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HEALTH FACILITIES &
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**STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**TAZEWELL COUNTY DIALYSIS - PEKIN
Re: Project # 12-052**

PUBLIC HEARING

JULY 18, 2012

NATIONWIDE SCHEDULING

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761
217-782-3516

TAZEWELL COUNTY DIALYSIS - PEKIN

Re: Project # 12-052

Public hearing held on July 18th, 2012, at the
Pekin City Hall, 111 South Capitol, 2nd Floor
Council Chambers, Pekin, Illinois, 61554.

(START TIME: 10:00 A.M.)

1 PRESENT ON BEHALF OF THE HEALTH FACILITIES AND
2 SERVICES REVIEW BOARD:

3

4 MR. GEORGE ROATE
5 Reviewer, Program Review Section
6 Division of Health Systems Development

7

8 MS. COURTNEY AVERY
9 Administrator

10

11 MS. ALEXIS KENDRICK
12 Board Staff

13

14 MR. DAVID PENN
15 Board Member

16

17 Reported by:

18 Kathy Johnson
19 CSR
20 Midwest Litigation Services
21 15 S. Old State Capitol Plaza
22 Springfield, IL 62701
23 217-522-2211 | 217.523.4282
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1 P U B L I C H E A R I N G

2 MR. ROATE: Good morning. My name is
3 George Roate. I'm accompanied by Miss Courtney
4 Avery, Administrator for the Illinois Health
5 Facilities and Services Review Board, Miss Alexis
6 Kendrick, Board Compliance Officer, and Mr. David
7 Penn, Board member.

8 I am with the Illinois Department of
9 Public Health and I am here to conduct a public
10 hearing on the proposed project known as project
11 12-052, Tazewell County Dialysis Pekin. As per
12 the rules of the Illinois Health Facilities and
13 Services Review Board I would like to read the
14 legal notice into the record.

15 In accordance with the requirements of
16 the Illinois Health Facilities Planning Act,
17 notice is given of receipt to establish an
18 end-stage renal dialysis facility, project
19 12-052, Tazewell County Dialysis Pekin. The
20 applicants are Pekin Dialysis, LLC, and DaVita,
21 Incorporated.

22 The applicants propose to establish an
23 eight station end-stage renal dialysis facility
24 in 4,100 gross square feet of leased space

1 located at 1021 Court Street, Pekin. Project
2 cost, \$1,685,119.

3 A public hearing will take place pursuant
4 to Part 1130.910. The hearing is scheduled for
5 10:00 a.m. on Wednesday, July 18th, 2012 at the
6 Pekin City Hall, 111 South Capitol Street, Pekin,
7 Illinois. The public hearing is to be held by
8 the Illinois Department of Public Health pursuant
9 to the Illinois Health Facilities Planning Act.

10 The hearing is open to the public and
11 will afford an opportunity for parties with
12 interest to present written and/or verbal comment
13 relevant to the project. All allegations or
14 assertions should be relevant to the need for the
15 proposed project and be supported with two copies
16 of documentation or materials that are printed or
17 typed on paper size eight and one half inches by
18 11 inches.

19 Consideration by the State Board has been
20 tentatively scheduled for the September 11th,
21 2012, State Board meeting. If you have not done
22 so, please sign in using the appropriate
23 registration forms. One form is for individuals
24 who want to provide testimony in favor of the

1 project.

2 Those providing testimony in favor of the
3 project are provided testimony favoring the
4 establishment of said end-stage renal dialysis
5 facility. Another form is for people to provide
6 testimony who oppose the project. This is for
7 individuals who oppose the establishment of the
8 facility.

9 The last form is for individuals to
10 register their attendance who do not wish to
11 testify. To ensure that the Illinois Health
12 Facilities and Services Review Board public
13 hearing protects the privacy and maintains the
14 confidentiality of an individual's health
15 information, covered entities as defined by the
16 Health Insurance Portability Act of 1996, such as
17 facilities, hospital providers, health plans, and
18 healthcare clearing houses submitting oral or
19 written testimony that discloses protected health
20 information of individuals shall have a valid
21 written authorization from that individual.

22 The authorization shall allow the covered
23 entity to share the individual's protected health
24 information at this hearing. Those of you who

1 came with prepared text for your presentation may
2 choose to submit that text without giving
3 testimony.

4 However, if you are giving oral testimony
5 please be as brief as possible. Due to the
6 number of individuals who have expressed an
7 interest in providing testimony, we must limit
8 each oral presentation to three minutes. As per
9 the legal notice, I would appreciate two copies
10 of your testimony.

11 When you make your presentation, please
12 give the court reporter the spelling of your
13 complete name. If there is a chief spokesperson
14 for the applicant we would like that individual
15 to make the first presentation.

16 The remaining testimony will be taken in
17 order of the names on the registers. Please hold
18 your questions until all testimony is presented.
19 And we will call the names accordingly from the
20 list from the sign-in sheets.

21 First, the Board would like to call Mr.
22 Timothy A. Pflederer. Timothy Pflederer.

23 MR. PFLEDERER: My name is Timothy A.
24 Pflederer. That's T-i-m-o-t-h-y, A,

1 P-f-l-e-d-e-r-e-r. And I'm Medical Director of
2 the Fresenius Pekin Dialysis Unit. Thank you for
3 allowing me to speak in opposition to the
4 proposed Tazewell County Dialysis facility.

5 Dr. Usman and DaVita have argued that
6 bringing in a competitor is good for our
7 community. This is not correct and would be a
8 significant mistake. Lower costs and higher
9 quality in healthcare comes mainly from providers
10 working together to keep patients healthy and out
11 of the hospital.

12 For many years RenalCare Associates has
13 been focusing on developing cooperative
14 relationships with our area hospitals, dialysis
15 units and others because this is good for
16 patients and the priority of healthcare reform.
17 Fresenius has been a committed partner here in
18 central Illinois with a common patient-centered
19 focus.

20 When Dr. Usman expressed a desire to
21 establish a nephrology practice we attempted to
22 find a way to have similar cooperation, but found
23 that he did not share our priorities in patient
24 care. He chose instead to compete. So what's

1 happened with this competition?

2 I'll share three specific examples that
3 illustrate some potential negative results of
4 competition. Doctor Usman currently cares for
5 four patients at the Fresenius Pekin Unit, three
6 of whom changed from our practice.

7 When asked why they made that change each
8 commented that they were approached by Dr. Usman
9 or one of his hospital associates and offered an
10 opportunity to dialyze fewer days per week,
11 shorter treatment times, or told they might
12 receive a kidney transplant more rapidly in a
13 transplant center where doctors are trained.

14 Fewer treatments and shorter dialysis are
15 recognized risk factors for poorer outcomes in
16 dialysis and establish laws, not physician
17 connections, regulate transplantation and the
18 distribution of organs.

19 Doctor Usman has chosen not to refer
20 patients for dialysis access surgery to the
21 RenalCare transplant surgeons who for many years
22 have done all fistula surgery for this region's
23 patients. Despite clear evidence in the medical
24 record, the inter medical literature that

1 surgeons who perform fewer fistula surgeries have
2 poorer outcomes, Dr. Usman has chosen to refer
3 his patients to a surgeon who will do less than
4 10 fistula surgeries each year rather than
5 experienced surgeons who each do nearly 200 and
6 have proven results.

7 Finally, Dr. Usman has chosen to not have
8 his patients participate in the dialysis
9 facility-based program that monitors access,
10 function and reduces the number of complications,
11 and his patients therefore don't benefit from
12 this Medicare-determined benefit.

13 Fresenius has demonstrated its commitment
14 to Central Illinois patients. Bringing in
15 another large national chain will not improve
16 care. A patient doesn't need competition; Pekin
17 needs cooperation and caregivers whose primary
18 concern is for the patient.

19 I respectfully ask that the Board deny
20 the application and approve the Fresenius
21 application that's been for it as well. Thank
22 you.

23 MR. ROATE: Thank you, Dr. Pflederer. Do
24 we have written copies of your presentation?

1 MR. FLETTERER: Yes, I have them for you.

2 MR. ROATE: Okay. If you don't mind
3 leaving them. Next, Board staff would like to
4 call William Sidell.

5 MR. SIDELL: My name is William Sidell.
6 The last name is S-i-d-e-l-l. I have been a
7 patient since June of 2006. I started out in
8 East Peoria, transferred to the Pekin facility
9 after a year and a half. Since that time I have
10 noticed, I have noticed the Pekin facility has
11 been getting people coming into the point that
12 the dialysis room has grown to overflowing.

13 Please, let's build another Fresenius
14 facility to accommodate all the new people
15 needing dialysis. If a person has to go to
16 Peoria or East Peoria, the price of gasoline is
17 getting so high that takes, the person that takes
18 the patient has to stay the whole four hours.

19 So if the driver has something to do they
20 have to put it on hold or waste the gas to leave
21 and come back, wasting more gas. When I first
22 found out that I needed to go to dialysis, I was
23 diagnosed with kidney cancer.

24 My urologist took my right kidney out and

1 told me my left kidney was not performing
2 properly, that I needed to go to dialysis. My
3 experience has been a very good one at the Pekin
4 facility. All of the nurses and the techs have
5 been, and are, currently very good to me and all
6 the patients.

