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STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD  
  
IN RE: Public Hearing Request, )  
Health Facilities Planning Act, )  
CASE No. E-001-13, )  
Applicants: Advocate Health and )  
Hospitals Corporation, Advocate )  
Health Care Network, Sherman )  
Hospital and Sherman Health )  
Systems. )

PUBLIC HEARING

TRANSCRIPT OF PROCEEDINGS had at the  
Public Hearing held at the Centre of Elgin,  
Heritage Ball Room, 100 Symphony Way, Elgin,  
Illinois, April 15th, 2013.

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1 APPEARANCES:

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MS. ALEXIS KENDRICK,

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Hearing Officer for the

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Illinois Health Facilities and

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Services Review Board;

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MR. ALAN GREIMAN,

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Board Member;

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MS. COURTNEY AVERY,

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Administrator for the Board.

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23 REPORTED BY: Linda S. Idrizi, CSR

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CERTIFICATE NO.: 84-3704.

1 MS. KENDRICK: Good morning, everybody. We  
2 are going to get started with the public hearing.  
3 This public hearing has been called for Sherman  
4 Hospital-Elgin. I am Alexis Kendrick, the Hearing  
5 Officer for the Illinois Health Facilities and  
6 Services Review Board.

7 Also present with me today is board  
8 member Justice Alan Greiman and Courtney Avery, the  
9 administrator for the board.

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

14 In accordance with the requirements of  
15 the Illinois Health Facilities Planning Act, notice  
16 is given of receipt of a Change of Ownership  
17 Exemption Application E-001-13. The applicants for  
18 the Change of Ownership Exemption are Advocate  
19 Health Care Network, Advocate Health and Hospitals  
20 Corporation, Sherman Health Systems and Sherman  
21 Hospital. The proposed cost for this transaction  
22 is zero dollars.

23 A public hearing will take place  
24 pursuant to Part 1130.910 of the Board Rules. The

1 hearing scheduled for Monday, April 15th at 10:00  
2 a.m. is being held here at the Centre of Elgin,  
3 Heritage Ball Room, 100 Symphony Way, Elgin,  
4 Illinois.

5 The public hearing will be conducted  
6 by the staff of the Health Facilities and Services  
7 Review Board pursuant to the Illinois Health  
8 Facilities Planning Act.

9 The hearing is open to the public and  
10 affords an opportunity for parties with an interest  
11 in the project to present written and/or verbal  
12 comments relevant to the project.

13 All allegations or assertions should  
14 be relevant to the need for the proposed project  
15 and be supported with two copies of documentation  
16 or materials that are printed or typed on paper,  
17 size eight and a half by eleven. Consideration by  
18 the board has been tentatively scheduled for the  
19 May 14th, 2013 board meeting.

20 Please note that in order to ensure  
21 that the Health Facilities and Services Review  
22 Board's public hearing protect the privacy and  
23 maintain the confidentiality of an individual's  
24 health information, covered entities, as defined by

1 the Health Insurance Portability and Accountability  
2 Act of 1996, such as hospital providers, health  
3 plans and health care clearing houses, submitting  
4 oral or written testimony that disclose protected  
5 health information of individuals shall have a  
6 valid, written authorization for that individual.  
7 The authorization shall allow the covered entity to  
8 share the individual's protected health information  
9 at this hearing.

10 If you have not yet signed in and  
11 received a blue preprinted number card, please see  
12 Courtney right now.

13 Please note that there is also a form  
14 available for individuals wanting to register their  
15 attendance and position on the project without  
16 providing oral or written testimony.

17 Those of you who came with prepared  
18 text of your testimony may submit the written text  
19 without giving an oral presentation. The written  
20 testimony will be entered into today's record and  
21 made available for all board members prior to the  
22 May 14th meeting.

23 I ask that you please limit your  
24 testimony to four minutes. I will call

1 participants in accordance to the distributed blue  
2 preprinted number cards.

3 Prior to beginning your remarks,  
4 please clearly state and spell your first and last  
5 name for the court reporter.

6 After you have concluded your remarks,  
7 if you have copies, please provide those to  
8 Courtney as well as your blue preprinted number  
9 card. Thank you.

10 And we will begin with Rick Jakle.

11 MR. JAKLE: Thank you very much. Good  
12 morning everyone. Good morning Justice Greiman and  
13 members of the staff.

14 My name is Rick Jakle, that's R-I-C-K,  
15 J-A-K-L-E. I have proudly served on the Sherman  
16 Board of Directors for 41 years of the hospital's  
17 125 years of service in this community, twenty  
18 years as chairman of the hospital assistance board,  
19 and I have been a resident of Elgin for 45 years.

20 Seven years ago I had the privilege to  
21 provide public testimony before the review board  
22 for Sherman's replacement hospital on Randall Road.

23 I was joined by hundreds of community  
24 members who pledged their support for this

1 important project.

2                   The goal of the project was to improve  
3 health care access, outcomes and the overall health  
4 care experience for the communities we are so  
5 fortunate to serve. And we have clearly made  
6 incredible strides towards that goal during the  
7 hospital's first three and a half years of  
8 operation.

9                   Our decision to join the Advocate  
10 Health Care system is a logical next step in the  
11 ongoing pursuit of this goal. Through this  
12 partnership we will be able to provide and deliver  
13 better health care value for our community.

14                   Providing better health care value is  
15 not only a government mandate, it is the right  
16 thing to do for our patients. And we believe our  
17 partnership with Advocate will help us do exactly  
18 that.

