior to us starting this practice,
2 there is only one nephrology provider in the area for some
3 twenty-some-odd years and, as outlined by Dr. Rauf, our
4 practice has seen an explosive growth, not only because of
5 the additional training that we bring to the area, but also
6 due to the demographic change in the community. The number
7 of African Americans and Hispanic populations have grown
8 substantially. Increased prevalence of disease associated
9 with end stage renal disease among that population is
10 causing a very rapid growth in the need for end stage renal
11 disease providers.

12 In putting together a plan for a facility to
13 help deal with this issue, I have spent extensive time
14 talking about those dialysis problems with other
15 physicians, nurses, and hospital discharge planners and
16 hospital management groups. Several patients and social
17 workers have reported access problems to me. Many of those
18 problems probably relate to the robust need of the existing
19 use of the dialysis chairs that are available. This
20 growing -- and I might truly add explosive -- growth
21 indicates a need for a situation where facility managers or
22 owners establish rules for access that occasionally can
23 have tragic outcomes on patients, and I cite three examples
24 to that end.

1 In May of 2011, I accepted into my care a
2 patient with end stage emphysema, COPD. She requires a
3 very high amount of oxygen in order to function in her
4 activities of daily living. The patient was previously
5 living in the Joliet area and was obtaining her dialysis
6 care at Silvercross Hospital. Due to worsening health
7 conditions, she was compelled to move in with her sister,
8 who happens to live in the Bolingbrook area. When she
9 moved to Bolingbrook, she requested having -- changing your
10 dialysis provider from Silvercross to the dialysis unit in
11 Bolingbrook. This patient, unfortunately, has had three
12 separate occasions where an AV fistula was attempted to be
13 placed as an access for dialysis, but due to surgical
14 constraints and failed procedures, she's not considered to
15 be a candidate for a revision for an AV fistula.
16 Unfortunately, due to this patient not having an AV
17 fistula, she has been refused by herself, by myself, as
18 well as the social workers and other folks at Bolingbrook
19 Hospital who attempted to get her admitted to the local
20 dialysis facility, because she doesn't have the desired
21 access that they require for patients to be transferred.
22 Not only that, when this patient is being dialyzed at
23 Silvercross Hospital, if she ever needed to be admitted to
24 a hospital on her dialysis day, she would be admitted to

1 the local hospital, where she would lose continuity with
2 her lung specialist, her heart specialist, and, most
3 importantly, myself, because I don't round there.

4 Another patient who has encountered
5 difficulties suffers from Type II diabetes, peripheral
6 vascular disease, high blood pressure and, of course, end
7 stage renal disease. This patient has had multiple foot
8 surgeries and has required several hospitalizations to that
9 end. This patient also is dialyzed in the unit outside of
10 my area. He's been dialyzed in the Naperville area, which
11 is very difficult for me to get to, but we've -- we were
12 forced to do it because this is our patient. Now, this
13 patient has had multiple attempts, as well, to have an AV
14 fistula placed, and, unfortunately, those attempts have not
15 been successful and, hence, he has also been denied
16 acceptance into the Bolingbrook facility. Over the past
17 year, this patient has been admitted on several occasions
18 at Edwards Hospital, he's been admitted on several
19 occasions at Bolingbrook Hospital, for the issues of
20 access, that he was being under dialyzed because of the
21 travel time that he would have to endure to get to the
22 distant dialysis facility.

23 My last illustration is a patient with a
24 diagnosis of end stage kidney disease. Unfortunately, this

1 is a very unfortunate situation where this woman has an
2 abdominal pain, recurrent abdominal pain, belly pain and
3 uncontrolled blood pressure for reasons that aren't
4 entirely clear. Multiple diagnostic testings have been
5 performed, but the diagnosis as yet remains illusive. So,
6 whenever -- she currently dialyzes in a unit that is in
7 Plainfield, and she lives in the Bolingbrook area. So,
8 there's over twenty miles travel time for her and,
9 unfortunately, similarly, when she gets pain on dialysis,
10 she's admitted to Silvercross Hospital, she's admitted to
11 St. Joe's, the local hospital, where her dialysis unit is
12 and, even again, when she gets admitted to these hospitals,
13 the work-up that we've already done at Bolingbrook is
14 repeated again, because there's a whole new set of doctors
15 taking care of her, and so because of her pain, she's
16 actually missed several dialysis sessions because of this
17 distance that she has had to traveled and has been admitted
18 to Bolingbrook Hospital -- and I quote -- 22 times in the
19 last three months. So, this unfortunately is a situation
20 that we're trying to get on top of.