7 The staff knows all the patients by their
8 first and last names and they all go the extra
9 mile to make sure that everyone is taken care of
10 proper. Doctor Paul Dreyer is a very good doctor
11 and a very good man.

12 If Pekin doesn't get a new Fresenius
13 dialysis facility I think we will be the ones
14 that will be suffering, so please let Pekin have
15 the new facility so all the people with kidney
16 malfunctions will get the service they deserve.
17 Thank you for your time.

18 MR. ROATE: Thank you, sir. Do we have
19 written copies of your testimony? If you'd just
20 like to leave it on the table, sir. Just right
21 there.

22 MR. SIDELL: Okay.

23 MR. ROATE: Thank you. Next, Board staff
24 would like to call Laurie Barra, B-a-r-r-a.

1 MS. BARRA: George?

2 MR. ROATE: Ma'am?

3 MS. BARRA: DaVita hasn't presented their
4 project yet.

5 MR. ROATE: I apologize, Miss Barra. May
6 we let them present, my apologies. If you'd like
7 to step forward. Miss Emley, correct?

8 MS. EMLEY: Yes. Good morning. My name
9 is Cindy Emley, and I'm the Regional Operations
10 Director for the Central Illinois Region for
11 DaVita, having served the renal care community
12 for 34 years.

13 As a new provider to this market, I'd
14 like to offer some introductory information.
15 DaVita is proposing to establish a new dialysis
16 facility here in Pekin. We are a national
17 dialysis provider. We operate 1809 outpatient
18 dialysis centers in 43 states and 70 outpatient
19 centers here in central, in the Illinois market.

20 At this point, at this time I'd like to
21 address why DaVita is proposing a new dialysis
22 facility here in Pekin. First, it is important
23 to understand that DaVita does not make these
24 types of decisions lightly. In deciding to

1 establish a new facility we look at the need,
2 utilization of existing facilities, as well as
3 the sustained viability of the proposed facility.

4 In fact, DaVita identified a need for
5 dialysis services in this market several years
6 ago, and we opened up a home dialysis program in
7 Peoria in March of 2008. However, we had to
8 close the program in 2010 due to lack of
9 physician support.

10 While Dr. Usman has been practicing in
11 this area since 2008 he only began practicing
12 nephrology last year. Over the past year Dr.
13 Usman's nephrology practice has grown and we feel
14 we have physician support to be successful in
15 this market.

16 Further, it was not until recently that
17 the CON Board's data showed a need for an
18 in-center dialysis facility in Pekin. As
19 documented in the CON Board's utilization data
20 there is a need for three dialysis stations in
21 the planning area, and the only dialysis facility
22 in Pekin is operating now at 94 percent.

23 While there are underutilized facilities
24 in Peoria most of Dr. Usman's patients reside in

1 Pekin. Peoria is approximately 25 minutes from
2 Pekin, and there is no interstate; therefore,
3 travel with secondary roads can increase
4 difficulty for patients.

5 Moreover, many dialysis patients are
6 reliant upon friends and family to transport them
7 to and from, and when dialysis is not proximately
8 located to the patient's home it does create an
9 undue burden, not only to the patient but also to
10 the caregiver who must either wait three to
11 four hours at the dialysis facility or return
12 home and make the trip twice.

13 Increasing access to dialysis by
14 approving a second facility in Pekin will not
15 result in care that is not medically necessary.
16 Further, approval of the proposed Tazewell County
17 Dialysis facility will not result in increased
18 costs to the government or other payors.

19 Additional stations are needed in Pekin
20 to serve the growing numbers of ESRD patients.
21 And as my colleague, Marissa Holloway, will
22 discuss later in her testimony, DaVita has many
23 programs that will benefit those in Tazewell
24 County. Thank you.

1 MR. ROATE: And we have copies of your --

2 MS. EMLEY: You do. Thank you very much.

3 MR. ROATE: Next, Board staff would like
4 to call Laurie Barra.

5 MS. BARRA: Good morning. My name is
6 Laurie Barra. L-a-u-r-i-e, B-a-r-r-a. I'm here
7 on behalf of the City of Pekin. I'm the mayor of
8 the City of Pekin. While we are not in the
9 dialysis or medical business, we certainly are in
10 the economic and community development business.

11 We would welcome DaVita as a member of
12 our economic community and we certainly would not
13 oppose different pharmacies coming in if they
14 were to, we have a CVS, we have a Walgreens. We
15 would not oppose a supermarket coming in, you
16 know, being against other supermarkets, so we
17 certainly are not opposed to having DaVita come
18 into the City of Pekin and serve our residents
19 and our citizens in a proper manner. Thank you.

20 MR. ROATE: Thank you, Mrs. Mayor. Next,
21 Board staff would like to call Ahsan Usman.

22 DR. USMAN: Hi. My name is Ahsan Usman,
23 A-h-s-a-n, and last name is U-s-m-a-n. And good
24 morning. I will be the Medical Director of the

1 proposed Tazewell County Dialysis facility. I
2 would like to thank the Illinois Health
3 Facilities and Services Review Board for the
4 opportunity to explain why a second dialysis
5 facility is needed in Pekin by another provider
6 in the community.

7 Our country is facing an obesity
8 epidemic. According to the data from the Centers
9 for Disease Control and Prevention, more than
10 35 percent of adults in the U.S. are obese, and
11 this number is expected to grow to 42 percent by
12 2030.

13 One of the results of higher obesity
14 rates is the increasing prevalence of diabetes
15 and hypertension among the general population.
16 In fact, 25 million people have diabetes and an
17 additional 79 million are pre-diabetic.

18 In 2008 diabetes accounted for 44 percent
19 of all new cases of kidney failure, and 200,000
20 people with end-stage renal disease due to
21 diabetes were living on chronic dialysis or with
22 a kidney transplant.

23 Many patients are diabetic and elderly,
24 and many have poor vision and rely on assistive

1 devices such as canes and wheelchairs and are
2 faced with additional safety hazards when
3 arriving and departing the facility in the dark.
4 Some of these hazards cannot be avoided in the
5 winter but patients feel much more secure when
6 coming and going in the daylight.

7 Therefore, a second dialysis facility is
8 needed in Pekin to ensure the residents of Pekin
9 and the surrounding areas maintain access to
10 life-sustaining dialysis.

11 I have been working with DaVita on a
12 facility in Pekin for nearly one year. In that
13 time I have been impressed with DaVita's
14 processes and quality initiatives.

15 DaVita is a leading provider of dialysis
16 services in the United States. They have several
17 programs that are going to help our community,
18 and they have programs like IMPACT, EMPOWER, and
19 Kidney Smart.

20 All these programs are designed to
21 educate our community. My patients, as with
22 other patients in the Pekin community, could
23 significantly benefit from these programs as well
24 as DaVita's other clinical initiatives it would

1 implement as part of the Tazewell County
2 Dialysis. I am concerned, Your Honor, RenalCare
3 Associates and the FMC's standing in front of
4 this respected Board and against Pekin residents
5 and DaVita's project, I am concerned that they
6 are requesting to maintain their monopoly in the
7 region.

8 I am concerned that they believe that
9 Tazewell County residents do not deserve a
10 choice, do not deserve a second provider in the
11 Pekin community. I am concerned if this
12 respected Board will not approve this application
13 in favor of the DaVita and Tazewell County
14 residents, then residents will be deprived of
15 having choice in next, for next 10 years. There
16 will be no provider for next 10 years.

17 MR. ROATE: Thank you, Dr. Usman. And we
18 have a copy of your written testimony. Next,
19 Board staff would like to call Keith Steffen.

20 MR. STEFFEN: Good morning. My name's
21 Keith, K-e-i-t-h, S-t-e-f-f-e-n. I'm the
22 president and CEO of OSF St. Francis Medical
23 Center in Peoria, Illinois. I have previously
24 given a letter of support for the Fresenius

1 Medical Care North Pekin project that was
2 identified as 12-004. So when you look at what's
3 at hand today, I've got a two-page document I
4 will give you, but the essence of my letter and
5 our message is this.

6 The planning Board has a choice; expand
7 an existing program or add a new program. And so
8 you have to look at the incremental costs of
9 doing just that. So in evaluating that, you're
10 going to have to look at the economics of this.
11 But we can tell from our perspective, having
12 worked with RenalCare Associates, Fresenius, now
13 for many decades, I share these two things.

14 Number one, when I came to St. Francis in
15 1980 nobody wanted to take the services to the
16 patient. Nobody wanted to drive 50 or 60 miles
17 to alleviate the social and economic burdens and
18 hardships on these patients. They did that.

19 A lot of windshield time, a lot of time
20 not getting paid, a lot of unproductive time in
21 terms of taking those services.

22 And today they do have a big network, and
23 I'm thankful for that. I'm thankful that
24 patients who normally had to be served in Peoria

1 could be served in some 15 to 20 outlying areas.

2 I think that's incredible.

3 Number two, Renal Associates has a big
4 impact on a tertiary quaternary care center like
5 St. Francis Medical Center. For us to be in the
6 cardiovascular surgeon business, the organ
7 transplant business, be in medical education, you
8 need these kinds of doctors and subspecialists to
9 facilitate that.

