



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

**MEMO**

**RE:** Public Hearing Report for Project #11-025 US Renal Care - Bolingbrook

**Date:** July 11, 2011

**Time:** 10:00 AM

**Place:** Village of Bolingbrook  
375 West Briarcliff Road  
Bolingbrook, Illinois

**Public Hearing Officers:** Courtney Avery, Administrator IHFSRB  
Catherine Clark, Administrative Assistant IHFSRB

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- 23 Individuals were attendance
- 11 Individuals did not provide testimony, 8 Individuals indicated support for the project, 2 individuals did not provide a preference, and 1 individual indicated opposition to the project
- 12 Individuals spoke in support
- No one spoke in opposition

CME



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Form

Facility or Project Name: US Renal Care Bolingbrook Dialysis

Project Number: 11-025

Date: July 11, 2011 Time: 10AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) PHILIP R. O'CONNOR, Ph.D

Address 30 S MICHIGAN AVE 7th Floor

City CHICAGO State IL Zip 60603

Signature *Philip R O'Connor*

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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**TESTIMONY TO SUPPORT PROJECT**

**I. IDENTIFICATION**

Name (Please Print) Jeff Paulsen

Address 8617 Foxborough way

City Joliet State IL Zip 60431

Signature J Paulsen

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

U.S. Renal

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*CPA*



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TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) ANIS A. RAY D

Address 105 Waukegan

City Oak Brook State IL Zip 60653

Signature [Handwritten Signature] Naphtalene

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

- Advanced Med Care, LTD  
- US Renal

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TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Mohammed Akmal

Address 333 Chestnut Street

City Chicago State IL Zip 60521

Signature [Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Akmal Renal Care Ltd.

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**TESTIMONY TO SUPPORT PROJECT**

I. IDENTIFICATION

Name (Please Print) Carrie L. Kopala PA-C

Address 2340 S. Highland Ave #160

City Lombard State IL Zip 60148

Signature CKopala PA-C

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Advanced Renal Care

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**TESTIMONY TO SUPPORT PROJECT**

**I. IDENTIFICATION**

Name (Please Print) JEANNE PETTY  
 Address 6 PENNY ROYAL PLACE  
 City Woodridge State IL Zip 60517  
 Signature Jeanne Petty

**II. REPRESENTATION** (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  
ON BEHALF OF U.S. Renal  
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*CPA*

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**TESTIMONY TO SUPPORT PROJECT**

I. IDENTIFICATION

Name (Please Print) LAURA REGIS

Address 1141 VINE ST

City NEW LENOX State IL Zip 60451

Signature L. Regis

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

US RENAL CARE

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TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Debra Engler

Address 701 Indian Way

City St. Charles State IL Zip 60174

Signature Debra Engler

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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STATE OF ILLINOIS  
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**TESTIMONY TO SUPPORT PROJECT**

I. IDENTIFICATION

Name (Please Print) Michelle Abbott

Address 680 Cedar Drive

City Pasadena State MD Zip 21122

Signature Michelle Abbott

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

US Renal Care

Senator AJ Wilkerson

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**TESTIMONY TO SUPPORT PROJECT**

I. IDENTIFICATION

Name (Please Print) CARTRELL COLLINS

Address 133 Cambridge Way

City Bolingbrook State IL Zip 60527

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

U.S. Renal Care

~~on behalf of State Senate~~

~~A3 Weheni~~

*CRX*



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Project Number: 11-025

Date: July 11, 2011 Time: 10AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

Name (Please Print) Fogarty @ LAAR  
Address 375 W Briarcliff Rd  
City ~~Wheaton~~ State IL Zip 60187  
Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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Date: July 11, 2011 Time: 10AM

TESTIMONY TO SUPPORT PROJECT

I. IDENTIFICATION

RICARDO MORALES

Name (Please Print) ~~Rick Maniscalco~~ ~~Esq.~~

Address \_\_\_\_\_

City Bolingbrook State IL Zip 60490

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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# ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD

## Public Hearing Register

**Project:** US Renal Care – Bolingbrook #11-025  
**Location:** Village of Bolingbrook, 375 West Briarcliff Road

**Date:** July 11, 2011  
**Time:** 10 AM

### ATTENDANCE/NO TESTIMONY ON PROJECT

✓ #	NAME (PLEASE PRINT)	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED OR RESIDENT (PLEASE PRINT)	CITY (PLEASE PRINT)	(S) SUPPORT (O) OPPOSED (N) NEUTRAL (PLEASE PRINT)
1	<del>Major Robert C. Clark</del>	<del>Village of Bolingbrook</del>	<del>Bolingbrook</del>	<del>Support</del>
2	<del>JUSTICE RICARDO VIZCARRA</del>	<del>Village of Bolingbrook</del>	<del>Bolingbrook</del>	<del>Support</del>
3	<del>Jeffrey Patten Savannah Regis</del>	New Lenox IL	New Lenox	Support
4	<del>Philip Conner</del>	Lockport, IL	Lockport	Support
5	Rick MANISCALCO	U.S. Renal Care	Plano, TX	Support
6	ED CLANCY	U.S. Renal Care	Chicago	Support
7	Shawn Mann	U.S. Renal Care	Chicago	Support
8	Lynne Dearborn	Res Publica	Chicago	Support
9	Mewart Goldstein	Res Publica	Chicago	support
10	Matt Forsythe	Davita	Chicago	opposed
11	Kathryn Stelmack	Davita	Chicago	
12	Patricia Miller		Chgo	
13	Tonya Collins	U.S. Renal Care	Burr Ridge	support
14				



# Bolingbrook

a place to grow

May 18, 2011

Roger C. Claar  
Mayor

Mr. Dale Galassie  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL 62761

Carol S. Penning  
Village Clerk

Re: U.S. Renal Care Bolingbrook Dialysis

Leroy J. Brown  
Deputy Mayor  
& Village Trustee

Dear Mr. Galassie:

Village Trustees  
Michael T. Lawler  
Ricardo Morales  
Joseph B. Morelli  
Patricia E. Schanks  
Sandra S. Swinkunas

As Mayor of Bolingbrook, I am writing in support of the U.S. Renal Care Certificate of Need application to establish a 13 station dialysis facility in Bolingbrook, Illinois. U.S. Renal Care is known for providing high quality of care for patients with chronic and acute renal disease. U.S. Renal Care also provides patients with a choice of a full range of quality care, including in-center or at-home hemodialysis and peritoneal dialysis services.

Rick Mace, CEO of Adventist Bolingbrook Hospital, has attested to the fact that the hospital is experiencing a significant increase in patients requiring dialysis services. At the same time, the availability of such services in existing facilities has become limited which causes a delay in patient discharge and increases in patient length of stay. Many patients are currently being sent out of town requiring the burden of gas expense and time in commuting three times weekly to maintain their health on dialysis.

James S. Boan  
Village Attorney

As Bolingbrook is seeing a growing number of Hispanic and African American patients, who are at a disproportionate risk of diabetes and high blood pressure, which are the leading causes of kidney failure, lack of available access to dialysis care will continue to increase without additional dialysis chairs available. We anticipate that the volume of patients requiring dialysis services will continue to increase and wish to ensure that there are adequate resources to meet the needs of the patients in the Bolingbrook community. As such, I strongly support this project and ask that the Board approve the Certificate of Need application for the U.S. Renal Care Bolingbrook Dialysis facility.



Sincerely,

Roger C. Claar  
Mayor

375 W. Briarcliff Road  
Bolingbrook, Illinois  
60440-0951

www.bolingbrook.com

(630) 226-8400  
FAX: (630) 226-8409  
TDD: (630) 226-8402

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TESTIMONY OF PHILIP R. O'CONNOR, Ph.D.  
TO THE ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
IN THE MATTER OF U.S. RENAL CARE BOLINGBROOK DIALYSIS

*Introduction and Background*

My name is Philip R. O'Connor. I am testifying in support of the application submitted by the limited liability company applicant associated with U.S. Renal Care, Inc. ("U.S. Renal") to the Illinois Health Facilities and Services Review Board for a Certificate of Need ("CoN") for the U.S. Renal Care Bolingbrook Dialysis facility to be located in Bolingbrook, Illinois.

At the request of the legal representatives for U.S. Renal, I have examined a number of related topics with respect to the CoN application. My conclusion is that there are compelling reasons for approval of the application.

My views on this matter are informed by my background in economic regulation and by my lengthy experience related to health insurance as well as life, property and casualty insurance. I have served as Illinois Director of Insurance, the State's chief insurance regulator and as Chairman of the Illinois Commerce Commission, the State's utility regulatory agency. I hold a doctorate in Political Science from Northwestern University and have had an extensive consulting career involving economic competition in regulated industries. A copy of my resume is attached to this testimony as Appendix 1.

During my tenure as Illinois Director of Insurance, I was deeply involved in some of the earliest efforts to adjust medical insurance reimbursement methods to encourage improved utilization and to support development of lower cost treatment venues. As an insurance and utility regulator, as well as in my consulting and other professional business endeavors, I have been actively involved with market and competitive assessments in regulated industries.