19                   The patients in Sherman's service  
20 areas will benefit greatly from the strength of  
21 Illinois's largest health care system being so  
22 close to home.

23                   Advocate's nationally recognized  
24 clinical and physician integration models will

1 allow us to provide better coordination of care for  
2 our patients which will lead to better health  
3 outcomes and lower costs.

4 Being part of a large system also  
5 reduces their operating and capital costs. And  
6 that means we will have more dollars to reinvest  
7 into serving our community's specific health care  
8 needs.

9 In closing, by joining with Advocate,  
10 Sherman is able to provide patients in our region  
11 with more choices, with better choices and with  
12 more access to the very best possible health care  
13 experience we can provide them. Thank you.

14 MS. KENDRICK: We will now have Astrid  
15 Larsen.

16 MS. LARSEN: My name is Astrid Larsen,  
17 A-S-T-R-I-D, L-A-R-S-E-N. I am director of the  
18 care coordination at Centegra Health System. I am  
19 also a licensed clinical professional counselor and  
20 I oppose Project E-001-13.

21 I ask that the review board and the  
22 people of the Elgin area remain watchful of health  
23 systems that are more concerned with their bottom  
24 lines than with the well-being of their

1 communities.

2                   The application for exemption for the  
3 change of ownership from Sherman to Advocate  
4 describes how Advocate will spend \$200 million to  
5 improve the care patients receive.

6                   In theory, this will benefit people of  
7 Elgin and its surrounding communities. What has  
8 not been explained is that the application also  
9 details that Sherman's board may choose not to  
10 spend the \$200 million during the next five years.

11                   It says that future expenditures of  
12 funds in support of the public relations savvy \$200  
13 million commitment shall follow a governance  
14 approval process.

15                   In plain words, Sherman Hospital and  
16 its community may never benefit from the much  
17 advertised \$200 million. It may all be a marketing  
18 ploy.

19                   Advocate has not yet explained how it  
20 will specifically enhance the care the Elgin  
21 community receives. Will it address the greatest  
22 community needs, including care for the uninsured?  
23 Mammography? Diabetes screenings? The need to  
24 reduce preventable hospital stays as required by

1 healthcare reform?

2 Or, like it has in the past, will

3 Advocate reduce services available to the

4 community? Advocate Good Shepherd Hospital closed

5 its acute mental illness unit because it is a

6 costly service to provide, even though there is a

7 greater need than ever for mental healthcare.

8 Since Provena-St. Joseph Hospital has

9 addressed the mental health needs of the Elgin area

10 for years, Sherman chooses not to care for this

11 high need population.

12 We should consider what other high

13 need populations may suffer from a reduction of

14 services that may occur if Advocate merges with

15 Sherman.

16 MS. KENDRICK: John Steffen.

17 MR. STEFFEN: For the record, that's John

18 Steffen, J-O-H-N, S-T-E-F-F-E-N.

19 Good morning, Justice Greiman and

20 members of staff. My name is John Steffen and I am

21 a lifelong Elgin resident, an attorney and have

22 been a member of the Elgin City Council for six

23 years.

24 As a quick aside, I also was born at

1 the Sherman East Side facility as was the eldest of  
2 my four children.

3 I would like to express my support for  
4 the joining of Sherman Health and Advocate Health  
5 Care.

6 As often happens with community  
7 hospitals, Elgin residents feel a sense of  
8 ownership for Sherman. I personally can testify to  
9 that as my grandfather was a physician in Elgin  
10 with privileges. And when he passed early in his  
11 life, my grandmother, who was his nurse assistant,  
12 then went to work for Sherman for several decades.

13 Personally, I am proud that Advocate,  
14 one of the best healthcare systems in the country,  
15 has chosen our community hospital as its partner.  
16 And I feel that the wealth of experience Sherman  
17 has gained in its 125 years of serving Elgin and  
18 our neighbors will greatly benefit the Advocate  
19 system.

20 Access to high quality, affordable  
21 healthcare is critical for residents and visitors  
22 to the city of Elgin. Throughout my own family's  
23 long history in Elgin, I have experienced Sherman's  
24 services on many occasions and have always been

1 pleased with the quality of the care my family  
2 received.

3                   Recently my father had a heart problem  
4 that landed him in the Siegle Cardiac Care Center  
5 in Sherman's new facility. I have to reluctantly  
6 admit as someone who is restoring a 106-year-old  
7 house, one summer recently I was on a first name  
8 basis with one of the nursing supervisors during  
9 one of the projects I was attempting and injured  
10 myself at. And every time I had great service and  
11 was treated with respect.

12                   I believe this partnership will only  
13 strengthen and enhance these services for residents  
14 throughout the Fox Valley region. Advocate's  
15 long-term investment in Sherman and in this  
16 community will position Elgin as a regional  
17 destination for healthcare.

18                   Sherman has provided a generous  
19 charity care program for many years. This is  
20 critical for an economically diverse community like  
21 Elgin. I am pleased to know that this program will  
22 continue through this new partnership making  
23 quality healthcare accessible to those in need.

24                   Finally, Sherman is one of Elgin's

1 largest employers and visitor destinations. I am  
2 confident that this partnership will bring  
3 additional economic development opportunities to  
4 Elgin due not only to the continued growth of the  
5 healthcare industry, but also to the reputation and  
6 recognition that the Advocate Health Care name  
7 brings.

