

12-085

**ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD (HFSRB)
PROJECT HEARING REPORT**

Applicant: Lawndale Dialysis, Chicago
Project Number: 12-085
Hearing Date: Tuesday, October 23, 2012
Location: 2311 South Kedzie Chicago, Illinois
Time: 12:30 PM - 3:30 PM

Hearing Officer:
Staff Support: Courtney Avery, Administrator
HFSRB Representative: James Burden M.D., Board Member

Hearing Requested by: Lawndale Dialysis, Chicago

The following summarizes the attendance figures:

Oral/Written Presentations:

Support: 15
Oppose: 2

Registered Attendance Only

Support: 1
Oppose: 1
Neutral: 0

Total individuals registered: 19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) Penny DAVIS

Address _____

City _____ State IL Zip 60010

Signature Jenny Davis

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

DAVITA

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

no written comments ✓

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) Don Hollandsworth DO

Address 1624 TINA LN

City Flossmoor State IL Zip 60422

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Nephrologist

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION
 Name (Please Print) JOAN ZAVALA
 Address 1320 W. 18TH PL
 City CHICAGO State IL Zip 60608
 Signature Juan Zavala

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

LATINOS POR LA SALUD
NON-PROFIT ORGANIZATION

III. Testimony (please circle)

Oral Written



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

NO written testimony ✓

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) OGU ANEZI OKORO

Address 655W IRVING PARK ROAD

City CHICAGO State IL Zip 60612

Signature *[Handwritten Signature]*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

PHYSICIAN

III. Testimony (please circle)

Oral

Written *CPA*



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) MELVIN K ROSEMAN, MD

Address ~~430~~ 3157 N. LINCOLN AVE

City CHICAGO State IL Zip 60657

Signature Melvin K Roseman

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
DAVITA

III. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION
 Name (Please Print) Ricardo Munoz
 Address 2500 S. St Louis
 City Chgo State IL Zip 60623
 Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
22nd Ward Alderman

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print)

David Frankel

Address

1701 N. Rockwell St

City

Chicago

State

IL

Zip

60647

Signature

David Frankel

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MOUNT SINAI Hospital &
 Sinai Health System

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) Julie Tegni, LSW

Address 3450 S. Halsted St #208

City Chicago State IL Zip 60608

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) Rachel Dahlgren

Address 233S W Cermak Rd

City Chicago State IL Zip 60608

Signature Rachel Dahlgren

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Davita

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

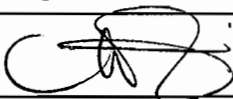
Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) MA FRANCHETTE IFAPO

Address 2335 W. CENMAR RD.

City CHICAGO State IL Zip 60608

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

DAJITA

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print)

Kelly Ladd

Address

2659 N Milwaukee

City

Chicago

State

IL

Zip

60659

Signature

Kelly B Ladd

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Davita

III.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

*no written
comment* ✓

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) Joseph Van Leer

Address 161 N. Clark Ste. 4000

City Chicago State IL Zip 60601

Signature *[Handwritten Signature]*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Navita Inc.

III. Testimony (please circle)

Oral

(Written)



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name *(Please Print)* Glady's Crutcher

Address 6919 SO. ARTESIAN

City Chicago State IL Zip 60629

Signature Glady's Crutcher

II. REPRESENTATION *(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)*

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. Testimony *(please circle)*

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print)

Andre Ford

Address

218 East 90th Place

City

Chgo

State

IL

Zip

60619

Signature

Andre Ford

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

SUPPORT

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) Joseph F. West

Address SUHI-SHS 1500 South California Ave N6-138

City Chicago State IL Zip 60608

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

I am here on behalf of Mount Sinai Hospital.

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) Jim Sifuentes

Address 2875 W 19TH

City Chicago State IL Zip 60623

Signature Jim Sifuentes

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Saint Anthony Hospital

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

OPPOSITION

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) Keith Nelson

Address 15816 Centennial Dr

City Orland Park State IL Zip 60462

Signature Keith Nelson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Saint Anthony Hospital

III. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

NO TESTIMONY

Facility Name: Lawndale Dialysis, Chicago

Project Number: 12-085

I. IDENTIFICATION

Name (Please Print)

TIM TINCKNELL

Address

2611 N HALSTED ST

City

CHICAGO

State

IL

Zip

60614

Signature

Tim Tinknell

II. Position (Circle Appropriate Choice)

Support

Oppose

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

NO TESTIMONY

Facility Name: Lawndale Dialysis, Chicago

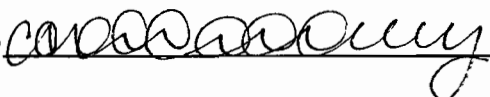
Project Number: 12-085

I. IDENTIFICATION

Name (Please Print) Cara D. Goldsberry

Address 2875 W. 19th street

City Chicago State IL Zip 60623

Signature 

II. Position (Circle Appropriate Choice)

Support

Oppose

Written

1001

Good afternoon, I am Keith Nelson, Director of Laboratory Operations at Saint Anthony Hospital, and I am here to oppose ~~the~~ ^{this} Certificate of Need Application, ~~for the Lawndale Dialysis Center.~~

Earlier this year, Mt. Sinai opposed the DaVita CON application ^{primarily} citing how this for-profit entity would negatively impact the community, taking the favorably insured patients within the community. Nothing has really changed because of the recent DaVita / Mt Sinai relationship as DaVita still maintains majority control. The DaVita / Mt Sinai project will be no different than the other 15 DaVita sites throughout the city of Chicago. There ^{should be} ~~are~~ better options available that would provide the continuity of care that is so critical for ESRD and pre-ESRD patients.

