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Transcript of **Public Hearing - Ambulatory Surgery
Treatment Center**

Date: November 4, 2016

Case: State of Illinois Health Facilities and Services Review Board

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
BEFORE THE HEARING OFFICER, JUAN MORADO, JR.

- - - - -x

ADVOCATE SHERMAN AMBULATORY :
SURGERY CENTER, ELGIN, : No. 16-038
Illinois :

- - - - -x

PUBLIC HEARING
Elgin, Illinois
Friday, November 4, 2016
11:02 a.m.

Job No.: 125175
Pages: 1 - 77
Reported by: Gail A. Reed, CSR, RMR, CRR

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Public Hearing held at the location of:

GAIL BORDEN PUBLIC LIBRARY

270 North Grove Avenue

Elgin, Illinois 60120

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Before Gail A. Reed, a Certified Shorthand
Reporter, Registered Merit Reporter, and Certified
Realttime Reporter, in and for the State of Illinois.

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PRESENT:

Illinois Health Facilities and Services
Review Board, by
JUAN MORADO, JR., Public Hearing Officer
JUSTICE ALAN GREIMAN, Board Member
JEANNIE MITCHELL, Assistant General Counsel
COURTNEY AVERY, Administrator
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761
217.782.3516

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P R O C E E D I N G S

MR. MORADO: Good morning. Good morning. And thank you for participating in today's proceedings. My name is Juan Morado, Jr. I'm the general counsel. I'm going to be acting as the hearing officer today for the Illinois Health Facilities and Services Review Board.

Present with me today are representatives of the Health Facilities and Services Review Board. We have Board Member Justice Alan Greiman, Courtney Avery, the Board Administrator, and Jeannie Mitchell, the assistant general counsel.

On behalf of the Health Facilities and Services Review Board, thank you for attending this public hearing for Advocate Sherman Ambulatory Surgery Treatment Center.

As per the rules of the Illinois Health Facilities and Services Review Board, I'd like to read the previously published written notice into the record.

"Notice of Public Hearing and Opportunity for Written Comment. In accordance with the requirements of the Illinois Health Facilities Planning Act, notice is given of receipt to

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1 establish an Ambulatory Surgery Treatment Center
2 in Elgin, Project No. 16-038, Advocate Sherman
3 Ambulatory Surgery Center, Elgin. The applicants
4 are Advocate-SCA Partners, LLC; SCA-Illinois,
5 LLC; and SCA Surgery Holdings, LLC; Surgical Care
6 Affiliates, LLC; Surgical Care Affiliates,
7 Incorporated; Evangelical Services Corporation;
8 Advocate Health Care Network; Advocate Sherman
9 Hospital; Advocate Sherman Ambulatory Surgery
10 Center, LLC. And the applicants propose to
11 establish a multi-specialty ASTC in 15,010 gross
12 square feet of leased space located at 1445 North
13 Randall Road in Elgin. The estimated project
14 cost is \$12,718,852.

15 The public hearing is to be held by the
16 staff of the Illinois Health Facilities and
17 Services Review Board pursuant to the Illinois
18 Health Facilities Planning Act. The hearing is
19 open to the public and will afford an opportunity
20 for parties with an interest to present written
21 and/or verbal comment relevant to the project.

22 All allegations or assertions should be
23 relevant to the need for the proposed project and
24 be supported by two copies of documentation or

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1 materials that are printed or typed on paper
2 sized 8 1/2 by 11.

3 The hearing will be held on Friday,
4 November 4th, 2016, from 11 a.m. to 1 p.m. with
5 sign in at 10:30 a.m. It will be conducted at
6 the Gail Borden Public Library located at
7 270 North Grove Avenue, Elgin, Illinois 60120.

8 The application contained a Safety Net
9 Impact Statement and was declared complete on
10 September 12th, 2016. A copy of the application
11 may be viewed at the Illinois Health Facilities
12 and Services Review Board Office" at the address
13 that we'll give you at the end of this -- at the
14 end of these comments. And, "To obtain a copy of
15 an application, please call the office for
16 details and copying fees at the number," also to
17 be given later. "Consideration by the State
18 Board has been tentatively scheduled for the
19 January 24, 2017, State Board Meeting."

20 Any person wanting to submit written
21 comments on this project must submit those
22 comments by January 4th of 2017.

23 Please note that in order to ensure that the
24 Health Facilities and Services Review Board's

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1 public hearings protect the privacy and maintain
2 the confidentiality of an individual's health
3 information, covered entities, as defined by the
4 Health Insurance Portability and Accountability
5 Act of 1996, such as hospital providers, health
6 plans, and health care clearinghouses submitting
7 oral or written testimony that disclose protected
8 health information of individuals shall have
9 valid written authorization from that individual.
10 The authorization shall allow a covered entity to
11 share the individual's protected health
12 information at this hearing.