8 I look forward to working with our new  
9 Advocate colleagues and continuing to support the  
10 growth and development of Advocate Sherman Hospital  
11 for years to come. Thank you.

12 MS. KENDRICK: John Heinrich.

13 MR. HEINRICH: Thank you. Good morning.

14 John Heinrich, J-O-H-N, H-E-I-N-R-I-C-H. I am the  
15 director of diagnostic and oncology services at  
16 Centegra Health System. I oppose Project E-001-13.

17 As community hospitals we are expected  
18 to be responsible stewards of our community's  
19 resources. At a time when healthcare reform  
20 dictates that we reduce costs, Advocate Health  
21 System has proposed the infusion of \$200 million  
22 into Sherman's still new replacement hospital which  
23 opened in 2009 and cost \$300 million.

24 Does the board or the community

1 believe that \$510 million reflects the responsible  
2 use of healthcare dollars, especially when it does  
3 not bring new services to the community. To put  
4 this in perspective, Centegra Hospital-Huntley is  
5 expected to cost just \$233 million.

6           Within the last six months Advocate  
7 Health System has proposed more than \$800 million  
8 in healthcare spending at existing facilities.  
9 When it comes to Elgin and its surrounding  
10 communities, we're yet to hear concrete details  
11 about how this merger will positively impact the  
12 community or provide new services to enhance public  
13 health.

14           The investment of \$200 million for the  
15 new hospital is a flagrant misuse of resources when  
16 instead health systems should be focussing on the  
17 provision of high quality care and the development  
18 of services for community members in need.

19           I sincerely request that the board and  
20 the community see this proposed merger for what it  
21 truly is, a business deal that adds value to  
22 Advocate's bottom line rather than adding value for  
23 the community. Thank you.

24           MS. KENDRICK: Thank you. Now Rick Floyd.

1 MR. FLOYD: Good morning Justice Greiman,  
2 Miss Kendrick and Miss Avery. My name is Rick  
3 Floyd, R-I-C-K, F-L-O-Y-D, and I am pleased to be  
4 here in support of the proposed project. I  
5 appreciate the opportunity.

6 Our systems board chairman, Rick  
7 Jakle, shared a little about why we chose to  
8 affiliate with a larger system and why we chose  
9 Advocate. I thought it would be helpful to share  
10 how we chose them.

11 Beginning in 2009, as the healthcare  
12 landscape began to change, Sherman had informal  
13 discussions with numerous hospitals and systems  
14 about the potential to affiliate. Most of these  
15 discussions were initiated by other parties.

16 In January of 2012 Sherman's board of  
17 directors decided that it was the right time for us  
18 to formally pursue becoming part of something  
19 larger.

20 We were financially stable and in a  
21 position of choice, not necessity. We felt we had  
22 much to offer a larger system and that our patients  
23 had much to gain. The board established a special  
24 task force for this work.

1                   We began the formal process with a  
2 Request For Information sent to about a dozen  
3 healthcare systems across the nation.

4                   We received responses from eight  
5 systems, which the task force narrowed to a field  
6 of five, to invite into an RFP process. These five  
7 were Ascension, Cadence Health, Rush University  
8 Medical Center and Trinity Health.

9                   In July the task force reviewed these  
10 proposals and narrowed the field to two potential  
11 partners, Advocate Health Care and Cadence Health.

12                  The task force used criteria such as  
13 affiliation and physician integration experience,  
14 access to capital, information technology  
15 capabilities, a governance model that allows for a  
16 local voice and supporting the growth and expansion  
17 of the services to position Sherman as a  
18 distinctive regional destination for care.

19                  After months of meetings and site  
20 visits with each potential partner, listening  
21 sessions with employees and medical staff and much  
22 deliberation among our board of directors, we  
23 selected Advocate as the best fit for Sherman and  
24 our community. We announced this intent to partner

1 in October of 2012.

2 Over the past six months, as we have  
3 worked through due diligence, negotiations, and  
4 integration plans, our decision to select Advocate  
5 has been positively affirmed at every turn.

6 We see Advocate as not just the  
7 largest and strongest, but as the most evolved and  
8 forward thinking of all health systems in Illinois.

9 We look forward to working together to  
10 improve the healthcare experience for the  
11 communities we serve. And we ask for your support  
12 on this project. Thank you.

13 MS. KENDRICK: Scott Powder.

14 MR. POWDER: Good morning Justice Greiman,  
15 Ms. Avery and Ms. Kendrick. I am Scott Powder,  
16 S-C-O-T-T, P-O-W-D-E-R, senior vice president and  
17 chief strategy officer for Advocate Health Care.

18 Thank you for the opportunity to  
19 provide testimony today. I strongly believe that  
20 this partnership will have substantial benefits to  
21 both organizations.

22 More importantly, it will have a  
23 positive impact on the people that we serve here in  
24 Elgin and in the broader northern and central

1 Illinois market served by Advocate.

2 As a reminder, Advocate serves  
3 approximately 1.5 million people, more than any  
4 other healthcare provider in the state of Illinois.

5 Advocate is comprised of approximately  
6 6,000 physicians, 4,000 of whom partner with us in  
7 Advocate Physician Partners, which is one of the  
8 national leaders in the move to value based  
9 healthcare.

10 We also have ten acute care hospitals  
11 and one children's hospital. We have a wide  
12 network of outpatient services and post-acute  
13 services. We are extremely proud that we have been  
14 named a top 10 health system nationally for  
15 quality.

16 Normally at a public hearing we would  
17 focus on addressing those matters which don't  
18 comply with the review board's rules.