Saint Anthony Hospital, a faith based, non-profit community teaching hospital, has served ~~the~~ ^{KW} the residents of this community since 1897. We continuously provide community outreach to better our community. We believe in providing a complete continuum of care to our patients. The prevalence of high-risk medical conditions in the dialysis community requires a need to address all the needs of the dialysis patient. We feel another free-standing, for-profit dialysis center does not meet those needs. For-profit applications appear continuously. We urge you to deny this application. What the community needs is a community hospital dialysis program that can meet the complete continuum of inpatient and outpatient dialysis needs and is not tied to the for-profit decision making of a commercial dialysis provider.

Thank you.

Penny
Davis
1/9/3

HFRSB Hearing on Lawndale Dialysis

Testimony of Penny Davis,

Division Vice-President, Skyline Division, DaVita

Good afternoon. My name is Penny Davis and I am the Division Vice-President of the Chicago division of DaVita.

I'd like to first thank everyone for attending this hearing today, Board member Burden and Courtney Avery, in particular. Dr. Burden, we really appreciate your thoughtful participation in the dialogue around the care for patients with renal failure at the Board hearings over the years and your attendance at this meeting today is invaluable.

We also have a number of representatives of community organizations here today [Alderman Munoz, Erwin, En-la-say, and Active Transportation Alliance, the Sinai Urban Institute for Health]. Thank you for your attendance today.

The fact that we are here today is a true demonstration of our commitment to this project. We worked very hard over several months with Sinai to come to terms on a partnership that will meet our mutual goals in serving this community. We are proud to have Sinai as our partner in this venture and wouldn't be here today without their support.

We believe that providing access to care within distinct communities such as Lawndale will increase compliance with care and ensure a healthier population. Patients within communities such as Lawndale and Little Village have little access to discretionary funds for transportation for gas or bus fares. They face challenges many of us cannot even imagine – bus fare or food, child care while they receive treatment three times per week or go without. Without convenient and easily accessible care, they may make choices that in the end, increase the health care costs of the entire system – driving patients to the emergency room because they missed treatment.

DaVita has been serving the Lawndale community at its Little Village facility for the last seven years. Our partner for the expansion of this service in the community, Mt. Sinai Hospital, has been a provider of this service since the inception of dialysis as a life saving treatment for kidney failure over 45 years ago.

*Penny
David
2013*

[It is simply a coincidence, but the first work in the U.S. to develop hemodialysis began at Mt. Sinai Hospital in New York. Mt. Sinai in Chicago began their service just a few years later in 1966. The dialysis industry over the last few decades has transformed substantially as most hospitals have closed their outpatient dialysis service and transferred such operations to companies like DaVita. Sinai is unique in its continued commitment to this service despite the many changes in Medicare reimbursement in recent years and the pressures to focus their operations on core service lines. Mt. Sinai's dialysis program is a symbol of its commitment to its community as a safety net provider and we are proud to move forward with it on this proposal.]

One reason we believe Mt. Sinai stays committed to this service is because of the public health issues that its surrounding communities face. Most of the communities served by Mt. Sinai are similar to the Lawndale community and they are primarily Hispanic and African American. This is reflected in the demographics of our units. Between the Little Village and Sinai units in 2011, 98% of the 215 patients were from a minority group. Sixty percent were Hispanic and 38% were African American.

Both of our current locations which are about two miles from the proposed site are full. In fact, we opened the Little Village facility in 2005 and it very quickly reached its operating capacity. We expanded it four years ago to as many treatment stations as our location could accommodate. It has operated at 100% capacity ever since that expansion. Patients in the community who start dialysis now have to leave the community for their kidney care. When a spot on the schedule opens up, they are able to return to their own neighborhood for services. We believe having local access to services is essential to their emotional, mental and physical well-being both on a daily basis and as it relates to their long-term health and outcomes.

In the last year, there has been only one new dialysis facility approved in the City of Chicago – that was the Fresenius Logan Square project. This is compared to the CON Board's approval of eight new facilities in the surrounding suburban areas. We are committed to this community but we need the State's support to adequately meet the needs of these patients. There were 175 more patients who began dialyzing at area facilities at the end of the last reported year period than there were at the beginning of that year. The demand is there. There is currently a need for 82

*Penny
Dalar 3
3/3*

stations in Chicago which is the highest need of any planning area in the State. There are numerous public health issues that contribute to the increasing prevalence and incidence of ESRD. Some of those increases relate to earlier intervention and better mortality outcomes.