### *Framework for Consideration of a Certificate of Need*

The standards for consideration by the Board of CoN applications stand in a middle ground between the sort of exclusive utility service territories or so-called "first-in-the-field" doctrine<sup>1</sup> that partially governs the granting or denial by the Illinois Commerce Commission of applications for certificates of public convenience and necessity on the one hand and on the other hand the granting or denial by the Department of Insurance of licenses for insurance companies to enter one or more lines of business and to operate within the State. In the utility situation, the focus is on preventing a costly and unnecessary duplication of fixed, non-mobile capital assets in an industry that is highly capital intensive. In the insurance regulatory situation, by contrast, the focus is mainly on the financial solidity of the applicant insurance company and its record of performance in other markets or lines of business, including their conduct with respect to policyholders. There is not an assessment of need or demand in the market, the assumption being that entry into the market should be a function of an individual insurer's perceptions of the market.

The Board, while taking into consideration its estimates of likely patient populations and the potential adverse impact of an excess of service providers on investment in localized health care assets and operations, is not in the business of single-mindedly protecting incumbent providers from competitive entry by other care providers. Rather, the Board takes into account a variety of factors and ultimately and most importantly, the needs of a local population for accessible and reliable medical and other health services.

Therefore, the Board is in the position of considering U.S. Renal's application in terms of what it means for people requiring renal dialysis for a range of renal conditions. The Board is in a position to consider issues of access and availability in specific locations within the planning areas. What is the meaning for access, for convenience, for treatment options and for the prospects for the costs to these

patients and the entities that participate in paying for these services, whether it is the State, the Federal government, insurance companies and also charitable care.

#### *Key Issues to Consider*

I see four key issues that, when considered together, result in a compelling argument for approval of U.S. Renal's CoN application.

These issues are:

- The highly likely increase in demand for dialysis in Health Service Areas ("HSA") 7 and 9, due in great part to rapid, ongoing demographic changes.
- Ease and convenience of patient access to dialysis modalities in HSAs 7 and 9 which are fast growing areas of Illinois and which are increasingly traffic congested.
- Implications for cost levels and cost displacement or shifting in the wider health care system in HSAs 7 and 9 to the extent that accessibility and reliability of dialysis treatment are less than optimal.
- Treatment options for patients are adversely affected to the extent that providers of dialysis do not readily offer home-based, self-administered care as well as care based in renal dialysis centers.

With respect to all four of these issues, outcomes are likely to be better if U.S. Renal is allowed to enter the market in HSAs 7 and 9.

#### *Patient Demand*

It is appropriate for the Board to treat its own service needs estimates and projections as guidelines and as one of a number of important factors to consider rather than as a solely determinative factor. Quite properly the Board exercises its expert discretion in reviewing CoN application. One important reason for

doing so is the value of flexibility in addressing the differences across demographic groups in rates for such conditions as renal failure. The intersection of two important facts strongly suggests that that future incidence rate of chronic kidney disease in HSAs 7 and 9 may rise beyond that contemplated in current need estimates.

First, a comparison of census data for 2000 and 2010 indicates that the Chicago metropolitan areas covered by HSAs 7 and 9 have experienced substantial growth, not only in population generally, but also in terms of African-American and Hispanic populations. The combined general population growth in HSAs 7 and 9 between the 2000 and 2010 censuses was 7%, most of which occurred in HSA 9, at 37% compared to HSA 7 at less than 1%. In contrast, the combined increase in African-American and Hispanic portions of the population increased by nearly a third, or nearly five times the general population increase of 7%. The African-American portion of the combined HSA 7 and 9 total population grew from 10.7% in 2000 to 12.4% in 2010 while the Hispanic portion grew from 11.1% in 2000 to 16.6% in 2010. Thus, the combined percentage of the African-American and Hispanic populations grew from 21.8% to 29%.

The 2000 to 2010 growth in the Hispanic portion of the population has been dramatic, with the change in HSA 7 expanding nearly by half from 11.8% to 17.2%. In HSA 9, the portion of total population classified as Hispanic nearly doubled, from 7.8% in 2000 to 14.4% in 2010. Appendix 2 contains a spreadsheet with data underlying these figures.

Second, it is well understood, for example, that end stage renal disease ("ESRD") rates are considerably higher among African-American and Hispanic demographic segments than among non-Hispanic white demographic segments. The African-American ESRD rate has been reported to be 3.6 times that among whites in the United States and among Hispanics to be 1.5 times higher than that of non-Hispanics.<sup>2</sup>

The rapid growth in the African-American and Hispanic portions of the HSA 7 and 9 populations could have profound implications over time for the need for dialysis

services. Approval of U.S. Renal's application would represent a prudent step anticipating a reasonable expectation of higher incidence rates in the future than might be indicated by past rates in the two planning areas.

### *Patient Access*

Beyond the basic issue of increased incidence rates that may be correlated with and increased portions of the HSA 7 and 9 populations that are African-American and Hispanic, there is the question of ease, convenience and certainty of timely access to dialysis services. Patient access is also closely related to cost issues, as addressed below.

A key principle in the creation of dialysis centers was that such centers could provide a combination of better, easier, more convenient access for patients trying to lead normal lives in contrast to the higher-cost, less "user-friendly" hospital setting. Indeed, the Board's mission includes helping to better assure access to lower cost yet high quality services.

There are various ways to consider improvements in patient access.

First, the Chicago metropolitan area, of which HSA 7 and 9 are included, is experiencing increased traffic congestion due to the inherent lag in road and public transit improvements in line with population growth. For example, Chicago area drivers are tied for "worst place" with drivers in the Washington D.C. area for time wasted due to traffic congestion.<sup>3</sup>

It is customary to focus on expressway congestion that contributes to the City of Chicago having the most acute congestion and lost time calculations. However, two facts should attract our interest in considering the nature of congestion as it relates to the issue of dialysis dispersion and accessibility in the suburban areas that comprise HSAs 7 and 9. First, many of the drivers losing time and being delayed by expressway traffic congestion within the City of Chicago are commuters who reside or work in the suburban areas. These drivers will include

people who require dialysis services themselves or are responsible for transportation of family or friends to dialysis centers. Second, in contrast to the Chicago Central Business District and balance of the City where 61% and 49% of congestion occur, respectively, on arterial roadways rather than on expressways, the figure for the remainder of the 6-county area is a far higher 93%.<sup>4</sup>

Most dialysis centers are located on or proximate to arterial roadways in the suburban areas that are the main sources of congestion. While dialysis center locations relative to arterials is not susceptible to much change, the placement of additional centers in HSA 7 and 9 will certainly facilitate patient access.

Second, it would be unrealistic to believe that patterns of seeking access to health care services are identical across demographic groups. The increase in African-American and Hispanic populations in HSAs 7 and 9 necessarily raises the question of what should be done to better assure that the many new residents accounting for this demographic change will have sufficient information, language skills, social networks, transport and, perhaps most importantly, other medical care such as pre-dialysis treatment by a nephrologist. For example, among new entrants to ESRD treatment, there was a marked difference between African-American and white patients who had not had prior nephrologist care, those figures being 47% and 41.4% respectively.<sup>5</sup>

To the extent that outreach and other programs either succeed or fail to largely close the gap described above as well as others, there will be varying impacts on dialysis demand and utilization.

Third, there is the question of whether the configuration of dialysis centers in HSAs 7 and 9 is fully adequate to accommodate existing demand for center-based dialysis. To the extent that there is population expansion in specific areas, such as in Bolingbrook, but where there appears are few dialysis stations, situations could easily develop in which physicians may find it necessary to delay discharging patients from hospitals due to difficulties in arranging close-to-home, near-term appointments for patients at dialysis centers.

### *Patient Costs and Cost Shifting*

One of the central questions facing public policy makers, health system regulators, service providers, medical care payers and, of course, patients, is the cost of health care services. It is not the purpose of this testimony to delve into the complexities and intricacies of the health care finance system or of the particulars of medical economics. Rather, the focus is on features of the specific situation facing the Board with respect to dialysis services in HSAs 7 and 9.

Approval of the U.S. Renal CoN application would help to address several inter-related factors that likely are contributing to higher than necessary overall costs for dialysis services in HSAs 7 and 9 taken together.

First, the market for dialysis services is highly concentrated. The level of concentration in HSA 7 is about twice that in HSA 9, but with both markets being highly concentrated. The Herfindahl-Hirschman Index ("HHI") is a standard initial antitrust analysis screen used by the United States Department of Justice. The HHI is a simple calculation that adds up the squares of the values of percentage market shares (with the decimals ignored) of competitors in a market.<sup>6</sup> Any result over 1,800 is considered highly concentrated. HSA 7 has an HHI of 5,232 while that of HSA 9 is 2,439.

The dialysis service providers in HSA 7 account for 1,056 approved stations and the providers in HSA 9 account for 217. In HSA 9 the four largest providers account for 84% of the just over two hundred approved stations while in HSA 7 just the top two providers account for 83% of the more than one thousand approved stations. Appendix 3 contains a spreadsheet upon which these various calculations are based.

