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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

IN RE: DAVITA, INC., AND COWELL DIALYSIS, INC.
PROJECT 12-085, LAWNDALE DIALYSIS, CHICAGO

REPORT OF PROCEEDINGS

OCTOBER 23, 2012

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STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

In Re: DaVita, Inc., and Cowell Dialysis, Inc.
Project 12-085, Lawndale Dialysis, Chicago

Tuesday, October 23, 2012

STENOGRAPHIC REPORT OF PROCEEDINGS had in the above-entitled matter at Chicago Public Library, Little Village Branch, 2311 South Kedzie Avenue, Chicago, Illinois, commencing at 12:50 o'clock p.m.

PRESENT:

MS. COURTNEY AVERY, Hearing Officer
DR. JAMES BURDEN, Board Member

Reported By: Karen Fatigato, CSR
License No.: 084-004072

HEARING OFFICER AVERY: Good afternoon, I am Courtney Avery, the Administrator and Hearing Officer for the Illinois Health Facilities and Services Review Board. Also present with me today is Board Member Dr. Jim Burden and our court reporter, Karen.

As per the rules of the Illinois Health Facilities and Services Review Board I would like to read the previously published legal notice into the record.

In accordance with the requirements of the Illinois Health Facilities Planning Act, notice is given to -- of receipt to establish an end stage renal dialysis facility in Chicago, Project number 12-085, Lawndale Dialysis Chicago. The applicants are DaVita, Incorporated, and Cowell Dialysis, LLC. The applicants propose to establish a 16-station ESRD facility in 6,781 gross square footage of space located at 3934 West 24th Street. The approximate project cost is $3,145,940.

A public hearing will take place pursuant to Part 1130.910 and is scheduled for 12:30 p.m. October 23rd, 2012 located at the

Chicago Public Library Little Village Branch, 2311 South Kedzie, Chicago, Illinois, 60623.

Consideration by the State Board has been tentatively scheduled for December the 10th, 2012.

And this is the end of the legal notice.

Please note that in order to ensure that the Illinois Health Facilities and Service Review Board's public hearings protect the privacy and maintain the confidentiality of an individual's health information, covered entities as defined by the Health Insurance Portability Act of 1996, such as facilities, hospital providers, health plans and health care clearinghouses, submitting oral or written testimony that discloses protected health information of individuals shall have a valid written authorization from that individual. The authorization shall allow the covered entity to share the individual's protected health information at this hearing.

If you have not already done so please see me and sign in using the appropriate

registration forms. There are two speaker registration forms. The green form is for the individuals or organization in support of the proposed project. The blue form is for individuals or organizations in opposition of the project. The yellow form is for individuals wanting to register attendance in support or oppose without providing oral or written testimony. And I ask that those of you who came with prepared text may choose to submit the written text without giving an oral presentation. The testimony will be entered into the official record.

I think due to the number of people, we have about 15 people that are signed in, I ask that you limit your comments to three minutes. I will call participants in accordance to the distributed preprinted cards. Prior to beginning your remarks please state and clearly spell your first and last name for Karen. After you have concluded your remarks if you have copies you can present them to me. Thanks.

Any questions so far about the registration or does anyone need to complete a

form?

We'll begin with the applicants. Put the numbers and your testimony on that table for me when you're done.

MS. DAVIS: Good afternoon, my name is Penny Davis, and I'm the Division Vice President of the Chicago Division of DaVita. I'd first like to thank everyone for attending the hearing today, specifically Board Member Burden and Courtney Avery. Dr. Burden, we really appreciate your thoughtful participation in the dialogue around the care of patients with renal failure at Board hearings over the years, and your attendance at this meeting today is invaluable to us.

We also have a number of representatives from community organizations here today, including Alderman Munoz, En-la-say and the Sinai Urban Institute for Health, and I'd like to thank them.

The fact that we're here today is a true demonstration of our commitment to this project. We worked very hard over several months with Mt. Sinai Hospital to come to terms

on a partnership that will meet our mutual goals in serving this community. We're proud to have Sinai as our partner in this venture and we 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, childcare while they receive treatment three times per week or go without. Without convenient and easily accessible care, they make choices that in the end increase the health care cost of the entire system, driving patients to the emergency room because they've missed treatments.

DaVita has been serving the Lawndale community at our 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. Oddly enough, and it's 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 industry over the last few decades has transformed substantially as most hospitals have closed their outpatient dialysis service and transferred the 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 their core service lines. Mt. Sinai's dialysis program is a symbol of its commitment to its community as a safety net provider and we're proud to move forward with them.

One reason we believe 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're primarily Hispanic and African American. This is reflected in the demographics of our units. Between our Little Village unit and the Sinai units in 2011, 98 percent of the 250 patients were from a minority group. Sixty percent were Hispanic and 38 percent were African American.

Both of our current locations, which are about two miles from the proposed site, are full. In fact, our Little Village facility which opened in 2005 and was expanded four years ago continues to run at a hundred percent capacity. 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're able to return to their neighborhood for services. We believe that 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 only been one 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 reporting period than there were at the beginning of that reporting period. The demand is there. There is currently a need for 82 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 end stage renal disease. Some of these increases relate to earlier intervention and better mortality outcomes.

It's clearly not all good news though, DaVita as an organization is committed to getting at the front end of disease management. 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 and more thoughtful care at a lower cost for all payers in America. Experts in the government and private sector all across the U.S. believe that the 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. They're currently providing primary and specialty care to over 650,000 patients. The two companies, DaVita and Health Care Partners, share aspirations to transform health care by working with physicians, payers and pursuing clinical innovations and becoming as our mission the greatest health care company the world has ever seen.

Before I close I just wanted to touch on our commitment to patients. As reflected in the latest proposal and based on our partnership with Mt. Sinai, we've made a commitment to ensure access to dialysis services at the Lawndale facility regardless of ability to pay. We do this at all of 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 its other programs.