But clearly not all of it is good news. DaVita as an organization is committed to getting at the front end of disease management issues. Village Health is our renal disease management initiative. But as some of you know we are close to completing our merger with Health Care Partners with designs on providing higher quality care, more convenient care, more accessible care, more thoughtful care and all at a lower cost for all the payers in America. Experts in the government and private sector all across the U.S. believe that Health Care Partners is the best at what it does and point to Health Care Partners as the leader and role model of integrated care. Health Care Partners currently provides capitated primary care and specialty care to over 650,000 patients. The two companies share aspirations to transform health care by working with physicians, payers and pursuing clinical innovations and becoming the Greatest Healthcare Company the World Has Ever Seen.

Before I close, I just wanted to touch on our commitment to patients. As reflected in our latest proposal and based on our partnership with Mt. Sinai, DaVita has made a commitment to ensure access to dialysis services at the Lawndale facility regardless of ability to pay. We do this at all our facilities but we have a particular commitment to Sinai to ensure this proposal extends the hospital's safety net out beyond its campus and other programs.

Closing.

undocumented persons

**Melvin Roseman, M.D.
Lawndale Public Hearing – October 23, 2012**

*Melvin
Roseman
1 of 3*

Good afternoon. My name is Melvin Roseman. I have been a practicing nephrologist in the Chicago area for over thirty years. ^{and} I am here in support of DaVita's application for a new dialysis facility in the Lawndale community.

In over thirty years of practice, I have seen the number of cases of end stage renal disease ^{increase dramatically} skyrocket. From 1980 to 2010, the number of reported ESRD cases in the United States has increased nearly 10 fold from ^{about} 60,000 cases in 1980 to ^{nearly 600,000} 594,374 cases in 2010. This increase is due in large part to the obesity epidemic our country is facing. One of the results of higher obesity rates is the increasing prevalence of diabetes and hypertension ~~in the general public~~, two of the leading causes of chronic kidney disease and ESRD. ~~In fact~~, Diabetes accounts for ^{about} 44% of all new cases of kidney failure, and hypertension causes approximately 25,000 new cases of kidney failure annually. As the number of individuals with diabetes and hypertension continues to rise, the incidence and prevalence of kidney failure will increase for the foreseeable future.

While this may ^{be} ~~seem like~~ a public health crisis, there is a ^{bright spot} ~~silver lining~~. The rising rates of individuals receiving renal replacement therapies are partially attributed to improved intervention and treatment of pre-ESRD patients. Direct patient contact is imperative to good clinical care and improved patient outcomes. The kidney disease intervention work that ^{and my colleagues} I do to help ~~my own~~ patients better understand their disease and take charge of their health care makes ^{us} ~~me~~ feel like ^{we are} making a difference.

If patients are better educated about their condition, for example,

- ① - about what is happening to their bodies as they begin to lose kidney function,
- ② - how to slow the progression of the disease,
- ③ - to get a fistula placed well in advance of dialysis so that it may mature prior to dialysis initiation; and
- ④ - what to expect from dialysis once they near the point of kidney failure

we can improve mortality and morbidity rates of ESRD patients

Melvin
Rosenhan
2 of 3

In my years as a nephrologist, I have ~~been part of~~ ^{seen} a vast improvement in the quality of renal care provided to patients. While the nephrology community can take a lot of credit for improvements in dialysis protocols, DaVita ^{has been} responsible for implementing many processes and quality initiatives, such as Kidney Smart, IMPACT, and CathAway ^{program} which are aimed at improving patient education and outcomes. The Kidney Smart classes and the accompanying website educate individuals on ~~the kidneys and~~ kidney disease, how to better manage their health and slow the progression of the disease, and available treatment options. ~~Knowledge is power~~

When patients are better educated, they make more informed decisions and have better outcomes. ^{Some of the} Other speakers will touch on other DaVita programs that significantly improve the patient experience ~~but suffice it to say that while integration of dialysis services may make some people less~~. The patient comes out the winner when ^{he or she is} they are treated by a company that is striving to become the best health care company that the world has ever known. Kent Thiry, the CEO of the company, was recently at the top of the list of the most influential people in health care ~~(above both President Obama and Mitt Romney)~~ and that is based on his unrelenting drive toward excellence and care integration.

While DaVita's programs have been ~~extremely~~ ^{quite} successful in reducing mortality rates and improving patient outcomes, they are not a substitute for nephrologists spending time with dialysis patients. ~~The dramatic trend driven by current reimbursement and increasing time demands toward monthly nephrologist visits, with additional visits made by other caregivers, arguably is contributing to the problem.~~ While mortality has slowly, steadily improved, none of us ^{are} ~~can be~~ happy with the current high mortality rate. Recommitting to engaging with our patients is one step that may help. This is one of the reasons why it is important that a single physician's patients not be dispersed over too many facilities and why it makes sense to allow the Lawndale patients to dialyze close to their home and close to their nephrologist's home office. With the Little Village and Mt. Sinai programs at capacity, we need this facility to meet the immediate needs of the patients served in this community.

