

Constantino, Mike

From: Anne Cooper [ACooper@Polsinelli.com]
Sent: Tuesday, March 05, 2013 5:57 PM
To: Constantino, Mike
Cc: Kara Friedman; shakeelahmedgi@gmail.com; Tina Lippert
Subject: Metroeast Endoscopic Surgery Center (Proj. No. 12-105)
Attachments: Metroeast Endoscopy Ltr of Support from Mayor Mitchell.pdf

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MAR 06 2013

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Mike,

Attached please find a letter from Mayor Gail Mitchell in support of the Metroeast Endoscopic Surgery Center CON application. Please feel free to contact me if you have any questions.

Thanks.

Anne



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Attorney

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Office of Mayor Gail D. Mitchell
City of Fairview Heights

Fax

To: Dr. Ahmed **From:** Mayor Gail Mitchell
Fax: 800-520-5896 **Pages:** _____
Phone: _____ **Date:** _____
Re: _____

Comments:

Dale Galassie
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floors
Springfield, Illinois 62761

Dear Chairman Galassie:

My name is *David D. Mitchell* and I am writing this letter in support of Metroeast Endoscopic Surgery Center, LLC. in its efforts to establish an endoscopy center that would be licensed as a single specialty ambulatory surgical treatment center. In learning about this proposal, I was surprised to hear that there are eight licensed endoscopy centers in the Chicagoland area that are dedicated solely to gastrointestinal medicine. Yet despite a population of over 1.2 million individuals and a significantly older age cohort; the 34 county area considered Southern Illinois has not a single licensed endoscopy center. The residents of Southern Illinois deserve to have affordable and quality care at their disposal, just as residents of metropolitan Chicago do. By offering these services, Metroeast Endoscopic Surgery Center will ensure that St. Clair County and its surrounding community have access to these life-saving services.

Colorectal cancer is the third most common type of non-skin cancer in men and in women (after breast cancer and lung cancer). It is the second leading cause of cancer death in the United States after lung cancer. Although one of the deadliest forms of cancer; it is also the most preventable. We know that the current levels of screening in this country are behind those of other cancer screening tests; and experts estimate that 141,210 new cases of colorectal cancer and 49,380 deaths from this disease are expected to occur in 2011.

Studies show that at least 33% of these deaths could be avoided if people 50 and older received regular screening tests. Colonoscopy is the "gold standard" for colorectal cancer screening, and can be completed in more than 95% of examinations with negligible risk and is very cost-effective.

The numbers speak for themselves—screening for colon cancer saves lives.

One of the reasons that endoscopy services have increased is because the payment policies of the Center for Medicare and Medicaid Services (CMS) now cover many preventative services including colorectal cancer screening. Given the strong association between having health insurance and being up-to-date with colorectal cancer screening, expanding insurance coverage is a vital first step to ensuring the decrease in colorectal cancer deaths. From a public health perspective, we still have a long way to go to reach a higher screening rate among our population; and we are hopeful that the Patient Protection and Affordable Care Act (ACA) will be used as a platform to educate the public on the importance of preventative screening.

Having Dr. Ahmed, the referring physician, increase the number of colonoscopies he performs in the hospital setting would prove to be more costly, less efficient and less convenient for both our community residents and the clinical staff. A surgery center dedicated to endoscopy services will allow Dr. Ahmed to schedule and perform these screening colonoscopies during his regular office hours. This will allow him to maximize efficiency and patient convenience. Surgical procedures performed in a surgery center are reimbursed at lower rates than a hospital setting and result in lower out-of-pocket expenses for patients.

I urge the Illinois Health Facilities and Services Review Board to approve this proposed endoscopy center.

Sincerely,

Gail R. Mitchell