In closing I'd like to thank you for listening to the testimony.

HEARING OFFICER AVERY: Thank you.

Number two.

MR. HOLLANDSWORTH: My name is Don Hollandsworth, H-O double L-A-N-D-S-W-O-R-T-H. My three minutes will be a little shorter than her three minutes.

Good afternoon, my name is Don Hollandsworth, I have been a practicing nephrologist for many years in the Chicagoland area. We have basically two sources or places that we practice, one on the far south side, with my associate of 25 years, Dr. Cook. And we have an inner city practice. Our inner city practice is basically out of the Cook County Health Care System. We have our offices basically at Provident Hospital. And you're probably asking what is somebody from an affluent 51st and King Drive doing here. Well, thank you to President Obama, to the south and McCormick Place to the right and the

reconversion of all those multifamily mansions to single family the neighborhood has changed dramatically, but the patients that I service are at a diversity of zip codes because they all have some very common things. Number one, they're usually uneducated, underinsured and they have difficulty navigating through getting health care service in our economically deprived health care system in Cook County and in the State.

These patients come to us and over the last I would say ten years we've noticed a tremendous difference in the demographics of the patients. Initially they were basically all African Americans mostly with diabetes and hypertension. I have a lovely group of patients over the years, but now we're up to about 40 to 50 percent of Hispanics, and many of them actually live in this area. So when I see these patients and they're nearing dialysis it's a challenge trying to find them a dialysis facility that's close to where they live.

Currently we have lots of the patients are now dialyzing not convenient to them at our

dialysis unit at 43rd and Emerald. And all the list of attributes that I told you about the patients undereducation, the patients that are very poor, we have the best statistics. We have the best outcomes of any of the facilities in the region, and that's thanks to DaVita's commitment and the dedication of all their staff, their dieticians. We have great chemistries and great outcomes. So given all the liabilities that these patients come with, when we get them in our dialysis -- DaVita dialysis unit we really do a good job.

So my summary is coming to close, thank you. And the only difference between our suburban clinic and our inner city clinic is, one, our suburban clinic is smaller. And number two, our outcomes and statistics are better in our inner city one. The exception is that we have a very expanding, rapidly growing home program out in the suburbs and we're struggling. We have -- everybody that's compatible to get a renal transplant eventually gets on the list no matter where they go. They're a little bit tardy getting on in the inner city and they

frequently don't have any healthy relatives or they're missing relatives so the living related incidence is lower so they're on the list longer.

And so in summary just take one concept, I know I'm two-and-a-half minutes, okay, is the concept of time, it's a very interesting constraint. If you're in a rural neighborhood or rural area if you have somebody, how far is it to get to the nearest Walmart, they'll tell you six miles down turn, left at the blinking lot and it's there on your right. If you ask anybody in this area, Lawndale, how far is it to get to the closest Walgreens, and they'll say what day and what time because if you go at 10 o'clock on a Monday morning you can get there probably in about 18 minutes if you drive. If you try to go to the grocery store on a Saturday at 10 o'clock it might be 40 minutes and the grocery store is only two miles away. So you have to look at the time commitment, the 30-minute rule, somewhat with a jaded eye.

So in summary thank you very much. I very much support this Mt. Sinai DaVita

facility, and I know my patients will benefit from it. Thank you.

HEARING OFFICER AVERY: Thank you.

Number three.

MR. NELSON: Keith Nelson, K-e-i-t-h N-e-l-s-o-n.

Good afternoon, I'm Keith Nelson, Director of Laboratory Operations at Saint Anthony Hospital, and I'm here to oppose this certificate of need application.

Earlier this year Mt. Sinai opposed the DaVita CON application citing how this for-profit entity would negatively impact the community, primarily 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 better options available that would provide the continuity of care that is so critical for the ESRD and pre-ESRD patients.

Saint Anthony Hospital, a faith-based, nonprofit community teaching hospital has served the residents of this community since 1897. We continuously provide community outreach to better this community. We believe in providing a complete continuum of care to our patients. The prevalence of high-risk medical conditions in the dialysis patient requires a need to address all the needs of that dialysis patient. We feel another freestanding 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.

HEARING OFFICER AVERY: Thank you.

Number four.

MR. ZAVALA: My name is Juan Zavala, Z as in zebra A-V-A-L-A. I would like to do my testimony by writing if it's possible.

HEARING OFFICER AVERY: Yes. Do you

have it with you today?

MR. ZAVALA: Yes.

HEARING OFFICER AVERY: Do you want to submit it now?

MR. ZAVALA: Yes.

HEARING OFFICER AVERY: Number five. Good afternoon.

DR. ANEZIOKORO: Good afternoon all, I am Dr. Aneziokoro, last name A-N-E-Z-I-O-K-O-R-O. And I've been a nephrologist in this community for the past six years. I've served the Lawndale community for six years and I finished my fellowship at the University of Chicago. You know, after I was done I decided to start the practice on my own and every since then it's grown to a pretty substantial practice, and I've served this community for that long. And I will be the medical director of the proposed dialysis facility.

I'm here today to support the CON application and for various reasons. It is very dear to my heart not from a business standpoint or any standpoint but just patient care. We

take an oath as physicians, and an oath is specifically to a patient. So whatever the bottom line is we have to think about the community and what is being served. We know that Lawndale community is predominantly a low income Hispanic and African American community. It's located on the west side of Chicago as we are here, and it's very relevant to this application for various reasons. We know that Hispanics and African Americans have a high incidence of diabetes and hypertension. And diabetes and hypertension are the two common causes of end stage renal disease in this population. These are patients who eventually need dialysis.