When patients are placed at dialysis facilities throughout the city, direct patient contact is compromised as the physician cannot physically see each patient when he is constantly rounding. We work with these patients for years during the early stages of ESRD. They have entrusted us with the management of their health care. ^{When we tell them we will not be able} ~~to~~ ^{able} oversee ~~ing~~ their dialysis, it makes the transition to dialysis, ~~which is difficult to find of itself,~~ much more difficult because they feel we have abandoned them. If patients were placed in a limited number of facilities where the physician has privileges within a much smaller geographic

*Melvin
Cassman
7/23*

area, it would limit the time spent traveling between facilities and would allow the physician to not only round on each of his patients but to spend more time with them to ensure he is available to educate and address any issues related to their dialysis or disease management, in short, to be there for his patients.

Thank your time. Please approve the Lawndale proposal.

**HFSRB Public Hearing – Lawndale Dialysis (Proj. No. 12-085)
Alderman Ricardo Muñoz**

*Alderman
Muñoz
1/9/12*

I am Ricardo Muñoz, the Alderman representing Chicago's 22nd Ward. My ward includes Lawndale Dialysis' proposed site and the surrounding community. I am here again to support DaVita's proposal to provide dialysis services to my community. Lawndale Dialysis will improve access to essential dialysis treatment for Chicago residents who live in my Ward.

I have called Little Village home for most of my life. I grew up here. In fact, my office is just one block from the house I grew up in and two blocks from the grammar school I graduated from in 1979. My ward has one of the higher concentration of Hispanics in the City of Chicago, and as a Mexican-American myself, I represent my community's interests with a passion. That is why I am here today. My community faces many impediments to access to health care including cultural disparities and a lack of understanding of the health care system, financial issues and racism. Health education and wellness is hampered by lack of education and insurance and poor nutrition.

Unfortunately, because of public health issues, we need these dialysis services in our community. The project will help meet the well documented medical needs of an underserved community. As you may know, Latinos are particularly vulnerable to increased rates of obesity, hypertension, and diabetes. DaVita, as a willing provider of such services, should not only be permitted, but encouraged to come to our community. This is particularly true when your inventory shows a need for 78 stations in the City of Chicago.

DaVita contributes directly to improving patients' lives, both locally and nationally through service innovations and community investment. DaVita has demonstrated its commitment to the City of Chicago in many ways. DaVita has accounted for approximately millions in charitable donations nationally and has committed \$1.5 million for their employees, or "teammates," as they call them, to

*Alderman
Munoz
2022*

put toward charitable work in communities much like Lawndale.

DaVita's facilities hire locally, and even provide scholarships for staff to enhance their skills and their ability to be promoted in the company. I have been an active participant in improving conditions for the working class and one of my proudest achievements is being one of the original City Council sponsors of the historic Chicago Living Wage legislation that requires city contractors pay employees a salary that is high enough to support a family. I was also instrumental in the City's passage of a wage increase.

This Board is tasked with maintaining and improving the provision of essential health care services, and increasing the accessibility of those services to the medically underserved and indigent. This project will further these goals.

Lastly, I ask that the Board consider for a moment what it is like to live in the life of a dialysis patient for a month and walk in their shoes. I think you would understand the necessity to have these services well-dispersed. At least until no need for inventory need for stations in the City of Chicago, this Board should encourage dialysis providers to build in communities like mine.

[should we make a comment about St. Anthony's just in case?]

Accordingly, I respectfully ask that the Board approve this project. Thank you for your time.

**Public Hearing Statement for the
Illinois Health Facilities and Services Review Board
Lawndale Dialysis
October 23, 2012**

Good Afternoon,

My name is David Frankel and I serve as the Vice President of Planning, Marketing and Communications for Sinai Health System, the not-for-profit parent organization of Mount Sinai Hospital and Schwab Rehabilitation Hospital. As you know, Sinai is located nearby at the intersection of Ogden and California Avenues, in the center of the culturally rich, but economically challenged North and South Lawndale communities.

I am here today to communicate Sinai's strong support for the Lawndale Dialysis CON application to establish a new 16 station dialysis center in South Lawndale. Mount Sinai Hospital, which is currently licensed for 16 dialysis stations on our campus, will be a 22% joint venture partner in the proposed new dialysis center.

Mount Sinai Hospital's existing dialysis unit is operating at or near full capacity most of the time. The service area population that we serve across the west, south and near north sides is among the most economically and socially challenged communities in the United States, with a far higher than average per capita burden of chronic and acute health care needs. Access to health care and to related social services is particularly challenging for many individuals and families within our community.

*Julie Tegni
143*

**Julie Tegni
Divisional Social Worker, DaVita
Lawndale Public Hearing – October 23, 2012**

Good afternoon, my name is Julie Tegni. I am a Group Divisional Lead Social Worker for DaVita. I work directly with dialysis patients in Chicago, and I lead a group of social workers in Illinois and in several states across the Midwest. I am here in support of DaVita's Lawndale Dialysis CON application. I would like to provide some perspective from the group of clinic teammates that help patients deal with the limitations, struggles, and challenges of living with kidney failure and being on dialysis. As social workers, we work with patients to overcome these challenges to improve their quality of life and emotional well being. I am here today because I believe opening a dialysis center in Lawndale will help remove some challenges for my patients, and frankly, help make my job that much easier.