19 It is my understanding, however, that  
20 this project fully complies with all review board  
21 criteria. Because there is no need to explain  
22 compliance with your rules, let me instead focus on  
23 how this project would be beneficial to the  
24 patients we seek to serve.

1                   We are very excited by the opportunity  
2 to partner with Sherman. Sherman has a long  
3 history of delivering outstanding, high quality  
4 care to the communities in Elgin and the broader  
5 northwest suburbs.

6                   It is a very well run organization  
7 with a strong management team. Since the inception  
8 of our partnership discussions, our respect for the  
9 Sherman team and their accomplishments and  
10 capabilities has only increased.

11                   Our goals for this partnership are  
12 simple, continue to build on Sherman's track record  
13 of high quality patient care and lower the cost of  
14 patient care.

15                   In support of these goals Advocate is  
16 making a significant financial commitment to help  
17 Sherman further develop its clinical programs,  
18 enhance its outpatient network to improve access  
19 for the community and to install the  
20 infrastructure, including technology, manpower and  
21 programs needed to better coordinate the care of  
22 the population across the continuum.

23                   These are areas where Advocate brings  
24 national expertise and leadership and will help

1 augment Sherman's already strong capabilities.

2 Contrary to testimony in the  
3 opposition, this investment is a firm commitment by  
4 Advocate. The governance approval of Sherman was  
5 important to us to ensure that the investments we  
6 make are being prioritized and directed with the  
7 input of the local community board.

8 My colleagues at Advocate and future  
9 colleagues from Sherman will provide you with more  
10 detail on the clinical, financial and operational  
11 benefits of our proposed partnership.

12 Because Sherman brings significant  
13 operational and clinical strengths to the  
14 partnership with Advocate, we think this will  
15 positively impact not only the people living in  
16 Sherman Hospital's service area, but improve care  
17 and lower costs across all Advocate's service areas  
18 throughout northern and central Illinois.

19 One example of this is Sherman's  
20 advanced liver disease program. It is a unique  
21 program and we anticipate it serving as a clinical  
22 destination program for all of Advocate.

23 In conclusion, I want to reiterate  
24 Advocate's excitement about the opportunity for

1 this partnership. We have highly compatible  
2 cultures and each bring unique capabilities and  
3 strengths to the table.

4 We have been engaged in detailed  
5 integration planning and expect a smooth  
6 transition. The partnership is expected to  
7 increase the quality of patient care and lower the  
8 cost of care. Therefore, we strongly urge the  
9 planning board to approve the requested change of  
10 ownership. Thank you.

11 MS. KENDRICK: Thank you, Mr. Powder.

12 Rowena Wermes.

13 MS. WERMES: Good morning. My name is Rowena  
14 Wermes and I am a project manager at Centegra  
15 Health Systems. My name is spelled R-O-W-E-N-A,  
16 W-E-R-M-E-S. I am opposed to Project E-001-13.

17 As you consider the proposed merger  
18 between Advocate Health and Sherman Health, I would  
19 just like you to consider that mergers still carry  
20 risk.

21 The 2013 Booz and Company study  
22 published in the March edition of Becker's Hospital  
23 Review found that only 41 percent of all hospital  
24 and health system mergers between 1998 and 2008 to

1 be financially successful by outperforming their  
2 peer groups.

3           The study analyzed health systems'  
4 financial performance two years prior to the merger  
5 and two years after the deal. More disturbing was  
6 the fact that almost one in five acquired hospitals  
7 went from a positive margin prior to acquisition to  
8 a negative margin after acquisition.

9           The same article from an unbiased  
10 source outside of today's debate stated, and I  
11 quote, "Any merger is fraught with risk. If the  
12 real reason for a merger is to improve position in  
13 marketplace, then you need to be very thoughtful  
14 about how you integrate and how you preserve  
15 differentiated capabilities on both sides."

16           From this research we learn that we  
17 must be leery of mergers that resemble land grabs  
18 and that help large health systems extend their  
19 reach into new communities. They may not result in  
20 improved services or enhanced access for patients.  
21 Because of the Patient Protection and Affordable  
22 Care Act these organizations may also lose their  
23 negotiating power with managed care companies.

24           In short, there will be less money to

1 go around and that will impact everyone. Even a  
2 merger with the largest health system in the state  
3 is no guarantee that Sherman will continue to be a  
4 viable community asset.

5 An example that I would like to share  
6 that I am sure the residents of the Ravenswood  
7 community remembers way back when they merged with  
8 Advocate, they no longer exist at this point. So  
9 just something to consider. There is always a  
10 risk.

11 MS. KENDRICK: Thank you, Miss Wermes.

12 Don Calcagno.

13 MR. CALCAGNO: Good morning, Justice Greiman,  
14 members of staff. I am Don Calcagno, D-O-N,  
15 C-A-L-C-A-G-N-O. As Advocate's senior vice  
16 president for operation integration one of my  
17 responsibilities is to oversee Advocate's efforts  
18 to reduce cost and improve efficiencies through the  
19 standardized operations and by taking advantage of  
20 our system's economies of scale.

21 As healthcare providers we are  
22 increasingly being asked to provide more value  
23 through better care at less cost.

24 Through partnerships like the one

1 being proposed by Sherman and Advocate we can take  
2 advantage of our scale and share services across a  
3 larger system to reduce total costs.