It is noteworthy that the localized dialysis concentration level is higher than that in the dialysis sector nationally. According to the 2007 Economic Census, nationally the top four firms accounted for 76.7% of the market. The top eight

firms accounted for 81.6% of the national market, in stark contrast to the 83% of the market in HSA 7 accounted for by just the top two providers.<sup>7</sup>

In terms of comparison with other industries with which we are all familiar, the dialysis market in HSAs 7 and 9 must be regarded as highly concentrated. For example, in the entire financial and insurance services sector nationally, only government central banking entities and highly specialized entities referred to as "other depository credit intermediation" have concentration levels as high as those seen in HSAs 7 and 9 for dialysis.<sup>8</sup> Similarly, in the information sector nationally, only in the greeting card and directory publishing sector are there concentration levels comparable to those for dialysis in HSAs 7 and 9, while other sectors in the information industry such as software and book publishing and even motion pictures are far less concentrated.<sup>9</sup>

Second, the high market concentration necessarily raises the prospect of the dampening of price competition. To the extent that there is a dearth of pressure to restrain prices, costs for service may be higher than would otherwise be the case, thus fueling the potential for excessive rates of reimbursement. Such a situation would also be likely accompanied by cost shifting or cost displacement in which the rates set by Medicare and Medicaid will be seriously deficient, placing upward pressure on prices for other patients that are already insufficiently restrained by competition.

Third, to the extent that an existing lack of competitive pressure raises prices above levels that would otherwise prevail, but new providers are denied entrance to the market, then the situation is exacerbated. Part of that exacerbation is the problem presented by an insufficient volume of services tied to the access problem described above that potentially requires extension of high-cost stays for hospital in-patients who could otherwise be served on an out-patient basis in the lower cost setting of a dialysis center.

Fourth, the changing demographics discussed above may also have important implications for cost shifting. To the extent that these demographic changes imply greater difficulties in securing reimbursement from the Federal

Government for patients who may be ineligible due to their immigration status, there will be cost shift implications. Nationally, about 70% of ESRD patients are covered exclusively or by some combination of Medicare and Medicaid while only about 15% have some form of private or other insurance coverage.<sup>10</sup> However, the uninsured rate among Hispanics, the fastest growing demographic in HSA 7 especially is on the order of one-third. That is roughly three times the uninsured rate among non-Hispanic whites.<sup>11</sup>

Overall, the problem of cost levels and cost displacement are unlikely to be addressed any time soon through changes to reimbursement mechanisms or rates of insurance coverage in salient population segments. Rather, the problem is one that underscores the importance of accommodating entry in order to stimulate development of pressure to offer lower cost alternatives, especially ones that patients may find attractive for reasons of convenience and comfort, as discussed below.

### *Patient Options*

The U.S. Renal CoN application offers an opportunity to increase treatment modality options for patients in several respects. Importantly, these options ought to result in greater opportunities for more patients to access dialysis treatment that is both lower cost and more satisfying to them in terms of their life-style, work-life and other needs.

The 2010 USRDS Annual Report has sounded the alarm in noting that while the dialysis patient population has grown many-fold in the past three decades, the peritoneal dialysis population, that is served at lower cost, has grown much more slowly.<sup>12</sup> In the highly concentrated dialysis market in HSAs 7 and 9, there will be a natural and understandable lack of incentive for incumbent providers to actively promote treatment alternatives that would detract from control over patient flow and utilization. Thus, even though peritoneal dialysis is found by many patients to be a satisfying alternative and even preferable to hemodialysis,<sup>13</sup> and the

convergence of patient outcomes of the two modalities,<sup>14</sup> it does represent a challenge to in-center hemodialysis. There could be inherent disincentives for center-based dialysis services that manufacture dialysis-related supplies and equipment to offer or promote alternatives if those alternatives require less in the way of supplies and equipment.

U.S. Renal is specifically proposing as part of its plan the offering of in-home peritoneal dialysis when appropriate for the patient. The new competitive pressure brought to the market by U.S. Renal would help orient all providers toward patient satisfaction, whether through conventional hemodialysis or peritoneal methods. U.S. Renal will not suffer from any disincentive that could be related to an economic interest in the manufacturing of dialysis supplies and equipment or any other product related to dialysis services. It is solely in the business of operating dialysis services.

### *Conclusion*

The Board has before it for consideration an application that, in light of the conditions in the dialysis market is HSA 7 and 9, should be given favorable review. To the extent that the focus is on patients and their needs, then the arguments in favor of approval should be regarded as compelling.

### ENDNOTES

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<sup>1</sup> For a discussion of the "first-in-the-field" doctrine see *Fountain Water District v. Illinois Commerce Commission* No. 5-96-0531, Appellate Court of Illinois, Fifth District <http://law.justia.com/cases/illinois/court-of-appeals-fifth-appellate-district/1997/5960531.html>.

<sup>2</sup> See page 255 United States Renal Data Service 2010 Annual Report Volume 2 "Atlas of End Stage Renal Disease", [http://www.usrds.org/2010/pdf/v2\\_02.pdf](http://www.usrds.org/2010/pdf/v2_02.pdf).

<sup>3</sup> See *Urban Mobility Report 2010*, Texas Transportation Institute, Texas A&M University, December 2010 [http://tti.tamu.edu/documents/mobility\\_report\\_2010.pdf](http://tti.tamu.edu/documents/mobility_report_2010.pdf).

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<sup>4</sup> See page 10, *Moving at the Speed of Congestion: The True Cost of Traffic in the Chicago Metropolitan Area*, Metropolitan Planning Council, August 2008, <http://www.movingbeyondcongestion.org/downloads/MPC%20-%20Moving%20at%20the%20Speed%20of%20Congestion.pdf>.

<sup>5</sup> See page 270 United States Renal Data Service 2010 Annual Report Volume 2 "Atlas of End Stage Renal Disease", [http://www.usrds.org/2010/pdf/v2\\_03.pdf](http://www.usrds.org/2010/pdf/v2_03.pdf).

<sup>6</sup> See the U.S. Department of Justice explanation of the Herfindahl-Hirschman Index, <http://www.justice.gov/atr/public/testimony/hhi.htm>.

<sup>7</sup> See "Sector 62: Health Care and Social Assistance: Subject Series – Estab and Firm Size: Concentration by Largest Firms for the United States: 2007", U.S. Census Bureau, 2007 Economic Census, December 2010, [http://factfinder.census.gov/servlet/IBQTable?\\_bm=y&-geo\\_id=&-ds\\_name=EC0762SSSZ6&-lang=en](http://factfinder.census.gov/servlet/IBQTable?_bm=y&-geo_id=&-ds_name=EC0762SSSZ6&-lang=en).

<sup>8</sup> See "Sector 52: Finance and Insurance: Subject Series - Estab & Firm Size: Summary Statistics by Concentration of Largest Firms for the United States: 2007", U.S. Census Bureau, 2007 Economic Census, November 2010, [http://factfinder.census.gov/servlet/IBQTable?\\_bm=y&-geo\\_id=&-ds\\_name=EC0752SSSZ6&-lang=en](http://factfinder.census.gov/servlet/IBQTable?_bm=y&-geo_id=&-ds_name=EC0752SSSZ6&-lang=en).

<sup>9</sup> See "Sector 51: Information: Subject Series - Estab & Firm Size: Concentration by Largest Firms for the United States: 2007", U.S. Census Bureau, 2007 Economic Census, November 2001, [http://factfinder.census.gov/servlet/IBQTable?\\_bm=y&-geo\\_id=&-ds\\_name=EC0751SSSZ6&-lang=en](http://factfinder.census.gov/servlet/IBQTable?_bm=y&-geo_id=&-ds_name=EC0751SSSZ6&-lang=en).

<sup>10</sup> See Wetmore, James B., et al "Considering Health Insurance: How Do Dialysis Initiates with Medicaid Coverage Differ from Persons without Medicaid Coverage?", *Nephrology Dialysis Transplantation*, September 2009, <http://ndt.oxfordjournals.org/content/25/1/198.full.pdf+html?sid=6be19b69-fc4f-4c29-a794-b5dc29e3ab80>.

<sup>11</sup> See: "Table HI09A. Health Insurance Coverage Status by Nativity, Citizenship, and Duration of Residence for Hispanic Population: 2009", Current Population Survey, U.S. Census Bureau, Annual Social and Economic Supplement, [http://www.census.gov/hhes/www/cpstables/032010/health/h09a\\_000.htm](http://www.census.gov/hhes/www/cpstables/032010/health/h09a_000.htm).

Shah, N. Sarita and Carrasquillo, Olveen, "Twelve-Year Trends in Health Insurance Coverage among Latinos, by Subgroup and Immigration Status", *Health Affairs*, 25, no. 6 (2006): 1612-1619, <http://content.healthaffairs.org/content/25/6/1612.full.pdf+html>.

"Health Insurance Status of Hispanic Subpopulations in 2004: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65, *Medical Expenditure Panel Survey*, Agency for Healthcare Research and Quality, Statistical Brief #143, September 2006, [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/st143/stat143.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/st143/stat143.pdf).

<sup>12</sup> See page 278 United States Renal Data Service 2010 Annual Report Volume 2 "Atlas of End Stage Renal Disease", [http://www.usrds.org/2010/pdf/v2\\_03.pdf](http://www.usrds.org/2010/pdf/v2_03.pdf).

<sup>13</sup> See Rubin, Haya R. et al, "Patient Ratings of Dialysis Care with Peritoneal Dialysis vs. Hemodialysis" *Journal of the American Medical Association*, February 11, 2004, Vol. 291, No. 6.

<sup>14</sup> See "PD and HD Outcomes and Associated Clinical Factors", *Advanced Renal Education*, Fresenius Medical Care North America, 2010.

