

Jan. 10, 2013

Hello, my name is Dr. Ronald Lawton, and I am the Director of Emergency Medicine at Advocate South Suburban Hospital in Hazel Crest, Ill. I am here to offer my opinion on why a freestanding emergency center in Frankfort is not necessary at this time.

Simply put, there is ample capacity for ED visits in the market around the proposed freestanding emergency center. Applying the state utilization standard of 2,000 visits per treatment station annually, hospitals in the area of the suggested FEC have excess capacity in their collective emergency departments.

Area hospitals are currently treating approximately 1,500 patients per emergency department treatment station, annually. The proposed location of the Riverside Medical Center FEC would lower this utilization rate even further below the State's standard.

We certainly understand that the Frankfort area is one that is pegged for substantial growth in the coming years. But, we need to plan to treat all of these new area patients in appropriate settings, which will not be done by increasing access to emergency services.

Independent projections show that the number of primary care physicians in the market will be adequate to appropriately care for local patients. And the area around the proposed FEC also has about 30 urgent care centers that also offer expert care.

Our area's emergency departments do an excellent job of delivering episodic care to moderately and severely sick and injured patients. But, like most things in medicine, the more you make something available, the more it will be used.

There is no need for additional emergency services in this area that the proposed FEC would serve. For seriously ill or injured patients, there are a number of full-service hospitals / emergency rooms (Advocate South Suburban, Provena St. Joseph, Silver Cross, Palos Community and Franciscan St. James) which have shorter driving distances and travel times, from the Frankfort area, than the proposed FEC.

A freestanding emergency center likely will draw patients who can be seen by their primary care physicians, which is a higher cost and less-coordinated care setting. Insurance plans and Medicare generally pay for care in stand-alone emergency departments, just as they do for hospital-based ERs. Yet, care in an ER — whether free-standing or attached to a hospital — costs the patient and the insurance company substantially more than at doctor's offices or urgent care centers.

Based on what it could do to existing ED utilization rates, as well as how it might impact providing the right care in the right setting at the right time, I believe there is no need for a freestanding emergency center in Frankfort at this time.

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My name is Sharon Otten, Vice President of Patient Care Services and Chief Nursing Executive at Advocate South Suburban Hospital. I also am a member of the Advocate South Suburban Hospital PHO Board of Directors.

Advocate Health Care is the largest commercial Accountable Care Organization (ACO) in the country, and our partnership with the Centers for Medicare & Medicaid Services and Blue Cross Blue Shield of Illinois has proven that delivering care in the appropriate setting is a better way to manage the health of our Southland's population.

We believe that the State should be encouraging lower cost care and not be encouraging more ED utilization. Freestanding emergency departments have emerged as an effective way to serve people in primarily rural and medically underserved areas where access to emergency care is scarce. But, there is an adequate, and growing, supply of appropriate health care resources to meet the current and future needs in the Frankfort area.

A freestanding emergency center in Frankfort will draw a large group of patients with low acuity conditions that could, and should, be seen by their primary care physicians or at urgent care centers, which are lower cost and better-coordinated care settings.

The high costs associated with ED overuse impacts both patients and payers and creates a drain on resources, locally and nationally. Unnecessary emergency department use accounts for \$38 billion in wasteful U.S. health care spending each year. According to a study commissioned by The Agency for Healthcare Research and Quality, the average cost of an ED visit is \$580 more than the cost of an office-based health care visit.

And, experts believe that for non-emergency patients the ED simply cannot provide the continuity of care that the primary care system offers. The episodic nature of ED care lacks the benefits associated with a primary care provider, including enhanced clinical diagnostic accuracy and treatment, disease prevention and patient adherence to treatment regimens.

As we continue to work with the government to find effective solutions to our growing health care crisis, it has become clear that decreasing unnecessary emergency department visits and coordinating care through primary care physicians are our foundations.

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Jan. 10, 2013

I am Karen James, Planning Manager at Advocate Health Care. I am here today to address Silver Cross Hospital's proposal to build a freestanding emergency center in Frankfort, Ill.

Third-party research indicates that there is no need for a FEC in the Frankfort area, now or in the immediate future. This area is well positioned to meet the primary care needs of the less sick and injured patients that, as research indicates, often seek treatment in emergency departments.

Truven Health Analytics point out that there will be enough primary care physicians to care for the area's projected population with non- and semi-urgent conditions. And, in addition to the hospital-based emergency departments in the area, there are at least 30 community-based urgent care center locations.

Then, there is the matter of unnecessary duplication of emergency services. Statistics tell us that hospitals in the area of the suggested FEC have excess capacity in their collective emergency departments, based on the State's standard of 2,000 visits per treatment station, annually.

Establishing an FEC in an area that is already well-served by existing providers has the potential to draw patient volumes and vital nursing staff away from existing hospital providers.

A decrease in volume could weaken hospitals' ability to maintain, much less expand, access to vital community benefit services such as free health and wellness screenings, health education, childhood asthma programs and school physicals.

Advocate South Suburban Hospital's emergency department consistently has to manage a 15 percent nursing vacancy rate. An adequate supply of well-qualified, experienced emergency nurses is absolutely necessary to care for seriously sick and injured patients. Building an additional FEC in the Frankfort area could add to this nursing shortage, thereby potentially compromising care at all area emergency facilities.

There appears to be little evidence that the proposed FEC will improve access for underserved populations. To the contrary, it seems that it could impair existing providers' ability to provide quality care and vital community benefits to the area.



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