21 Now, my co-applicants and I have had
22 discussions with hospital management both in Bolingbrook
23 and throughout the HSA where we practice. Physician-based
24 outpatient facilities do not often get widespread hospital

1 support, but in our case, we have found enthusiastic
2 hospital support from several hospitals, including
3 Adventist Bolingbrook Hospital and the St. Alexius Medical
4 Sent, Advocate Good Samaritan Hospital. I have no doubt
5 that the support is based on the need for greater access
6 that we all sense. Delayed discharges, rehospitalizations
7 for dialysis, loss of continuity of care for complex
8 patients drive up hospital costs and place patients at risk
9 for the management of resulting complications and
10 potentially demean the self-confidence of these patients
11 when they're being admitted and being reevaluated. None of
12 these are desirable. None of these are how medicine should
13 be practiced. These are a few reasons why I believe that
14 our patients, our referring doctors, our nurses, and our
15 growing community deserve a choice for a dialysis provider.

16 Thank you.

17 (Pause)

18 MS. COPALA: Hello, my name is Carrie Kopala,
19 and I've been a Physician Assistant for nearly six years
20 now, most recently with Advanced Renal care. I'm here to
21 voice my support for a new U.S. Renal Care Dialysis Center
22 in Oak Brook.

23 I have had the opportunity to work with a
24 range of dialysis patients in my past six years. Dialysis

1 therapy, as you know, is a critical and life-sustaining
2 therapy that requires significant time and energy from the
3 patients. Patients typically visit a dialysis center three
4 times a week with each visit lasting three to four hours.
5 For many, it truly becomes a second home. This treatment
6 is also very intimate and requires a lot of trust on the
7 part of the patient. That is why as a caregiver, patient
8 comfort and care is my highest priority.

9 I am happy to support U.S. Renal Care's
10 proposal to add a dialysis facility in Oak Brook. I
11 believe that every patient should have a choice of where
12 they dialyze, and too often they don't. Proximity to
13 treatment centers is particularly important for dialysis
14 patients. Many times these patients are elderly or ailing,
15 and frequent transportation takes a heavy toll on them.
16 Introducing a closer, more convenient or simply preferred
17 option for these patients would drastically improve their
18 experience during their dialysis therapy.

19 I'm encouraged by the proposal to open a
20 dialysis treatment center in Oak Brook. Expanding options
21 for treatment will truly give patients the choice that they
22 need and deserve. I urge this Board to approve U.S. Renal
23 Care's proposal for the Oak Brook facility, which will
24 expand access and provide patients with a much-needed

1 choice when it comes to the critical and life-sustaining
2 therapies that so many people require.

3 Thank you.

4 (Pause)

5 MS. ENGLER: Hi. My name is Debbie Engler,
6 and I'm a Registered Nurse employed by U.S. Renal Care in
7 their Home Therapies program. I want to thank you for the
8 opportunity to speak today.

9 I have been a nurse for 20 years and have been
10 in dialysis for the past 8 years. I began the dialysis
11 part of my career at a Davita unit in a small northwestern
12 Illinois community of Freeport. I moved to the suburbs in
13 2005, when my husband was downsized from his engineering
14 job at Honeywell. Why does a move to the suburbs matter?
15 Well, I had been looking for a place where the patient
16 matters, where the patients were the most important part of
17 the picture, and where we could give the care that we would
18 want our parents, our grandparents, or other people that we
19 genuinely cared about given. I have worked at different
20 companies in the area and have run into companies that
21 don't put patients as their top priority. This goes from
22 the top executives down to the personal caregivers. I
23 believe I have found the company where the patients really
24 do come first. Dr. Rauf and Dr. Ahmed work 24 hours, 7

1 days a week, and often give their personal cell phone
2 numbers to patients and encourage them to call them
3 directly. When was the last time your doctor did this for
4 you.