10 So what comes out of Peoria is also
11 benefitted in the region and these networks of
12 these hospitals. We fully support the
13 application that currently have an Intent to
14 Deny, and we have concerns about duplicating this
15 service here in Pekin, already expanding an
16 existing service that has been very successful
17 and with incredible clinical and quality
18 outcomes. Thank you.

19 MR. ROATE: Thank you, sir. Next, Board
20 staff would like to call Marissa Holloway.

21 MS. HOLLOWAY: Good morning. My name is
22 Marissa Holloway, M-a-r-i-s-s-a. Last name
23 Holloway, H-o-l-l-o-w-a-y. Thank you for your
24 time this morning. I am the Business Development

1 Specialist for DaVita, and as Cindy stated in her
2 testimony, DaVita is a national leader in
3 clinical outcomes and innovations. Over the
4 years DaVita has invested substantial resources
5 in elective initiatives to improve care not only
6 for our patients but for all the patients with
7 kidney disease and to generate taxpayers'
8 healthcare savings.

9 Those initiatives include DaVita Quality
10 Index. It's our DQI score which is a proprietary
11 benchmarking tool that compares the clinical
12 performance among all DaVita facilities. Over
13 the past 11 years the DQI have shown continuous
14 improvement, resulting in lower hospitalization
15 and mortality rates.

16 Our CathAway Program, which is designed
17 to transition patients from catheters to
18 fistulas, which are regarded as the gold standard
19 for dialysis. Through our CathAway Program
20 DaVita achieved the lowest 90-day catheter rates
21 among large dialysis providers in 2010.

22 As a result, the risk of hospitalization
23 from infections and blood clots has been reduced.
24 Like Dr. Usman stated, our IMPACT Program, which

1 is DaVita's care-management program for the first
2 three months of dialysis, when patients are at
3 the highest risk for serious and potential fatal
4 complications.

5 Since piloting in October 2007 the IMPACT
6 Program has not only shown to reduce mortality
7 rates by eight percent but is improving patient
8 outcomes during this critical period.

9 DaVita RX, the first and largest
10 full-service U.S. pharmacy specializing in kidney
11 care. DaVita RX patients have medication
12 adherence rates greater than 80 percent, almost
13 twice that of patients who fill prescriptions
14 elsewhere, and are correlated to 40 percent fewer
15 hospitalizations.

16 Lifeline Vascular Access, a DaVita
17 affiliate, is the nation's leading provider of
18 dedicated ESRD vascular access management. Its
19 innovative business model has produced better
20 clinical outcomes and increased patient
21 satisfaction at lower cost than hospitals.

22 EMPOWER is a free educational program for
23 CKD patients. Classes encourage CKD patients to
24 make healthy choices about their kidney care with

1 the goal of slowing the progression to dialysis
2 which is counter to DaVita's bottom line, but
3 fully reflective of our values.

4 The recently launched Kidney Smart
5 website which provides educational information
6 for individuals affected by CKD at no cost and is
7 recommended for potential patients, caregivers,
8 and anyone looking to learn more about the
9 disease and risk, and its risk factors.

10 DaVita and our physician partners
11 continuously strive to create new innovative
12 programs that raise the standard of kidney care,
13 reduce healthcare costs, and improve access to
14 all patients.

15 DAVITA is proud of these programs and the
16 improved clinical outcomes our patients have
17 achieved. I respectfully request the Illinois
18 Healthcare Facilities and Services Review Board
19 approve the CON for Tazewell County Dialysis so
20 DaVita can bring these innovative clinical
21 initiatives to Pekin. Thank you.

22 MR. ROATE: Thank you, Miss Holloway. We
23 have a written copy of your testimony.

24 MS. HOLLOWAY: You do.

1 MR. ROATE: Mr. Steffen, do you have
2 written copies of your testimony there on the
3 table? Thank you, sir. Next, Board staff would
4 like to call William Fisher.

5 MR. FISHER: Good morning. I'm Dr. Bill
6 Fisher. I've got a written statement here,
7 official. My name's Dr. Curtis William Fisher,
8 F-i-s-h-e-r. I'm a physician in the Family
9 Practice specialty, and I've been practicing in
10 Pekin for 21 years.

11 There's no question in my mind that
12 another clinic to provide dialysis services is
13 needed for this area as the population is aging
14 and travel outside of Pekin is difficult for
15 dialysis patients. I am here today to support
16 the dialysis clinic proposal made by RenalCare
17 Associates and Fresenius Medical Care.

18 As a longtime physician in the area I
19 have enjoyed an excellent working relationship
20 and have acquired mutual respect for the
21 RenalCare physicians as well as Fresenius Medical
22 Care.

23 I have first-hand knowledge of their
24 quality of care and expertise with many of my

1 patients who have chronic kidney disease. My
2 patients have experienced exemplary care and
3 compassion at the current Fresenius Pekin Clinic
4 and my patients know them and trust them.

5 The partnership between RenalCare
6 Associates and Fresenius exhibits an ongoing
7 commitment to the Pekin area and both have proven
8 themselves over and over throughout the years as
9 premier providers of patient care and dialysis
10 services.

11 I see no reason to experiment with new
12 and untried services when we have positive and
13 proven results with our current providers.
14 DaVita is an unknown entity in this area, and to
15 my knowledge there's been no previous interest in
16 serving the patients in the Pekin community.

17 I stand corrected after listening to the
18 other people speak. I urge the Illinois Health
19 Facilities and Services Review Board to approve
20 and allow the time-tested, proven provider to
21 continue to care for residents of the Pekin area.

22 And I am in support of the original
23 application as submitted by Fresenius Medical
24 Care for a clinic in North Pekin. Thank you.

1 Here's a copy.

2 MR. ROATE: Thank you, Dr. Fisher. Thank
3 you. Next, Board staff would like to call Mr.
4 Bill Fleming.

5 MR. FLEMING: Good morning. Thank you
6 for coming to Pekin and allowing our residents to
7 talk about this issue and make their comments
8 known. My name is Bill Fleming, F-l-e-m-i-n-g.
9 I'm the Executive Director of the Pekin Area
10 Chamber of Commerce.

11 I'm here to speak in support of the
12 Tazewell County Dialysis Project proposed by
13 DaVita and Dr. Usman. While I'm offering my
14 support of the DaVita project I'm not speaking
15 out against any other service providers in the
16 area.

17 In fact, earlier this year I wrote a
18 letter of support for the North Pekin Project
19 that several people have referenced. The Pekin
20 Area Chamber of Commerce recognizes that the
21 legislative and regulatory actions of a
22 government at all levels can have a significant
23 impact on the business community's ability to
24 conduct business in Pekin.

1 The Chamber believes all levels of
2 government should encourage the retention and
3 expansion of existing businesses, the relocation
4 of new businesses, and the startup of new
5 businesses in the Pekin area.

6 I understand there's an existing dialysis
7 facility in Pekin. I also understand there's a
8 need for additional treatment opportunities. Not
9 only will this facility help meet the local
10 patient demand, it will enhance the quality of
11 life in our community and fill an empty store
12 front.

13 Again, thank you for the opportunity to
14 speak on this issue.

15 MR. ROATE: Thank you, sir. Do we have a
16 written copy of your testimony, sir?

17 MR. FLEMING: I have one. I can get
18 another one if you want me to.

19 MR. ROATE: If you could just leave it
20 there I'll make sure a copy's made. Next, Board
21 staff would like to call G. Jack Desatnick. Mr.
22 Desatnick.

23 MR. DESATNICK: Good morning. My name is
24 G. Jack Desatnick. G, J-a-c-k,

1 D-e-s-a-t-n-i-c-k, and I am a Board member of
2 Central Illinois Memorial Kidney Foundation. We
3 are a non-profit organization that helps with the
4 financial needs of dialysis patients.

5 I am therefore very familiar with the
6 difficulties dialysis patients face. I am here
7 today to voice my opposition to the DaVita
8 Tazewell County application. I am, however, very
9 supportive of the originally proposed Fresenius
10 Medical Care North Pekin application.

11 Our foundation has been serving dialysis
12 patients in central Illinois for over 30 years,
13 and have worked closely with RenalCare
14 Associates. Dr. Robert Pflederer and his
15 partners have collectively served area patients
16 since dialysis first came to the area.

17 Their commitment to Central Illinois
18 patients to provide the highest quality outcomes
19 as well as patient satisfaction is shared by
20 Fresenius Medical Care, whom they have chosen to
21 partner with. I see no need to bring a separate
22 provider into the area simply for the sake of
23 competition.

24 This will disrupt the current cooperative

1 care that has been long established between the
2 area hospitals, dialysis clinics, primary care
3 physicians, and residents of Pekin. This will
4 not promote quality but will disjoint it.

5 I agree, as both DaVita and Fresenius do,
6 that additional access is needed in the Pekin
7 area. Pekin already has a dialysis clinic to
8 serve its residents. It seems a better choice of
9 location to build the clinic in neighboring North
10 Pekin for additional access rather than to
11 duplicate services in Pekin.

12 The Fresenius Medical Care is well
13 equipped and preferred to provide that access.
14 The Fresenius North Pekin facility will greatly
15 benefit our community by minimizing the challenge
16 of driving to and from treatment.