13 If you have not yet had an opportunity to
14 sign in, please see Courtney Avery at the back of
15 the room. The green sheets are given indicating
16 oral testimony today or providing written
17 comments and the yellow sheets are if you just
18 want to register your attendance and say whether
19 you are opposed or for the project.

20 Those of you who have prepared text of your
21 testimony, please note that you may submit the
22 written text, which will be entered into today's
23 record and made available for all the board
24 members prior to the January 24th board meeting.

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1 I ask that you please limit your testimony
2 to 3 minutes. Participants will be called in
3 numerical order and by name. Prior to beginning
4 your remarks, please clearly state and spell your
5 full name for the Court Reporter. If you have
6 written comments of your remarks, please provide
7 those to me when you're complete.

8 And thank you very much. And so now I'd
9 like to begin these proceedings with a
10 representative from Advocate Sherman Ambulatory
11 Surgery Center. I'd like to call up Linda
12 Deering to get started today.

13 MS. LINDA DEERING: Good morning. Is
14 that on? Good morning, Justice Greiman,
15 Mr. Morado, Ms. Avery, and Ms. Mitchell. Thank
16 you so much for giving us the opportunity to talk
17 about our ambulatory surgery project about which
18 we are very excited.

19 I'd like to explain and help us all
20 understand the value of this project for our
21 community. I'm thinking that perhaps the first
22 question you might be asking is, "Why do we want
23 to build a new building adjacent to the hospital
24 on our campus instead of just proceeding to add

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1 ORs to our current hospital building?" As you
2 well know, we could go ahead and expand our ORs
3 within the hospital walls, which would not
4 require a CON process and, quite literally, has
5 better reimbursement to the hospital itself. So
6 single most important reason, however, that
7 that's not our option is because we absolutely
8 believe in population health. And we believe
9 that the direction of the world is more on an
10 outpatient setting, better service, quality,
11 safety at a lower cost price. And we believe
12 that that's what our community and our physicians
13 are asking us to do. And we believe in
14 delivering back to them.

15 We're very happy to say that at Advocate
16 Sherman we continue to have growth and especially
17 in our outpatient surgery world. We presently
18 operate at about 90 percent of the Board's target
19 utilization, and there is no question that we
20 will need additional surgical capacity. So for
21 us, it's not a question of is there a need but,
22 rather, what's the right approach to -- to meet
23 the needs that we already experience.

24 And as already stated, we could, of course,

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1 just expand operating rooms, but that comes at a
2 very high cost not just to build but also to
3 operate. We all know that the hospital building
4 itself supports trauma and ED and cafeterias and
5 other such things. Those costs are then
6 transferred on to the patient. We want to be
7 able to provide that lesser cost service for the
8 appropriate cases.

9 You'll hear today from physicians and others
10 about how, through our population initiatives,
11 Advocate has continued to be a leader in those
12 efforts. We have been partnered with Medicare
13 and insurers in various ways to lower health care
14 costs. We continually make a difference in the
15 outpatient setting such as we place case managers
16 into our large physician offices to help prevent
17 those patients from getting sicker and needing
18 hospitalization and getting readmitted.

19 Those commitments we do without additional
20 reimbursement. We also have a very developed
21 post acute care network. When our patients are
22 in long-term care facilities across our
23 community, we'll go ahead and send in our nurse
24 practitioners and our physicians to help manage

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1 those patients again to make sure that they don't
2 get readmitted; that they stay as well as
3 possible. And that's what goes on all across
4 Advocate and certainly at Advocate Sherman.

5 Additionally, we have developed, to the
6 extent possible, consistent with the review rules
7 of the Board and respect for other area's
8 facilities, all of the cases to be performed at
9 our amb surg center are cases that are currently
10 coming to Advocate Sherman Hospital. All of the
11 physicians that are involved, all the patients
12 are our patients. It's our plan and our belief
13 and our commitment to continue to serve those
14 patients and in a lower cost setting, so we'll
15 build our campus and not expand into other folk's
16 markets. All the physicians are our physicians.

17 And, also, we have followed the Board's
18 rules encouraging hospitals to joint venture
19 because in this project we're partnering with our
20 physicians and with SCA to have the best managed
21 plan and joint venture plan for all involved.

22 To make sure that we comply with the Board's
23 rule on utilization, we've agreed to decommission
24 an equivalent three ORs at our hospital. Unlike

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1 other ACT -- ASTC projects, we have fully
2 committed to not expand the number of ORs until
3 the proposed new facility operates at the bar --
4 board specific target utilization. So, again, we
5 don't want to expand capacity at this time,
6 therefore, we'd have no adverse impact on other
7 facilities. And that way we comply with the
8 Board's rules on the need calculation.

9 So we think that the merits of this project
10 are equivalent and appropriate for the amount of
11 support we get from our patients, from our
12 community, from our physicians. Our physician
13 engagement surveys, our patient engagement
14 surveys, they all say they like the outpatient
15 setting for those appropriate cases and a lesser
16 cost arena.

