

## Constantino, Mike

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**From:** John Kniery [JKniery@foleyandassociates.com]  
**Sent:** Tuesday, January 15, 2013 4:47 PM  
**To:** Constantino, Mike  
**Cc:** Aileen Brooks; Christine Raguso; Cara D. Goldsberry  
**Subject:** HFSRB 12-090  
**Attachments:** Scanned from a Xerox multifunction device.pdf

Mr. Constantino: Since the above subject application was filed, the State's Inventory had changed. To address this, the Applicant has prepared the attached letter to the State. Please note that nothing in this letter changes the Application or your findings. The letter does however readdresses the continued need for the proposed project. If you should have any questions or concerns, please do not hesitate to contact me. Thanks.

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**SENT VIA ELECTRONIC MAIL**

January 14, 2013

Mr. Michael Constantino  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

Re: Project Number **12-090**, SAH Dialysis  
Clinic at 26<sup>th</sup> Street for the Establishment of  
a 15 Station ESRD Center.

Dear Mr. Constantino:

Since the filing of this application, the State's Inventory of Health Care Facilities and Services and Need Determinations have changed. Upon submitting the above referenced application, there was an outstanding need for 82 additional stations; currently that need is for 66 additional ESRD stations. Thus, the issue remains, is there still a need for the proposed service at the proposed location? The Applicant's response is a resounding yes, the need is as great as ever for a myriad of reasons.

Foremost among these is the issue that what is being proposed by Saint Anthony Hospital is not the typical freestanding, for-profit ESRD facility. Saint Anthony Hospital is proposing to provide an outpatient and primary care clinic. The primary care clinic will provide immediate care, occupational medicine, physical therapy and dental care. Having the dialysis facility situated within a primary care clinic allows for synergies to be realized that should improve patient outcomes and reduce overall recidivism rates of the traditional providers.

Secondly, Saint Anthony Hospital has routinely seen the disparity in patient care as there is a high rate of recidivism in stage III, IV and V pre-ESRD and ESRD patients. This disconnect stems from language and literacy barriers which make following extensive treatment protocols confusing, scary and ultimately extremely difficult. In the last 30 months ending June 30, 2012, Saint Anthony Hospital has had 396 patient admissions to the hospital with a primary diagnosis requiring dialysis. These are actually dialysis numbers that are not reflected in any of the State's utilization numbers or need determinations. These are dialysis treatments that are done, through contract, as a necessity. The proposed outpatient setting would help the hospital alleviate this large case load in a more economic fashion.

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Specifically, of the total number of dialysis patients treated, 179 admissions were readmissions with an average readmission of 3.5 times for those who relapse. This equates to a 69% recidivism rate. The issue IS NOT to make dialysis services more accessible by merely adding dialysis stations; rather, the need is best served by providing a more comprehensive approach which includes the dialysis treatments, education, nutrition and treatment for related conditions such as obesity, diabetes, and hypertension. By providing these services in a single location and in a coordinated effort, we can hope to maximize the patient's time with providing the biggest benefit of combined services and education. This approach will allow the proper "treatment protocols" to be less confusing and easier to follow through with. This approach will allow for the better outcomes and survival rates.

The third issue is the number of missed treatments that are realized by the area facilities and those missed within the entire Health Service Area (HSA) Six as compared to those of surrounding HSA's. The 2011 ESRD facility profiles reported that of those facilities within the 30-minute market area, 39,643 treatments were missed (See chart appended as **EXHIBIT I**). Thus, there are nine missed treatments by each patient. Respectively, in HSA's 7, 8, and 9 the number of missed treatments per patient is 2.5, 5, and 6.3 (refer to **EXHIBIT II** for the HSAs 2011 IDPH profile). The applicants note the chronically ill ESRD patients in the North and South Lawndale community are predominately disabled, elderly, low-income, and members of minority groups who do not benefit as easily from the traditional approach to providing ESRD and related services.

Finally, the State's Inventory of Health Care Facilities and Services and Need Determinations have determined that there is still a need for additional services in the amount of 66 additional stations (see **EXHIBIT III** for the IDPH Update to the Inventory of Health Care Facilities and Services and Need Determinations). Although this is contrary to the Board's other criterion of need in which existing area facilities should meet the State's target utilization levels of 80%, there are indicators that show the area utilization is moving in a positive way and warrants the finding that additional stations will be needed. Specifically, in CY 2011, the IDPH Facility profiles indicate that from January 1<sup>st</sup> through December 31<sup>st</sup>, there was a five percent increase in patients. The State's to-date numbers October 31<sup>st</sup>, 2012 also reflect that the number of patients has continued to increase, thereby resulting in continually increasing use rates. On January 1, 2011, there were 4,043 patients; on December 31, 2011 there were 4,268 patients; and according to the October 31, 2012 the facilities reported 4,356 patients (all patient numbers are not inclusive of University of Illinois Dialysis Center, Rush University



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Medical Center, and Loyola Dialysis Center ESRD numbers as they did not report for the 3<sup>rd</sup> quarter requirement). Therefore, in less than two years time the number of patients cared for has increased 7.7 percent to a use rate of seventy-eight percent. This means that there are only 19 potential stations available as of four months ago down from only 34 18-months ago. In all practicality, these stations and the ones coming on line that will compound the need for additional stations.

On behalf of Saint Anthony Hospital, we thank you and your staff for your time and consideration on this project. We humbly request the Board's approval of this project. Should you have any questions, please do not hesitate to contact me or our CON consultant, John Kniery, with Foley and Associates, Inc.

Sincerely,

Christine Raguso  
Vice President Professional Services  
Saint Anthony Hospital