Every patient on dialysis in the US is assessed by and receives ongoing care from a social worker. We work with patients and their families to help them adjust, manage, and hopefully thrive on dialysis. Through my work, I directly see the strain that kidney disease places on patients, families, and their employers. Kidney disease and the dialysis regimen create emotional, financial, career, and lifestyle difficulties. Due to the ongoing nature of dialysis and frequency and length of dialysis treatments, patients often struggle to maintain their employment and independence. Typically, including transportation time, a patient dedicates 15 to 20 hours a week to dialysis treatment. It is so important that dialysis facilities are located close to home and can offer some flexibility in treatment times to decrease the burden patients experience. When a dialysis center is close to home and patients have options of treatment times, it is that much easier for a patient to schedule their lives around dialysis and have improved quality of life.

There has recently been a steady increase in the incidence of ESRD. According to government data, the number of patients requiring dialysis in the City of Chicago has increased 8% from 2010 to 2011. This increase is due to a combination of factors: the aging population; increasing prevalence of diabetes and hypertension; better early detection of kidney disease by primary care physicians; and better collaboration between those physicians and nephrologists to ensure earlier intervention.

*Julie Tegni
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In addition to increasing numbers of ESRD patients, the attrition rates for patients on dialysis are decreasing due to improved treatment. For example, DaVita's IMPACT program focuses on reducing patient mortality and morbidity during the first 90 days on dialysis through aggressive education and management. This is an interdisciplinary effort by doctors, social workers, dietitians, nurses, and other professionals on the team. Since its piloting, the IMPACT program has been shown to reduce both patient mortality and morbidity. We are proud of the success of the IMPACT program and ESRD treatment improvements, as this means our patients are living longer, healthier lives on dialysis. However, from a service delivery and planning perspective, lower patient attrition rates means it is more difficult to accommodate new ESRD patients in existing facilities and provide the schedule flexibility and options that I mentioned earlier.

Having more capacity and opening needed clinics ensures that treatment shifts are available to meet growing patient volumes. Unlike hospitals, dialysis facilities are optimally small and well dispersed throughout communities. An overcrowded facility means each patient must show up at his or her designated time every week even if it means missing work, sleep, family vacations, and special events like weddings and graduations. Life on dialysis can be arduous, and it is often difficult for patients to maintain employment and independence. Dialysis is scheduled three days a week and lasts between 3 to 5 hours per treatment. Due to transportation, occupational, socioeconomic, child care, and other issues, there is high demand for the morning first and second treatment times. Given the limited number of stations available, facilities cannot accommodate every patient's needs. As a result, many young or otherwise healthy patients are forced to limit their work schedule or quit their jobs altogether in order to manage their dialysis care, which only complicates their lives. Adequate capacity in communities that need more support will increase the availability of high demand treatment times, and many patients could maintain their employment as a result of manageable travel times and dialyzing earlier in the day.

Access issues are crucial in low-income communities such as Lawndale. Many patients do not own cars or do not feel well enough to drive after dialysis, which makes travel around the city particularly difficult. These patients rely on the PACE paratransit program, public transportation, family, or friends to transport them to and from their dialysis appointments. As a

*Julie Teague
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result, they must schedule their dialysis when transportation is available, often between 9 and 5 on weekdays. This really limits scheduling options. Patients who have problems getting their dialysis because of transportation problems miss dialysis treatments. When patients miss dialysis this has significant negative clinical consequences and contributes to hospitalizations and other health-care costs.

In conclusion, ESRD patients are chronically ill and usually suffer from multiple comorbidities. Dialysis is also very taxing to the body and there are many difficult side-effects to lost kidney function. Many patients are diabetic and elderly, and many have poor vision and/or rely on durable medical equipment, such as canes and wheelchairs. Suffice it to say, our patients are a group of people who deal with many challenges and difficulties in receiving dialysis services. Patients in communities like Lawndale can face even more challenges, due to the community's average socioeconomic status. Maybe I am stating the obvious but new dialysis centers are necessary for the health, wellbeing, and quality of life for our patients and their communities, especially as the number of dialysis patients increase. I hope you, the Health Facilities and Services Review Board, approves this project that will ultimately help our patients attend more of their dialysis treatments, be healthier, and have an improved quality of life.

Thank you for your time.

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Rachel Dahlgren, [M.S.W.]
Lawndale Public Hearing – October 23, 2012

Good afternoon, I am Rachel Dahlgren, the Social Worker at DaVita's Little Vilalge facility. I am pleased to support DaVita's proposal to establish a facility in Lawndale.