17 I look forward to their discussing the value
18 of our project with you. And I'm certainly
19 hoping that after you hear from all of us, that
20 you'll be able to grant approval of this project.

21 Thank you.

22 MR. MORADO: All right. Let's see if
23 we can try to get this moving a little more
24 quickly. I'm going to call three names. I'm

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1 going to ask the two people that aren't speaking
2 to go ahead and take a seat in the front row, and
3 as soon as the speaker finishes, you can go up,
4 and you can give your comments.

5 So first up we're going to have Richard
6 Kozal. Then I'm going to ask Rick Jakle and
7 David Spaccarelli, if you would please come up,
8 two of you can sit in the front row and then the
9 first person can go ahead and make their
10 comments.

11 We are just going to use this mic. And just
12 a reminder, if you can please spell your name for
13 the Court Reporter before you begin.

14 MR. RICHARD KOZAL: Thank you. Richard
15 G. Kozal -- K-o-z-a-l -- with the City of Elgin.
16 Justice Greiman, Officer Morado, Ms. Avery, thank
17 you for giving me the opportunity to speak on
18 behalf of Sherman.

19 On behalf of Mayor David Kaptain and the
20 Elgin City Council, I am here to express their
21 support on behalf of Advocate Sherman Hospital's
22 proposal to build an ambulatory surgery center on
23 its hospital campus.

24 Having access to high quality medical care

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1 is an important factor for choosing a community
2 in which to live, raise a family, or locate a
3 business. Elgin residents and employers are
4 fortunate to have choices in primary and
5 specialty care providers for their health care
6 facilities, all the way from urgent care clinics
7 to emergency care to high-end comprehensive
8 procedures and treatment.

9 Adding an ambulatory surgery center to the
10 medical services offered in Elgin means residents
11 do not have to leave their community to find this
12 more convenient, lower cost option for outpatient
13 surgeries and procedures. It also positions
14 Elgin as a medical destination for neighboring
15 communities.

16 As health insurance premiums continue to
17 rise, it's critical to continue finding ways to
18 take excess costs out of the system. The City's
19 own rising employee health care costs impact the
20 level of funding available for city services, and
21 the more the City is able to control/reduce these
22 costs, the greater it can invest in services that
23 improve the City's infrastructure and quality of
24 life.

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1 As the City of Elgin and Advocate Sherman
2 work together to build a healthier, more
3 sustainable community, improving access to high
4 quality, lower cost care is absolutely critical.
5 The City of Elgin fully supports Sherman's
6 proposed ambulatory surgery center and
7 respectfully requests that the Review Board
8 approve this project.

9 Thank you.

10 MR. MORADO: Thank you.

11 Next speaker can come on up.

12 MR. RICHARD JAKLE: My name is Richard
13 Jakle. J-a-k-l-e. Justice Greiman, Mr. Morado,
14 Review Board staff, I'm Rich Jakle, member and
15 past chairman of Advocate Sherman Hospital's
16 board.

17 Elgin has been my home for 50 years. As you
18 know, Sherman is a not-for-profit hospital. I
19 have long served on the board, and I'm now on the
20 Advocate board, not out of any ownership or
21 profit motive but because of my concern and my
22 affection for this community.

23 We all know health care is rapidly changing.
24 As Chairman of Sherman Hospital's board, I

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1 presided over major changes that Sherman has
2 made: The building of a new hospital to our
3 merger with the Advocate system.

4 Some of these changes were not always easy,
5 but we undertook them because we believed it best
6 for the community. The project today is one more
7 step that is good for the health care of our
8 residents.

9 Many of you know that I spent a lot of time
10 talking with members of our community. Many of
11 them remark about the quality of our hospital, of
12 our care. Nobody has ever said to me, "Rick, I'd
13 really like to stay in your hospital just for the
14 fun of it." Nobody wants to go to the hospital
15 when they don't need to. Patients don't want to
16 spend the night and the insurance companies,
17 Medicare and Medicaid, certainly don't want to
18 pay for hospital stays.

19 The health care community is starting to
20 recognize this reality. As a member of the
21 Advocate board, I can tell you that I'm extremely
22 proud that Advocate is at the forefront of that
23 movement. You'll notice Advocate no longer
24 describes itself as a hospital system. Instead,

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1 we bill ourselves as a population health
2 management system. Instead of primarily trying
3 to fill beds, we're trying to provide appropriate
4 care for the patients at the right place and at
5 the right price.

6 You've heard, and you will hear more today,
7 about how Advocate has worked with Medicare and
8 insurers to lower costs. At Advocate, we are
9 taking responsibility for the health care of the
10 patients we serve. And we worked out a win-win
11 situation for payors to try to keep our patients
12 healthy and out of the hospital.