5 So, when they decided to open their units, I
6 jumped at the chance to be part of their dreams of
7 providing this type of personalized care. This comes to
8 the need for a U.S. Renal Care unit in the Oak Brook area.
9 I believe our patients deserve the ability to choose where
10 they want to get their dialysis care, without the need to
11 travel a significant distance from their home. The only
12 choice that they now have is the Fresenius Medical Care
13 unit. I see no other choices for my patients other than to
14 travel out of their communities.

15 Dialysis care is very demanding, and the
16 patients' long travel times can be major barriers to their
17 wellness. I believe the patients in the Oak Brook area
18 deserve a choice within their community.

19 Again I want to thank you for the opportunity
20 to speak regarding this matter, and I urge you to approve
21 the USRC's application to open the Oak Brook facility.

22 (Pause)

23 MS. REGIS: Good afternoon. My name is Laura
24 Regis. Thank you for the opportunity to support publicly

1 U.S. Renal Care's application for an Oak Brook facility.

2 As a registered nurse for 30 years, I have had
3 the opportunity to see firsthand what the quality of care
4 means for dialysis patients. I'm also on the front lines,
5 watching the demand for this kind of service grow. In
6 order to meet the demand and provide quality options for
7 current patients, I believe an Oak Brook facility is the
8 right choice. An Oak Brook location would provide a
9 convenient option for countless number of patients.

10 As you know, dialysis doesn't mean a clinic
11 visit once in a while. We've heard everybody say how the
12 dialysis patients go to their clinic three times a week and
13 spend at least four or more hours there. Although it
14 occurs -- many times patients are elderly or very ill.
15 Kidney failure does not discriminate. Although it occurs
16 most frequently in the elderly, it can also happen in
17 persons very young and persons at the prime of their life.
18 The needs for dialysis of patients do not fit into a mold.
19 All are as unique as the individuals affected by kidney
20 disease.

21 Dialysis patients in this area are seeking a
22 choice in a dialysis provider, one that offers treatment
23 times that allows them to restore or maintain an acceptable
24 quality of life. Many require treatment hours that will

1 enable them to return to work to provide for their families
2 and remain productive members of society. The proposed
3 U.S. Renal Care Oak Brook facility would offer patients
4 that choice.

5 As an adjunct faculty member of a local
6 university nursing program, I teach a workshop on quality
7 improvement in healthcare. In this workshop, we learn that
8 quality is defined by the consumer. Insurance companies,
9 doctors, and patients alike are informed consumers, looking
10 at data regarding patient outcomes. U.S. Renal Care data
11 compares favorably to the higher quality performs in the
12 dialysis industry. But the informed patients in this area
13 that I have come to know personally are most concerned with
14 customer service. They want to be treated as an
15 individual, with respect to their individual needs, and
16 U.S. Renal Care and its physicians are dedicated to the
17 needs of our patients, with customer service being our
18 number one initiative.

19 Without competition, quality and customer
20 service can stagnate. Our patients do deserve a choice.
21 The dialysis population is growing, and I don't believe
22 this community is currently prepared to manage that demand.
23 With the existing provider offering limited choice of
24 appointment times and many times documented, prolonged

1 hospital stays while waiting for placement, our informed
2 consumers are asking for dialysis provider choice.

3 Thank you for the opportunity to speak to this
4 very important project, and I urge the healthcare Planning
5 Board of Illinois to approve this project.

6 (Pause)

7 MS. PETTY: Good afternoon. My name is Jeanne
8 Petty. I'd like to thank you for the opportunity to voice
9 my support for a U.S. Renal Care facility in Oak Brook. I
10 have been a Registered Nurse for 16 years, and I truly have
11 a passion for providing quality care to my patients, and
12 I'm a staunch patient advocate.

13 I'm here today because, in my opinion,
14 dialysis patients in the area are in desperate need of
15 another option. I'm very concerned that there is not
16 enough access for the many different kinds of dialysis
17 patients in this region. Limited access to dialysis not
18 only limits patient choice in dialysis provider but often
19 delays the hospital discharge process, which leaves ill
20 patients waiting until a clinic has room for them. This
21 causes an additional strain on the healthcare system as
22 precious Medicare dollars are spent waiting for placement.

