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September 22, 2011

Courtney Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street  
Springfield, IL 62761

Re: #11-024 U.S. Renal Care Oak Brook  
#11-025 U.S. Renal Care Bolingbrook

Dear Ms. Avery,

My name is Huma Rohail and I am a practicing nephrologist with the Nephrology Associates of Northern Illinois (NANI). I am involved with patient care at both Bolingbrook (BBDC) and Plainfield (PDC) as well as Adventist Bolingbrook (ABH) and Edward Hospitals. I am writing to you to address claims made by the applicant of the above application/s that are not only misleading but inaccurate.

Let me begin by saying that I have been practicing nephrology since 1997. I have worked at various facilities which were not under the management of Fresenius Medical Care. I was at a Renal Care Group (RCG) run facility in Berwyn for 8 years. I decided to join NANI about 3 years back because of their untainted reputation of providing excellent patient care and practicing with high moral standards. I have to say that my experience has been nothing but positive. As a group our main focus is delivering the highest quality of care to our patients in accordance with evidence based guideline to reduce mortality and morbidity. To ensure this we have staff meetings and patient care quality meetings at the dialysis units monthly. I attend these meetings with Dr. Schliebin at the BBDC.

In summary, after reading the applications and public hearing transcripts, the applicants claim that these new facilities are needed because there is a lack of quality of care for dialysis patients in the western suburbs by NANI physicians and the Fresenius Medical Care facilities. In addition, they claim that the admissions process at Fresenius causes severe restrictions on admitting their patients and imply that our group is the only one practicing in the area. In response to these claims, I would like to say that, firstly, our group is not the only group providing patient care in the western suburbs. There are currently four nephrology groups in the area with privileges at ABH and BBDC. These physicians admit their patients to the Fresenius unit at Bolingbrook and follow them. As far as the admission process is concerned it is a standard procedure keeping with the guidelines set forth by CMS. Usually, delays in setting up a new dialysis in-patient into the out-patient facility are because of problems at the hospital's end. For example, issues

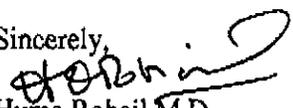
regarding social workers and Hepatitis B testing are frequent cause for delays. I have never experienced any delays from Fresenius if all paper work is provided to them in a timely fashion. Their system is run very efficiently and insurance verification is important so patients are not tagged with the bill. One case the applicants cited states that one of their patients was transferred to the Berwyn Dialysis Facility because the patient was out of network. If the patient had continued to dialyze at the Bolingbrook facility, they would be responsible for all dialysis related medical payments. I see no logic in citing this case and cannot comprehend why Fresenius would be held accountable when it is clearly an insurance matter. This patient resides in Berwyn.

Dr. Rauf claimed that perhaps the reason he is not able to get patients admitted to a shift of his or his patient's choice is because he is not the medical director of the facility. I am not currently a medical director and have found that whether or not I am a medical director has no impact on my ability to have a patient admitted in a timely manner and to an agreeable shift. At the time of admission, patients are provided with available shift times to choose from. If those times are unsuitable then they are placed on a waiting list for the desired shift. Several patients have been placed in this organized, efficient manner.

Dr. Ahmed states that the medical director of the Bolingbrook facility, Dr. Schlieben, is "restricting care against patients who do not have an arterio-venous fistula". Dr. Schlieben is a very diligent and ethical individual. Under his leadership the BBDC is in the 90<sup>th</sup> percentile nationwide as far the quality parameters are concerned. This number alone can attest to his qualities as an effective, knowledgeable leader. I have had several patients admitted with catheters to the dialysis unit without any problems. We as a group have made it a priority to ensure that every patient gets an arterio-venous fistula or graft in order to reduce mortality and morbidity. Once admitted, there are nurses and staff designated to educate patients about the benefits of obtaining a permanent access. They are setup for appointments for vein mapping with the vascular surgeons in order to facilitate this. In short, there is no restriction to admitting patients with permacatheters, but once admitted there is a push to get permanent access to improve outcomes for these patients by providing them with better dialysis, less risk of infections, and less hospital visits because of clotted catheters (which is also cost effective).

In keeping with my experience over the past three years, I can attest to the fact that Fresenius Medical Group runs its operations in an ethical and efficient manner that works within the guidelines provided by CMS. There is no discrimination regarding patient admission criterion or against any particular physician group. The claims set forth by Dr. Rauf and Dr. Ahmed are baseless and stem out of business ambitions rather than concerns for patient care. Currently, there are at least 20 openings at the BB dialysis facility and no patient has been turned away. I respectfully yet strongly ask the Board to consider this information when reviewing the above-mentioned CON application/s.

Sincerely,

  
Huma Rohail M.D.