Appendix 1

**Philip R. O'Connor, Ph.D.**  
President, PROactive Strategies, Inc.  
1318 W. George Street #3C Chicago, IL 60657  
Phone (312) 980-4860 Mobile (312) 446-3536  
[Phil.OConnor@PROactive-Strategies.net](mailto:Phil.OConnor@PROactive-Strategies.net)

Dr. O'Connor is a recognized expert on the development and implementation business strategies in network and other regulated industries. He has been a frequent speaker, both nationally and internationally, on utility and insurance issues and has authored numerous articles in professional trade journals. He opened the office of NewEnergy Ventures in Chicago with two employees in 1998 and by 2007 the Great Lakes Region of Constellation NewEnergy had achieved nearly \$1 billion in retail electricity revenues. He was a principal with Coopers & Lybrand Consulting, into which he had merged his own firm, Palmer Bellevue Corporation, in 1994. Dr. O'Connor also served as Illinois' chief utility regulator, chairing the Illinois Commerce Commission, and as Director of the Illinois Department of Insurance and has been appointed to boards and commissions by five consecutive Illinois Governors. From March 2007 to March 2008 he served in the U.S. Embassy in Baghdad as an advisor to the Iraqi Ministry of Electricity.

**Employment:**

President, PROactive-Strategies, Inc, (1998-Present)

Vice President, Constellation NewEnergy, Inc. (2002-2008)  
Senior VP & Illinois Market Leader, AES NewEnergy, Inc. (1998-2002)

Ministerial Advisor (Electricity), U.S. Embassy, Baghdad, Iraq (2007-8) through Parsons-Brinckerhoff under contract to the U.S. Army Corps of Engineers.

Principal/Partner, Coopers & Lybrand Consulting/Palmer Bellevue (1995-1998)

Managing Director, Palmer Bellevue, a Division of Coopers & Lybrand (1994-1995)  
President and Chairman, Palmer Bellevue Corporation (1986-1993)

Chairman, Illinois Commerce Commission (1983 - 1985)  
• Member, National Association of Regulatory Commissioners (1983-1985)

Director, Illinois Department of Insurance (1979 - 1982)

Assistant to the Director and Deputy Director for Research and Urban Affairs,  
Illinois Department of Insurance (1977 - 1979)

Administrative Assistant to U.S. Representative George Miller (7<sup>th</sup>-CA) (1974-1977)

Assistant to California Senate Majority Leader, George Moscone (1973 - 1974)

Administrative Aide to Illinois Governor Richard B. Ogilvie (1969 - 1973)

### **Public & Political Service, Corporate Boards** (partial list)

- Political Director, Citizens for Governor Thompson (1982)
- Chairman, U.S. Environmental Protection Agency Allowance Tracking & Trading Subcommittee of the Acid Rain Advisory Committee (1991-1992)
- General Chairman, Citizens for Governor Edgar (1994)
- Chairman of the Illinois Health Care Reform Task Force (1993-1994)
- Chairman, Illinois Task Force on Human Services Consolidation (1996-1998)
- Member, Illinois State Board of Elections (1998-2004)
- Member, Children & Families Transition Committee to Governor-Elect George H. Ryan (1998)
- Chairman, Interim Board of the Illinois Insurance Exchange (1998)
- Illinois Commerce Commission Millennium Review Committee (2000-2001)
- Member, Bush-Cheney Transition Advisory Committee on Energy (2001)
- Member of the Board, Irish Life of North America (ILoNA Financial) (1992-2002)
- Chairman, Illinois Inter-Departmental Insurance Tax Task Force (2000-2004)
- Loyola University of Chicago Rome Center Alumni Board (1998-2004)
- Member of the Advisory Board, Loyola University Museum of Art (2004-Present)
- Member of the Board, Delphi Financial Group (NYSE:DFG) (2003-Present)
- Member of the Board Reliance Standard Life Insurance (1993-Present)
- Member, Illinois Carbon Capture and Sequestration Commission (2009-Present)
- Member, Board of Haymarket Center of Chicago (2011-present)

### **Education**

- 1966 - 1968 University of San Francisco
- 1968 - 1969 Loyola University of Chicago, Rome Center for Liberal Arts
- 1969 - 1970 Loyola University of Chicago, A.B. *Magna cum laude*
- 1971 Northwestern University, Graduate School, Political Science M.A. *Co-optation: A Re-definition and the Case of Chicago*
- 1979 Ph.D. Political Science Dissertation: *Metrosim: A Computer Simulation Model of U.S. Urban Systems*

### **Academic**

- 1973 North Atlantic Treaty Organization (NATO) Advanced Study Institute  
Summer Fellow – Polytechnic of Central London
- 1997 & 1998 Co-Instructor with Professor Alan Gitelson, *Political Science Money, Media, Message, Measurement & Motivation: Political Campaigns in the 90s*, an upper division undergraduate course, Loyola University of Chicago
- 1998 & 1999 Instructor, *The Politics of Deregulation*, Kellogg Graduate School of Management, Northwestern University, Evanston, Illinois

**Appendix 2**

**HSA 7 Population by Race (2000 Census data)**

	Cook County	City of Chicago	Suburban Cook County*	DuPage County	Total
Hispanic or Latino	1,071,740	753,644	318,096	81,366	399,462
Black or African American alone	1,405,361	1,065,009	340,352	27,600	367,952
Total Population	5,376,741	2,896,014	2,480,727	904,161	3,384,888

**HSA 7 Population by Race (2010 Census data)**

	Cook County	City of Chicago	Suburban Cook County*	DuPage County	Total
Hispanic or Latino	1,244,762	778,862	465,900	121,506	587,406
Black or African American alone	1,287,767	887,608	400,159	42,346	442,505
Total Population	5,194,675	2,695,598	2,499,077	916,924	3,416,001

**HSA 7 Population by Race (2000-2010 Change)**

	2000 Total Population	% Total	2010 Total Population	% Total	% Change
Hispanic or Latino	399,462	11.8%	587,406	17.2%	5.4%
Black or African American alone	367,952	10.9%	442,505	13.0%	2.1%
Total Population	3,384,888		3,416,001		

\*Cook County Excluding City of Chicago

**HSA 9 Population by Race (2000 Census data)**

	Grundy County	Kankakee County	Kendall County	Will County	Total Population
Hispanic or Latino	1,552	4,959	4,086	43,768	54,365
Black or African American alone	71	16,065	718	52,509	69,363
Total:	37,535	103,833	54,544	502,266	698,178

**HSA 9 Population by Race (2010 Census data)**

	Grundy County	Kankakee County	Kendall County	Will County	Total Population
Hispanic or Latino	4,096	10,167	17,898	105,817	137,978
Black or African American alone	605	17,187	6,585	75,743	100,120
Total:	50,063	113,449	114,736	677,560	955,808

**HSA 9 Population by Race (2000-2010 Change)**

	2000 Total Population	% Total	2010 Total Population	% Total	% Change
Hispanic or Latino	54,365	7.8%	137,978	14.4%	6.6%
Black or African American alone	69,363	9.9%	100,120	10.5%	0.5%
Total:	698,178		955,808		

**HSA 7 and HSA 9 Combined Population by Race (2000-2010 Change)**

	2000 Total Population	% Total	2010 Total Population	% Total	% Change
Hispanic or Latino	453,827	11.1%	725,384	16.6%	5.5%
Black or African American alone	437,315	10.7%	542,625	12.4%	1.7%
Total Population	4,083,066		4,371,809		