13 Last year, we saved Medicare almost 73
14 million dollars. As Advocate assumes more
15 responsibility, including financial, we're
16 keeping patients healthy. Including the
17 financial responsibility just makes sense for us
18 to build this additional operating room capacity
19 on our campus through an ASTC rather than through
20 a hospital.

21 This project further is improving the health
22 care, improving patient experience, reducing cost
23 and improving the health care of our community.

24 We respectfully ask the Review Board to

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1 approve this project.

2 Thank you.

3 MR. DAVID SPACCARELLI: My name is
4 David Spaccarelli. S-p-a-c-c-a-r-e-l-l-i.

5 I work with Surgical Care Affiliates. I'm
6 here to support this project. I am the regional
7 vice president for Illinois. I'd like to take a
8 few minutes to discuss our company as well as a
9 few of the items related to the project.

10 First, SCA manages, owns approximately 200
11 ambulatory surgery centers across 35 different
12 states. We have been in existence as Surgical
13 Care Affiliates since 2007 but the roots of our
14 company go back to the early 1980s.

15 We strive to be at the forefront of
16 promoting and providing high quality surgical
17 experiences for patients and surgeons in an
18 outpatient setting.

19 The industry has undergone vast
20 transformations over the last few decades. For
21 example, previously, cataract and colonoscopies
22 have been considered risk -- risky to perform
23 outside of the hospital setting. Both are now
24 two of the most common procedures in an ASC.

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1 Furthermore, we are seeing higher acuity
2 cases such as orthopedic and spine cases being
3 done at an ASC.

4 As recently as a few years ago, many of
5 these procedures would have been restricted to
6 the hospital. Improvement in technique,
7 advancements in technologies, progressive
8 training in medical schools, specialized
9 outpatient fellowship programs for surgeons and
10 the desire among the patients and their families
11 have shifted this paradigm.

12 Regarding the Advocate-Sherman ASC, the cost
13 of this project exceeds the state's standard for
14 construction and equipment costs. Our project
15 costs are driven, but not limited, by the
16 following: One, the fact that this will be
17 construction of a brand new building on the
18 camp -- on the Sherman campus. We will be held
19 to the high -- to the same high quality material
20 standards and esthetics that have been carefully
21 developed throughout the Advocate network.

22 Two, providing plenty of space for our
23 support staff, patients' families, and other
24 storage space both clinically and nonclinical.

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1 Three, the desire to have all the necessary
2 equipment and technologies our surgeons require
3 in order to provide the best clinical outcomes
4 for today's complex procedures and which fit the
5 practice patterns.

6 Four, our ASCs will have five specialties,
7 which means that the equipment costs will be
8 significantly higher than a one or two specialty
9 ASC. For example, the initial expense for
10 ophthalmology equipment alone can be 250 to
11 \$350,000. We have every intention to contain
12 costs to the fullest extent possible without
13 jeopardizing quality.

14 The cost projections listed in the
15 application are made with the understanding that
16 we will be held to those figures at the end of
17 the completion of the project.

18 We do not desire, nor anticipate, to return
19 to the Review Board with a request for approval
20 of additional costs.

21 Our team at SCA is confident that this
22 project will be a tremendous addition to the
23 local health care community and will be a staple
24 on the Advocate Sherman campus for years to come.

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1 I am excited about the opportunity to come
2 alongside the hospital in their mission to
3 provide compassionate care for residents of Elgin
4 and the surrounding communities.

5 MR. MORADO: Thank you.

6 I'll ask that you please bear with me if I
7 butcher last names and possibly interrupt you as
8 you're getting to your three minutes.

9 I'm going to call the next three folks to
10 come on up. Jane Dillon, Robert Vavrik, and
11 Eric Zornow.

12 MS. JANE DILLON: Jane Dillon.
13 D-i-l-l-o-n.

14 Thank you for this opportunity to speak in
15 support of the proposed ambulatory surgical
16 center. I am Dr. Jane Dillon. I'm a board
17 certified otolaryngologist. I trained at the
18 University of Illinois, and I have more than
19 20 years of experience. I am proficient in the
20 care of adult and pediatric patients. My office
21 is in Elgin near the proposed ambulatory surgical
22 center.

23 I am a former senior medical director and
24 current proud member of APP, Advocate Physician

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1 Partners, an entity composed of the 13 Advocate
2 hospitals and over 4,000 physicians.

3 Advocate Physician Partners has developed a
4 health management platform that allows us to
5 deliver the best coordinated quality and
6 proactive care for our patients. Ambulatory
7 surgery has been identified as a tactic to
8 achieve this.

9 While this project will reduce surgery
10 volume and revenues for Advocate Sherman
11 Hospital, cost-effective delivery of care is
12 critical to the future of APP given the growing
13 financial incentive and shared savings programs
14 from our payors. As we move from shared savings
15 to full risk, the incentive will be even greater
16 for APP to reduce costs while maintaining
17 superior patient outcomes.