17 Patients will then have a choice of Pekin
18 or North Pekin, creating shorter travel times,
19 which is especially important to this elderly
20 population.

21 For the sake of the aging population of
22 our region to enhance the quality of life for
23 those senior citizens on dialysis and to gain
24 additional access to first-rate dialysis

1 services, I urge the Board to deny the DaVita
2 Tazewell Dialysis and allow Fresenius Medical
3 Care and RenalCare Associates to offer ongoing
4 services to this community by approving the
5 Fresenius North Pekin application. Thank you for
6 this opportunity.

7 MR. ROATE: Thank you, Mr. Desatnick.
8 Next, Board staff would like to call Deborah
9 Berardi. Deborah Berardi.

10 MS. BERARDI: Yes. Hello. My name is
11 Deborah Berardi, D-e-b-o-r-a-h, B-e-r-a-r-d-i. I
12 have both written and oral testimony. I'm
13 writing this letter in support for the
14 establishment of the Tazewell County Dialysis
15 facility by DaVita.

16 From what I have read and been informed
17 there's a definite need for another dialysis
18 facility in the Pekin area. Patients from
19 surrounding areas will utilize the facility.

20 My husband, Joe, who has had, who has
21 served four years on the Fulton County Board and
22 four years on the Canton City Council, was very
23 interested in this project. He has passed, but I
24 would like to speak for him and myself in support

1 for the project.

2 I was a teacher for 34 years and now I'm
3 a real estate broker. I do get out and talk to
4 many people in various fields. I have diabetes
5 also, so of course I'm interested in anything
6 related to this disease.

7 I live in the small community of Canton,
8 Illinois. I consider Pekin to be very close to
9 this community, and often shop and do business
10 here. Many people from this community, from my
11 community, do the same. For example, any time we
12 go out to eat, to Menard's or to the Pekin
13 Hospital, we would see people from Canton there.

14 My point is that not only will people
15 from Tazewell County benefit from another Pekin
16 facility, but so would those of nearby towns in
17 all directions, especially located east, west and
18 south of Pekin.

19 We asked Dr. Usman some important
20 questions about this project and liked his
21 answers. We learned that not only his patients
22 would use the facility but it could be used by
23 patients of other kidney specialists.

24 We also learned that he planned to accept

1 Medicare patients and the majority of insurance
2 plans for payment. He was interested in all
3 patients getting the care they needed regardless
4 of their payment plans.

5 He spoke from the heart and we felt he
6 chose his career for the right reasons. He's a
7 dedicated doctor looking to serve his patients.
8 In addition to helping make dialysis more
9 feasible for patients, a new facility owned by a
10 different company would create healthy
11 competition and options for patients, encouraging
12 both facilities to perform at their best.

13 It goes without saying that Dr. Usman
14 plans to buy or has purchased a vacant building
15 in Pekin, which would help to provide additional
16 taxes to this area. I would urge the Board to
17 vote in favor of the proposed Tazewell County
18 Dialysis facility. I can only see good coming
19 from this project.

20 The oral part that I would like to add is
21 that I come from no position of power, only as a
22 potential client of a facility. And two things.
23 that I wanted to point out was location, which
24 I've already spoken to in my letter, and I would

1 like to discuss a little bit about Dr. Usman's
2 personality and dedication.

3 I have personal experience. My husband
4 was a patient in the Pekin Hospital over the last
5 nine months, and Dr. Usman we found has been a
6 dedicated, skilled, compassionate doctor.

7 Also, one of the main things that I want
8 to point out is the healthy competition of two
9 facilities or more, everyone likes a choice of
10 where to shop. You could, everyone wants to
11 choose a place to buy their groceries, their car,
12 do whatever they want to do for their shopping,
13 and you need choices.

14 And I think that if you have a choice of
15 two or more then both facilities would be forced,
16 the existing and the new one, be forced to work
17 to their best to provide the best services at an
18 optimum service level and provide the best cost
19 for the consumers. Thank you.

20 MR. ROATE: Thank you, Miss Berardi.
21 Next, Board staff would like to call Dr. Phillip
22 J. Olsson.

23 MR. OLSSON: Good morning. I'm Dr.
24 Phillip J. Olsson, Phillip with two L's.

1 P-h-i-l-l-i-p. And Olsson is with two S's.
2 O-l-s-s-o-n. I have two copies of my testimony
3 to give you. I'd like to render this orally.

4 I'm the senior partner in RenalCare
5 Associates. I've been here for 32 years. I
6 trained in this area prior to that and prior to
7 going to the University of Florida.

8 I speak in favor of the Fresenius and
9 RenalCare and in opposition to DaVita, who when
10 they came to Peoria, by the way, did so without
11 even consulting us. We found out about it when
12 they were recruiting patients in the ICU at
13 Methodist Hospital.

14 In the last 15 years RenalCare has
15 developed an integrated chronic kidney disease
16 program, open to all physicians to care for
17 patients throughout the continuum of CKD from
18 diagnosis to end-stage renal disease, dialysis
19 and renal transplant.

20 We're very aggressive in transplanting
21 our patients to get them off of dialysis. We
22 fought that fight in Chicago years ago to get the
23 transplant program here and we've maintained it
24 here very successfully.

1 We give patients a tremendous amount of
2 information on treatment options for kidney
3 failure that allows them to make informed choices
4 regarding renal replacement therapies. Our
5 dialysis access program is second to none in
6 terms of quality.

7 We have access screening programs in our
8 dialysis unit, and those markedly improve access
9 function and have diminished morbidity and
10 mortality. We've developed case management
11 programs that have significantly decreased
12 hospitalization rates, length of stays, emergency
13 room visits, and it has improved outcomes and
14 patient satisfaction and reduced costs.

15 Given our history in the area, our
16 relationships with area providers and proven
17 integration and collaboration on clinical
18 initiatives, we respectfully believe that we're
19 in the best position to expand dialysis in the
20 Pekin area.

21 We will do so more efficiently, with
22 lower overall costs and enhanced quality.
23 Competition sounds laudable, but competition per
24 se is not always good. Because we desire the

1 best for our patients we're happy to collaborate
2 with high quality medical partners inside or
3 outside of our group.

4 In addition to Fresenius clinics in the
5 area we, the Fresenius clinics are open to all
6 nephrologists, including Dr. Usman who does have
7 patients in those clinics. Patients do have a
8 choice.

9 As another example, for many years we
10 very happily provided coverage for Dr. Srini, a
11 nephrologist in Galesburg. We've worked together
12 on dialysis access and transplantation. We've
13 sent him patients often, and he's sent us
14 difficult patients which we then return to him
15 when they get discharged from the healthcare
16 facilities.

17 Doctor Srini in Galesburg has been a
18 valued colleague, and now these many years later
19 he has joined our group just this last month. We
20 had hoped that when we first met with Dr. Usman
21 that we would be able to have the kind of working
22 relationship with him that we have had with Dr.
23 Srini, and which would benefit all.

24 We had hoped he might join us in

1 RenalCare Associates. However, he specifically
2 confided to us that he wanted an income stream
3 from ownership in dialysis that diverges from our
4 belief and goals, and so we were unable to work a
5 collegial working relationship.

6 To date, Dr. Usman has been very
7 aggressive in marketing and patient recruitment,
8 but he has not yet demonstrated quality patient
9 care. We hope that he will in the future. Thank
10 you very much.

11 MR. ROATE: Thank you, Dr. Olsson. You
12 can just leave that right there, sir, please, on
13 the table. Thank you. Next, Board staff would
14 like to call Paresh Patel.

15 MR. PATEL: Good morning. My name is
16 Paresh, P-a-r-e-s-h, Patel, P-a-t-e-l. I'm in
17 favor of the DaVita Clinic. The reason for that
18 is it's giving patients the choice. They can
19 make the decision rather than a doctor or a
20 hospital making the decision where to go. Thank
21 you.

22 MR. ROATE: Thank you, sir. Next, Board
23 staff would like to call Mark Brining.

24 MR. BRINING: Good afternoon. My name's

1 Mark Brining. M-a-r-k, B-r-i-n-i-n-g. And I'm a
2 patient at Fresenius Medical Care. My main
3 concern is if we brought in another facility the,
4 I am a veteran so I deal with the VA for my
5 payments and things.

6 My main concern is when we switch over to
7 something with another clinic that is not
8 Fresenius I wouldn't be able to just say
9 Wednesday I can't make it, can I go to the other
10 clinic. It's going to be paperwork, it's going
11 to be hassles, it's going to be different people,
12 a whole new set of faces.

13 And I'm sure that a lot of the other
14 people that are in the clinic do like the
15 familiar faces and know the name of the clinic
16 and so forth, so I am in opposition to the DaVita
17 program. Thank you.

18 MR. ROATE: Thank you for your service,
19 Mr. Brining.

20 MR. BRINING: Thank you.

21 MR. ROATE: Do you have a written copy of
22 your testimony?

23 MR. BRINING: No, I do not.

24 MR. ROATE: Okay. Mr. Patel, do you have

1 a written copy of your testimony?