23 Patients have little choice where they
24 dialyze, and when they have issues with customer service or

1 aren't able to get the quality of care they desire, their
2 only option may be to travel outside of their community.
3 With only one provider of dialysis service in the western
4 suburbs, patient choice is sorely limited. Dialysis does
5 not just happen once, as everybody has said. Patients
6 dialyze three times a week and can be at the dialysis
7 center for up to four or more hours with each visit. For
8 patients traveling outside of their community, a distance
9 can take a great toll on them physically and financially.

10 Healthcare should be about the people we
11 treat, not about the dollars that it generates. I'm very
12 troubled by the detrimental impact the limited access has
13 on patients. Introducing another option for patients will
14 expand the access they have and improve the quality of care
15 they receive. I see a real demand for this with my
16 patients, and I am confident they would utilize a new Oak
17 Brook facility.

18 Again, thank you for the opportunity to voice
19 my support for what I believe to be a crucial project. I'm
20 very confident that the Illinois Healthcare Planning Board
21 will make the right decision by approving U.S. Renal Care's
22 application to open the Oak Brook facility.

23 Thank you.

24 (Pause)

1 MS. REEB: Good afternoon. My name is Amy
2 Reeb, and I am a Registered Nurse in the Critical Care Unit
3 at Advocate Good Samaritan Hospital here in Downers Grove.
4 I am here today because I sincerely support U.S. Renal's
5 plan to open a dialysis facility.

6 The facility will help meet the growing
7 dialysis needs in this area. It will also provide options
8 for the patients needing dialysis. Working at Good
9 Samaritan Hospital for the past six years, I have witnessed
10 firsthand the growing demand for patients needing dialysis
11 in the area. Unfortunately, we Americans are not getting
12 any healthier. Diabetes is the leading cause of kidney
13 disease, and it's impacting more and more people each year.
14 Hypertension, high blood pressure, is an additional cause
15 of kidney disease, and the rate of Americans being
16 diagnosed each year continues to increase. We have to be
17 able to keep up with the increase need by offering
18 additional dialysis options to help accommodate our
19 patients.

20 Another important aspect of this project is
21 that it will introduce another provider to the community
22 and give patients the choice about where and how they want
23 to receive their treatment. Currently patients don't have
24 a choice in provider, and they absolutely should. If they

1 only have one option, it's not really an option.

2 In closing, I wish to reiterate my strong
3 support for the U.S. Renal Oak Brook dialysis facility.
4 There is clearly a growing need to give more dialysis
5 services in this community. The proposed facility would
6 also give our patients the choice about where they receive
7 care. I encourage the Board to approve the application.

8 Thank you for your time.

9 (Pause)

10 MS. TULCUS: Good afternoon, ladies. I want
11 to apologize. Yesterday I was coaching some Special
12 Olympics athletes without a microphone, so I lost my voice,
13 but I would be here under any condition.

14 My name is Vikki Tulcus, and I'm here to
15 testify in strong support of U.S. Renal Care's application
16 to open a dialysis treatment facility in Oak Brook. Thank
17 you for the opportunity to support this very important
18 project.

19 For years I have had the pleasure of working
20 with Illinois Secretary of State Jessie White to promote
21 the Organ and Tissue Donation Program in communities
22 throughout the State of Illinois. I have always been
23 passionate about increasing awareness around this important
24 issue, and it wasn't until several years ago, when I became

1 gravely ill and as a result I became a dialysis patient,
2 that I understood firsthand what it is like to need
3 life-sustaining care. It was then that I realized how very
4 limited the options are for dialysis care in the Chicago
5 area.

6 I am grateful to those who provided care in
7 the months that I received in-center dialysis care.
8 However, I quickly became dissatisfied with the quality of
9 care available. I found that the clinic was frequently
10 running late, that I would have to wait to be seen, and
11 there was a general lack of follow-through among the staff.
12 More frustrating was that there was no other option. I
13 know that if there had been an alternative for me, I
14 absolutely would have sought it out.

15 It isn't right that dialysis patients, who are
16 often already very sick, would have to spend more time to
17 choose where they dialyze. Before I was able to dialyze at
18 home, I would spend dozens of hours or more a week at the
19 dialysis center. That didn't include the time it took to
20 also juggle a job and a family life. Dialysis takes its
21 toll on patients, and it is appalling to me that we don't
22 have basic control over our own care, lack of options in
23 this area. Everyone should have access to quality care,
24 and right now, dialysis patients don't.