18 About half of my surgical patients are
19 children, and that poses particular needs. The
20 calmer, less hectic environment of a freestanding
21 ambulatory surgery center is less stressful for
22 my young patients and their families than a
23 hospital surgical suite.

24 While the more favorable environment of an

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1 ambulatory surgical center is desirable, patients
2 and their families frequently need the security
3 of being accessible to a hospital if an emergency
4 situation arises.

5 I also care for a number of Medicaid and
6 indigent patients with more than 20 outpatient
7 surgical cases last year. I plan to encourage my
8 Medicaid and indigent patients to use this new,
9 cost-effective, convenient facility as
10 appropriate based on their medical condition.

11 I will be using the ASC for patients who
12 would otherwise be using the Sherman main surgery
13 suite and will not be impacting the volumes of
14 other facilities.

15 I urge the Illinois Health Facilities
16 Planning Board to approve the ambulatory surgery
17 center project on the Sherman Hospital campus.

18 Thank you.

19 MR. ROBERT VAVRIK: Robert Vavrik.
20 V-a-v-r-i-k.

21 My name is Robert Vavrik, and I'm the
22 strategic planning manager at Centegra Health
23 System. I'm here to voice my opposition to
24 project 16-038, Advocate Sherman's application to

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1 build an ambulatory surgical treatment center in
2 Elgin.

3 Attachment 27 in Exhibit 3 in Advocate
4 Sherman's application lists the 28 ambulatory
5 surgical treatment centers within the geographic
6 service area of the proposed facility, as well as
7 the 2014 surgical room utilization.

8 As defined by the administrative rules
9 Section 1100.640, 28 of the 28 listed ASTCs
10 operated under the standard utilization of 1,500
11 hours per room. Among these is Algonquin Road
12 Surgery Center of which Advocate Sherman is a
13 part owner. This nearby surgery center is less
14 than a 15-minute drive from the proposed center.

15 All 28 facilities in the service area can
16 accommodate additional services. The vast
17 majority are also multi-specialty clinics that
18 provide services similar to those proposed by
19 Advocate Sherman. A duplication of these
20 services is absolutely unnecessary. At the time
21 of this application, utilization data from 2014
22 made this clear. Just 11 days after the
23 application was filed, 2015 hospital profiles
24 were released. This time around, 27 of the 28

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1 facilities did not meet the standard utilization
2 of 1,500 hours per room. The only surgery center
3 that did meet the standard still had capacity for
4 additional surgeries.

5 It is apparent that the addition of another
6 surgery center would be an irresponsible use of
7 12.7 million dollars that surely could benefit
8 patients in other ways.

9 The state-created geographic service area
10 includes a reasonable 45-minute travel time for
11 outpatient services which are scheduled in
12 advance and are nonemergent. According to the
13 State's definition, patients already have 28
14 facilities within the service area to receive
15 care.

16 If Advocate Sherman is truly attempting to
17 provide its patients cost-effective outpatient
18 surgery, the best option is clear. Treat
19 patients at the ASTC that Sherman currently owns
20 and prevent the duplication of services and the
21 unnecessary expense of 12.7 million dollars.

22 Thank you.

23 MR. ERIC ZORNOW: Hi. My name is
24 Eric Zornow. Eric with a C. Z-o-r-n-o-w.

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1 My name is Eric Zornow. I'm the
2 Vice President of Finance and Treasury for
3 Centegra Health System. I also served on the
4 board of Algonquin Road Surgery Center for over
5 six years.

6 I'm here to voice my opposition to Project
7 16-038 because Advocate Sherman already owns an
8 underutilized ambulatory surgical treatment
9 center within its geographical area.

10 The organizational chart found on page 68 of
11 the application lists Advocate Sherman as a part
12 owner of Algonquin Road Surgery Center. To
13 promote transparency, Centegra Health System and
14 a group of physicians are also part owners of the
15 Algonquin Road Center.

16 According to the 2014 utilization data
17 within the application, Algonquin Road Surgery
18 reported 2,765 surgical hours per three operating
19 rooms. This is far from the State's standard
20 occupancy of 1,500 hours per operating room.

21 The fact that Advocate Sherman is part owner
22 of this facility makes the underlying purpose of
23 this Certificate of Need perfectly clear.

24 Advocate wants to spend 12.7 million dollars to

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1 keep patients away from a shared facility.
2 Algonquin Road Surgery Center would be negatively
3 impacted by the proposed facility. One example
4 is made apparent within Advocate's application.
5 The project lists a physician investor who is on
6 staff at Algonquin Road Surgery Center. If this
7 doctor has a financial stake in the proposed
8 facility, it would only make sense that he would
9 take his business there, thereby shifting volume
10 away from Algonquin Road Surgery Center.

11 Other physicians who are included in the
12 application as referring providers are also on
13 staff at other ASTCs within the geographical
14 service area. Without a doubt, these other ASTCs
15 would be adversely impacted. Algonquin Road
16 Surgery Center is within the primary service area
17 that Advocate Sherman defines in this
18 application. Patients can already receive
19 outpatient surgery close to home. In fact, some
20 of their patients would be traveling a shorter
21 distance to receive treatment at Algonquin Road
22 Surgery Center rather than at Sherman's campus.