4 At this same time we are able to  
5 leverage our scale to bring evidence based, best  
6 care practices across the entire system, thereby  
7 maximizing the quality of care and services for our  
8 communities, that is, to achieve the triple aim  
9 laid out by the Institute for Healthcare  
10 Improvement (IHI).

11 One nationally recognized approach to  
12 reduce expenses and improve quality is through  
13 integration of stand-alone hospitals. In fact, on  
14 the same day that the review board hears our  
15 proposal, you are also scheduled to consider the  
16 Edwards/Elmhurst change of ownership.

17 Let me outline some specific examples  
18 of how our partnership will reduce costs and drive  
19 toward the triple aim.

20 One immediate benefit of our  
21 partnership will be the ability to lower supply  
22 costs. Through our relationships with our supplier  
23 partners we believe a Sherman/Advocate integration  
24 will lower the costs of purchasing medical

1 supplies, equipment and pharmaceuticals by almost a  
2 million dollars every single year.

3 Another example is in the area of  
4 insurance costs. Insurance costs are a significant  
5 part of a hospital's operating expenses. By  
6 consolidating insurance coverage we project we can  
7 save over a half million dollars every single year.

8 Compliance. Healthcare is one of the  
9 most regulated sectors of our economy. Integration  
10 of Sherman and Advocate will reduce the costs of  
11 regulatory compliance by several hundred thousand  
12 dollars every single year.

13 Debt service. One of the most direct  
14 cost saving of integration is the ability to  
15 leverage the financial markets respect for Advocate  
16 to reduce interest costs by refinancing Sherman's  
17 outstanding bonds. Eric Krueger, Sherman's chief  
18 financial officer, will address this issue further.

19 In all of these cases, every dollar  
20 that we save in costs for supplies, equipment,  
21 insurance and interest is a dollar that can be  
22 reinvested in patient care in the community.

23 Even more significant than the  
24 operational savings illustrated above, the greatest

1 healthcare savings can come from continued clinical  
2 transformation.

3 Advocate is a national leader in  
4 innovation to deliver higher value healthcare. In  
5 2011 we were one of the first to enter into a  
6 unique shared savings contract, which we did with  
7 our largest commercial insurance partner.

8 Under this contract Advocate takes on  
9 certain clinical and financial responsibilities for  
10 the coordination of care across the continuum.  
11 Some 380,000 PPO and HMO patients are included in  
12 this contract.

13 And Advocate is now participating in  
14 the Medicare Shared Savings Program and has an  
15 additional 100,000 Medicare lives for whom it is  
16 clinically and financially responsible.

17 Collectively, Advocate is one of the  
18 largest accountable care organizations in the  
19 country. This shared risk model has produced  
20 significant savings in healthcare costs while  
21 improving healthcare outcomes and quality.

22 Through our partnership Sherman will  
23 also participate in these contracts which will  
24 allow both organizations to work together on

1 strategies to improve quality and service while  
2 reducing costs. Again, the IHI's triple aim.

3 As an operations management  
4 professional, I am very impressed by Sherman's  
5 operation as evidenced by achieving the Lincoln  
6 Foundation Award, the Illinois counterpart to the  
7 prestigious Malcolm Baldrige Quality Program for  
8 Performance Excellence.

9 I am equally impressed by Sherman's  
10 patient satisfaction surveys. Sherman is clearly  
11 doing many things extremely well and I am confident  
12 our collaboration on implementing best practices  
13 will further reduce the cost of healthcare while  
14 continuing to enhance the quality and service of  
15 your patients.

16 I ask that you allow this transaction  
17 to go forward in approving this application. Thank  
18 you for your time.

19 MS. KENDRICK: Thank you.

20 Shira Greenfield.

21 MS. GREENFIELD: My name is Shira Greenfield,  
22 S-H-I-R-A, last name is Greenfield,  
23 G-R-E-E-N-F-I-E-L-D.

24 My name is Shira Greenfield and I am

1 clinical manager of outpatient behavioral health  
2 services at Centegra Health System. I am also a  
3 licenced clinical professional counselor and I  
4 oppose Project E-001-13.

5 Patients who choose community  
6 hospitals for their healthcare services benefit  
7 from access to clinical professionals who  
8 understand and address their unique needs.

9 The best community hospitals research  
10 community needs and find ways to care for patients  
11 even if their care will negatively affect profit  
12 margins. Mental health access is essential at  
13 every community hospital.

14 Between July 1, 2011 through December  
15 13, 2012, 2,562 people in Elgin area Zip codes  
16 required inpatient mental health services.  
17 Forty-six percent of these patients went to  
18 Presence St. Joseph Hospital in Elgin for inpatient  
19 care.

20 Sherman does not provide inpatient  
21 mental health services, which means the rest of the  
22 Elgin residents who needed mental healthcare had to  
23 leave their community to receive services. Sherman  
24 is not meeting the needs of these patients or their

1 loved ones who have to drive out of their community  
2 to support them.

3 Advocate's mental health service  
4 record in the northwest suburbs is not much better.  
5 It closed Advocate Good Shepherd Hospital's  
6 inpatient mental health unit less than two years  
7 ago in a move that the Northwest Herald deemed,  
8 "another blow to inpatient care of the mentally ill  
9 in the area."

10 Sherman Health took part in the  
11 2012-2016 Kane County Community Health Improvement  
12 Plan, a comprehensive set of policy and program  
13 recommendations for the community based on the most  
14 up-to-date information.

15 It identifies areas that can have the  
16 largest impact on improving the quality of life for  
17 all Kane County residents, particularly the most  
18 vulnerable residents of the community.