Appendix 3

HSA7 HERFINDAHL-HIRSCHMAN INDEX CALCULATION

Facility	Ownership	Number of Stations 3/20/2011	Market Share %	HHI
ARA-South Barrington Dialysis	ARA	14		
	<b>ARA Total</b>	<b>14</b>	<b>1.33</b>	<b>1.76</b>
Olympia Fields Dialysis Center	Davita	24		
Chicago Heights Renal Care	Davita	16		
Stoney Creek Dialysis	Davita	12		
Big Oaks Dialysis	Davita	12		
Palos Park Dialysis	Davita	12		
	<b>Davita Total</b>	<b>76</b>	<b>7.20</b>	<b>51.80</b>
Neomedica Dialysis Ctrs - Evanston	DSI	18		
RCG-South Holland	DSI	20		
Dialysis Center of America - Markham	DSI	24		
RCG Hazel Crest	DSI	17		
RCG - Arlington Heights Northwest Kidney Center	DSI	16		
RCG-Buffalo Grove	DSI	16		
RCG - Schaumburg	DSI	14		
	<b>DSI Total</b>	<b>127</b>	<b>12.03</b>	<b>144.64</b>
Downers Grove Dialysis Center	Fresenius	19		
Oak Park Dialysis Center	Fresenius	12		
Elk Grove Dialysis Center	Fresenius	28		
Central Dupage Dialysis Center	Fresenius	16		
Dialysis Center of America - Olympia Fields	Fresenius	27		
LaGrange Dialysis Center	Fresenius	20		
Fresenius Medical Care Northwest	Fresenius	16		
Neomedica Dialysis Ctrs - Rolling Meadows	Fresenius	24		
West Suburban Hosp. Dialysis Unit	Fresenius	46		
Dialysis Center of America - Berwyn	Fresenius	26		
Dialysis Center of America - Crestwood	Fresenius	32		
Blue Island Dialysis Ctr	Fresenius	24		
Neomedica Dialysis Ctrs - Far South Holland	Fresenius	17		
Naperville Dialysis Center	Fresenius	15		
Neomedica Dialysis Ctrs - Evergreen Park	Fresenius	30		
Neomedica Dialysis Ctrs - Hoffman Estates	Fresenius	17		
Dialysis Center of America - Orland Park	Fresenius	18		
Glenview Dialysis Center	Fresenius	20		
Neomedica Dialysis Ctrs - Melrose Park	Fresenius	18		
Lutheran General - Neomedica	Fresenius	32		
North Avenue Dialysis Center	Fresenius	22		
Neomedica Dialysis Ctrs - Hazel Crest	Fresenius	16		
RCG Villa Park	Fresenius	24		
Glendale Heights Dialysis Center	Fresenius	17		
RCG Skokie	Fresenius	14		
RCG - Mid America Evanston	Fresenius	20		
Alsip Dialysis Center	Fresenius	16		
FMC Dialysis Services of Willowbrook	Fresenius	16		
FMC Dialysis Services - Burbank	Fresenius	22		
RCG-Merrionette Park	Fresenius	18		
Fresenius Medical Care of Naperville North	Fresenius	14		
Fresenius Medical Care of West Chicago	Fresenius	12		
Fresenius Medical Care of Deerfield	Fresenius	12		
Fresenius Medical Care -Lombard	Fresenius	12		
Fresenius Medical Care Palatine	Fresenius	12		
Fresenius Medical Care Steger	Fresenius	12		
Fresenius Medical Care Des Plaines	Fresenius	12		
Fresenius Medical Care River Forest	Fresenius	20		
	<b>Fresenius Total</b>	<b>748</b>	<b>70.83</b>	<b>5,017.36</b>
Loyola Dialysis Center	Independent 1	30		
	<b>Independent 1 Total</b>	<b>30</b>	<b>2.84</b>	<b>8.07</b>
Evanston Hospital	Independent 2	5		
	<b>Independent 2 Total</b>	<b>5</b>	<b>0.47</b>	<b>0.22</b>
Maple Avenue Kidney Center	Independent 3	18		
	<b>Independent 3 Total</b>	<b>18</b>	<b>1.70</b>	<b>2.91</b>
Direct Dialysis - Crestwood Care Centre	Independent 4	6		
	<b>Independent 4 Total</b>	<b>6</b>	<b>0.57</b>	<b>0.32</b>
Center for Renal Replacement	Independent 5	16		
	<b>Independent 5 Total</b>	<b>16</b>	<b>1.52</b>	<b>2.30</b>
Community Dialysis of Harvey	Independent 6	16		
	<b>Independent 6 Total</b>	<b>16</b>	<b>1.52</b>	<b>2.30</b>
	<b>Grand Total</b>	<b>1,056</b>	<b>100.00</b>	<b>5,231.67</b>

## HSA9 HERFINDAHL-HIRSCHMAN INDEX CALCULATION

Facility	Ownership	Number of Stations 3/20/2011	Market Share %	HHI
Renal Care Group - Morris	Fresenius	9		
Bolingbrook Dialysis Center	Fresenius	24		
Fresenius Medical Care of Oswego	Fresenius	10		
Fresenius Medical Care of Mokena	Fresenius	12		
Fresenius Medical Care of Plainfield	Fresenius	12		
Fresenius Medical Care Joliet	Fresenius	16		
	<b>Fresenius Total</b>	<b>83</b>	<b>38.25</b>	<b>1,462.97</b>
Silver Cross Renal Center	Silver Cross	19		
Silver Cross Renal Center West	Silver Cross	29		
Silver Cross Renal Center Morris	Silver Cross	9		
	<b>Silver Cross Total</b>	<b>57</b>	<b>26.27</b>	<b>689.97</b>
Sun Health	Sun Health	17		
	<b>Sun Health Total</b>	<b>17</b>	<b>7.83</b>	<b>61.37</b>
Kankakee County Dialysis	Davita	12		
	<b>Davita Total</b>	<b>12</b>	<b>5.53</b>	<b>30.58</b>
Provena St. Mary's Hospital	Independent 1	25		
	<b>Independent 1 Total</b>	<b>25</b>	<b>11.52</b>	<b>132.73</b>
Manteno Dialysis Center	Independent 2	15		
	<b>Independent 2 Total</b>	<b>15</b>	<b>6.91</b>	<b>47.78</b>
Yorkville Dialysis Center	Independent 3	8		
	<b>Independent 3 Total</b>	<b>8</b>	<b>3.69</b>	<b>13.59</b>
	<b>Grand Total</b>	<b>217</b>	<b>100.00</b>	<b>2,439.00</b>



# Bolingbrook

a place to grow

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Mayor

Carol S. Penning  
Village Clerk

Leroy J. Brown  
Deputy Mayor  
& Village Trustee

Village Trustees  
Michael T. Lawler  
Ricardo Morales  
Joseph B. Morelli  
Patricia E. Schanks  
Sandra S. Swinkunas

James S. Boan  
Village Attorney



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Recycled For A Better Environment



July 11, 2011

Mr. Dale Galassie  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Galassie,

As a Village of Bolingbrook Trustee, I am here today to voice my strong support for U.S. Renal Care's Certificate of Need application to bring a new dialysis facility to Bolingbrook.

The Village of Bolingbrook continues to experience explosive growth in population. As we continue to grow, Bolingbrook is becoming more diverse as Hispanic and African American families lay their roots in our vibrant community. Village of Bolingbrook demographics per the 2010 census show that 24% of the over 73,000 residents are Hispanic and 20% are African American.

Hispanics and African Americans are twice as likely to develop diabetes and hypertension, which are leading causes of kidney disease. We need to have adequate health care resources to meet the demands of our growing community, and in particular, our minority community who is at a disproportionate risk for diseases that ultimately lead to the need for dialysis services.

The growing need for dialysis services has been confirmed by our community hospital, Adventist Bolingbrook, who has seen first-hand the significant increase. And unfortunately, the availability of services is limited. This new facility will provide convenient access for Bolingbrook patients.

Furthermore, by bringing another dialysis provider to the community, patients will have more options thereby hopefully raising the quality of care given by all providers. It is important that patients have a range of options on where and how they will receive care. All too often, patients don't.

In closing, I strongly encourage the Illinois Health and Services Review Board to approve U.S. Renal Care's application for Bolingbrook. This project will address an important health care need while providing greater access to high quality dialysis services for all residents, especially the minority community. Thank you.

Sincerely,

Ricardo Morales  
Village of Bolingbrook Trustee



TREE CITY USA

A Community of 72,000

**Carrie Kopala  
Physician Assistant  
Advanced Renal Care**

**Testimony in support of Bolingbrook facility**

Hello. My name is Carrie Kopala and I have been a physician assistant for 6 years, most recently at Advanced Renal Care. I am here to voice my support for a new U.S. Renal Care dialysis center in Bolingbrook.

I have had the opportunity to work with a range of patients in need of dialysis therapy. Dialysis therapy, as you may know, is critical life-sustaining care that requires significant time and energy from patients. Patients typically visit a dialysis center three times a week, with each visit lasting three or four hours. For many, it truly becomes their second home. This treatment is also very intimate. That is why, as a care giver, patient comfort and care is my highest priority.

I am happy to support U.S. Renal Care's proposal to add a dialysis facility in Bolingbrook. I believe that every patient should have a choice of where they dialyze, and too often they don't. Proximity to treatment is particularly important for dialysis patients. Many times they are elderly or ailing, and the frequent transportation takes a heavy toll on them. Introducing a closer, more convenient or simply preferred option would drastically improve patients' experience during their dialysis therapy.

I am encouraged by the proposal to open a dialysis treatment center in Bolingbrook. Expanding options for treatment will truly give patients the choice they need. I urge this board to approve U.S. Renal Care's proposal for a Bolingbrook facility. This new facility will expand access and provide patients a much-needed choice when it comes to the critical and life-sustaining care that so many people require. Thank you.

**Jeanne Petty**  
**Registered Nurse**

**Testimony in support of Bolingbrook facility**

Thank you for the opportunity to voice my strong support for a U.S. Renal Care facility in Bolingbrook. My name is Jeanne Petty, and I have been a registered nurse for 16 years. I have such a passion for providing quality care to people, and I am a staunch patient advocate. I am here today because in my opinion, dialysis patients in the area are in desperate need of options. Many patients are lacking the basic access they need, and as a result, are forced to travel very far to receive this critical and life-sustaining care. Proximity to care – particularly for dialysis patients – is critical to their wellness.

I am very concerned that there is not enough access for the many different kinds of dialysis patients in the region. When patients aren't able to get the care they need close to home, they are left to find another, far less convenient clinic to visit. Dialysis does not happen just once. This life sustaining treatment requires that patients dialyze three times a week for up to four hours each visit. For many patients, traveling a distance takes a great toll on them both physically and financially.

Limited access also delays the hospital discharge process, which leaves ill patients' waiting until a dialysis clinic has room for them which realizes an additional burden on the Medicare system. With demonstrated limited access to the only dialysis clinic in Bolingbrook, the addition of another provider will benefit the needs of the patients in this community and enhance quality of care for this needy population.

Health care should be about the people we treat – not about the dollars they generate. I am very troubled by the detrimental impact the limited access has on patients. Introducing another option for patients will expand the access they have and improve the quality of care they receive. I see a real demand for this with my patients, and I am confident that they would utilize a new Bolingbrook facility.

Again, thank you for the opportunity to voice my support for what I believe to be a crucial project. I am confident the state board will make the right decision by approving U.S. Renal Care's application to open a Bolingbrook facility. Thank you.