Just the data from the Office of Minority Health shows that 1.6 times high incidence of end stage renal disease occur in Hispanics and 2.5 times high incidence occur in African Americans. And we know that there's a diabetes epidemic in this community.

Just more statistics. Lawndale has one of the highest rates of diabetes in Chicago, and it's twice the national average. The reason

this is, it's predominantly social culture, the lack of access to quality health care and the genetic makeup of these individuals. So establishing a dialysis facility along with the various educational and outreach programs that DaVita will bring to this community will make a significant difference in the lives of these patients.

Dr. Hollandsworth has talked about transportation, and one of the biggest issues is transportation. He said in the rural communities five minutes is five minutes, five miles is five miles. In Chicago two miles could be 45 minutes. You bring in the weather in this community, especially in dialysis patients. During the winter months if you look at the statistics the number of patients who pass away because they missed dialysis is so much high in the winter months because they can't get two miles away to the dialysis facilities. And we kind of take it for granted and say, oh, somewhere it's five miles away, but it could be one hour to get to dialysis and these patients will potentially miss dialysis because of that.

For me I've been in this community like I said. Right now I have 150 predialysis patients who in the next 12 to 18 months will probably need dialysis very soon. Little Village, Mt. Sinai serves this community, the dialysis units. And we just had a meeting today, Little Village has been running at a hundred percent capacity. We have a waiting list. A lot of these patients end up about five, seven miles away because they cannot get dialysis at Little Village. And hopefully when somebody either moves to a different location or whatever happens to them, either their demise, we eventually get people there. So there's a long waiting list so definitely a dialysis facility is needed.

I'm currently the medical director at Little Village and I go to six other facilities in the city from the north side, Skokie, and this community. And it is -- it's really sad when I see patients who live in this community who don't have the means. They're dealing with life changing issues and we tend to take it for granted, but these people don't have the lives

that a lot of us have. And you tell them, oh, well, you have to go seven miles to get dialysis. It's hard enough for them. So if we can bring -- if we can bring something to this community, you know, I think it is imperative that we do that. If we have the par to do that we should for these patients.

I've mentioned -- I mentioned about the lack of trust that patients have for the health care physicians now. Times have changed and the past physicians, you know, shining lights more or less Gods. Right now patients don't trust as much. And when you give them your word and you can come through in patients of this population it is really sad.

I had presented a scenario and I always bring it back. A patient of mine, Jose, 70-year-old double amputee who had refused dialysis completely and eventually convinced him to get on dialysis telling him that, oh, his breathing will get better, he'll eat better, his life will get better. It took his family and cousins and my intervention to get him to go on dialysis. And the one thing I promised him was

once he got on dialysis we'll find a facility close to your area. And eventually getting dialysis, feels better, they think, oh, this guy is a miracle worker, whatever, and it's just dialysis. In the long run I tell him, okay, I'll see you eventually when you leave the hospital dialysis unit. And he tells me, hey, Doc, I remember this vividly, so when are you going to see me in this dialysis facility. And I come back and tell him unfortunately I don't go to this facility and we can't place you in a facility so close to you. And it was like I was someone he looked up as and I feel I betrayed him. And because of these things I can give you scenarios left and right. Since I had that meeting six months ago I lost about six of my patients to different facilities which are much further than where they live. I think continuity of care is imperative. You've been seeing a patient for five, six years and, you know, you tell them, oh, I can't follow you again, you have to see another nephrologist. I think that's why patients lose trust in the medical profession.

You know, telling you that I really, really think that we need to establish a Lawndale dialysis facility just to take care of the patients. I can run around Chicago, I don't mind working from 6 a.m. to 10 p.m., but it is not me, it is the patients, and this is what we're here for.

Finally, I have referred my dialysis patients to DaVita facilities for six years, and we all know DaVita is a company that has the expertise in dialysis services. They try to achieve excellence in the industry and the outcomes we know are much better with these facilities that are used to doing dialysis. The program is extremely beneficial I must tell you. And I could go on and go on and go on, but the bottom line is I really, really think just because of the quality and the need in this facility that this project is something that needs to be done.

HEARING OFFICER AVERY: Thank you.

MR. ROSEMAN: Melvin Roseman, R-O-S-E-M-A-N, first name Melvin.

Good afternoon, my name is Mel Roseman,

I've been a practicing nephrologist also in the Chicago area for over 30 years, and I'm also here in support of DaVita's application for a new dialysis facility in the Lawndale community.

Just as some background, Dr. Hollandsworth, who spoke earlier, and I have been associates early on back in 1995. We were the people that actually brought DaVita to Chicago, so we were at that time 10 percent of the company. And when we were looking to sell our units we saw DaVita -- it wasn't DaVita at that time, it was actually Total Renal Care, but we saw them as the people that we wanted to work with to bring dialysis together in the Chicago area.

And I also want to let you know that at any given time up to 10 percent of our population are undocumented persons. And basically what that means is that we receive no compensation, no reimbursement whatsoever. So we take care of a fair number of patients that do not have any resources, financial resources.

In over 30 years of my practice I've seen a number of cases of end stage renal

disease sky rocket from approximately 60,000 cases in 1980, and I actually started practice in '78, I'm getting old, up to approximately 600,000 cases in 2010. This increase was due in large part to the obesity epidemic that occurred in our country. One of the results of the higher obesity rates is the increasing prevalence of diabetes and hypertension, two of the leading causes of chronic kidney disease and end stage renal disease.

Diabetes accounts for approximately 44 percent of all new cases of kidney failure. And hypertension has added about 25,000 new cases of kidney failure patients annually. As the number of individuals with diabetes and hypertension continue to rise, the incidence and prevalence of kidney failure will increase for the foreseeable future. While this may be a public health crisis there is one bright spot, the rising rates of individuals receiving renal replacement therapies are partially attributed to improved intervention and treatment of the pre-ESRD patients.