1 Not only would a U.S. Renal Care facility at
2 Oak Brook provide a quality option for me and many others,
3 it would also provide a much more convenient option. I
4 currently live in Westmont, so my trips to see Dr. Ahmed
5 and Dr. Rauf in Oak Brook would be of great help. I will
6 be forever grateful to these two doctors who did nothing
7 short of saving my life. I am thrilled that I would be
8 able to continue having them care for me at the new U.S.
9 Renal Care facility in Oak Brook.

10 Again, I would like to thank you for the
11 opportunity to voice my support for what I feel to be a
12 critical project. I urge you to support U.S. Renal Care's
13 application to open an Oak Brook facility.

14 And one P.S.: Secretary White did ask me to
15 mention that out of the more than 5,000 people just in
16 Illinois waiting for organs, 4,700 need kidney transplants.

17 Thank you.

18 (Pause)

19 MR. O'CONNOR: My name is Philip R. O'Connor,
20 and, again, we thank you and the Board for holding the
21 hearing here in Downers Grove, as you did earlier today in
22 Bolingbrook, and I'd like to request that my earlier oral
23 testimony in Bolingbrook be incorporated into the record
24 for this application with respect to Downers Grove location

1 and with respect to the Streamwood location, if indeed
2 that's appropriate, and that will also allow me to be brief
3 and not bore you further by revisiting everything.

4 In that respect, I would like to only focus
5 and amplify a bit on two points that were included in my
6 written testimony more extensively and that I mentioned in
7 my oral testimony, and those really have to do with the two
8 most compelling, I think, areas of the market analysis, the
9 demographic changes and the market concentration question.
10 So, I'm just going to quickly comment on those a little bit
11 further.

12 When one considers what has happened
13 demographically and -- we don't really have to revisit the
14 issue of the different patterns and utilization of
15 cross-demographic groups -- the important principle here is
16 that past patterns may not predict well in these two
17 markets to future patterns because of the demographic
18 change. Let me just underscore the magnitude of these
19 changes.

20 When we look at HSA 7, what we see is that
21 with respect to Hispanics, we've had a growth nearly by
22 half, from almost 12 percent up to over 17 percent of the
23 combined -- of the population in HSA 7, and, again, by any
24 measure, that's quite significant. Again, in HSA 9,

1 there's been basically a doubling of the Hispanic portion
2 of the population from just shy of 8 percent to well over
3 14 percent between 2000 and 2010. Appendix 2 of my written
4 testimony addresses that more completely. So I think the
5 bottom line there is that in light of these changes, it is
6 even, over and above the very compelling personal stories
7 that you've seen here -- demographically it probably is
8 quite a prudent step for the Board to allow for these
9 additional locations and stations to be established.

10 With respect to the issue of market
11 concentration, I did mention the HHI figures, which, again,
12 this is an initial screen that the Justice Department does
13 to look at the competitiveness in markets, and the numbers
14 for both HSA 9 are well over the 1,800 threshold, which is
15 the level after which or above which the market is
16 considered highly concentrated.

17 But let me just go back to the issue of the
18 level of concentration. So in HSA 9, the four largest
19 providers account for about 84 percent of all of the
20 approved stations, and in HSA 7, just the top two providers
21 account for 83 percent of the more than 1,000 approved
22 stations. Now, just by way of comparison -- and I'm not
23 claiming that the analogy is by any means perfect, no
24 analogy is. But if we look at the kidney dialysis market

1 nationally, what the Census Bureau tells us is that the top
2 four firms nationally accounted for about 76 1/2 percent of
3 the total market, a relatively concentrated market, but
4 markedly less so than our local markets we're dealing with
5 here. In fact, the top 8 firms accounted for 81.6 percent
6 of the market in kidney dialysis nationally, which I think
7 is especially interesting, because in HSA 7, just the two
8 top providers account for 83 percent of the market.

9 So, HSA 7, two providers account for a larger
10 share of the kidney dialysis market than we see nationally
11 among the top 8 firms, and I think one thing we can say
12 with some certainty is that, you know, public policy in the
13 United States generally operates on the basis that if there
14 is concentration in an industry, we tend to get adverse,
15 unintended consequences, and that, I think, presents
16 another compelling argument in favor of giving favorable
17 consideration to the U.S. Renal applications.