My work as a social worker caring for ESRD patients is both highly rewarding and very challenging. I get to do a lot of one-on-one supportive counseling regarding various issues, from managing feelings of depression regarding chronic illness to adjusting to life role changes. However, the majority of my time is actually spent on very "practical" assistance, like completing and following up referrals for community resources such as in-home services, assisting patients with insurance problems or issues, and identifying affordable housing resources. Working with the community on the West side of Chicago where many of our patients do not have the financial means that other more affluent areas may have has been particularly challenging.

Working in a dialysis unit involves working with patients who are undergoing a really significant life change, the ESRD diagnosis and initiating dialysis is a very difficult time for a person even though dialysis provides these individuals a survival option. Some patients have never even known they were at risk for kidney failure. Then all of a sudden, they must deal with this new self image as someone who is "sick." This can be very anxiety-provoking, with so many new terms, routines, and new people involved. There is often a great sense of loss and always there is a huge lifestyle change. While people are encouraged to be grateful for the option of dialysis, dialysis is difficult and can be depressing with little joy to offset the experience.

Additionally, there are insurance and benefits issues when it comes to the chronic phase of any form of medical care, which is very confusing. Thus, I play a role in offering emotional support and assistance through the complex maze of Social Security benefits.

Another big challenge to this work is assisting patients to obtain reliable transportation to and from treatment three times per week. Many of the patients I work with do not own cars, or if they do, it can be risky to drive home after treatment, as weakness can occur. Public transportation is not always a good option, either, for the same reason. If a patient has Medicaid, there is coverage for transportation to dialysis but we are constantly having to manage

Rachel Dahlgren
2/9/20

transportation issues. The most optimal situation is one where patients don't have to awake in the middle of the night for treatments and when they can get treatment near their homes.

Given all of the difficulties that dialysis patients face outside of actually receiving dialysis care, finding a facility to dialyze in their community at convenient times should be the least of their worries. By increasing access in this community, DaVita will help improve the quality of patient's lives.

I ask the CON Board to approve DaVita's proposal to establish Lawndale Dialysis and ask that the Board approve this project.

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Franchette Ipapo
Lawndale Public Hearing – October 23, 2012

Good afternoon, my name is Ma. Franchette Ipapo. I am the administrator of Little Village Dialysis. I have been with DaVita for 5 years and in my current position for a year now. My facility, Little Village, is located approximately 2 miles from the proposed Lawndale facility and I'm pleased to support this project.

During my time at Little Village, DaVita has offered many clinical initiatives to improve the lives of patients suffering from CKD and ESRD. DaVita's clinical outcomes are among the best in the industry, leading to fewer infections and lower mortality rates. I'm going to discuss two of our quality initiatives. One of the programs that we take a lot of pride in is the EMPOWER program which is aimed at improving kidney health and awareness through community-based education for PRE-ESRD patients that is, patients who still maintains independent kidney function but whose disease is progressing.

To educate patients is the highest form of care we can give. Education empowers our patients to make changes, both big and small, to improve their quality of life. This education optimally starts early and if patients are better aware of the disease, its co-morbidities and their treatment options, they make better choices and are more likely to position themselves to be candidates for home dialysis.

According to a survey of Medicare patients, nearly three-quarters of CKD patients have never been evaluated by a nephrologist. We speak a lot about increasing prevalence of the kidney disease co-morbidities, diabetes and hypertension, driving incidence and prevalence. Another reason, however, that we have seen more patients initiating dialysis is because of public health intervention successes. Timely CKD care is imperative for patient morbidity and mortality. While kidney function is a much more optimal option over dialysis, the fact that people survive kidney failure and begin renal replacement therapy is an indication that patients are being saved and earlier intervention is working.

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Another program that I'd like to mention is DaVita's CathAway Program. This vascular access program is designed to avoid catheters from the inception of dialysis and also to transition dialysis patients from catheters to fistulas. Fistulas are regarded as the "gold standard" for vascular access for dialysis as catheter use at the initiation of dialysis is the primary cause of early morbidity and mortality in dialysis patients. Through our CathAway program, DaVita achieved the lowest day-90 catheter rates among large dialysis providers in 2010. As a result, the risk of death and hospitalization from infections and blood clots has been reduced. Avoidance of these complications improves patient outcomes and also provides for significant savings in health care dollars. //

DaVita and our physician partners continuously strive to create new innovative programs that raise the standard of kidney care, reduce healthcare costs, and improve access to all patients. DaVita is proud of these programs and the improved clinical outcomes ^{THAT} our patients have achieved -

I finally want to applaud DaVita for expanding its programs to the Lawndale community. Even before the recession, access to affordable primary health care has posed one of the most persistent challenges to our health care system. Today, we find the number of medically disenfranchised individuals has skyrocketed. Even if low-income, minority populations have access to insurance, they are more likely to confront additional barriers to care. Therefore, having an option for ESRD treatment within their own community is essential for improving morbidity and mortality outcomes. /

I respectfully request the Illinois Health Facilities and Services Review Board approve the CON for Lawndale Dialysis, so DaVita can bring these innovative clinical initiatives to the City of Chicago's Lawndale community. //

Kelly Ladd, Regional Operations Director, Skyline Division

Good afternoon. I am Kelly Ladd, Regional Operations Director for DaVita. I have worked throughout Chicago in health care operational roles serving in hospital systems, physician group practices and for the last 6 years with DaVita. I am in support of bringing the much needed dialysis services to the Lawndale community.