Direct patient contact is imperative to

good clinical care and improve patient outcomes. The kidney disease intervention work that I and my colleagues do help our patients better understand their diseases and take charge of their health care and it makes us feel like we are making a difference to the community. If the patients are better educated about their condition, for example, about what is happening to their bodies as their kidneys begin to fail and how to slow the progression of kidney disease, how to go get a fistula placed while in advance of dialysis so that it may mature prior to dialysis initiation and what to expect from dialysis once they reach the point of kidney failure, we feel we can improve mortality and morbidity rates of the end stage kidney disease patients.

In the years as a nephrologist I've seen a vast improvement in the quality of renal care provided to my 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 program, our IMPACT program, CathAway program, all of which are aimed at improving patient education and outcomes. The Kidney Smart classes and the accompanying website educate individuals on kidney disease, how to better manage their health and how to slow the progression of kidney disease as well as other available treatment options.

When patients are better educated they make more informed decisions and have better outcomes. Some of the other speakers already have and will touch on other DaVita programs that significantly improve the patient experience. The patient comes out the winner when he or she is treated by a company that is striving to become, quote, the best health care company the world has ever known, end quote. Kent Thiry, our CEO, was recently at the top of the list of the most influential people in the health care survey, and that's based on his unrelenting drive toward excellence and care integration.

While DaVita's programs have been quite successful in reducing mortality rates and

improving patient outcomes, they are not a substitute for us as nephrologists spending time with dialysis patients. While mortality has slowly, steadily improved, none of us are happy with the current high rate of mortality. 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 intermediate 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. I am from the north side, I'm not from this area, but I have to tell you that I do see my patients four to eight times a month, whereas many of the other physicians that

have to travel around the city get to see their patients only once. There have been some recent articles published in the medical journals also that have shown that the more times the nephrologist is able to visit his patients in the facility the outcomes do improve.

We work with these patients for years during the early stages of end stage renal disease. They have entrusted us with the management of their health care and when we tell them we will not be able to oversee their dialysis it makes their transition to dialysis much more difficult because they may feel that we have abandoned them. If patients were placed on a limited number of facilities where physicians have privileges within a much smaller geographic area it would limit the time spent traveling between facilities and it would allow us as physicians to not only round on each of our patients but to spend more time with them to ensure that we are able to educate and address any of the issues of their dialysis or disease management. And in short we should be there for our patients. Thank you for your time and we'd

like you to please approve this Lawndale proposal.

HEARING OFFICER AVERY: Thank you.

Jim. I'm going to skip the numbers to bring in another opposition.

MR. SIFUENTES: Jim Sifuentes, S-I-F-U-E-N-T-E-S.

Good afternoon, my name is Jim Sifuentes, I'm the Vice President for Community Development at Saint Anthony Hospital, and I am here to oppose the CON for the Lawndale Dialysis Center for several reasons.

I've worked in the community here, Pilsen, for over 25 years, and I know the community very well, and when people come in as a for-profit, a for-profit is in the business to make money. Any company that's a for-profit they're here to make money. It's interesting that Sinai opposed this and now they're for it. An example of that -- and there's nothing wrong with a for-profit, they do their business, but their interest is to make money.

Last year in 2011 DaVita's net revenue was a little over -- not a little over,

$219 million. Their charity care was $830,000, less than 1 percent. Do the comparison. Saint Anthony Hospital, net revenue $83 million, our community benefit $7 million. When people come in and they say we care for the community, we care for the needs, we understand, you can tell a story for $830,000, that's chump change because there's so many undocumented here, and you're going to tell me as a for-profit you're going to take money to care for those people all the way through the continuum of care? I question that, and I question it strongly.

I don't doubt all the needs that the doctors here who I admire have faced. I know them well as a diabetic. But I can't sit here and pretend like a for-profit is going to take care of those and not turn anybody away. The numbers don't lie $830,000, 219 million you made. I oppose this.

HEARING OFFICER AVERY: Thank you.

Number seven.

ALDERMAN MUNOZ: RICARDO, R-I-C-A-R-D-O, Munoz, M-U-N-O-Z.

I'm Ricardo Munoz, the Alderman

representing Chicago's 22nd ward. My ward includes the Lawndale Dialysis proposed site and the surrounding community. I am here again -- 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 and my community.

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 where I grew up in and two blocks from the grammar school that I graduated from in 1979. My ward has one of the higher concentrations of Hispanics in the city of Chicago, and as a Mexican American myself I represent my community's interest with a passion. That is why I'm here today in support of this proposal. My community faces many impediments to access to health care, including cultural disparities and a lack of understanding of the health care system and financial issues. Health education and wellness is hampered by lack of education and lack of 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 into 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 patient's lives both locally and nationally through service innovations and community investment. DaVita has demonstrated its commitment to the City of Chicago in many ways. It has accounted for approximately millions in charitable donations nationally and has submitted 1.5 million for their employees or teammates as they call them to put towards 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 within the company. I have been an active participate in improving conditions for the working class neighbors in my community.

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 will understand the necessity to have these services well-dispersed. At least until no need for inventory for stations in the City of Chicago, this Board should encourage dialysis providers to build in communities like mine.

Accordingly, I respectfully ask that the Board approve this project thank you for your time. And don't forget to spend some money in the neighborhood.

HEARING OFFICER AVERY: Thank you.

Number eight.

MR. FRANKEL: David Frankel, F-R-A-N-K-E-L.

Good afternoon, my name is David Frankel, and I serve as Vice President of Planning and Marketing and Communications for Sinai Health System, the not-for-profit parent organization of Mt. 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 to establish a new 16-station dialysis center in South Lawndale. Mt. Sinai Hospital, which is currently licensed for 16 dialysis stations on our campus, will be a 22 percent joint venture partner in the proposed new dialysis center.

Mt. Sinai'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 west 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.