18 And with that I will conclude and thank you
19 very much.

20
21 (The following excerpt is Mr. O'Connor's oral testimony
22 from the July 11, 2011 public hearing with regard to
23 Project No. 11-025, US Renal Care Bolingbrook Dialysis.)

24 MR. O'CONNOR: First of all, my name is Philip

1 R. O'Connor. I am testifying in support of the application
2 by U.S. Renal, with particular emphasis here on that for
3 Bolingbrook. By way of background, I formerly served as
4 the Illinois Director of Insurance and the Chairman of the
5 Illinois Commercial Commission and in both capacities dealt
6 extensively with competitive issues and regulated
7 industries, and that is what informs my views here today.
8 Further, the Board is in a position of evaluating
9 applications such as this, sort of on a middle ground,
10 between the way in which applications for utility services
11 are evaluated, which is the case of, really, a
12 first-in-the-field standard and orientated towards
13 exclusivity. On the other hand, the granting of licenses
14 for insurance companies in the state is done so without
15 reference to competitive issues but rather just to
16 financial solidity and to the performance of those
17 companies in other markets. The Board sort of weighs these
18 issues and has its own particular set of standards, but in
19 the end, the issue is what is it that is good for patients
20 in terms of a variety of issues.

21 In my view, there are four issues that relate
22 to this application. One is the highly likely increase and
23 demand for dialysis in the combined HSA 7 and 9 due, in
24 great part, to the rapid and ongoing demographic changes.

1 Second, is the issue of ease and convenience of patient
2 access to dialysis in these two areas that are both growing
3 well beyond the rate of other areas in the state. Third is
4 the implications for the cost levels and for cost shifting
5 in the wider healthcare system to the extent that
6 accessibility and reliability of dialysis treatment are
7 less than optimal. And then, finally, the issue of
8 treatment options for patients that might be adversely
9 affected to the extent that providers of dialysis do not
10 readily offer home-based, self-administered care as well as
11 care based in renal dialysis centers. So let me just
12 quickly address each of these.

13 In terms of patient demand, an examination of
14 the census data for these areas in 2010 change shows fairly
15 significant increase in population in the two areas taken
16 together of about 7 percent total. But more significantly
17 is the increase in African American and Hispanic
18 populations. We know that in each of those populations the
19 incidents of end stage renal disease is much higher than in
20 the population as a whole and certainly much higher than
21 what we might think of as an incumbent demographics of
22 these areas. So, among African Americans it's about 3.6
23 times higher incident rate than among whites, and with
24 Hispanics, about 1.6 times. So, that's a rather

1 significant change and may indicate that there would be
2 more need for these services than past patterns might
3 indicate. The written testimony provides all of the
4 empirical background for this statement. So, you know,
5 we're facing a situation in these areas where, by reason of
6 change, we could see something different than the current
7 estimates suggest.

8 Patient access. Let me focus, rather than on
9 the traffic issues, where our region -- our metropolitan
10 area, unfortunately, is now tied for worst place, we would
11 call it, with Washington, D.C. for travel time. In the
12 arterial areas in the suburbs are really where the
13 congestion is and, of course, that's where these sorts of
14 facilities tend to be located. But most importantly in
15 terms of patient access, again I come back to the
16 demographic changes. It would be unrealistic for us to
17 believe that simply by African Americans or Hispanics
18 living in a different area than they might have resided
19 before that the characteristics of seeking medical care
20 would change, and there are some marked differences. For
21 example, with respect to end stage renal disease, there are
22 big differences between African Americans and whites on a
23 number of lines, but one of them that's interesting is
24 about 47 percent of African Americans seeking -- coming to

1 dialysis have not had prior nephrologist care, whereas that
2 number for whites is around 41 percent. May seem -- 6
3 percent may seem a small difference, but when you look at
4 demographic change, it could end up having a big impact on
5 the condition of people when they are first accessing renal
6 dialysis.

7 Let me move ahead on patient cost and cost
8 shifting. The market for dialysis is highly concentrated
9 in HSA's 7 and 9. One of the things I did in preparation
10 for this was to perform an HHI calculation. That's the
11 Herfindahl-Hirschman Index. That's the initial screen
12 that's used by the U.S. Department of Justice in antitrust
13 analysis, and it's notable that in HSA 7, on a possible
14 scale of 10,000, which is the most -- that's absolute total
15 monopoly -- the dialysis market in HSA 7 has an HHI of
16 5,232, whereas in HSA 9, it's at 2,439. The Justice
17 Department regards 1,800 -- both of these numbers are well
18 above that -- as the stage of calling it highly
19 concentrated. That's not to say there is any competitive
20 conduct. It's only to say it's highly concentrated and
21 worthy of scrutiny.