**Laura Regis**  
**Registered Nurse**  
**USRC Advanced Home Therapies**

**Testimony in support of Bolingbrook facility**

My name is Laura Regis. Thank you for the opportunity to publicly support U.S. Renal Care's application for a Bolingbrook facility. I have been a registered nurse for 30 years, and I have had the opportunity to see first-hand what good quality of care means to dialysis patients. I am also on the front lines, watching the demand for this kind of care grow. In order to meet this demand and provide a quality option to current and future patients, I believe a Bolingbrook facility is the right choice.

A Bolingbrook location would provide a more convenient option for a countless number of patients who are forced to find transportation to other areas for dialysis as they are turned away by the local provider. As you may know, dialysis doesn't mean a clinic visit just once in a while. Patients come in three days a week and each dialysis treatment can take four or more hours. Many times patients are elderly or very ill. And too often, they are covering a significant distance to get from home to the clinic and back. Coupled with the time required for a dialysis treatment, the patient, and most often a family member providing transportation, must invest additional time with travel. Referencing a case noted in the testimony of Dr. Ahmed, dialysis family members spend up to 6 hours a week transporting their loved one to Joliet for the life sustaining treatment of dialysis due to being turned away by the local dialysis facility. Travel expense with the cost of gas at it's zenith is an added stressor to a family already financially burdened with medical expenses.

Proximity to care is important in all aspects of healthcare, and even more so for the population that needs dialysis. Asking the sick and elderly – and their families and friends – to drive far distances for care that ought to be right in their community is unfair, and can be detrimental to their health. I believe patients should have the option to choose the care that best suits them, in a facility of their choice. Unfortunately, too many patients don't have that option.

This facility would also be a much-needed clinic for the growing number of dialysis patients in and around Bolingbrook. The need for dialysis in Bolingbrook is indeed growing. In addition to the aging baby boomer generation in Bolingbrook, the community has seen a substantial growth of Mexican American and African America residents. These populations are twice as likely to suffer from hypertension and diabetes – two of the leading causes of kidney failure. A Bolingbrook facility would put the care at the center of where it is needed.

Thank you for the opportunity to support this very important project. The dialysis population is growing, and I don't believe this community is currently prepared to manage that demand. An additional facility in Bolingbrook would certainly help us meet that growing need. I urge you to approve U.S. Renal Care's application. Thank you.

Debbie Engler  
Registered Nurse  
USRC

#### Testimony in support of Bolingbrook facility

Hi, my name is Debbie Engler. I am a registered nurse employed by U.S. Renal Care in their Home Therapies program at Lombard/Bolingbrook. I want to thank you for the opportunity to speak today. I have been a nurse for 20 years and have been in dialysis for the past eight years. I began the dialysis part of my career at a Davita unit in the small northwestern Illinois community of Freeport. I moved to the suburbs in 2005 when my husband was downsized from his engineering job at Honeywell. Why does the move to the suburbs matter?

Well, I have been looking for a place where the patient matters, where the patients were the most important part of the picture, and where we could give the care that we would want for our parents, grandparents or other people we genuinely cared about. I have worked at different companies in the area and have run into companies that don't put patients as the top priority. This goes from the top executives down to the personal caregivers.

I believe I have found the company where the patient really does come first. Dr. Rauf and Dr. Ahmed both work 24/7 and often give their personal cell phone numbers to patients and encourage them to call them directly. When was the last time your doctor did this for you? So, when they decided to open their units, I jumped at the chance to be part of their dreams of providing this type of personalized care.

This comes to the need for a U.S. Renal Care unit in the Bolingbrook area. I believe our patients deserve the ability to choose where they want to get their dialysis care without traveling a significant distance from their homes. The only choice that they now have is a Fresenius Medical Care unit. I can give you an example of this with a situation that presented itself a couple of weeks ago. I had a patient that needed to be placed in a hemodialysis unit for temporary hemodialysis. I went onto [dialysisfinder.com](http://dialysisfinder.com) - a website that even the social workers that place these patients use - and this is the list I found. (List names)

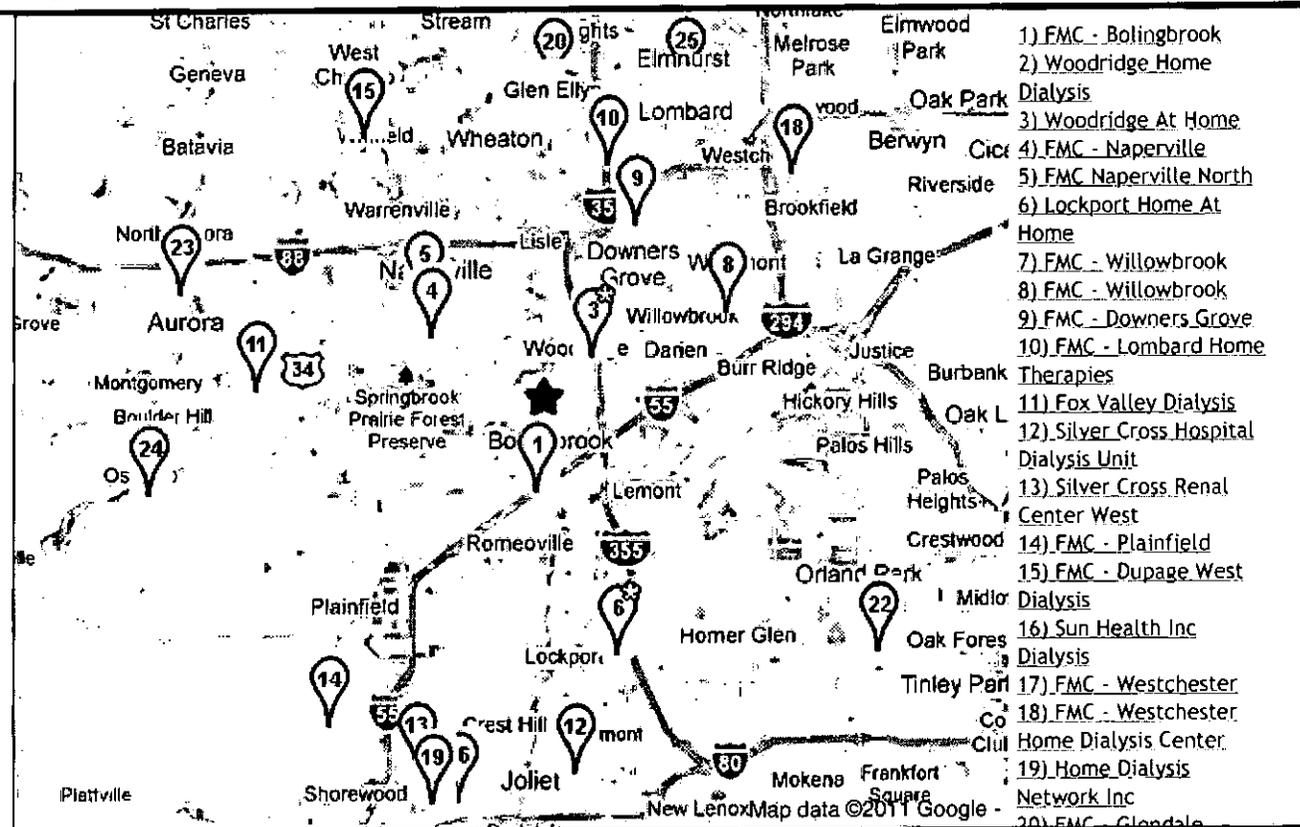
I see no other choices for my patients other than to travel out of their communities. Let me give you an example of the choices I would have if I needed hemodialysis. I live in St Charles and I would have the choice of a Davita unit in Elgin or Tri-Cities Dialysis, an independent unit in Geneva, or four FMC units (one in Elgin, two in West Chicago, one in Glendale Heights, all these units are within 15 minutes of my home. Dialysis care is very demanding of patients, and long travel times can be major barriers to wellness. I believe the patients in the Bolingbrook area deserve a choice within their community.

Again, I want to thank you for the opportunity to speak to you regarding this matter today. I urge you to approve U.S. Renal Care's application to open a Bolingbrook dialysis facility.