As Sinai's leadership have worked with the DaVita team during the past eight months, we have been impressed with their expertise, clear dedication to the highest quality dialysis care and also with their commitment to serve end stage kidney disease patients regardless of their insurance coverage or ability to pay for services. Sinai has chosen to partner with DaVita on this project so that we have the ability to cost effectively expand patient access to meet the growing demand for outpatient dialysis services in this community. Our participation in this center will offer patients ready access to Sinai's high quality medical and community-based social services.

On behalf of Mt. Sinai Hospital and

Sinai Health System I respectfully request that members of the State Board each vote yes to approve the Lawndale Dialysis project. Thank you.

HEARING OFFICER AVERY: Thank you.

Number nine.

MS. TEGNI: Julie Tegni, T-E-G-N-I.

Hi, good afternoon, my name is Julie Tegni, I'm a social worker for DaVita. I'm the divisional lead social worker for the Chicagoland area. And I also lead a group of social workers in the Midwestern states. I work directly with patients in Chicago, and I'm here in support of DaVita's Lawndale Dialysis CON application.

I'd like to provide some perspective from the group of clinic personnel that really 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'm here today because I believe opening a dialysis center in Lawndale

will help remove some challenges for my patients, and frankly it will make my job a little bit easier.

Every patient on dialysis in the U.S. is assessed by and receives ongoing care from a social worker. We work with patients and 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, their employers and their communities. Kidney disease and the dialysis regimen create emotional -- I'm sorry, financial, career and lifestyle difficulties. Through the ongoing nature of dialysis and the frequency and length of dialysis treatment, patients often struggle to maintain their employment and independence. Typically including transportation time a patient dedicates 15 to 20 hours a week on dialysis treatment. It's so important that dialysis centers are located close to home so that a dialysis center can offer flexibility in treatment times and patients can have options of treatment times. That makes it much more easier

for a patient to schedule their life around dialysis.

There has recently been a steady increase in incidence of ESRD. According to government data the number of patients receiving dialysis in the City of Chicago has increased 8 percent from 2010 to 2011. This increase is due to a combination of factors. First of all, our population is getting older and older. Also, we have increased incidence of diabetes and hypertension. We also have better early detection among primary care physicians and nephrologists. And we have better collaboration between physicians and nephrologists to ensure earlier intervention.

In addition to the increasing numbers of ESRD patients, the attrition rate for patients on dialysis are decreasing due to improved treatment. Improved treatment is very important to DaVita, and 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, dieticians and other professionals on the team. Since its piloting the IMPACT program has been shown to reduce both import patient -- I'm sorry, both patient mortality and morbidity. We're proud of the success of the IMPACT program and the ESRD treatment improvements as this means our patients are living longer, healthier lives on dialysis. However, from a service delivery perspective and planning perspective more patients on dialysis means more difficult to accommodate new patients in our existing facilities and provide that flexibility that I mentioned earlier.

Having more capacity and opening needed clinics ensures that treatment shifts are available to meet the growing patient volumes. Unlike hospitals dialysis facilities are optimally small and well-dispersed throughout communities. An overcrowded facility means each patient much show up at their prescribed time each 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's often difficult for our patients to maintain employment and independence. Dialysis is scheduled three days a week and lasts about three to five hours per treatment. Due to transportation, occupational, socioeconomic, child care and other issues, there's a high demand for the morning first and second shifts on dialysis. Given the limited number of stations available and Little Village running at a hundred percent capacity we're unable to accommodate every patient's needs or request. As a result many young or otherwise healthy patients are forced to decide not to go on dialysis, to go to a further center, to limit their work schedule or quit their job altogether in order to manage their dialysis care and that only complicates their lives. Adequate capacity in communities that need more support will increase the availability of high-demand treatment times and many patients can 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 ADA paratransit program for people with disabilities, public transportation, family or friends to transport them to and from their dialysis treatment. As a result they must schedule their dialysis when transportation is available often between 9 to 5 on weekdays. This really limits scheduling options. Patients who have problems getting their dialysis because of transportation miss dialysis and this has severe clinical and medical consequences and contributes to hospitalizations and other health care costs.

Before I conclude I just want to -- I would like to say something about undocumented patients. I'm also the lead for the admissions process in the skyline area, and I see all the admissions that come through. We do not deny patients based on being uninsured, undocumented, unable to pay. And I take this very personally and to heart because I'm a social worker and I lead the group. We are working with patients to

find insurance. Often patients that are undocumented have restrictive access to medications they need, and frankly they fall through the cracks. So I take this very personally. We are a for-profit, there's no getting around that, that's obvious and clear, but we care for our patients and social workers are working hard to make sure that they have access that they need. And no patient is denied because they don't have insurance.

So 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 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'm stating the obvious but new dialysis

centers are necessary for the health, well-being 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 the project that will ultimately help our patients attend more of their dialysis treatments, be healthier and have an improved quality of life. So thank you very much for your time.

HEARING OFFICER AVERY: Thank you.

Number ten.

MS. DAHLGREN: Rachel Dahlgren, D-A-H-L-G-R-E-N.

Good afternoon, I'm Rachel Dahlgren, I'm a social worker at Little Village Dialysis, and I'm here today to support DaVita's proposal to establish a facility in the Lawndale community.

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 issues from managing feelings of depression regarding

chronic illness to adjusting to life's changes. However, the majority of my time is actually spent on very practical issues, 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 image of themselves as someone who is sick and that has to go to dialysis treatments three times a week. This can be really anxiety provoking with so many new

terms, routines and people involved in their life. There is often a great sense of loss and there's always a huge lifestyle change. While people are encouraged to be grateful for the option of dialysis, dialysis is difficult and can be depressing for so many people to start on this treatment.

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 an assistance through the complex maze of Social Security benefits and through the insurance.