23 If Advocate Sherman's true purpose is to
24 benefit patients and not itself, it could manage

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1 costs more effectively by shifting cases to
2 Algonquin Road Surgery Center. Advocate chose to
3 omit this alternative from its application for
4 the project.

5 Thank you for your time.

6 MR. MORADO: I'm going to call up
7 Connie Secor, Michael Cherny, and Patricia
8 Turner.

9 MS. CONNIE SECOR: Good morning. My
10 name is Connie Secor. I am the Director of
11 Surgical Services at Centegra Health System. I
12 also served on the medical executive committee of
13 the Algonquin Road Surgery Center. I oppose
14 Project 16-038 because the application failed to
15 consider surgical services that are provided at
16 Centegra Hospital-Huntley.

17 Per the Administrative Code Section 11 --
18 1110.1540 for Non-Hospital Based Ambulatory
19 Surgical Treatment Centers, Advocate Sherman was
20 required to provide the names and locations of
21 all related existing and approved health care
22 facilities within the geographic service area.
23 This information was detailed in Attachment 27,
24 Exhibit 4 of the application.

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1 Centegra Hospital-Huntley, which this board
2 approved in 2012 and which opened August 9th,
3 2016, before -- before this application was
4 filed, was omitted from the application's list of
5 19 hospitals. Centegra Hospital-Huntley should
6 have been included as the third closest facility
7 that provides surgical services. Surely Advocate
8 is aware of the Huntley Hospital as evidenced by
9 its 3 1/2 year lawsuit to challenge the Review
10 Board's decision.

11 Historically, the Board has examined the
12 potential impact of the proposed ASTCs on nearby
13 facilities including hospitals. In this case,
14 the Board has already provided extensive review
15 of the projected surgical volumes at Centegra
16 Hospital-Huntley and those efforts would be
17 disregarded if the new hospital volumes are
18 compromised by an unnecessary duplication of
19 services.

20 Centegra Health System trusts the Board will
21 be aware of Advocate Sherman's omissions and
22 include Centegra Hospital-Huntley and its eight
23 operating rooms as part of the region impacted by
24 this project.

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1 Omissions from applications inhibit the
2 Board's ability to make complex and informed
3 decisions.

4 Thank you for the opportunity to correct the
5 record on behalf of our health system.

6 MR. MORADO: Thank you. I will please
7 ask, again, if you can spell your name before you
8 begin for the court reporter.

9 MS. CONNIE SECOR: I'm sorry. Secor,
10 S-e-c-o-r.

11 MR. MICHAEL CHERNY: Thank you for the
12 opportunity. My name's Michael Cherny.
13 C-h-e-r-n-y. I'm the CEO of the health care
14 facility company called Strategic Healthcare
15 Associates.

16 Prior to starting this company about a year
17 ago, I ran a large four-bedroom ASC in the south
18 suburbs with Associated Recovery Care Center. I
19 wanted to state our opposition on behalf of our
20 clients to this project primarily for reasons
21 that have just been stated, although for
22 different surgery centers in the geographic area.
23 We have no involvement with Algonquin Road
24 Surgery Center.

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1 I find it interesting that in -- with all
2 due respect to the initial speaker from Sherman,
3 their clear intent is to expand surgical
4 capacity. I didn't say that. They said it.
5 Their comment was -- her comment was -- I believe
6 the record shows, was that we could do this in
7 the hospital without going through a CON process,
8 so clearly their intent is to expand capacity.

9 As everyone has identified from Centegra,
10 there's a large geographic area of certificately
11 approved surgery centers that are open to private
12 physicians and other physicians which are
13 severely underutilized and will be negatively
14 impacted by this no matter what anyone says as
15 evidenced by their commitment to expand capacity.

16 Secondly, these surgery centers have made
17 investments with -- again, with all due respect
18 to the people from Sherman, not all of these
19 physicians are exclusively using Sherman Hospital
20 as their -- as their surgical facility of choice.

21 One of the centers that we represent made a
22 significant financial investment, in excess of
23 \$200,000, to accommodate one such physician who
24 is on the list of 13 potential investors. So on

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1 behalf of our clients and other potential clients
2 in the future, we oppose this.

3 Thank you.

4 MS. PATRICIA TURNER: Good morning. I
5 am Patricia Turner -- T-u-r-n-e-r -- a proud
6 50-year resident of Elgin and Director of the
7 Sherman Physician Hospital organization managed
8 by APP, Advocate Physician Partners.

9 APP aligns over 4,500 physicians and the
10 13 Advocate hospitals into an integrated care
11 network following standardized processes. APP's
12 nationally recognized, industry leading, clinical
13 integration program improves clinical outcomes
14 and increases the value received for health care
15 dollars spent.