22 I notice as well that in HSA 7, of the 1,056
23 approved stations, about 84 -- I'm sorry, 83 percent of
24 that market is accounted for by just the top two providers,

1 whereas in HSA 9, the four largest providers account for 84
2 percent. You'll see in the written testimony that in
3 comparison to other industries we're familiar with, those
4 are really quite high as a matter of concentration.

5 Let me conclude on just a couple of points.
6 That level of concentration does raise issues of a lack of
7 price competition. We know that if there is elevated price
8 due to a lack of restraint in costs, that affects
9 reimbursement levels. But very importantly, the -- we come
10 back again to the demographic changes. We know, for
11 example, that Hispanics have much lower level of both
12 private insurance and eligibility for government programs,
13 often due to immigration status, but, nevertheless, are
14 able to receive this care. Well, that means more cost
15 shifting, more charitable care. It just complicates a
16 whole set of issues that are being faced by this Board and
17 by the medical system.

18 Finally, in terms of patient options, I would
19 only note that I think we're all aware that the research
20 indicates that patients -- many patients, I should say, are
21 quite satisfied with alternatives to in-center dialysis.
22 One of the things that U.S. Renal is clear about in its
23 application is that it is prepared to actively offer
24 alternatives, such as peritoneal dialysis. That can

1 probably only be good for patients when it's Done
2 appropriately.

3 So, I would only conclude in saying that I
4 think the overall picture of the market, the economics of
5 the health system, argue in favor of the approval of these
6 applications. So, again, I would refer you to the written
7 testimony, and I would be happy to respond to any
8 questions, I presume after other people have had an
9 opportunity.

10 (End of excerpt)

11

12 MS. AVERY: Is there anyone else that would
13 like to provide testimony regarding this project?

14 DR. RAUF: May I speak one more time?

15 I just want to make one more comment in
16 response to Paul's comments about the demographics and the
17 market concentration. We practice out of 7 hospitals in
18 DuPage County, part of Will county and out of 7 hospitals,
19 there are 13 dialysis units, and all of them are Fresenius
20 units, and just to illustrate -- our personal interaction
21 with the social workers, as they're discharging patients
22 from the hospital, or even when we're trying to admit these
23 patients from outpatient, it's very difficult often times
24 to get these clinics to accept people. There's always a

1 delay because they're setting the rules, and had there been
2 another market or another provider, then there would be a
3 competitive edge to be lenient on some of these
4 restrictions to access the dialysis centers. So, out of 7
5 hospital systems, 18 square miles, there's only one
6 provider, and I just wanted to be specific about that.

7 Thank you.

8 MS. AVERY: Anyone else?

9 (Pause)

10 MS. AVERY: Seeing none, I would like to
11 remind everyone that you can submit any additional written
12 comments to the State Board office at the Illinois
13 Department of Public Health, located at 525 West Jefferson
14 Street, Second Floor, Springfield, Illinois, 62761-0001.
15 It can be sent to the attention of Courtney Avery, or you
16 may fax your comments to (217) 785-4111. Comments must be
17 received no later than July 27th at 9 a.m. Again, this
18 project is scheduled for consideration by the Illinois
19 Health Facilities and Services Review Board at its August
20 16th meeting, which will be held at the Holiday Inn
21 Conference Center located in Joliet, Illinois at 411 South
22 Larkin.

23 Any additional information and State Agency
24 Reports will be published at our web site, which is

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1 www.hfsrb.illinois.gov.

2 Hearing no other persons wishing to provide
3 comment, I will deem this public hearing adjourned. Thank
4 you.

5

6 END TIME: 2:30 p.m.

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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, CRR, RPR, a Certified Court Reporter in the States of Illinois and Missouri, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to writing; that I am neither counsel for, related to, nor employed by any of the parties to the action, 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.



KAREN K. KEIM
CRR, RPR, CSR-IL, CCR-MO

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