2 MR. PATEL: No.

3 MR. ROATE: Okay, that's fine. Next,
4 Board staff would like to call Dr. Mohammed
5 Shakaib.

6 MR. SHAKAIB: Good morning. My name is
7 Dr. Mohammed Shakaib. M-o-h-a-m-m-e-d.
8 S-h-a-k-a-i-b is the last name. And in the three
9 minutes, I think I'm going to speak less than
10 that, it looks like it's clear that this area
11 needs a dialysis facility, and I'm always a
12 believer that competition is healthy.

13 And just a general knowledge for everyone
14 to know that DaVita and Fresenius are the two big
15 companies in the United States. And I, as a
16 nephrologist, have worked with DaVita and even
17 Fresenius. I have access to Fresenius right now.
18 I see patients, it's no problem.

19 And the only thing is from the Pekin
20 residents' point of view, it's always good to
21 have available two big companies to come and have
22 the patient a choice where you want to go. As a
23 physician I have access to Fresenius, I have
24 access to DaVita, so it's up to the patient,

1 their home or whatever their needs are.

2 And in that the monopoly will be erased,
3 which is going on for years. And the reason the
4 monopoly was going on, there was no physician who
5 would come here and practice independently
6 because as a subspecialist nephrologist you need
7 a backup to establish yourself.

8 So me and Dr. Usman did the same thing
9 here because we have two people. Proctor
10 Hospital in Peoria, they would not give us
11 privileges because the RenalCare had exclusive
12 contract. They would not allow any nephrology.

13 That, and also in St. Francis, they have
14 a restriction on dialysis for us as new
15 physicians, even though we have two and we have
16 coverage for each other. So at this point that
17 there is a monopoly going on, and that will
18 continue.

19 If this was any other private dialysis
20 unit that we are setting up, okay, that's a
21 different thing. But this is DaVita, which is
22 also a national company and Fresenius. So I'm in
23 support of that. And we can throw mud on each
24 other, me and the RenalCare Associates, what we

1 do with the patients, but that's not today.

2 Today is about Pekin residents and
3 whether they need a choice or not. And I
4 strongly believe they need a choice. And as
5 similarly stated in testimony, Tazewell County
6 Dialysis will maintain an open medical staff, and
7 therefore members of RenalCare Associates and
8 other nephrologists cannot gain full privileges
9 and provide care for their dialysis patients in
10 this Tazewell County Dialysis.

11 And I think, that's what I have to say is
12 it's always good to have competition. Otherwise,
13 as Dr. Usman pointed out, we will not be able to
14 open up any new dialysis unit from a different
15 company for years to come, especially seeing the
16 restriction we are getting in Peoria at Proctor
17 and St. Francis because that has something to do
18 with RenalCare Associates' contracts, which I
19 don't know, I don't want to get into it but, so I
20 do not want the same thing to happen in Pekin
21 that there is a monopoly that will continue and,
22 that will just continue and patients will never
23 have a choice. Thank you.

24 MR. ROATE: Thank you, Doctor. Next,

1 Board staff would like to call Jamaluddin
2 Amanullah.

3 MR. AMANULLAH: Good morning, everyone.
4 My name is Jamaluddin, J-a-m-a-l-u-d-d-i-n. And
5 Amanullah, A as in apple, M as in Mary, A as in
6 apple, N as in Nancy, U as in umbrella, L as in
7 lady, L as in lady, A as in apple, H as in Henry.

8 I have two brief points. I need to
9 dispute, I have not prepared testimony, but the
10 way the other side has portrayed Dr. Usman is
11 totally false. I have known Dr. Usman since my
12 residency days at the Cleveland Clinic, and I
13 want you to find out that he was voted the best
14 intern in the Cleveland Clinic in his first year
15 of residency.

16 His quality is par excellence. He has
17 trained at the best hospitals. Boundary Hospital
18 is one of the best hospitals in the entire
19 country, so there should not be any qualms, any
20 mud thrown at him. His quality is beyond par.
21 That's number one.

22 And number two is about the competition.
23 I have been working as a primary care physician
24 at Pekin Hospital and in the hospitals for about

1 a year now, and I already see the good results of
2 healthy competition. When I came here the
3 nephrologist would come here only three times a
4 week, that's it. And their dialysis was three
5 times a week.

6 But now, guess what, with Dr. Usman being
7 on board, now there's a, we require dialysis six
8 days a week, and nephrology coverage is seven
9 days a week, 24 hours a day. So healthy
10 competition works and is working.

11 We have living proof of that in Pekin.
12 Those are two very important points. And the
13 third is, which is very important, which has
14 already been said, is monopoly. Nowhere in the
15 world, and under no circumstances, monopoly beats
16 quality. It beats arrogance.

17 And patients are the ones who have
18 suffered, so if the patients can be provided good
19 quality care and an option. Again, DaVita might
20 lose, Fresenius might win. But in the end it's
21 the patient's choice. It's their choice. They
22 have two different providers, two different
23 facilities.

24 I would strongly recommend that this

1 Board kindly approve the DaVita's and Dr. Usman's
2 project. Thank you.

3 MR. ROATE: Thank you, sir. At this time
4 Board staff asks that we take a brief five-minute
5 recess. We'd like to ask that Miss Cooper and
6 Miss Conner please come to the table. We'll
7 reconvene in five minutes exactly.

8 (Break taken at this time.)

9 MR. ROATE: Thank you for your patience.
10 Our five-minute recess is over. Next, Board
11 staff would like to call a Mr. Drew Nash. Drew
12 Nash.

13 MR. NASH: I would be Nash. It's Drew,
14 D-r-e-w. Nash, N-a-s-h.

15 MR. ROATE: Thank you.

16 MR. NASH: Pretty much everything that I
17 have to say is echoing my fellow supporters over
18 here for Dr. Usman. My sister is in stage five
19 kidney failure. She's legally blind and she's a
20 brittle diabetic in need of premium care, which
21 she receives from Dr. Usman. You can't fake
22 that.

23 'Doctor Usman is a very caring and
24 concerned doctor. He even goes so far as to

1 spend a great deal of time with me who runs my
2 sister around to her appointments and so on and
3 so forth.

4 She will be on dialysis probably here
5 within the next couple of months, and with a
6 facility that has a 94 percent fill rate or
7 capacity, or however you want to call it, she's
8 not got very many options as to time or place or
9 whatever.

10 It doesn't just affect the patients, but
11 also their caregivers. I work a full-time job
12 and yet at the same time I have to help my
13 sister. Again, she doesn't drive. She's sick
14 quite a bit with a lot of doctor visits and so on
15 and so forth, as well as now going to have to go
16 on dialysis.

17 I also want to echo what everyone has
18 said about competition. In this country we know
19 that competition is very healthy in the sense
20 that it always makes us strive to do better.
21 It's not only the top notch quality care that is
22 given, it also raises them up also.

23 I'm stumbling here for words, I'm not a
24 very good speaker. But my point is, that

1 competition is always healthy. And when someone
2 is established in a community a lot of times they
3 get in a rut. Nobody likes change, especially us
4 as an aging society here in Pekin, many of us
5 getting, in the older group, and needing much
6 more care.

7 But, anyway, when you get in a rut,
8 everybody resists change, everybody does in their
9 own jobs and stuff like that, but we all know
10 when technology changes or new things come along
11 and you adjust it does become better for you to
12 implement these new things.

13 But I just want to state that Dr. Usman
14 is a very caring, concerned doctor and that I
15 think that this facility will be of benefit to so
16 many people here in Pekin if it's awarded to him.
17 Thank you.

18 MR. ROATE: Thank you, Miss Nash. Next,
19 Board staff would like to call Debra Hinderliter.

20 MS. HINDERLITER: Hi. I'm the sister,
21 and my name is D-e-b-r-a, Debra Hinderliter.
22 H-i-n-d-e-r-l-i-t-e-r. And as my sister said, I
23 am, I can see a little bit, but I can speak on
24 behalf of Dr. Usman. The gentleman did not know

1 who he was talking about when he was talking
2 about my doctor, who takes time and who is so
3 very caring.

4 I have never been under a healthcare
5 provider like Dr. Usman. I, as the patient I
6 want a choice. I want a choice of where I go for
7 dialysis. And so, I'm not a very eloquent
8 speaker, but on behalf of Dr. Usman, he deserves
9 this. We all as patients deserve this.

10 We deserve a choice. So on behalf of
11 being a patient I want this desperately. Thank
12 you for your time.

13 MR. ROATE: Thank you, Miss Hinderliter.
14 Next, Board staff would like to call Edmund
15 Graham.

16 MR. GRAHAM: Thank you. My name is
17 Edmund, E-d-m-u-n-d. Graham, G-r-a-h-a-m. I'm a
18 military retiree, a disabled veteran, because of
19 service to my country. I'm in here because of
20 nuclear research, and from what I understand from
21 the various doctors that's why I've had all these
22 physical problems.

23 First off, this thing that Dr. Usman came
24 to patients that left Fresenius, that's not

1 right. He did not come to me. I heard of him,
2 talked to my family physician. He checked Dr.
3 Usman out, he told me I should go see him. He
4 didn't want me to leave Fresenius until I saw the
5 Pekin Clinic. Then he took me on. And in the
6 first month I was with him he spent more time
7 with me than my previous doctor had in two and a
8 half years.