Another big challenge to this work is assisting patients to obtain reliable transportation to and from treatments 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 treatments 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 their dialysis treatments, but

we're constantly having to manage transportation issues with the transportation companies. The most optimal situation is when our patients don't have awake extremely early in the morning to get to their treatments or spend a lot of time getting to and from their dialysis treatment.

Given all the difficulties that dialysis patients face outside 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 I ask that you approve this project.

HEARING OFFICER AVERY: Thank you.

Number 11.

MS. IPAPO: My name if Maria Franchette Ipapo, it's M-A F-R-A-N-C-H-E-T-T-E, last name I-P-A-P-O.

Good afternoon, my name is Ma. Franchette Ipapo, I'm the Administrator of

Little Village dialysis. I have been with DaVita for five years and in my current position for a year know. My facility, Little Village, is located approximately two 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 health and awareness through community-based education for pre-ESRD patients, that is, patients who still maintain 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 ultimately starts early and the patients are

better aware of the disease, its comorbidities 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 comorbidities, 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.

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 from catheters to fistulas. Fistulas are regarded as a 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 continually 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 program 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.

And as a facility administrator, business-wise or not, with insurance or not, I do accept patients and I feel bad if I do not have a space as I am from Little Village with my facility having a hundred percent all the time. When we have patients visit and tell them, oh my goodness, you guys are just -- it's less than a mile away from my facility compared to the other ones I am at, can I come by and transfer, I would gladly want to say yes, but I do not have a spot for you. We do have a waiting list, and I feel bad turning them down temporarily. And the only way for me to get them is either when someone gets transplant, which we celebrate when they do, and that's when we have space. Other

than that we are just limited with what we have.

So I respectfully request that the Illinois Health Facilities and Service Review Board approve the CON for Lawndale Dialysis so DaVita can bring these and other clinical initiatives to the City of Chicago's Lawndale community. Thank you.

HEARING OFFICER AVERY: Thank you.

Number 12.

MS. LADD: Kelly, K-E-L-L-Y, Ladd, L-A-D-D.

Good afternoon, my name is Kelly Ladd, and I'm the Regional Operations Director for DaVita. During the last 30 years I've worked throughout Chicago in health care operations in serving in roles in hospital systems both in affluent communities as well as underserved neighborhoods. I've worked with physician groups and for the last six years with DaVita. I am in support of bringing this much needed dialysis services to the Lawndale community. And although there are some who would believe that DaVita only thinks about profits, I would beg to differ and I'm going to do that through a

personal experience.

In 1961 my father contracted the flu that settled in his kidneys and damaged them. So throughout my childhood I watched as he went through constant testing waiting for his kidneys to fail one day. In 2004 that day came. He began dialyzing in a DaVita facility in Minneapolis, Minnesota, so I experienced firsthand the kind of quality care that DaVita gives to its patients. 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 forced with giving up much of what made him my dad. This is how many patients feel when diagnosed with kidney failure, regardless of their socioeconomic status.

Some of the challenges that my father was faced with along with any other ESRD patient is finding adequate family support, who was going to help me with this, finding reliable and accessible transportation because it's a constant everyday situation that you deal with

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 ESRD patients. I came to DaVita six years ago because of the quality care they provided my father. DaVita is the best at what they do. I have had lots of health care experience and I have never ever seen an organization that does what they need to do as well as DaVita does. We are the best. Not only are they committed to providing excellent care, they're often cited as an example of how quality health care can be cost effectively delivered not only in our community but in our country. DaVita continues with this commitment through the merger with Health Care Partners which 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 becoming the greatest health care company the world has ever seen.

Now, although DaVita makes a lot of profits, it also reinvests those profits into our communities and our health care system. DaVita consistently raises awareness to the community needs and makes cash contributions to organizations aimed at improving access to kidney care. In 2010 DaVita donated more than $2 million in kidney disease awareness organizations, such as, The Kidney Trust, The National Kidney Foundation or the American Kidney Fund, along with several other organizations. Our own employees or members of the DaVita village assisted in these initiatives by raising more than $4.1 million through Tour DaVita and the DaVita Kidney Awareness Run and Walk. Furthermore, DaVita committed $1.5 million in 2011 to teammates to match community

service projects that we all took part in.

Please help to continue this endeavor through supporting our projects to build a Lawndale Dialysis facility. And as for my father, he was one of the lucky people because he was able to be healthy enough to receive a transplant and he continues to live a happy, healthy and productive life today.

HEARING OFFICER AVERY: Thank you.

Number 13.

MR. VAN LEER: Good afternoon, my name is Joseph Van Leer, and I'm counsel for the applicant. Unfortunately, we had two patients that have already gone on the record in support of this project but they were unable to attend today so I'm just going to read a brief summary of some of their experiences for you today.

One of these patients was also another patient of Little Village. He's a 29-year-old Hispanic American who has been on dialysis for about 14 months. He actually thought he was perfectly healthy because he was young, he's in his mid 20s and he was, you know, in all honesty focused on providing care for his daughter and

his wife, not himself. And then one day -- he never went to the doctor and then one day he started vomiting. When he finally went to the doctor he learned that had kidneys had stopped working.

Early on in his care he was forced to drive approximately 45 minutes each way for his treatments. This was really tough on him because he had to drive 30 minutes the opposite way to go to work and he was working the nightshift. So he would spend two-and-a-half hours a day driving when he was on dialysis and then on those days he got very little sleep. On days when he would dialyze he would wake up for a few hours for treatments, then fall asleep after he's hooked up to dialyze. Now that he's receiving treatments much closer to home at the Little Village clinic he's much, much happier and he's able to spend much more time with his family and he gets much more sleep.

This is just a truly perfect example of why dialysis patients need a facility close to their home and how significant of an impact it really has on their daily lives.