16 Advocate ranks in the top percentile in the
17 nation for the standardized quality measures.
18 CMS has recently announced that in 2015 Advocate
19 saved the Federal government and, therefore,
20 taxpayers over 73 million dollars on care
21 provided to Medicare recipients with a
22 94.19 percent quality score coming in third in
23 the nation.

24 To achieve these outstanding cost and

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1 quality outcomes, APP and Advocate invest over
2 20 million dollars annually in infrastructure,
3 programs, technology, and new processes to
4 manage care. Investments have been made to embed
5 case managers in physician practices with high
6 volumes of high risk patients, create chronic
7 care clinics, establish a network of retail
8 clinics as a low-cost alternative to an emergency
9 room visit, locate Advocate nurse practitioners
10 in skilled nursing and rehab facilities to assure
11 high-value care, and then maintain an extensive
12 data warehouse to understand how to improve
13 health and reduce costs.

14 The Advocate APP strategy is to provide the
15 infrastructure and type of care and facilities so
16 that patients receive the right care at the right
17 time.

18 Having high volume at high charges is not in
19 the best interests of Advocate, its physicians,
20 patients, and payors. The fundamental Advocate
21 strategy of lower appropriate volumes in the
22 lowest cost setting that meets quality measures
23 is critical to the Advocate, APP and physician
24 success. An ambulatory surgery center in our

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1 area would be one of these investments. For this
2 reason, I strongly support the development of an
3 ambulatory surgery center at Sherman Hospital.

4 Thank you.

5 MR. MORADO: I'd like to call Alvia
6 Siddiqi, James Griffin, and Armida Dominguez.

7 DR. ALVIA SIDDIQI: Good morning,
8 Dr. Alvia Siddiqi. A-l-v-i-a S-i-d-d-i-q-i.

9 I'm Dr. Alvia Siddiqi, a board certified
10 family medicine physician, member of the Medicaid
11 Advisory Quality Care Subcommittee and President
12 of the Illinois Academy of Family Physicians.

13 I have a deep interest in health care for
14 the underserved, Medicaid, and children. As the
15 former medical director of Illinois Health
16 Connect, I was responsible for the quality and
17 network management of 1.8 million Medicaid
18 beneficiaries in Illinois.

19 I currently serve as the medical director of
20 Advocate Physician Partners, APP, with
21 responsibility over the Advocate Accountable Care
22 entity, ACE, with nearly 100,000 Medicaid
23 beneficiaries, of which 80,000 are children.

24 As the largest ACO in a single market in the

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1 nation, Advocate has invested in technology,
2 infrastructure, and expertise to meet the aim:
3 Reduced utilization, high quality, and excellent
4 patient experience.

5 Advocate's success was recently announced by
6 CMS with more than 73 million dollars in savings
7 to the Federal government and quality ranking
8 third in the nation among all MSSP or Medicare
9 Shared Savings Program participants.

10 Advocate Sherman and APP have dedicated
11 strategies to serve Medicaid patients. APP began
12 partnering with Meridian, which is a Medicaid
13 insurer, in April to serve Medicaid patients
14 applying the same investments that helped us
15 achieve our 73 million dollars in savings now to
16 the Medicaid population.

17 We've already seen improvements in the cost
18 and value among the Medicaid population we serve
19 benefiting both the state budget and patient
20 experience.

21 As APP moves from shared savings to full
22 risk for Medicaid patients, the incentive to keep
23 costs down while meeting quality metrics is even
24 greater. No longer is there an incentive to

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1 generate high volume and high charges. Specific
2 strategies include community health workers to
3 prevent illness and unnecessary utilization,
4 providing and educating patients about low cost
5 appropriate settings as an alternative to the
6 emergency room including an after-hours clinic,
7 engaging community partners including schools,
8 FQHCs, health departments in new ways to address
9 social determinants of health which often are the
10 barriers that are needed to be overcome in order
11 to improve health care quality and cost for this
12 health care population.

13 I'm excited about adding an ASTC on the
14 Sherman campus to reduce costs and enhance value
15 for the Medicaid patients we serve.

16 I'm passionate about reducing out-of-pocket
17 costs not only for vulnerable patients but also
18 patients like all of us with high deductibles and
19 high co-pays.

20 The 38 percent lower charges expected in the
21 ASTC compared to the hospital will improve
22 patient access. I am particularly thrilled that
23 the specialty of ENT, which is heavily utilized
24 by children, especially in Medicaid, will be

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1 offered at this ASTC providing the familiarity
2 and security of being located adjacent to the
3 hospital.

4 I ask for approval of this project as the
5 availability of an on campus ambulatory surgical
6 center is essential to our Medicaid strategy to
7 serve Medicaid patients in an appropriate low
8 cost settings with an emphasis on high quality.