9 He's a very caring, a very fine man, a
10 very good doctor. I think he should have this
11 clinic. I'd like to see this monopoly broken up.
12 After all, this is the United States of America.
13 I served this country for over 20 years to see
14 that it stays like the United States of America,
15 and not some socialist communist nation.

16 That's how Teddy Roosevelt broke up
17 things like monopoly. But they definitely have
18 it here, and I want to see it stopped. I want to
19 see this clinic built in Pekin so I don't have to
20 go back to East Peoria or Peoria if they pull out
21 of Pekin.

22 In two and a half years I spent a lot of
23 money in gas in an old Dodge van at 15 miles per
24 gallon to run to East Peoria three times a week,

1 but I cut my time back to three days, or
2 two days, three hours. My numbers are still up,
3 getting better. So obviously I didn't need all
4 that dialysis, but it's dollars and cents. Thank
5 you.

6 MR. ROATE: Thank you for your service,
7 Mr. Graham.

8 MR. GRAHAM: You're welcome.

9 MR. ROATE: Next, Board staff would like
10 to call Victor Morrissey.

11 MR. MORRISSEY: My name is Victor
12 Morrissey, V-i-c-t-o-r, M-o-r-r-i-s-s-e-y, and I
13 am here for support for Dr. Usman. And, yes,
14 again, no, I asked for him, he didn't come to me.
15 I don't know what's being said on that.

16 As far as RenalCare, some of my questions
17 of it is about a month and a half ago they fired
18 about six people. I come in one day and there's
19 all different people from North Carolina,
20 Alabama, Chicago, replacements. And the only
21 thing I got was they wasn't following the rules.

22 Well, what rules weren't they following?
23 Anything to do with my health? As far as choice,
24 that's what hurts there. I lost a brother in

1 Korea in the Marines that fought for freedom and
2 choice.

3 I was in during the Vietnam crisis and
4 fought for freedom and choice. I had a son in
5 the Marines that's fighting for freedom and
6 choice. And I can't, I don't understand why a
7 person doesn't have a choice in the United
8 States, and the monopolizing that I thought never
9 continued anymore.

10 But as far as the choice, I think a
11 person should, because like now, what happened a
12 month and a half ago walking them people out,
13 kind of makes me wonder what wasn't being done.
14 Do I have a choice to go someplace else? No.
15 And I would like to have a choice. Thank you.

16 MR. ROATE: Thank you for your service,
17 Mr. Morrissey. Next, Board staff would like to
18 call Connie Romanus. Romanus.

19 MS. ROMANUS: Good morning. My name is
20 Connie Torrey-Romanus. C-o-n-n-i-e, T-o-r-r-e-y,
21 hyphen, R-o-m-a-n-u-s. I'm a registered nurse
22 and currently the area manager for the Fresenius
23 Medical Care Clinic in Pekin. I've worked in the
24 area for over 33 years and have lived here all my

1 life in the central Illinois area.

2 I'm here today both professionally and
3 personally to oppose the Davita Clinic Tazewell
4 County. I'd like to address some of the negative
5 comments made today in support of the Tazewell
6 County Clinic.

7 Fresenius Medical Care quality in the
8 Pekin area far exceeds the benchmarks set
9 internally by Fresenius as well as the Healthcare
10 Facilities Review Board rules and CMS guidelines.
11 Fresenius has many programs available to improve
12 the quality of the patient's life.

13 One of the programs is treatment options
14 which is offered to patients before they start
15 dialysis to inform them of the transplant
16 options, home dialysis options as well as
17 in-center, and hopefully so that they can make a
18 choice and have an access placed prior to
19 dialysis in an attempt to reduce catheters, and
20 that's definitely a quality improvement in the
21 area.

22 The Pekin area when compared to Fresenius
23 regionally and nationally has a higher percentage
24 of patients attending these educational sessions

1 and has fewer patients starting dialysis with
2 catheters.

3 Quality is also evident in the recent
4 ProPublica website tool that patients can use to
5 compare dialysis clinics. In a comparison of six
6 Fresenius central Illinois clinics and six DaVita
7 central Illinois clinics near the Pekin market
8 Fresenius outperformed DaVita.

9 For example, in the quality marker for
10 dialysis adequacy, Fresenius scored 96 percent
11 compared to DaVita at 91 percent. And for anemia
12 control the Fresenius marker was 88 percent
13 versus 82 percent for DaVita patients.

14 I'm not implying that DaVita does not
15 provide quality care. I am sure that it does.
16 But people here today are definitely implying
17 that there's a difference in the quality
18 provided. I think that Fresenius has served the
19 community well and we want to oppose the clinic
20 in Tazewell County.

21 Patient satisfaction is certainly
22 important to us. Patients may from time to time
23 have questions, and we always want to address
24 those. And we do survey our patients and take

1 steps to address any concerns that they have to
2 make their treatment more comfortable, to educate
3 them.

4 Certainly there is a need for more
5 stations, more chairs in the area. We
6 acknowledge that. We would like to be the
7 provider for that. Thank you very much for your
8 time.

9 MR. ROATE: Thank you, Miss Romanus.
10 Next, Board staff would like to call Dr. Robert
11 Sparrow.

12 MR. SPARROW: Nothing further to say.

13 MR. ROATE: Decline to speak, sir? Next,
14 Board staff would like to call Jeff Lickiss.
15 Sorry.

16 MR. LICKISS: Good morning. Thanks for
17 having this hearing. My name is Jeff Lickiss,
18 J-e-f-f. Last name L-i-c-k-i-s-s. Just for a
19 little background, I've been in healthcare for
20 30 years. I've worked the military side and the
21 civilian side. I'm in the Army now.

22 I am a former Peoria County Board member
23 and after that a former Chairman of the Health
24 Services Committee in Peoria, Illinois. The one

1 thing I'd like to point out right off the bat
2 that other members have but I decided to
3 emphasize is you cross that bridge, you cross
4 that bridge and you're in Peoria County, and
5 there's a lot of Peoria County residents on the
6 southeast side of the county that would like to
7 have these services available and I'm sure would
8 like to have some competition.

9 I'd like to speak too a little bit about
10 the competition side because there's also an
11 employee aspect of this. If you're a renal nurse
12 and you get fired, as what's been pointed out by
13 RenalCare, you have nowhere to go in the Peoria
14 area. You're looking for a move or to change
15 your specialty.

16 So another renal provider would provide
17 those people an opportunity as well if they have
18 been unduly fired to seek other employment in
19 their area that they live. The evidence of the
20 monopoly has not been provided by Dr. Usman's
21 side, it's been provided by the side that is,
22 that has come before you in opposition.

23 When the facts aren't on your side you
24 start pounding the podium and you start calling

1 people names, and that's what we've seen happen
2 here today. And it's a great unjust to Dr. Usman
3 and the services that he provides to this
4 community. What these people are telling you is
5 you're threatening our revenue stream, while at
6 the same time accusing him of wanting to start a
7 revenue stream.

8 I work with Dr. Usman. I've never heard
9 his concern about a revenue stream. As a
10 nephrologist and a medical internist, he has
11 plenty of revenue stream. This is a project he
12 wants to undertake for the community.

13 Lastly, I'd like to say that you have a
14 precedence on this situation. All you have to do
15 is look to Rockford, Illinois where OSF, Mr.
16 Steffens, who was here from OSF recently, wants
17 to speak about control, maintaining control.

18 Both him and Mr. Pflederer want to talk
19 about the Health Act. Well, the judges decided
20 on the Health Act but the jury's still out. We
21 don't know where that Health Act is going to go
22 after November so we can't base our healthcare
23 decisions on that Healthcare Act.

24 But if you look at Rockford, Illinois,

1 what Rockford, Illinois said when OSF wanted to
2 control both of their hospitals, the FCC said no,
3 we need competition. And that's why we need
4 competition in Peoria, Illinois. Take those
5 arguments out up there, same precedent, and apply
6 them to Pekin and Peoria, Illinois. Thank you
7 for the opportunity to speak.

8 MR. ROATE: Thank you, Mr. Lickiss, and
9 thank you for your military service. Next, Board
10 staff would like to call Clare Ranalli.

11 MS. RANALLI: George, I'm going to waive
12 if that's okay. If you can touch base with me.

13 MR. ROATE: Do you wish to speak or do
14 you wish to defer?

15 MS. RANALLI: I'll speak now or, no, I'll
16 speak now. Thank you. I was just going to try
17 and shorten my remarks if I wait until later. My
18 name is Clare, C-l-a-r-e, Ranalli, R-a-n-a-l-l-i.

19 I was given, I was just counting up the
20 letters, I think six letters from patients who
21 wanted to express their support for the Fresenius
22 project and against the DaVita project. They
23 could not be here today. A couple of them were
24 dialyzing, et cetera.

1 I'm not going to read them into the
2 record in the interest of time. I will just
3 tender them.

4 MR. ROATE: Please do, Ma'am.

5 MS. RANALLI: Thank you.

6 MR. ROATE: Thank you.

7 MS. RANALLI: Thank you. I did want to
8 say three things very briefly in response to some
9 of the comments that have been made here about
10 monopoly and, for instance, Rockford. I respect
11 two of those comments. The Health Facilities
12 Services and Review Board is not an anti-trust
13 board.