# dialysisfinder Locate dialysis centers anywhere in the U.S.

Call a dialysis placement specialist: 1-866-889-6019 If calling from outside the US: +1 (610) 722-6019

## Dialysis centers near Bolingbrook IL 60440 (change location)



- 1) FMC - Bolingbrook
- 2) Woodridge Home Dialysis
- 3) Woodridge At Home
- 4) FMC - Naperville
- 5) FMC Naperville North
- 6) Lockport Home At Home
- 7) FMC - Willowbrook
- 8) FMC - Willowgrove
- 9) FMC - Downers Grove
- 10) FMC - Lombard Home Therapies
- 11) Fox Valley Dialysis
- 12) Silver Cross Hospital Dialysis Unit
- 13) Silver Cross Renal Center West
- 14) FMC - Plainfield
- 15) FMC - Dupage West Dialysis
- 16) Sun Health Inc Dialysis
- 17) FMC - Westchester
- 18) FMC - Westchester Home Dialysis Center
- 19) Home Dialysis Network Inc
- 20) FMC - Glendale

★ = Your location    📍 = Placement Specialist Available

Premium Listings (shown on map)	Modalities	Distance
 <b>Woodridge Home Dialysis</b> 7425 Janes Ave STE 103 Woodridge IL 60517-2356 Fax: 630-968-0129  <b>PLACEMENT SPECIALIST AVAILABLE</b> <b>Phone: 1-866-889-6019</b> <b>Intl: +1 (610) 722-6019</b> Reference Number: 4331	In-center PD	3.70 mi



 **Woodridge At Home** Home Hemo 3.70 mi  
 7425 Janes Ave  
 STE 103  
 Woodridge IL 60517-2356  
 Fax: 630-968-0129  
  
 PLACEMENT SPECIALIST AVAILABLE  
**Phone: 1-866-889-6019**  
*Intl: +1 (610) 722-6019*  
 Reference Number: 5997

 **Lockport Home At Home** Home Hemo 7.77 mi  
 16626 W 159th St  
 STE 703  
 Lockport IL 60441-8019  
 Fax: 815-838-4754  
  
 PLACEMENT SPECIALIST AVAILABLE  
**Phone: 1-866-889-6019**  
*Intl: +1 (610) 722-6019*  
 Reference Number: 5999

All Listings (shown on map)	Modalities	Distance
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 <b><u>FMC - Bolingbrook</u></b> 329 Remington Blvd Ste 110 Bolingbrook IL 60440-5827 Fax: 630-759-1507 Phone: 630-759-1395 Reference Number: 100173	In Center Hemo,pd	1.50 mi
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 **Woodridge Home Dialysis** In-center PD 3.70 mi  
 7425 Janes Ave  
 STE 103  
 Woodridge IL 60517-2356  
 Fax: 630-968-0129  
  
 PLACEMENT SPECIALIST AVAILABLE  
**Phone: 1-866-889-6019**  
*Intl: +1 (610) 722-6019*  
 Reference Number: 4331

 **Woodridge At Home** Home Hemo 3.70 mi

7425 Janes Ave  
 STE 103  
 Woodridge IL 60517-2356  
 Fax: 630-968-0129



PLACEMENT SPECIALIST AVAILABLE

**Phone: 1-866-889-6019**

**Intl: +1 (610) 722-6019**

Reference Number: 5997



FMC - Naperville

In Center Hemo,pd

5.61 mi

100 Spalding Dr  
 Naperville IL 60540-6550  
 Fax: 630-717-7172  
 Phone: 630-717-7171  
 Reference Number: 100356



FMC Naperville North

In Center Hemo,pd

6.75 mi

516 W 5th Ave  
 Naperville IL 60563-2901  
 Fax: 630-753-9321  
 Phone: 630-753-9295  
 Reference Number: 105021



Lockport Home At Home

Home Hemo

7.77 mi

16626 W 159th St  
 STE 703  
 Lockport IL 60441-8019  
 Fax: 815-838-4754



PLACEMENT SPECIALIST AVAILABLE

**Phone: 1-866-889-6019**

**Intl: +1 (610) 722-6019**

Reference Number: 5999



FMC - Willowbrook

In Center Hemo,pd

8.04 mi

6300 Kingery Hwy  
 Willowbrook IL 60527-2248  
 Fax: 630-325-5034  
 Phone: 630-325-0309  
 Reference Number: 103851



FMC - Willowbrook

In Center Hemo,pd

8.14 mi

6300 Kingery Hwy

Willowbrook IL 60527-2248  
 Fax: 630-325-5034  
 Phone: 630-325-0309  
 Reference Number: 103851

	<u>FMC - Downers Grove</u> 3825 Highland Ave Downers Grove IL 60515-1552 Fax: 630-964-9414 Phone: 630-964-2605 Reference Number: 100333	In Center Hemo,pd	8.49 mi
	<u>FMC - Lombard Home Therapies</u> 1960 Springer Drive Lombard IL 60148-6419 Fax: (630) 693-0147 Phone: (630) 693-0394 Reference Number: 105913	In Center Hemo	10.22 mi
	<u>Fox Valley Dialysis</u> 1300 Waterford Dr Aurora IL 60504-5502 Fax: 630-236-9194 Phone: 630-236-1300 Reference Number: 102399	In Center Hemo,pd	10.39 mi
	<u>Silver Cross Hospital Dialysis Unit</u> 1200 Maple Rd Joliet IL 60432-1439 Fax: 815-740-3571 Phone: 815-740-7144 Reference Number: 101691	In Center Hemo	11.54 mi
	<u>Silver Cross Renal Center West</u> 1051 Essington Rd Joliet IL 60435-2801 Fax: 815-729-9659 Phone: 815-729-9240 Reference Number: 102445	In Center Hemo	12.19 mi
	<u>FMC - Plainfield</u> 2300 Michas Drive Plainfield IL 60544 Fax: (815) 230-2306	In Center Hemo	12.37 mi

Phone: (815) 230-2267  
Reference Number: 105874

	<u>FMC - Dupage West Dialysis</u> 450 E Roosevelt Rd West Chicago IL 60185-3905 Fax: 630-293-6643 Phone: 630-293-6356 Reference Number: 104887	In Center Hemo,pd	12.68 mi
	<u>Sun Health Inc Dialysis</u> 2121 Oneida St Ste 104 Joliet IL 60435-6544 Fax: 815-744-9347 Phone: 815-744-9300 Reference Number: 102409	In Center Hemo	12.80 mi
	<u>FMC - Westchester</u> 2400 Wolf Rd Westchester IL 60154-5625 Fax: 708-409-7781 Phone: 708-409-7780 Reference Number: 100371	In Center Hemo,home Hemo,pd	13.09 mi
	<u>FMC - Westchester Home Dialysis Center</u> 2400 Wolf Rd Suite 101 B Westchester IL 60154-5625 Fax: (708) 354-1538 Phone: (708) 562-8220 Reference Number: 105458	PD	13.09 mi
	<u>Home Dialysis Network Inc</u> 95 N 129th Infantry Dr Joliet IL 60435-5134 Fax: (815) 741-6832 Phone: (815) 741-6830 Reference Number: 105580	PD	13.10 mi
	<u>FMC - Glendale Heights</u> 520 North Ave Glendale Heights IL 60139-3119	In Center Hemo	13.71 mi

Fax: 630-858-8152  
 Phone: 630-858-8025  
 Reference Number: 103847

	<p><u>FMC - Glendale Heights</u>            520 North Ave            Glendale Heights IL 60139-3119            Fax: 630-858-8152            Phone: 630-858-8025            Reference Number: 103847</p>	In Center Hemo	13.71 mi
	<p><u>FMC - Orland Park</u>            9160 W 159th St            Orland Park IL 60462-5648            Fax: 708-349-1407            Phone: 708-403-2790            Reference Number: 103518</p>	In Center Hemo	14.00 mi
	<p><u>FMC - Aurora</u>            455 Mercy Ln            Aurora IL 60506-2462            Fax: 630-892-0321            Phone: 630-892-7445            Reference Number: 101677</p>	In Center Hemo,pd	14.02 mi
	<p><u>FMC Oswego</u>            1051 Station Dr            Oswego IL 60543-5008            Fax: 630-554-5431            Phone: 630-554-4783            Reference Number: 105020</p>	In Center Hemo	14.15 mi
	<p><u>FMC - Villa Park</u>            200 E North Ave            Villa Park IL 60181-1221            Fax: 630-617-8818            Phone: 630-617-8807            Reference Number: 104313</p>	In Center Hemo	14.76 mi

2200 WEBER RD.  
CREST HILL, IL 60403  
(815) 207-4445  
(815) 207-4446 (FAX)

124 STATE CAPITOL  
SPRINGFIELD, IL 62706  
(217) 782-8800  
(217) 558-6006 (FAX)



ILLINOIS STATE SENATE  
**A.J. WILHELMI**  
STATE SENATOR • 43RD DISTRICT

June 24, 2011

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JUN 27 2011

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Mr. Dale Galassie  
Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson, Second Floor  
Springfield, IL 62761

RE: U.S. Renal Care Bolingbrook Dialysis Certificate of Need Application Project No. 11-025

Dear Chairman Galassie:

This letter is written in support of the U.S. Renal Care Bolingbrook Dialysis Certificate of Need Application. The Bolingbrook community is in great need of additional dialysis resources to provide care to the growing population of residents who require such services. Both the high incidence of end stage renal disease and the growing Hispanic population in Bolingbrook make it essential that the Board approve this project to provide much needed dialysis resources for the Bolingbrook community.

The Bolingbrook area has seen a dramatic increase in its Hispanic population as demonstrated by 2010 census data. In the last ten years, the Bolingbrook Hispanic community has grown nearly 145%, from 7,371 in 2000 to 17,957 in 2010. Similarly, this growth also represents a higher proportion of Bolingbrook residents from 13.1% in 2000 to 24.5% in 2010. This proportion of Hispanic residents exceeds similar demographic populations for both the state of Illinois and Will County, at 15.8% and 15.6% respectively.

In addition to the high population growth in the Bolingbrook community, Hispanic populations also suffer from an incidence rate of end stage renal disease which is one and a half times greater than for Non-Hispanic Whites. This rate of incidence is more severe in certain populations with some studies documenting incidence rates for diabetic end stage renal disease as high as six times for Mexican Americans as compared to their non-Hispanic white counterparts. It is clear that without this project, the high incidence of end stage renal disease coupled with the explosive growth of Hispanic residents will result in an extreme shortfall in dialysis resources in the Bolingbrook community. The state of Illinois cannot afford to neglect the growing health care needs of its residents.

I believe that this project is essential to meet the needs of the Bolingbrook community and I urge the Board to approve this project.