19 One of the top needs identified was  
20 for social and emotional wellness. As a partner in  
21 the development of the plan, surely Sherman is  
22 aware of this great need within Kane County.  
23 Still, however, it fails to care for the vulnerable  
24 patients who need behavioral health services. And

1 its proposed partner, Advocate, has a local track  
2 record that indicates the hospital is unlikely to  
3 improve these services in the future.

4 Both Advocate and Sherman also  
5 participated in the McHenry County Healthy  
6 Community Study which also identified mental health  
7 as a significant need. During that time Advocate  
8 closed Good Shepherd's mental health services and  
9 Sherman made no effort to address these needs.

10 Please think of Elgin area's most  
11 vulnerable residents as you consider this merger.  
12 Thank you.

13 MS. KENDRICK: Thank you, Miss Greenfield.

14 Eric Krueger.

15 MR. KRUEGER: Justice Greiman, Ms. Avery and  
16 Ms. Kendrick, I would like to thank you for coming  
17 to Elgin today to hear what I am sure you will find  
18 to be my fascinating discourse on reducing interest  
19 costs basis points in long-term debt refinancing.

20 Admittedly, while operating and  
21 capital costs may not seem the most fascinating of  
22 areas for review board members, it is one of  
23 significance for a CFO. I am Eric Krueger,  
24 E-R-I-C, K-R-U-E-G-E-R, chief financial officer at

1 Sherman Health. I am proud to add that early in my  
2 career I was also part of the Advocate system.

3 As you know, healthcare is becoming  
4 increasingly more technology intensive. As a  
5 consequence, healthcare has also become very  
6 capital intensive.

7 At Sherman we realized several years  
8 ago that our aging physical plant would not allow  
9 us to keep pace with the quality of care that we  
10 seek to provide.

11 We undertook the most significant  
12 capital improvement since our hospital was founded.  
13 Our replacement hospital has given us the facility  
14 we believe our patients desire and patient  
15 satisfaction surveys have confirmed this.

16 The opportunity to mitigate some of  
17 the accompanying increase in interest costs is a  
18 tangible benefit in our affiliation with Advocate.

19 As you know, the risk factor is one  
20 component in determining an interest rate for a  
21 loan. With today's uncertainty in the healthcare  
22 environment, rating agencies are assigning  
23 increasing risk to the healthcare sector.

24 Certain risk factors for independent

1 hospitals cannot be effectively spread for an  
2 independent hospital as it can for a broader  
3 system. Consequently, even a well-managed  
4 independent hospital has difficulty achieving the  
5 best bond ratings and consequently the lowest  
6 interest cost.

7 As we have worked with Advocate on  
8 this transaction, we have modeled the savings that  
9 could be generated by refinancing our bonds with  
10 the benefit of Advocate's AA bond rating. Our  
11 modeling has shown that interest costs savings of  
12 almost \$1 million annually could be achieved.

13 You also heard Don Calcagno discuss  
14 some of the other operational cost saving  
15 efficiencies that could be saved, such as insurance  
16 costs and supply chain savings. Any dollar saved  
17 by operational synergies is a dollar that can  
18 instead be used for clinical care.

19 As stewards of healthcare resources,  
20 the choice between avoidable interest costs and  
21 patient care expenditures should be simple. We ask  
22 that you concur.

23 I believe the proposed transaction  
24 between Sherman and Advocate is in the best

1 interest of the community we serve and I ask your  
2 support for this project. Thank you.

3 MS. KENDRICK: Thank you, Mr. Krueger.

4 Rebecca Standish.

5 MS. STANDISH: Rebecca Standish,

6 R-E-B-E-C-C-A, S-T-A-N-D-I-S-H. My name is

7 Rebecca Standish. I am a strategic analyst with

8 Centegra Health System. I opposed Project

9 E-001-13.

10 During a public hearing about the  
11 certificate of need for Centegra Hospital-Huntley,  
12 Sherman President and CEO Rick Floyd talked about  
13 Illinois' budget deficit and reminded the board  
14 that, and I quote, "We must remember that  
15 governments pay for over half the healthcare in  
16 America through Medicare and Medicaid. Ultimately,  
17 we the people and our children will end up paying  
18 for wasteful spending."

19 Wasteful spending, Mr. Floyd's own  
20 words, sum up the proposed merger between Advocate  
21 and Sherman.

22 These health systems continued to  
23 fight what they called wasteful spending when they  
24 sued the Illinois Facilities and Services Review

1 Board after the Huntley Hospital was approved.

2 They said that the Huntley Hospital,  
3 which will bring new services to communities in  
4 need, will result in higher healthcare costs for  
5 patients.

6 While that lawsuit is still ongoing,  
7 Advocate and Sherman have conveniently changed  
8 their tune to spend hundreds of millions on Sherman  
9 alone.

10 The world of healthcare is rapidly  
11 changing and we are still learning how healthcare  
12 reform will affect the bottom line for health  
13 systems across the country.

14 What we know for sure is that we  
15 should all be mindful of excessive expenditures and  
16 that we should expect transparency from healthcare  
17 organizations and their leaders.

18 Rick Floyd was right when he said that  
19 people and their children would end up paying for  
20 wasteful spending. He simply said it about the  
21 wrong project.

22 I recommend that the board and the  
23 community ask more questions about the real intent  
24 and real outcome of this merger and whether it

1 would add value for the community. Thank you.