14 There are no anti-trust issues currently
15 involved with these two projects. I think
16 there's some interesting comments being made on
17 both sides. But we also have heard from people
18 other than RCA and Fresenius like Mr. Steffen and
19 Mr. Desatnick and Dr. Fisher, none of whom had
20 anything to do with RCA or Fresenius but who have
21 been in the delivery of healthcare in the area
22 and spoke very eloquently about the increased
23 costs that can be attended to a circumstance
24 where there's a lack of coordination of care.

1 I also want to point out that both DaVita
2 and Fresenius have joint venture facilities and,
3 you know, I don't know that we can say that
4 there's a more positive model or not with regard
5 to whether a dialysis company like DaVita or
6 Fresenius joint venture with physicians, but I
7 will point out that RCA does not joint venture
8 with Fresenius. That has been their choice in
9 the Pekin and East Peoria and Peoria clinics.

10 Doctor Usman is joint venturing with
11 DaVita. He will have an economic interest in
12 that facility and the patients who go there.
13 Also, with regard to choice, apparently, and this
14 is a very nice thing to hear, Dr. Usman has very
15 good patient relationships.

16 He's a young doctor with a new practice
17 and it sounds like he's doing very well. Those
18 patients have a choice with regard to seeing,
19 continuing to see Dr. Usman. All Fresenius
20 clinics are open. They can continue to dialyze
21 with him. So it's not a choice, I want to make
22 that clear, between Dr. Usman and RCA.

23 Doctor Usman's patients will continue to
24 treat with him. It's just that they would be

1 sitting in a dialysis station that is at a
2 Fresenius facility as opposed to a DaVita
3 facility. Again, I have five patient letters
4 talking about, I've given them, talking about
5 their choice for Fresenius and then one letter,
6 one letter from someone else that I'll just hand
7 in. Thank you.

8 MR. ROATE: Thank you, Miss Ranalli.
9 Next, Board staff would like to call Mindy
10 Brooks.

11 MS. TAYLOR: Excuse me, that's my
12 daughter. She had to leave too.

13 MR. ROATE: Okay. Ma'am --

14 MS. TAYLOR: She had to go back to work.

15 MR. ROATE: Okay. Would you like to
16 speak in her place?

17 MS. TAYLOR: Well, you have my name up
18 here so, yeah.

19 MR. ROATE: Are you, have you signed to
20 speak?

21 MS. TAYLOR: Yeah.

22 MR. ROATE: Okay. We'll go ahead and
23 defer her. And then let me --

24 MS. TAYLOR: I am Peggy Taylor.

1 MR. ROATE: Peggy Taylor. Okay, Miss
2 Taylor, we have your name. We have you listed to
3 speak. We'll call you shortly.

4 MS. TAYLOR: Okay.

5 MR. ROATE: Thank you. Next, Board staff
6 would like to call Kenneth Fuller.

7 AUDIENCE MEMBER: Mr. Fuller was here and
8 was too hot, he had to leave. He just asked that
9 his opposition be registered.

10 MR. ROATE: Thank you, sir. Next, Board
11 staff would like to call Colene Lickiss.

12 MS. LICKISS: Sure.

13 MR. ROATE: Colene Lickiss.

14 MS. LICKISS: My name is Colene.
15 C-o-l-e-n-e, L-i-c-k-i-s-s. I live at 810
16 LaSalle Boulevard, Marquette Heights. And good
17 morning, and good morning to all these good
18 people here who took their time to attend this
19 meeting. And isn't it wonderful and isn't it a
20 privilege to be an American and get to attend a
21 meeting such as this?

22 And I strongly disagree with some of the
23 statements I heard opposing Dr. Usman's efforts.
24 In fact, in my opinion, I believe some of them

1 were unprofessional. Now, I was taught that
2 monopolies, no. Competition is good. That's
3 what helped make America great, competition. And
4 I always believed that when you have competition
5 you get better service, lower prices and a better
6 product, generally anyway.

7 And we all know what the economic
8 conditions are today, and any useful business
9 that Pekin can get is most beneficial. And I
10 know from being a woman I love it when I have a
11 doctor's appointment because, Dr. Usman will
12 bring a lot of people to Pekin, I can guarantee
13 you that, because when you get out of that
14 doctor's office, being a woman, you're going to
15 go shopping. And after you shop you're going to
16 eat.

17 And then my GPS is programmed to go in
18 Starbucks, and I have told my doctors more than
19 once that cup of Starbucks does me more good than
20 some of your medicine, and the economics alone as
21 to how it will help bring taxes and income to
22 Pekin.

23 I say monopoly, no. Competition is good
24 for America. And I am very upset at some of the

1 unfair remarks made against Dr. Usman. Thank
2 you.

3 MR. ROATE: Thank you, Miss Lickiss.
4 Next, Board staff would like to call Connie
5 Dullard.

6 MS. DULLARD: Good morning, ladies and
7 gentlemen. I'm Connie Dullard. C-o-n-n-i-e,
8 D-u-l-l-a-r-d. I am currently a patient of Dr.
9 Rosborough of RenalCare Associates. I see him in
10 the Morton office for hypertension.

11 I also have a history of
12 hypercholesterolemia and a family history of
13 diabetes. While I do not need dialysis at the
14 present time, excuse me. I have asthma and it's
15 kind of warm in here.

16 As a retired nurse of 30 years'
17 experience I know statistically that I am a high
18 risk to have to have dialysis. As a senior
19 citizen and having had to travel to Peoria from
20 Morton every day when I worked I know how
21 difficult it is.

22 At my age I would find it very difficult.
23 It would also present transportation problems as
24 I am single, and this would be a hardship on my

1 family as they have jobs.

2 You've already heard how it access, or
3 how it impacts family members also. Access to
4 Pekin is easier for me and would allow me to
5 drive myself. When I needed to choose a
6 physician to treat my hypertension I had
7 absolutely no doubt that I wanted a physician
8 from RenalCare Associates.

9 I could have chosen a cardiologist. I've
10 had nothing but excellent care. When I've had a
11 problem with my blood pressure I called and Dr.
12 Rosborough saw me immediately. I have never had
13 a problem getting answers to my questions that I
14 have had, the questions I've had.

15 I trust the competency of these doctors.
16 That's why I chose that group. I would choose
17 Fresenius Renal Care Group since they are aware
18 of my medical care history and have proven that
19 they have quality care. I would not switch to
20 DaVita and Dr. Usman.

21 Finally, while I cannot speak for all
22 patients of RenalCare Associates, I do know and
23 have known many of them and I truly feel that
24 they would have the same opinion and feelings as

1 I do.

2 As I've listened to what's occurred here,
3 one thing became clear to me in my mind. I don't
4 know that the word monopoly is being used
5 appropriately. It has become very apparent that
6 Fresenius will allow anyone to come and dialyze,

7 So I feel very strongly the facility that
8 RenalCare wants to build on North Pekin would be
9 an assistance to all of us. Thank you.

10 MR. ROATE: Thank you, Miss Dullard.
11 Next, Board staff would like to call Miss Taylor.
12 Peggy Taylor.

13 MS. TAYLOR: Hi. My name is Peggy
14 Taylor, P-e-g-g-y, T-a-y-l-o-r, and I'm here in
15 support of the Peoria Nephrologist Group. I have
16 PKD. I passed it on to both of my children. My
17 daughter lives here in Pekin and she and I both
18 have Dr. Paul Dreyer as our doctor.

19 I'm here to let you guys know that I have
20 had the utmost excellent care, and everything I
21 say here comes straight from my heart. I have
22 gotten to know the staff very well. They have
23 all been so courteous and outstanding to us.

24 I'm a walk coordinator for the PKD

1 Foundation. If anybody wants to do our walk it's
2 September 15th. I have information. We are
3 getting a group of people from the Nephrologist
4 Group to talk this year for us, or to walk, I'm
5 sorry, for us. And a doctor and one of the staff
6 is going to speak, so I'm just here to support
7 them because I am a transplant patient.

8 I someday hope I never have to have
9 dialysis, but my heart goes out to them. And I
10 just want to support all the dialysis patients
11 and the Nephrologist group. Thank you.

12 MR. ROATE: Thank you, Miss Taylor.
13 Next, Board staff would like to call Annette
14 Wounded Arrow. It's A-n-n-e-t-t-e. Wounded,
15 W-o-u-n-d-e-d, space, A-r-r-o-w.

16 I come today to speak in support of the
17 Fresenius RenalCare project and I strongly oppose
18 the DaVita-Dr. Usman project. I come here today
19 as a healthcare consumer. I am a nurse of
20 22 years. I'm Associate Professor of Nursing at
21 Illinois Central College, and my mother is also a
22 patient of Dr. Rosborough's.

23 I have worked with the physicians and
24 staff at both RenalCare and Fresenius for the

1 last 22 years. I have had the privilege of
2 working with Dr. Rosborough as a family member
3 with my mother. He is a certified
4 hypertensionalist and he has managed her
5 hypertension for the last five years and does an
6 exemplary job.

7 As a critical care nurse and an
8 instructor I am very well aware of standards of
9 practice and quality of care, and these
10 physicians demonstrate outstanding quality of
11 care. One thing that I think is important to
12 know about this whole process, there's been a lot
13 of talk about competition and patients being
14 given a choice.