We have another patient that is also at the Little Village facility, he's older, he's in his 50s, and he's lived in this community for his whole life. He's been on dialysis for three years and it's been hard on him just as it is on many patients. I spoke with this man for a while actually about his diet and how strictly he follows it, and it's really actually as someone who has never really thought about being on dialysis it's really interesting to hear because he can drink so little amount of fluids every day and when I think about what that would have on my -- impact on my life I really understand how much of an impact it has on his.

Because of the retinal condition he can't drive himself to and from treatments. He has a family to support him thankfully, but he rises every morning around 3 a.m. on treatment days and his sister rises shortly after him to drive him to and from treatments and then his niece is able to pick him up. This is not as burdensome on his family because he's so close to home, but he definitely acknowledges that this would be a lot harder if he didn't have a

facility so close to home to dialyze. So as expected he's very much in support of another facility in this community because he understands the impact that this has on patient's everyday lives and he would like that the Board approve this project. Thank you.

HEARING OFFICER AVERY: Thank you.

14.

MS. CRUTCHER: Gladys Crutcher, Gladys, G-L-A-D-Y-S, Crutcher, C-R-U-T-C-H-E-R.

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

I just celebrated by birthday yesterday, which I made 60 years old, and I am currently a patient at the Beverly facility which is only about seven minutes from my home. I have been on dialysis July 2011, and I have been told it would be at least five years before I would receive a transplant.

I have a lot of medical issues leading up to kidney failure. I started when I was diagnosed with multiple myeloma. The chemotherapy they gave me destroyed my kidney as well as being a diabetic. So it had to be -- my left kidney 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, I thought I could beat it. While I was -- I'm sorry. While it was my decision whether or not to go on dialysis my doctor carefully monitored my kidney function.

When I was in Memphis last year on a vacation with my 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 that my family finally convinced me to start on dialysis because it was a matter of life or death. Of course, I chose life.

The prospects 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 about it, I didn't know what it

entailed. And the fear of the unknown is scary. It changed the way you live your life because the treatments cause a lot of fatigue so I tried not to travel so far from home because I tire easily. You have to watch your diet and know what you're eating. Dialysis has to be done to save your life.

I live seven minutes from Beverly dialysis facility and I feel that it is very important for my health. It allows me to balance and management of my disease with my life. First, it allowed me to do what I needed to do, for example, making sure that my grandchildren are off to school every morning and also because the facility is so close to home I'm not rushing to make my treatment. It is very important that I am on time for my treatment. It is what is expected. And the facility -- if the facility were 20 or 30 minutes away I would always be rushing to make my treatment because you never know -- you never know what you will encounter with Chicago traffic. You always have to expect the worst.

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 easy to find people who are willing to take me to and from dialysis because the facility is so close to my home. If it were -- -- if it were more than 15 minutes away I think I would be much more -- I think it would be much more difficult to arrange transportation because of the traffic issues.

I have never missed a treatment or do not plan to miss one. I think it is due -- I think due in parts of the strong support of my family and friends and because my dialysis facility is so close to my home I know I won't never give that up.

I support DaVita's efforts to build another facility in this community because dialysis is lifesaving and people who needs dialysis should be able to get to this facility as quickly as possible. Thank you.

HEARING OFFICER AVERY: Thank you.

15.

MR. FORD: My name is Ford, first name Andre, Ford like the car, F-O-R-D.

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

I am 32 years old and I have been on dialysis for five years. I initially started on peritoneal dialysis at the University of Chicago for the first three years of being a patient but developed peritonitis and had to switch to in-center hemodialysis and now dialyzed at Beverly facility three times a week.

Before I went to DaVita I was at the University of Chicago as a hemodialysis patient. I want to go and say that since being on dialysis before being on peritoneal dialysis I had the opportunity of working as a branch manager for U.S. Bank and that afforded me the

opportunity to work. After receiving peritonitis several times I was forced to go on hemodialysis and after dealing with the stress of hemodialysis I was forced to quit my job.

I will say a couple of good things about DaVita, and I'm sorry for not sticking with my testimony, but coming from the heart DaVita definitely -- the nephrologists there at DaVita definitely put me back on the track of success and now I'm able to be a productive 32-year-old citizen again.

I will say that DaVita -- the difference in University of Chicago Hospital and DaVita was that -- one main difference is DaVita being a national company, as I travel DaVita has always been there for me. So one thing from going from 60 hours a work week and now going to 12 hours on dialysis it does cause depression, it definitely has an economical basis on where I'm totally not used to, however, I will say traveling is my outlet. So when I do travel DaVita always has a center there no matter what city I've ever gone to. So going through the DaVita system they make sure my paperwork is

there and make sure that they have a chair readily available, I'm definitely appreciate. I wanted to say that as a side note.

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 usually lasting five to six hours after the four hours of being in the chair as a patient. I describe my experience like being on a roller coaster at Six Flags Great America, and a roller coaster which is described as the worst roller coaster you probably want to be on and cannot get off.

While I was on PD I was able to work because of the side effects of dialysis I had to quit my job as a manager at U.S. Bank. I would like to go back to home hemo in the near future so I can definitely start back working again.

The transition to dialysis was very difficult, I call it the 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 definitely go back to home dialysis or receive my transplant. I am a candidate for transplant and was on the national -- and is on the national transplant waiting list for approximately 14 -- I have been on the list for about 14 months. I was initially told it could take three to four years before a match could be found. Being very young I am very proactive in the management of my health care and to me three or four years is definitely unacceptable.

With the help of the American Kidney Fund, I organized a benefit concert in July of this year at my church. People who attended the concert was able to get tested right on the spot, and I was able to locate -- through that process I was able to locate two living kidney donors. I hope the transplant will take place either the end of this year or early next year.

I am grateful to have a strong support network so I don't have difficulty with

transportation to and from the Beverly facility. I am grateful that I have an opportunity for a transplant, but I know that this is not the case for a lot of other people.