2 MS. KENDRICK: Thank you, Miss Standish.

3 Steven Zahn.

4 MR. ZAHN: Good morning, Justice Greiman,  
5 Miss Avery and Miss Kendrick. I am Dr. Steven  
6 Zahn, S-T-E-V-E-N, Z-A-H-N, medical director of the  
7 emergency department at Sherman Hospital.

8 I am a board certified emergency  
9 medicine physician for the last three years  
10 practicing at Sherman Hospital in the emergency  
11 department for that duration, serving on the  
12 emergency department administrative team for the  
13 last two years as assistant medical director and  
14 now as medical director. I am here in support of  
15 the application for Sherman to join the Advocate  
16 Health Care System.

17 Along with many of my colleagues on  
18 the medical staff I have been actively involved in  
19 the process of exploring whether Advocate and  
20 Sherman are compatible culturally, systematically,  
21 financially and clinically.

22 In short, whether a partnership would  
23 be better for our patients in the long term. We  
24 determined that joining the Advocate system would

1 allow Sherman to continue to provide high quality  
2 care while adapting to healthcare's new realities  
3 and challenges.

4 At Sherman we are very proud of the  
5 quality care that we provide our patients. We are  
6 a certified primary stroke center, accredited chest  
7 pain center, and recently achieved advanced heart  
8 failure certification through the Joint Commission.

9 In fact, patients enrolled in our  
10 heart failure clinic have a less than 1 percent  
11 readmission rate compared to 24 percent nationally.  
12 And this past November we joined just 7 percent of  
13 hospitals in the nation to achieve magnet status  
14 for excellence in nursing care.

15 Sherman has always provided quality  
16 healthcare to its community in conjunction with  
17 other greater Chicago institutions, most notably in  
18 the fields of oncology, cerebrovascular disease as  
19 well as pediatrics.

20 However, partnering with Advocate  
21 provides Sherman a vast array of qualified  
22 professionals in a variety of primary care,  
23 specialty and subspecialty programs that will  
24 provide even better access and greater resources to

1 the greater Elgin and Fox Valley communities.

2 Access to a quality tertiary and  
3 quaternary healthcare system such as Advocate  
4 allows for improved health outcomes making our  
5 service area a more desirable place to live.

6 Should this partnership be approved,  
7 one of the first initiatives we plan to embark on  
8 with our new partners is the goal to eliminate all  
9 preventable patient harm across the Advocate  
10 healthcare system by the year 2020.

11 While much progress has been made  
12 since the 1999 Institute of Medicine report  
13 estimating the number of error-related patient  
14 deaths at close to 100,000 annually, there is still  
15 much to do.

16 A goal of zero preventable events of  
17 harm may seem like an ambitious goal, but when it  
18 comes to patient safety, nothing short of  
19 perfection will do.

20 In order to do this, Sherman Hospital  
21 and our potential Advocate partner hospitals are  
22 striving to become high reliability organizations.  
23 Together we will use proven error elimination  
24 methodologies, share our successes and challenges,

1 and develop a just culture where errors and near  
2 misses can fearlessly be addressed for the benefit  
3 of our patients. Not only will this organizational  
4 transformation increase patient safety and quality,  
5 but it will inevitably reduce the healthcare costs,  
6 as well.

7 In conclusion, I believe that the  
8 proposed transaction between Sherman and Advocate  
9 is in the best interest of patient quality of care  
10 and I ask for your support. Thank you.

11 MS. KENDRICK: Thank you, Dr. Zahn.

12 I'm not going to get this right, Amy  
13 Moerschbaecher.

14 MS. MOERSCHBAECHER: My name is Amy  
15 Moerschbaecher, A-M-Y, M-O-E-R-S-C-H-B-A-E-C-H-E-R.  
16 I am the director the medical ancillaries for  
17 Centegra Health System. I have been a nurse for 33  
18 years. I oppose Project E-001-13.

19 To provide high quality healthcare  
20 services to the people of the community, every  
21 hospital must carefully develop and recruit its  
22 workforce.

23 As part of the proposed merger between  
24 Advocate Health and Sherman, Advocate claims that

1 Sherman employees will continue to be employed for  
2 six months after the date of the merger.

3 What does this mean for the employees  
4 and their patients? Employees have six months of  
5 wondering whether they will have future positions  
6 within the organization.

7 Patients have six months of wondering  
8 whether their caregivers are able to fully focus on  
9 providing excellent care.

10 Patients could also be negatively  
11 impacted by the loss of experienced healthcare  
12 professionals who they have come to trust from  
13 their community hospital during repeat visits.

14 When Sherman is no longer a community  
15 hospital, some of these employees may be looking  
16 for positions elsewhere.

17 It is our understanding that many  
18 already are. Advocate may be promising to maintain  
19 employees for six months; however, throughout the  
20 medical community in this region it is commonly  
21 known that Sherman has been firing or forcing out  
22 some of its long-term, experienced employees, most  
23 likely in anticipation of this merger.

24 Sherman employees refer to the

1 practice of the premerger staff reduction as an  
2 alien abduction. They discuss how employees are at  
3 work one day and seemingly disappear the next.

4 Workplace culture has a direct impact  
5 on the quality of care patients receive. I ask you  
6 to consider how this merger will negatively affect  
7 Sherman's workforce and how the people of the  
8 region will suffer as a consequence. Thank you.

