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November 26, 2013

Kathryn J. Olson, Chair
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

**Re: Opposition to NxStage Oak Brook
CON Application (Proj. No. 13-054)**

Dear Chairwoman Olson:

I am writing to oppose NxStage Oak Brook's ("NxStage") CON application to establish an 8-station facility in Oak Brook, Illinois because (i) NxStage drastically misrepresents the availability of adequate home hemodialysis treatment for patients in the community, (ii) the proposed facility is unnecessary to serve the surrounding community, and (iii) the proposed facility will in no way address the documented need for additional in-center dialysis stations in suburban Cook County.

The Application Mischaracterizes the Availability of Home Hemodialysis

The applicants state that the purpose of the project is to develop an underutilized therapy choice, home hemodialysis. Although home hemodialysis ("HHD") is a less utilized form of end stage renal disease treatment than in-center hemodialysis, this is not caused by either the lack of availability or the patient's lack of information related to home hemodialysis options.

DaVita operates 9 home hemodialysis programs located within 30 minutes of the proposed facility. In fact, DaVita's HHD program currently serves more patients than any other HHD program in the United States. Each of these facilities has approximately 4-6 stations offering home hemodialysis training as well peritoneal dialysis and training.

Many patients who dialyze at home find they can schedule their dialysis around their lives, rather than scheduling their lives around dialysis. As such, DaVita offers each and every patient that requires some form of dialysis the option to utilize HHD. However, HHD is not right for everyone. Patients utilizing HHD must have an adequate support network, monitor their diet, manual dexterity and vision to operate the equipment, and have a strong desire to take greater responsibility for patient care and closely follow their training and physician guidelines.

One of the applicants' primary justifications in support of this project is greater availability of respite treatment for patients utilizing HHD. This is a red herring, as all DaVita

facilities and many other facilities offer respite services to patients on their HHD programs. No form of dialysis is easy on patients, which is why DaVita recognizes that patients should be able to receive respite dialysis care when necessary and works with patients to ensure they can receive treatment at a facility convenient for them. This may be while the patient is traveling or when a family member is out of town.

Capacity in the Immediate Area Surrounding the Proposed Site

The applicants also propose to establish an in-center HHD program for patients to receive treatment on a temporary basis. By virtue of treatments primarily occurring at the center, this is clearly not a facility dedicated to HHD, but rather a disguised proposal to establish an in-center hemodialysis unit in an underutilized community.

There are currently 60 facilities located within 30 minutes normal travel time of the proposed facility. Nearly 75% of these facilities are operating below capacity. Under many circumstances, there is often justification for a new facility even if certain facilities are operating below capacity. This, however, is not one of those instances.

Even if we were to assume another facility in this region was appropriate, all applicants are required to submit historical and projected referral data to support utilization projections. The applicants have simply ignored this requirement and have not presented a single referral letter from a physician in support of this project, as required by the Board's rules. 77 Ill. Admin. Code 1110.1430(b)(3). Although we recognize there is a need for additional stations in this service area, the Board should allocate these stations to projects that comply with substantially all of the Board's criteria and demonstrate a need for such stations. This project does not accomplish this.

Further, while we are supportive of innovation in our industry, this is far from an innovative project. The applicants' could operate an HHD or peritoneal program without a Certificate of Need. As stated above, if their patients require temporary respite care, they can go to one of the 44 facilities in the community with capacity. Further, patients can go to one of the nine DaVita HHD facilities in the region. A Certificate of Need for this type of project is only necessary for facilities that offer in-center hemodialysis. As such, this project is nothing but an attempt to establish an in-center dialysis program under the guise of innovation.

The Application Fails to Satisfy the Board's Rules

Alternatives

In addressing potential alternatives for the project, the applicants ignore the most viable alternative, utilizing existing facilities. Rather, the applicant's first alternative, entitled "Justify the Project as Would Be Done for a Traditional Three Times-A-Week Hemodialysis Program," simply offers a rationale in support for their failure to submit a referral letter, as required by the Board's rules.

The applicants' second alternative was to operate fewer stations. They seemingly chose this option to avoid a negative finding on criterion 77 Ill. Admin. Code 1110.1430(g), which

requires facilities within an MSA, such as this facility, to propose no fewer than 8 stations as part of a de novo project. The applicants' adherence to the Board rules in this instance, but violation in numerous others is troubling.

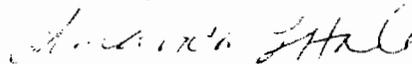
Support Letter

As stated above, the applicants did not submit a single referral letter supporting demand for the proposed facility. This documentation is required of all projects establishing an in-center hemodialysis facility and should not be ignored in this instance.

Conclusion

Significant innovations in dialysis care are being achieved in units more accessible to the patients they serve. A dialysis unit that is not dedicated to serving patients who require in-center dialysis on a regular basis is unwarranted. For the reasons cited above, we respectfully request that the Board deny NxStage's proposal to establish an 8-station ESRD facility.

Sincerely,

A handwritten signature in cursive script that reads "Amanda Hale".

Amanda Hale

Kathryn J. Olson, Chair
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

**Re: Opposition to NxStage Oak Brook
CON Application (Proj. No. 13-054)**

Dear Chairwoman Olson:

I am writing to oppose NxStage Oak Brook's CON application to establish an 8-station facility in Oak Brook, Illinois because the project is an unnecessary duplication of services in the community.

I'd first like to begin by dispelling some of the statements made in NxStage's application. While the applicants describe the project as innovative, other providers offer significant home hemodialysis (HHD) programs and respite services.

The applicants propose to establish an in-center HHD program for patients to receive treatment on a temporary basis. By virtue of treatments primarily occurring at the center, this is clearly not a facility dedicated to HHD, but rather a disguised proposal to establish an in-center hemodialysis unit in an [underutilized] community.

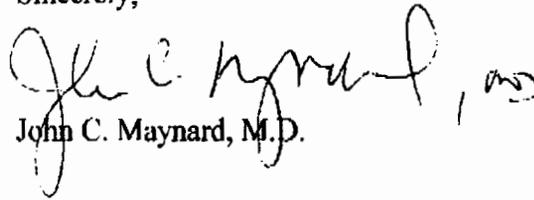
Respite care is temporary or part-time care provided by a healthcare professional in place of the primary care partner (also called caregiver) of a person with chronic kidney disease (CKD) on dialysis. The duration of respite care can vary, depending on the patient's needs, from several hours a day to an entire week. Many patients rely on family members to assist with their care, but there are times in which such family members require a break or are not available to assist the patient.

This is why DaVita readily offers respite care services for all patients and care partners. Utilizing in-center treatment while traveling is one respite care option. Patients can also obtain respite care at an HHD facility. Notably, there are 9 DaVita HHD programs within 30 minutes normal travel time of the proposed facility and there are currently 60 in-center facilities located within 30 minutes normal travel time of the proposed facility. Nearly 75% of these facilities are operating below capacity. As such, there is clearly not a lack of available respite care options for HHD patients in this community.

John C. Maynard, MD
Charles J. Sweeney, MD
Krishna Sankaran, MD
James A. Stim, MD
Michael Robertson, MD
Deane S. Charba, MD
David L. Wright, MD
Mashood Ahmad, MD
Joanna Niemiec, MD

I am a supporter of innovations in care, but this project does not offer an innovative approach to dialysis. For the reasons cited above, I respectfully request that the Board deny NxStage's proposal to establish an 8-station ESRD facility.

Sincerely,



John C. Maynard, M.D.