Just to listen to everyone's testimony, including everyone here today, I know being -- as a patient being on dialysis is -- man, it's hard on the body itself. For me just listening to the Lawndale community for patients period I know if I had to travel, first of all, getting to just enough mental to get to go to dialysis is enough itself, but then if you have to travel and you have to wait a long time and just to listen to the other patients, the rapid PACE system and they tell me how long it takes, but to even hear that these patients here have to go so far from their home. I mean, for-profit, not-for-profit, if there's a dialysis center in their community I'm sure that will help no matter what.

DaVita treat me very well. Like I said, when I travel throughout the country I normally go to another center that's DaVita and they always are very helpful in assisting me

with my medical needs. I really support having a dialysis center wherever someone lives because right now my DaVita is very close to me and I have a strong support system that drives me to and from. So if I didn't have that system in place I probably would change, like Ms. G, I probably wouldn't go to dialysis. So I'm not sure how many patients currently are choosing that role not going, but I know my adequacy has definitely been a lot better because it is the DaVita that's close by me. That's all. Thank you.

HEARING OFFICER AVERY: Thank you.

Do we have a 16?

MR. WEST: Joseph West, W-E-S-T.

Good afternoon, my name is Joseph West, and I am the Senior Epidemiologist at the Sinai Urban Health Institute and program director of the Lawndale Diabetes Project.

The Sinai Urban Health Institute was founded in 2000 as 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 greater

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, which is what we're known, is a diverse group of epidemiologists, research assistants and health educators involved in social epidemiology, program evaluation, teaching and consulting that primarily focuses solely on the West Side of Chicago serving North Lawndale, South Lawndale, Humboldt Park, Austin and other West Side communities.

The purpose of the Lawndale Diabetes Project is to reduce the impact of diabetes on the health of residents in North and South Lawndale through a replicable model developed and implemented through a private and public partnership collaboration between the community of both North and South Lawndale, Mt. Sinai Hospital and Blue Cross and Blue Shield of Illinois. In essence this strategy tries to

help residents by hiring residents from both North and South Lawndale communities to go out into the community to go door to door to talk to residents about diabetes, the risk factors and all the complications that it can ensue from uncontrolled diabetes. Our goal is to help residents understand their diabetes status, be aware of the health care service options that are available to them, help them understand the steps they can take to better manage their diabetes, which includes changing their diet, physical activity, blood sugar testing, medication adherence and seeing a doctor regularly.

The community of North Lawndale 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 area of South Lawndale, also known as Little Village, is another community area which is contiguous North Lawndale. South Lawndale with a population of approximately 91,000 is about 90 percent Mexican but also one of the poorest community areas in

Chicago. Both communities are substantially burdened by a disproportionate rate of diabetes.

As of May of this year, 2012, the Lawndale Diabetes Project has knocked on 1,015 doors in North Lawndale and 1200 doors in South Lawndale. Together from both communities we have interviewed 1,030 residents in both North and South Lawndale. In North Lawndale we have found the diabetes prevalence of 23 percent, in South Lawndale 17 percent. This is nearly three times and more than two times the national average respectively. Many residents have developed the disease of diabetes earlier, meaning at a younger age, than the national average and the city average and have higher blood sugar levels for prolonged periods. This increases the risk of complications from the disease as well as increases the lifetime treatment period for such complications as kidney disease.

In general we know the following about diabetes services for residents of North and South Lawndale from our research. So it is data driven. Residents from both communities have

difficulties finding the conventional medical home. Even when they find such a medical home there are notable differences and difficulties in navigating the system and getting to the health care successfully. Similarly transportation while it is not awful is a challenge for many of our current patients that we see when we go door to door. Some bus routes -- although some bus routes are accessible, although there have been cutbacks during certain periods, right now during economic attrition in the City of Chicago. Literacy in general and health literacy in particular is low among the patients that we see. Many residents have difficulty accessing healthy foods and making the kinds of behavioral changes needed to prevent associated kidney disease as well as other comorbidities. Our health educators work diligently with all the residents that we meet and that we encounter with to help them better understand how to control their diabetes in order to prevent kidney disease. We know that uncontrolled diabetes can lead to many complications, one of

which is end stage renal failure.

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

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

HEARING OFFICER AVERY: Can I have a copy of your testimony? Thanks.

Is there anyone who wishes to testify who has not had an opportunity?

Is there anyone who has testified who wishes to provide additional testimony?

Please note that this project is tentatively scheduled for consideration by the State Board at its December 10th meeting. Please refer to the Board's website which is www.hfsrb.illinois.gov for the meeting location. This information will be posted no later than Thursday, December 6th.

The public has until 9 a.m., Tuesday,

November 20th, to submit signed written comments pertaining to this project. Comments should be sent to the attention of Courtney Avery, Administrator, Illinois Health Facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761-0001. Or you may fax your comments to my attention at (217) 785-4111.

The State Agency Report will be made available on the Board's website on Monday, November 26th. Additional responses to the content of the report findings will be accepted until 9 a.m. on Friday, November 30th. Those comments should also be sent to my attention.

Are there any questions?

Hearing that there are no addition -- no questions or comments I deem this Public Hearing adjourned, and I thank you for your participation in today's proceedings.

(Whereupon, these were all the proceedings had at this time.)

STATE OF ILLINOIS)
) SS:
COUNTY OF C O O K)

Karen Fatigato, being first duly sworn, on oath says that she is a court reporter doing business in the City of Chicago; and that she reported in shorthand the proceedings of said public hearing, and that the foregoing is a true and correct transcript of her shorthand notes so taken as aforesaid, and contains the proceedings given at said public hearing.

Karen Fatigato

Karen Fatigato, CSR

LIC. NO. 084-004072