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Ms. Courtney Avery
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Re: US Renal Care applications/Project numbers 11-024 and others

Dear Ms. Avery:

I am a nephrologist that practices in the geographic area where US Renal proposes establishing a 13 station dialysis clinic. I oppose the establishment of a clinic in the area by US Renal Care and the group of physicians (Drs. Rauf and Ahmed) that support the applications and allegedly would refer to the clinic(s). I oppose the clinics on the basis that I do not believe these doctors will be able to achieve the target utilization based on their own referrals, and I am concerned that I would not want to admit to the clinics given the past practices I have seen of these physicians at other area clinics where they have privileges.

For example, two of Dr. Ahmed's and Dr. Rauf's patients have requested to change physicians to myself because Dr. Ahmed and Dr. Rauf (according to the patients) did not see them when they were dialyzing at the clinic. Further, I have found that these physicians do not attend the CQI (quality) meetings at the clinics where they currently admit patients, which are held on a monthly basis.

In addition, I am unfamiliar with US Renal Care. However, I am quite familiar with Fresenius Medical Care (as well as DaVita) and find they both provide excellent facilities and support for treating my patients.

I am concerned about the growing need for dialysis in the area. I do not want to limit access to care, and/or choice to providers of care. However, Dr. Rauf and Dr. Ahmed can and in fact do treat their patients at various facilities in the area - their patients do have a choice to treat with them or other doctors. In my experience, most patients do not care whether the clinic they go to is a Fresenius clinic or any other type of clinic. Instead most patients want to continue to see their own nephrologist or they want to dialyze close to their home, family or work (in other words it is an issue of continuity of care and/or convenience). Thus, I find the allegations that patients need choice in clinics and/or physicians to be somewhat disingenuous. They have choice on physicians already, and most really do not care about who owns the clinic.

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Also, I note that Drs. Rauf and Ahmed have questioned admitting practice of the "main area provider" which is of course Fresenius. I have had no issue admitting my patients to Fresenius facilities. Patients admitted from a hospital are acute patients (i.e. they have not dialyzed previously and are "new" patients not anticipated to require dialysis). It takes time to place these patients in many circumstances due to Medicare requirements, and insurance issues and other practical reasons (such as determining with the patient the best clinic in the area for his or her transportation issues). This can be a frustrating process and particularly because the patient is confronting a new issue in his or her life. However, it has nothing to do with Fresenius admission policies or practices, and I again re-iterate in my experience they do a fine job of processing admission for new acute patients.

Finally, hospital costs are not raised because a dialysis patient cannot be discharged to a dialysis clinic. First, the decision to discharge rests with the attending physician, and a patient could go home while the process is being completed. Second, Medicare and most insurance pays a fixed rate based on diagnosis upon admission, not a daily rate. Thus, the length of stay does not correlate to cost. Hospitals do focus on discharging patients for this reason - the longer the patient stays the more costly it is for them in most instances. Further, it is always best for a patient to be discharged when ready. But it is again disingenuous to say that health care costs are raising due to a clinic's or physician's timing on accepting a new dialysis patient.

Please make your decision on the US Renal applications taking this information into consideration, along with, of course, your own analysis of whether the applications meet relevant criteria for approval of a new clinic. I thank the Board for its time and consideration.


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