Respectfully,

A handwritten signature in cursive script, appearing to read "A.J. Wilhelmi".  
A.J. Wilhelmi  
State Senator - 43<sup>rd</sup> District

**Cartrell Collins  
Dialysis Patient**

**Testimony in support of Bolingbrook facility**

Hello. My name is Cartrell Collins, and I am here to support the proposed U.S. Renal Care dialysis facility to be built in Bolingbrook. As a dialysis patient myself, I believe that a new facility in Bolingbrook would provide me – and countless others – a much needed choice as to where I seek care.

Having a nearby quality and convenient facility in Bolingbrook would drastically improve my quality of life. There is not enough access to the quality care that I need to stay well. Dialysis treatment, as you know, doesn't just happen once. It requires patients to visit centers regularly both for treatment and routine check-ups. That is why the convenience and location of a dialysis center is so important. For me, a Bolingbrook location would be ideal. Needing dialysis treatment is not a choice, but I believe that I should have the option of choosing where to seek that treatment. Right now, I do not have a choice.

For many years, I had received therapy at Fresenius Medical Center – Willowbrook, but I became unsatisfied with the care that its staff provided. Unfortunately, it was my only option because it is the only dialysis center in the area. Opening a U.S. Renal Care facility in Bolingbrook would truly give me access to a quality option that I would most certainly utilize. As a patient, I believe I have a right to treatment options, and I know there are many others that agree.

I am thrilled that the new facility would allow me to continue seeing my doctors, Dr. Ahmed and Dr. Rauf. I have had very positive experiences with both of them, and I truly feel that they are partners in my health and wellness. Something that is particularly appealing about the new facility is that Dr. Ahmed and Dr. Rauf would be directly managing the therapy I receive. I find comfort in knowing that the doctors I trust would be in charge of my care.

As I said before, dialysis is not something I choose, but I do believe I should have a choice as to where I seek this important treatment. U.S. Renal Care is known for providing a range of high quality care options, including in-center and at-home services. I believe the establishment of a U.S. Renal Care facility would significantly improve the quality of my care and the quality of care for others in similar situations. I encourage this board to approve the application before it. Thank you for the opportunity to voice my strong support for this important project.

**Jeff Paulsen, RN**

Testimony in support of Bolingbrook Dialysis Facility

I am here today to voice my strong support for U.S. Renal's application for a dialysis facility in Bolingbrook. I am a registered nurse and spent almost two years working at Adventist Bolingbrook Hospital where I saw first-hand the need for more dialysis services in the area.

Patients on dialysis are often very sick and they need immediate care. They shouldn't have to experience long wait times. Unfortunately, as a nurse, I have seen it happen all too often and it's just devastating. Because of the limited access to dialysis, many times their discharge from the hospital is significantly delayed. I've seen patients wait hours for dialysis services to become available. These patients are already ill to begin with, they are weak and tired and it's unacceptable to ask them to wait. Having dialysis services readily available when a patient needs them makes all the difference.

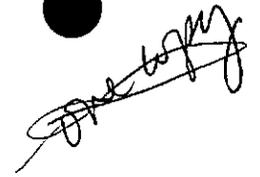
In Bolingbrook in particular, as population continues to grow, so does the need for more dialysis services. We witnessed that need at Adventist Bolingbrook Hospital. Unfortunately, the need isn't going to go away. It's going to increase. Couple the population growth with an increase in diabetes, the most common cause of kidney failure, and you have a huge demand for dialysis services. We have to be able to meet the demand for this critical service to provide the best care possible for patients.

In addition to meeting the need, it's also important to ensure patients have access to dialysis services close to home. Patients shouldn't have to drive long distances to and from their dialysis appointments. Having another dialysis facility located in Bolingbrook would help address both the need for services and easy access for patients to those services.

Thank you for the opportunity to voice my strong support for the proposed Bolingbrook dialysis center. After considering both the need and access issue, I'm confident the Illinois Health and Facilities Review Board will approve this important application paving the way for much-needed dialysis services for the Bolingbrook community.

Thank you for your time.

Dr. Ahmed Public Hearing Transcript



My name is Dr. Mohammed Ahmed. I grew up in the Chicagoland area. I did my undergraduate work at the University of Chicago and medical school at Midwestern University, Chicago College of Osteopathic Medicine. I completed my General Medicine and Nephrology training at the Loyola University in Maywood. To further my understanding of caring for the critically ill patient, I embarked on a second fellowship at the Mayo Clinic in Rochester, Minnesota. It is here that I learned that what enables the Mayo Clinic perform its world-class medicine is by having a passion for delivering the utmost care to each patient and to treat each patient how you would like to be treated. I have attempted to embody this philosophy in each of my patient interactions over the last three years. The last three years of Dr. Rauf and I embarking on the impossible feat of creating a successful practice from scratch have been the most challenging three years of my life. I have been through the most academically rigorous college experience in the US at the University of Chicago, completed two rigorous fellowships, and I must say these last three years have taken a profound toll on my personal and social lives. What has fueled my drive is knowing that each patient is getting the best care I can possibly provide. In every hospital where Dr. Rauf and I practice, there has been only one nephrology provider. Our entry into the DuPage county now provides a choice to patients; and with competition, the benefactors are the referring doctors and most importantly the patient. As outlined by Dr. Rauf, our practice has seen an explosive growth, not only because of the additional training we bring to the area, also due to the substantial demographic change in the community. The number of African Americans and Hispanic populations have grown substantially and the increased prevalence of diseases associated with end stage renal disease among those populations is causing very rapid growth in end stage renal disease service needs.

In putting together a plan for a facility to help deal with this issue, I have spent extensive time talking about those dialysis problems with other physicians, nurses, hospital discharge planners, patients and hospital management groups.

Several patients and social workers have reported access problems to me. Many of those problems probably relate to the robust need for existing station use. This growing, I might truly use the term exploding, need creates a situation where facility managers or owners establish rules for access that have a tragic effect on some patients. I cite three examples:

In May of 2011, I accepted into my care a patient with end stage COPD who requires a high amount continuous oxygen. Due to health related reasons, she recently moved to the Bolingbrook area to live under the care of her sister. This patient had multiple previous unsuccessful attempts to establish an AV Fistula, and at this time due to her advanced COPD, surgeons consider her to be a high surgical risk. The patient had requested to be transferred to a local dialysis provider and after several attempts for placement by a social worker, the patient herself, and my personal family members, the patient was informed by the facility head nurse/manager that the medical director will not accept patients without an AV access. For this patient, this means that her sister must drive her thirty miles round trip thrice weekly and either wait four and a half hours for the duration of her treatment, or double her mileage by returning home for the wait. If this patient becomes sick on dialysis, she will be admitted to Silver Cross Hospital where I do not practice, and continuity of care is lost.

Another patient who has encountered similar difficulties suffers from Type II Diabetes Mellitus, peripheral vascular disease, hypertension and end stage renal disease. This patient has had multiple podiatric procedures for necrosis of the foot requiring several hospitalizations. This patient had the surgical procedure for an AV Fistula with two subsequent revisions, all of which

failed and is currently dialyzed with a permanent catheter at a dialysis facility requiring a drive of approximately twenty-six miles round trip three times weekly for his dialysis treatments, again relying on the help of a friend or family member due to his failing eye sight secondary to diabetes. Over the past two years, this patient has made multiple attempts for placement at a local dialysis facility to ease this burden, only to be turned away due to lack of an AV Fistula access. Again, should this patient become ill on dialysis, he would be admitted to Edward Hospital, losing continuity of care of most of his Bolingbrook doctors which include such essential specialists as a cardiologist and pulmonologist as well as nephrologist.

My last illustration is a patient with a diagnosis of end stage diabetic kidney disease. This patient lives in the Bolingbrook area and with difficulty commutes to a dialysis facility which is over twenty mile round trip drive. Over the past year and a half, this patient has missed many dialysis treatments due to transportation difficulties, which subsequently has resulted in the need for admission and urgent dialysis at Adventist Bolingbrook Hospital on multiple occasions. Although venous mapping has been completed and several attempts have been made to schedule surgery for an AV Fistula, to date this has not been possible due to the instability of the patient resulting in over twenty hospital admissions managing malignant hypertension and abdominal pain due largely to being under dialyzed. These issues have been addressed with the local dialysis provider to no avail, she is still not able to be transferred to the local dialysis facility because she does not have the desired dialysis access which this particular unit requires before a patient is transferred over to the facility, an AV fistula

My co-applicants and I have had discussions with hospital management both in Bolingbrook and throughout Health Service Area 7 where we practice. Physician based outpatient facilities do not often get widespread hospital support. In our case, we have found enthusiastic hospital support

from several hospitals including Adventist Bolingbrook Hospital, Advocate Good Samaritan Hospital and St. Alexius Medical Center. I have no doubt that this support is based on the need for greater access. Delayed discharges, re-hospitalizations for dialysis, and loss of continuity for medically complex patients drive up hospital costs, place patients at risk for the management of resulting complications and potentially demean the self confidence level of patients. None of these are desirable; none are how medicine should be practiced. These are a few reasons why I believe our patients, our referring doctors, our nurses, and our growing community deserve a choice for a dialysis provider. And for these reasons, I strongly urge the Board to approve this project.

BBH  
- 325 West Duane Ct. Bolingbrook  
Bolingbrook

oak brook  
for Bolingbrook Ave  
Dinner from