

August 9, 2011

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W Jefferson St., 2nd Floor
Springfield, IL 62761

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Re: Project #11-025-US Renal Care Bolingbrook

Dear Ms. Avery:

My name is David Schlieben, and I am the Medical Director of the Fresenius Medical Care Bolingbrook Dialysis Unit. I am writing to you to express concerns regarding the proposed above project involving US Renal Care Bolingbrook and to also address several inconsistencies and inaccuracies set forth by Drs. Ahmed and Rauf regarding our unit and myself in their letter to the Board supporting the US Renal Care Project.

First, I would like to comment on the quality of patient care provided by our facility. During the past 24 months our quality data have been consistently among the best Fresenius facilities in the United States averaging in the 90th percentile. This has not happened by accident. I can speak firsthand to the quality of the staff currently employed in our unit. The receptionist, technicians, nurses, social worker, dietitian and clinic manager have consistently provided outstanding, compassionate care to the patients entrusted to us. In fact, during the past year there have been no complaints about the unit filed by our patients or their families with the Renal Network.

Our quality data is compiled monthly and presented at a meeting attended by various staff, including the clinic manager, dietitian, social worker, nurses, myself and physicians who choose to attend. At these meetings we discuss not only quality data, but also patient concerns and we review patient complaints and satisfaction surveys. Since Dr. Rauf first came on staff at our clinic there have been 41 such monthly quality meetings. Despite having been invited, neither Dr. Rauf nor his partner Dr. Ahmed has ever attended a single meeting. I find it odd that that they now come to express grave concerns about various patient issues but not once did they attend a monthly quality meeting, speak or write to me despite having access to my contact information, or to my knowledge speak to anyone from Fresenius to express these concerns. Additionally, it should be pointed out that three of Dr. Ahmed's patients in the past two years requested to change nephrologists due to their stated dissatisfaction with his care.

Second, it is stated by Dr. Ahmed that he not only has experienced difficulty placing patients into the FMC Bolingbrook unit due to lack of a permanent dialysis access, but more strongly that I am "restricting care against patients who do not have an arterio-venous fistula". A review of admissions reveals that between January 1, 2009 and June 23, 2011, 130 patients were admitted to our unit of whom 77 began dialysis with a central venous

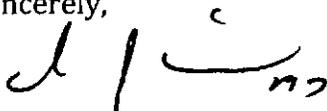
catheter (59%). Among the 20 patients admitted by Drs. Rauf and Ahmed, all 20 had central venous catheters. Currently, Drs. Rauf and Ahmed are the attending physicians for ten hemodialysis patients of whom seven continue to dialyze via a central venous catheter. The main issue here is that patients who dialyze with a central venous catheter rather than an arteriovenous fistula have a 50-70% higher mortality rate and, furthermore, this is the single most important factor in mortality among dialysis patients. In terms of quality care this severely lags behind the rest of the clinic in that fully 79% of the patients not under the care of Drs. Rauf and Ahmed as of June 2011 have no catheter. Clearly, there is a discrepancy between what is claimed in their letter and the actual data. Also, the fact that there are currently 118 patients in our clinic and only ten are patients of Drs. Rauf and Ahmed would seem to speak against the sort of future numbers of patients that they claim to anticipate starting on dialysis in the near future.

Finally, I would like to specifically address the three patient testimonials put forth by Dr. Ahmed in his letter to the Board. The patient represented in testimonial A is actually a long-standing patient of another nephrologist in Joliet and was not Dr. Ahmed's patient. Neither my clinic manager nor myself was ever contacted by the patient or her family regarding transfer of care to Bolingbrook Dialysis and she was not refused due to catheter access. In point of fact her continuity of care was uninterrupted as she maintained her long-term relationship with her nephrologist. Patient B remains a patient at Naperville North by his own choice. He was offered transfer to Bolingbrook on several occasions. Additionally, until very recently he had driven himself to and from treatments. Patient C has a long history of non-compliance with dialysis treatments and follow up care. There should be no issues with transportation because this is provided to her. She is not compliant with her treatments and is frequently hospitalized as a result.

As can be clearly demonstrated by factual evidence, the issues raised by Drs. Ahmed and Rauf are not borne out when examined to any degree. I have not encountered undue delay in having my patients placed in Bolingbrook, or at any FMC facility for that matter. If this were truly as onerous a process as Drs. Ahmed and Rauf would lead one to believe, then this should be a universal problem for all physicians as the paperwork, insurance verification, etc. are universal to physicians and dialysis providers. FMC Bolingbrook Dialysis provides consistently excellent care to all our patients. There are no policies in place to exclude patients based on access type and fully 41% of all new patients (and 100% of Drs. Rauf and Ahmed's patients) have started at our unit with a central venous catheter.

I urge you to strongly consider the above data when you meet regarding project #11-025. Thank you for your consideration in this matter.

Sincerely,



David Schlieben, MD
Medical Director, FMC Bolingbrook Dialysis