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JAMES F. CLAYBORNE, JR.
MAJORITY LEADER
STATE SENATOR - 57TH DISTRICT

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ILITIES &
SERVICES REVIEW BOARD

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 Senator James F. Clayborne Jr. and I am writing this letter in support of Dr. Shakeel Ahmed and Metroeast Endoscopic Surgery Center, LLC. in their efforts to convert their existing physician-office based endoscopy practice to a limited-specialty surgical treatment center.

A number of factors including reimbursement have produced a demand for endoscopy to be performed in an office based setting. Educational and advocacy societies such as the American Society for Gastrointestinal Endoscopy agree that many gastrointestinal endoscopy procedures can be performed safely in the office setting.¹ To ensure that patients having endoscopy procedures in an office setting have the appropriate level of safety and quality, standards of care need to be set and met. Accrediting organizations such as Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) help ensure that these standards are similar, if not the same as the standards set for an institutional setting.

It is not surprising to see that endoscopy programs within a medical practice office are a prevalent model in Illinois. In fact, next to the state of New York, (which by law requires accreditation of office based surgery centers), Illinois has the highest number of office based endoscopy centers accredited by JCAHO. These procedures need not be shifted to the hospital setting as some suggest. They are integral to the medical practice and are performed safely by highly credentialed physicians.

¹ Faigel, Douglas O., MD, Chair. Ensuring Competence in Endoscopy, prepared by the American Society for Gastrointestinal Endoscopy Taskforce on Ensuring Competence in Endoscopy and the American College of Gastroenterology Executive and Practice Management Committees.

² Clinical Oncology News, *Colonoscopy Safety at ASCs Matches That in Hospitals*, October 7, 2011.

The decision of site for an endoscopic procedure should always be the decision of the patient and his or her physician, based on the criteria of what is best for the patient. By offering services in an office based setting, lower expenses associated with these procedures might entice patients to pursue screening earlier.

According to an article titled "Colonoscopy Safety at ASC's Matches That in Hospitals", colonoscopies performed in ambulatory surgery centers (ASCs) are cheaper, require fewer resources and are as safe as hospital outpatient colonoscopies, according to data presented at the 2011 Digestive Disease Week meeting (abstract 678).² The adverse events associated with emergency room visits and hospital admissions, including perforations, gastrointestinal bleeding, diverticulitis, syncope, myocardial infarction, arrhythmias and stroke, all occurred at a significantly higher rate among hospital-based colonoscopies than at ASCs.³ The results would support the shift of outpatient colonoscopies away from hospital departments to ASC's. An extensive body of research shows that individuals – including the insured – are less likely to seek health care services when they have to pay out-of-pocket costs.⁴ Colonoscopy is one of the more expensive preventative services covered under the Affordable Care Act; charges range from \$1,000 to \$2,000 or more.⁵ Without offering a less expensive alternative to screening, adults concerned with their responsibility for charges could be discouraged from seeking screening. From a public health perspective, out of pocket costs should not be a factor in colon cancer mortality rates.

Sincerely,



James F. Clayborne, Jr.
Majority Leader
Illinois State Senate
57th Dist

³ Id.

⁴ *Coverage of Colonoscopies Under the Affordable Care Act's Prevention Benefit*, a joint report by The Kaiser Family Foundation, The American Cancer Society and The National Colorectal Cancer Roundtable, September 2012.

⁵ Id. Page 2