15 In my experience, extensive experience
16 with patients, it's not really about choice.
17 It's more about that personal connection that the
18 patients feel with their physician. It's knowing
19 that the physician is going to take the best care
20 of them and having that connection that they know
21 that they are getting good care, that that
22 physician cares about them and is able to do
23 everything in his power to help them.

24 These are not the things that competition

1 brings about. These are things that physicians
2 with a high level of skill, 30 years of
3 investment in a community, and a commitment to
4 their patients, that's what they bring to the
5 table.

6 My family and I, we support the new
7 Fresenius unit and we support RenalCare. We are
8 strongly opposed to the DaVita-Usman project. We
9 do not care about a name or a monopoly. We want
10 to go where we know that the physician that takes
11 care of us is going to go, and we want him to
12 continue to care for us there.

13 I ask that the CON Board please consider
14 the patient in all of this. They're the reason
15 we're here, and we choose Fresenius because we
16 know that as a patient we are going to be cared
17 for well there. Thank you.

18 MR. ROATE: Thank you, Miss Wounded
19 Arrow. Lastly, Board staff would like to call
20 Jill Humes.

21 MS. HUMES: My name is Jill Humes. It's
22 J-i-l-l, H-u-m-e-s, and I'm a kidney donor. I'm
23 here to speak in opposition of the Tazewell
24 County Dialysis Project and in support of the

1 Fresenius Medical Care.

2 My sister Jody was 17 years old when
3 suddenly diagnosed with kidney disease. It was
4 the summer before her senior year at Pekin High
5 School and my first year at St. Francis College
6 of Nursing. It was shocking news to hear her
7 primary physician was referring her to RenalCare
8 Associates because her lab showed something was
9 wrong.

10 At the time of referral RenalCare
11 Associates was the only provider of nephrology
12 care in our area. This was not an issue for us.
13 With the speed and ease with which Jody was seen
14 and care started, it never crossed our minds to
15 look into other choices.

16 Doctor Horbeth was her initial
17 nephrologist, and upon his retirement there was a
18 smooth transition to Dr. Olsson's care. Her care
19 by both nephrologists was outstanding. We were
20 educated about her disease and its progression
21 and given information, support and compassion
22 throughout all states.

23 She finished high school with no delays
24 and began nursing school. At age 21 she

1 progressed to the point of needing dialysis soon.
2 Once again, we were given the information and
3 attention needed to make informed decisions.

4 Having one dialysis provider available
5 was not an issue for us. We appreciated how
6 quickly and easily RenalCare Associates and the
7 dialysis provider began education and assistance
8 to Jody and my family.

9 With the support of her doctors and
10 dialysis staff she experienced a smooth
11 transition to peritoneal dialysis. During this
12 time I was tested for kidney donation. We met
13 with Dr. Darius, the RenalCare transplant surgeon
14 at the time, and on June 22nd, 1994, two months
15 after her 22nd birthday and two months after my
16 wedding, the transplant was performed at OSF in
17 Peoria.

18 This was the last day that Jody needed
19 dialysis to maintain her life. This year has
20 been 18 years, and her kidney continues to
21 function with no complications. I wish I could
22 explain the impact that RenalCare physicians have
23 had on Jody and my family. They truly are
24 extraordinary doctors.

1 Jody lives in Florida now with her
2 husband and their son working as a nurse. I
3 became an educator for hemodialysis and vascular
4 access. When an opening came at RenalCare
5 Associates for Vascular Access Coordinator I
6 didn't hesitate to apply.

7 I'm in my 10th year of working with them
8 and I'm proud to work with a group of dedicated
9 physicians providing the best quality of care for
10 the patients that I hold dear.

11 In my experience as a Vascular Access
12 Coordinator I've worked closely with Fresenius.
13 They are committed to patients and delivering the
14 best quality as my RenalCare physicians. I've
15 heard today that Pekin patients need choice, and
16 I've heard Fresenius and my sister's doctor's
17 care being questioned.

18 I do not know if Dr. Usman is a good
19 doctor. I do not know if DaVita would provide
20 good care. What I do know is that RenalCare and
21 Fresenius have proven to my family their deep
22 commitment to passion, service and quality care.

23 We do not need a choice of another
24 dialysis company, we choose Fresenius. I ask

1 that the Board deny the Tazewell County Dialysis
2 proposal.

3 MR. ROATE: Thank you, Miss Humes.

4 MR. STOTZ: Sir, I failed to sign in. Do
5 I have, can I make two quick comments?

6 MR. ROATE: As a matter of fact, I was
7 just going to pose the question. Is there anyone
8 who wishes to testify who has not had an
9 opportunity? Sir, if you'd like to step forward.

10 MR. STOTZ: I do have a statement but
11 I'll just turn it in. Two quick things. First
12 of all, my name is Rick Stotz. R-i-c-k,
13 S-t-o-t-z. I'm Regional Vice President with
14 Fresenius Medical Care.

15 Just addressing a couple things that were
16 said this morning, in reference to price fixing,
17 if you will. 85 percent of our population in our
18 current Pekin Dialysis facility is Medicare.
19 They're reimbursed by, through Medicare,
20 government source. So there really is not such a
21 thing. It's predominantly Medicare patients.
22 It's an older population on Medicare.

23 And also in reference to monopoly and how
24 that creates quality, substandard quality, we've

1 demonstrated through everybody speaking this
2 morning that our quality is above standard, meets
3 or exceeds across the Board with DaVita, and I
4 just want to point that out, so I appreciate your
5 time this morning. Thank you, and I'll pass
6 these in.

7 MR. ROATE: Thank you, Mr. Stotz. If you
8 could please sign in using the form.

9 MR. STOTZ: Yes, sir.

10 MR. ROATE: Sir?

11 MR. HOOKER: My name is Gene Hooker,
12 H-o-o-k-e-r. I'm associated with the Central
13 Illinois Agency on Aging. One of the things that
14 is of primary concern to me is that the National
15 Council on Aging is projecting that there will be
16 an increase in the age of people 65 to 85.

17 If we only have one facility in this area
18 and the population increases, what's going to
19 happen to those that have to wait and wait and
20 wait. I'm in favor of DaVita. I'm in favor of
21 Dr. Usman.

22 From a personal standpoint, my wife was a
23 patient in the Pekin Hospital three times since
24 January and once in OSF, and then was in

1 Rosewood. My primary physician recommended that
2 Dr. Usman look in on my wife. He didn't try to
3 influence us to change. He didn't try to coerce
4 us. He left it up to us.

5 His bedside manner, his demeanor, was of
6 such that I was very impressed and so we made the
7 change, and I've been happy. And the reason that
8 I have been happy is because his expertise and
9 his knowledge has brought the numbers down to
10 where there's no thought at this point of her
11 going on dialysis.

12 We don't know what the future is but at
13 her age and the condition it can deteriorate to
14 the point that she would need dialysis. But the
15 primary thing that I'm concerned about would be
16 overloading and you'd have to wait. You'd have
17 to wait or go somewhere else.

18 The free enterprise system is what has
19 made America what it is, and I think that we
20 should support Dr. Usman and Dr. Shakaib because
21 of the demeanor they have, their bedside manner,
22 and their knowledge and their expertise.

23 So I am very much in favor of having
24 another center here in Pekin. The size that we

1 are and the way that the community is going,
2 there's many little villages and communities
3 south of here and west of here that could use the
4 facilities without having to go elsewhere.

5 And it's not a matter of choice, it's
6 just a matter are we going to be status quo and
7 just remain as we are or are we going to look to
8 the future whenever the older population, their
9 health gets bad, things deteriorate, and there is
10 going to be a need for more facilities in the
11 future. Thank you.

12 MR. ROATE: Thank you, sir. Can you
13 please complete the green form on the table?
14 That way we can --

15 MR. HOOKER: Yes, sir.

16 MR. ROATE: Thank you, sir. Is there
17 anyone who wishes to testify who has not had an
18 opportunity? Seeing none, is there anyone who
19 has testified who wishes to provide additional
20 testimony?

21 I would remind everyone to submit your
22 written comments to us so that we have this
23 information for the record. Also, this project
24 is scheduled for consideration by the Illinois

1 Health Facilities and Services Review Board at
2 its September 11th, 2012 meeting.

3 This will be held in a location to be
4 determined in Bloomington, Illinois. The public
5 has until August 22nd, 2012, to submit written
6 comments. These comments can be sent to my
7 attention at the Illinois Department of Public
8 Health, 525 West Jefferson Street, Second Floor,
9 Springfield, Illinois, 62761-0001.

10 If you prefer, you may fax your comments.
11 Our fax number is area code 217-785-4111. Are
12 there any questions? Seeing that there are no
13 additional questions or comments, I deem this
14 public hearing adjourned. Thank you.

15

16 (Hearing adjourned at 11:45 a.m.)

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CERTIFICATE OF REPORTER

I, KATHY JOHNSON, CSR, a Certified Court Reporter in the State of Illinois, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to writing; that I am neither counsel for, related to, nor employed by any of the parties to the action, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



KATHY JOHNSON, CSR

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