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HEALTH FACILITIES &
SERVICES REVIEW BOARD

July 8, 2013

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: West Side Dialysis, Project No. 12-102

Dear Ms. Avery:

I am writing in support of DaVita's proposal to establish West Side Dialysis, a 12-station dialysis facility near the Illinois Medical District. I will be the medical director of the recently approved Lawndale Dialysis facility and I am the current medical director at Little Village Dialysis, which has a similarly situated patient base as the proposed West Side facility. As such, I know first-hand the challenges facing this community.

The West Side community is primarily low income, African American and Hispanic. Besides being socioeconomically disadvantaged, this population exhibits a higher prevalence of obesity, hypertension, diabetes, and ESRD. DaVita's proposal can help address these challenges.

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 KidneySmart 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.

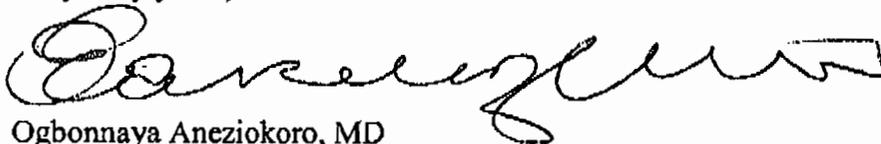
Another program that I'd like to mention is DaVita's CathAway Program. This vascular access program is designed to avoid catheters from the inception of dialysis and also to transition dialysis patients from catheters to fistulas. Fistulas are regarded as the "gold standard" for vascular access for dialysis as catheter use at the initiation of dialysis is the primary cause of early morbidity and mortality in dialysis patients. Through the 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 its physician partners, myself included, continuously strive to create new innovative programs that raise the standard of kidney care, reduce healthcare costs, and improve access to all patients. I am proud of these programs and the improved clinical outcomes 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.

West Side Dialysis will help address the present need for 15 additional ESRD stations in HSA 6, and, thus, I strongly urge the Board approve this project.

Very truly yours,



Ogbonnaya Aneziokoro, MD
Nephrologist