9 MS. KENDRICK: Thank you.

10 James Dan.

11 MR. DAN: Good morning Justice Greiman, Ms.  
12 Avery and Ms. Kendrick. I am Dr. James Dan,  
13 J-A-M-E-S, Dan, D-A-N, president of Advocate  
14 Medical Group. I am a board certified internist  
15 and geriatrician and have practiced medicine in the  
16 western suburbs for more than 30 years.

17 For the past six years I have been a  
18 senior executive of Advocate Health Care and  
19 leading our employed physician's group which now  
20 numbers over 1,000 positions.

21 You have heard my colleagues from  
22 Advocate and the leadership from Sherman talk about  
23 the benefits this partnership will bring to our  
24 respective systems.

1 I want to confirm to you and the  
2 review board that among all the various benefits  
3 presented none is more important than the  
4 opportunity for enhanced quality of patient care.

5 Similarly, let me also confirm that  
6 this transaction would not have gone forward if we  
7 didn't believe that Sherman already provided  
8 outstanding, high quality patient care. We have  
9 the utmost respect for their physicians, nurses and  
10 other professionals.

11 In response to healthcare reform,  
12 Advocate has been one of the early leaders in the  
13 accountable care movement. We are actively seeking  
14 to transform healthcare from a volume to a value  
15 model.

16 Let me explain one avenue that  
17 Advocate is pursuing and wants to expand with  
18 Sherman. We know that despite the efforts of  
19 hospitals throughout the country to achieve high  
20 levels of patient satisfaction, patients still  
21 prefer to avoid hospital stays if at all possible.

22 We also know that payers, whether  
23 government or private insurers, certainly prefer to  
24 avoid paying for inpatient care when it can be

1 avoided.

2 As part of our accountable care model,  
3 we are actively working with patients and  
4 physicians on preventative health measures that  
5 reduce the need for inpatient stays.

6 Advocate presently has over 100 nurse  
7 case managers that we embed in physician offices.  
8 By assisting and educating patients to obtain  
9 follow-up care and follow prescribed medical  
10 regiments, we help patients avoid hospital  
11 admissions and readmissions.

12 This is better care at lower cost.  
13 Sherman was enthusiastic about bringing this model  
14 to their patients and Advocate is enthusiastic  
15 about expanding this service to Sherman's patients.

16 Let me also give one other example of  
17 a very new development illustrating how this  
18 Sherman affiliation is helpful for clinical care.

19 You may have seen the article last  
20 week in Crain's reporting on a new venture to study  
21 the long-term effectiveness of medical devices.

22 Advocate has joined with Baylor Health  
23 Care System in Dallas and Dignity Health of San  
24 Francisco to identify the best performing devices

1 in categories such as stents, defibrillators,  
2 pacemakers and heart valves. This shared  
3 information, independent of device manufacturers,  
4 will help identify the devices with the best  
5 clinical outcomes.

6 Sherman was one of the early leaders  
7 in open heart and cardiac care. This information  
8 and data that Sherman can provide, together with  
9 data from other Advocate hospitals, will assist in  
10 identifying the best protocols medical devices for  
11 our physicians and improve our medical outcomes for  
12 patients.

13 Thank you for the opportunity to share  
14 some examples of how this partnership will allow  
15 both organizations to continue to enhance the high  
16 quality care that they provide in the community. I  
17 ask for your approval of this change of ownership  
18 project. Thank you.

19 MS. KENDRICK: Thank you, Dr. Dan.

20 Jeff Sahl.

21 MR. SAHL: At this time I think our team has  
22 covered our testimony and we would like to strike  
23 my testimony from the record.

24 MS. KENDRICK: Okay. I just have some

1 closing remarks. Is there anyone else who would  
2 like to testify who has not had an opportunity?

3 Please note that this project is  
4 tentatively scheduled for consideration by the  
5 board at the May 14th meeting at the Bolingbrook  
6 Golf Club located at 2001 Rodeo Drive.

7 Please refer to the board's website at  
8 [www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov) for more details and  
9 possible agenda changes.

10 The public has until 9:00 a.m. on  
11 Wednesday, April 24th to submit signed, written  
12 comments pertaining to this project. Comments  
13 should be sent to the attention of Courtney Avery,  
14 Administrator, 525 West Jefferson Street, Second  
15 Floor, Springfield, Illinois, 62761-0001. You may  
16 also fax your comments to 217-785-4111.

17 The state agency report will be made  
18 available on the Board's website on Tuesday, April  
19 30th. Written responses to the content of the  
20 report findings will be accepted until 9:00 a.m. on  
21 Monday, May 6th. Responses should also be sent to  
22 the attention of Courtney Avery.

23 Are there any questions? Please raise  
24 them now. Hearing that there are no questions,

1 this public hearing is now adjourned. Thank you  
2 for your participation today.

3 (WHICH WERE ALL THE PROCEEDINGS HAD  
4 IN THE ABOVE-ENTITLED CAUSE ON  
5 THIS DATE.)

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1 I, LINDA S. IDRIZI, a Certified Shorthand  
2 Reporter of the State of Illinois, CSR No. 84-3704,  
3 do hereby certify that I reported in shorthand the  
4 proceedings had in the aforesaid matter, and that  
5 the foregoing is a true, complete and correct  
6 transcript of the proceedings had as appears from  
7 my stenographic notes so taken and transcribed  
8 under my personal direction.

9 IN WITNESS WHEREOF, I do hereunto set my  
10 hand this 21st day of April, 2013.

11

12

13 LINDA S. IDRIZI, CSR

14 CSR No. 84-3704.

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