I would like to share my personal story about kidney failure. In 1961, my father contracted flu that settled in his kidneys and damaged them. Throughout my childhood I watched as he went through constant testing, waiting for his kidneys to one day fail. In 2004 that day came. He began dialyzing with a DaVita facility in Minneapolis, MN. And like every other ESRD patient, he went through many stages of denial, fear, loss of control and facing multiple lifestyle changes. As an avid businessman, athlete and community volunteer, my dad was faced with giving up much of what made him my dad—this is how many patient's feel when diagnosed with kidney failure.

Some of the challenges that my father, along with all other ESRD patients face, are finding adequate family support, reliable transportation, and working through the complex maze of insurance and Social Security benefits regardless of their financial means. That being said, it is more onerous for patients' without financial means to travel throughout the city than those in more affluent communities. As a result, it is important for these patients to be placed in dialysis facilities close to their homes.

Access to quality patient care close to home is vital to the ESRD patients. I came to DaVita 6 years ago because of the quality care they provided my father. DaVita demonstrates how committed they are in providing excellent care and are often cited as an example of how quality health care can be cost effectively delivered in our country. DaVita continues with this commitment through the merger with Health Care Partners with designs on providing higher quality care, more convenient care, more accessible care, more thoughtful care, and all at a lower cost for all payers in America. The two companies share aspirations to transform health care by working with physicians, payers and pursuing clinical innovations and become the Greatest Healthcare Company the World Has Ever Seen.

Please help to continue this endeavor through supporting our project to build the Lawndale dialysis facility. And as for my father—he was one of the lucky people who received a transplant, and he continues to live a happy, healthy and productive life today.

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**October 23, 2012 Health Facilities & Services Review Board Meeting
Testimony of Andre Ford**

My name is Andre Ford, and I am testifying today in support of the proposal to establish the Lawndale dialysis facility. I would like to thank the Board for this opportunity to express my support for the facility and to share my perspective as a dialysis patient.

- I am 32 years old, and I have been on dialysis for 5 years. I initially started on peritoneal dialysis (or PD) for the first 3 years, but developed peritonitis and had to switch to in-center hemodialysis. I now dialyze at the Beverly facility three days a week.
- In-center hemodialysis is much harder on the system than PD. After every in-center treatment I am fatigued and nauseous and suffer from terrible headaches, which usually last 5 to 6 hours. I describe the experience like being on a roller coaster at Six Flags Great America and I cannot get off. While I was on PD, I was able to work. However, because of the side effects of dialysis, I had to quit my job as a manager of a U.S. Bank branch. I would like to get back on to PD, so I can go back to work.
- The transition to dialysis was very difficult. I call it a great depression. While I had COBRA from my job, which initially covered my dialysis, I was not making enough through my disability payments to afford all of my medications. Also, the transition from COBRA to Medicare was difficult due to a gap in coverage.
- To minimize the physical and financial burdens of dialysis, I would like to get back on PD or receive a transplant.
- I am a candidate for transplant and was on the national transplant waiting list for approximately 14 months. I was initially told it could be 3-4 years before a match

*Andie Ford
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could be found. I am very proactive in the management of my health care, and to me 3-4 years was unacceptable. With the help of the American Kidney Fund, I organized a benefit concert at my church. People who attended the concert where tested right there, and I was able to locate a living kidney donor. I hope the transplant will take place either by the end of this year or early next year.

- I am grateful that I have a strong support network so I do not have difficulty with transportation to and from the Beverly facility, and I am grateful that I have the opportunity for a transplant, but I know that this is not the case for a lot of other people.

I have had a great experience as a DaVita patient, and I support their effort to build another dialysis facility in this community. If having a facility in a more convenient location can minimize the physical, emotional, and financial burdens for even one patient, then it is worth it.

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October 23, 2012 Health Facilities & Services Review Board Meeting
Testimony of Gladys Crutcher

My name is Gladys Crutcher, and I am testifying today in support of DaVita's proposal to establish the new Lawndale dialysis facility. I would like to thank the Board for the opportunity to express my support for the facility and to share my experiences as a dialysis patient.

- I am 60 years old (I just celebrated my birthday yesterday), and I am currently a patient at the Beverly facility, which is only about 7 minutes from my home. I have been on dialysis since July 2011, and I have been told it will be at least 5 years before I will receive a transplant. I had a lot of medical issues leading up to kidney failure.
- It started when I was diagnosed with multiple myeloma. The chemotherapy they gave me destroyed my left kidney, so it had to be removed. When my right kidney started to fail, my doctors tried to convince me to go on dialysis, but I was in denial and thought I could beat it. While it was my decision whether or not to go on dialysis, my doctors carefully monitored my kidney function. When I was in Memphis last summer visiting family I was hospitalized with congestive heart failure. The doctors at the hospital told me I needed to go on dialysis. It was at that time my family finally convinced me to start on dialysis because it was a matter of life and death.
- The prospect of dialysis was very scary. I knew people who had gone on dialysis, in fact, my sister had been on dialysis, but I never asked them about it. I did not know what it entailed, and the fear of the unknown is scary. It changes the way you live your life because:

Crutcher
2/23

- The treatments cause lot of fatigue, so I try not to travel too far from home because I get tired easily.
- You have to watch your diet and know what you are eating.
- Dialysis has to be done to save your life.
- I live 7 minutes from the Beverly dialysis facility, and I feel that is very important for my health. It allows me to balance the management of my disease with my life.
 - First, it allows me to do what I need to do, for example, making sure my grandkids get off to school each morning.
 - Also, because the facility is close to home, I am not rushing to make my treatments. It is very important that I am on time for my treatments, it is what is expected. If the facility were 20 or 30 minutes away, I would always be rushed to make my treatment because you never know what you will encounter with Chicago traffic; you always have to expect the worse.
 - With the facility so close, I know I can always make my dialysis appointments. If one of my friends or family members who is scheduled to take me to dialysis has car problems, I can always take the bus to the facility. If someone cannot take me, I know there will always be someone to pick me up.
 - Additionally, it is easier to find people who are willing to take me to and from my dialysis because the facility is so close to my home. If it were

*Crutcher
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more than 15 minutes away, I think it would be much more difficult to arrange transportation because of traffic issues.

- I have never missed a treatment and do not plan to miss one. I think its due in part to the strong support of my friends and family and because my dialysis facility is so close to my home. I would never want to give that up.

I support DaVita's efforts to build another facility in this community because dialysis is life-saving, and people who need dialysis should be able to get to a facility as quickly as possible.



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**Public Hearing Testimony in Support of Lawndale Dialysis
(a proposed 16 Station Outpatient Dialysis Center at 3934 W. 24th Street)
Little Village Chicago Public Library -- 2311 S Kedzie Ave. Community Meeting Room**

Good Afternoon. My name is Joseph F. West and I am a Senior Epidemiologist at the Sinai Urban Health Institute and the Program Director of the Lawndale Diabetes Project. The Sinai Urban Health Institute (SUHI) was founded in 2000 as a part of the Sinai Health System. Our vision is "To serve as a leading urban health research institute for eliminating health disparities and working towards health equity"; and our mission is "To develop and implement effective approaches that improve the health of urban communities through data-driven research, evaluation, and community engagement." A major component of the Institute's work involves examining the impact of social issues, such as poverty, on health. SUHI is a diverse group of epidemiologists, research assistants, and health educators involved in social epidemiology, program evaluation, teaching and consulting.

The purpose of the Lawndale Diabetes Project to reduce the impact of type 2 diabetes on the health of residents of North and South Lawndale through a replicable multi-level strategy developed and implemented through a collaboration between the community, Mount Sinai Hospital and Blue Cross and Blue Shield of Illinois. In essence this strategy tries to help residents a) understand their diabetes status; b) be aware of the health care service options available to them; c) help them better understand the steps they can take to better manage their diabetes which include changes in diet, physical activity, blood sugar testing, medication adherence and seeing a doctor regularly.

The Community of North Lawndale (NL) is one of 77 officially designated community areas in Chicago. It is a community of approximately 39, 000 and is one of the poorest community areas in Chicago. The Community of South Lawndale (also known as Little Village) is another of Chicago's community areas, which is contiguous to NL. South Lawndale (SL), with a population of approximately 91,000, is about 90% Mexican, but also one of the poorest community areas in Chicago. Both communities are substantially burdened by disproportionate type 2 diabetes rate.

As of May 2012 the Lawndale Diabetes Project has knocked on 1015 doors in North Lawndale and 1225 doors in South Lawndale. Together from both communities we have interviewed 1028 residents. In North Lawndale we have found diabetes prevalence of 23% and in South Lawndale 17%. This is nearly three times and more than two times the national average respectively. Many residents develop the disease earlier (at a younger age) than the national and city average and have higher blood sugar levels for prolonged periods. This increases their risk for complications



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from the disease, as well increases the lifetime treatment period for such complications like kidney disease.

In general, we know the following about diabetes services for the residents of NL and SL:

- Residents from both communities have difficulties finding a convivial medical home.
- Even when they find such a medical home there are notable difficulties in navigating the health system successfully.
- Similarly, transportation is not awful; there is an “el” stop in NL and some bus routes (although they are being cut back even further during this period of economic contraction) and yet patients are constantly telling providers that they cannot get to their appointments.
- Literacy in general, and health literacy in particular, is low
- Many Residents have difficulty accessing healthy foods and making the kinds of behavioral changes needed to prevent diabetes associated kidney disease, as well as other comorbidities.

We know that uncontrolled diabetes can lead to many complications, one of which is kidney failure.

North Lawndale and South Lawndale clearly are marginalized communities suffering substantially from the effects of diabetes and thus greatly in need of effective programs and services that will change the tide.

Lawndale Dialysis services would be an important step in better serving persons with kidney disease in these communities.