9 Thank you.

10 DR. JAMES GRIFFIN: James Griffin.

11 G-r-i-f-f-i-n.

12 Good morning. I'm Dr. James Griffin. I'm a
13 board certified urologist that's been practicing
14 in the Elgin community for over 20 years. I am
15 with Urology Limited. It's a practice that's
16 been in the Elgin community for over 70 years.
17 It's located on Fletcher Drive in Elgin.

18 I was trained in the state of Illinois,
19 including both general surgery and urology, at
20 Loyola University. As a surgeon, I strongly
21 support the construction of an ambulatory surgery
22 treatment center at Sherman Hospital.

23 I understand that there is capacity at other
24 surgery centers in the area. And that, as the

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1 CON board, you are seeking to avoid duplication.
2 I must tell you that, in an operating setting, a
3 surgery treatment center near to a hospital, that
4 provides my patients and I with great security.

5 Surgery and anesthesia can be exceedingly
6 intimidating to most of my patients. Having the
7 surgery performed in a center that is situated
8 adjacent to a hospital and in a familiar
9 environment not only provides reassurance but
10 also provides convenience and savings by sharing
11 resources with the hospital.

12 As a busy surgeon, a location near the
13 hospital affords me the convenience of timesaving
14 to care for patients in both the ambulatory
15 surgery treatment center as well as the main
16 hospital without having to leave and drive to
17 another location.

18 Another great advantage of this project is
19 that it will be co-owned by Advocate and managed
20 by a nationally recognized ambulatory surgery
21 treatment center company, SCA, bringing together
22 the best from a national surgery center company
23 along with the strong culture of Advocate and its
24 physicians focusing on high value services. This

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1 will provide an excellent option for the patients
2 that we serve. High value service, strong
3 outcomes, at a lower cost is demanded by the
4 public and private payors, as well as our
5 patients.

6 While I understand that some of these ASTCs
7 have less than ideal volume, this project should
8 not adversely impact these area ASTCs. I do not
9 currently bring any volume to any ASTCs. The
10 surgeries that I will perform at Sherman ASTC
11 will be drawn from those that I would have
12 otherwise performed in the main OR.

13 So this project should not be adversely
14 impacted by the use of other -- to the use of
15 other facilities.

16 I thank you for consideration, and I ask
17 that you approve this project.

18 MS. ARMIDA DOMINGUEZ: My name is
19 Armida Dominguez. And thank you for the
20 excellent pronouncing of my name.

21 My husband and I have lived in Elgin for
22 more than 40 years, and Sherman has been our home
23 hospital for all that time. Not only have we
24 used Sherman services on numerous occasions but

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1 we have visited many friends, family members, for
2 the birth of babies, recovering from surgeries,
3 and the saying good-bye at the end of life.

4 In every occasion, we have witnessed
5 excellent care from talented and compassionate
6 physicians and staff. In fact, our experience
7 has been so positive that we, my husband and I,
8 and my grandson, we choose to volunteer at
9 Sherman once a week. Sherman is a very special
10 place for our family.

11 I wanted to speak today in support of the
12 ambulatory surgery center at Sherman because of
13 personal experience. I am scheduled to have two
14 procedures at an ASC in the area soon. At first
15 I was very anxious to have these procedures done
16 anywhere other than the hospital. But after
17 speaking with my doctor, I was encouraged by how
18 easy and convenient the process at an ASC is, so
19 I opted to go ahead and do it.

20 My preference is still to be at the
21 hospital, but I understand the value of having
22 other options to make outpatient surgeries and
23 treatment more convenient and affordable.

24 By having an ASC on the Sherman Hospital

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1 campus, patients like me can have the best of
2 both worlds: The high quality care my family has
3 come to expect from Sherman in a convenient
4 setting that is close to the hospital.

5 I'm encouraging the planning board to
6 approve the ambulatory surgery center at Advocate
7 Sherman Hospital.

8 Thank you for your consideration.

9 My name is spelled A-r-m-i-d-a, first name.
10 Last name is Dominguez. D-o-m-i-n-g-u-e-z.

11 MR. MORADO: Okay. Next up we have
12 Nicholas Kunio, Evelyn Ackermann, and Betsy
13 Cappas.

14 DR. NICHOLAS KUNIO: Good morning. My
15 name is Dr. Nicholas Kunio. K-u-n-i-o. I
16 support this project. I'm a general surgeon
17 practicing in Elgin. I'm credentialed with the
18 American College of Surgeons, Mackenzie Surgical
19 Society, Society of American Gastrointestinal and
20 Endoscopic Surgeons, and Society for Surgery of
21 the Alimentary Tract.

22 I'm here today to express my support for the
23 development of an ambulatory surgicenter adjacent
24 to Advocate Sherman Hospital. This new facility

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1 will provide a peaceful environment and easily
2 accessible facility for our patients. The
3 significantly lower charges will save money for
4 insurers, patients, and the State.

5 As an Advocate-employed surgeon, I serve
6 Medicaid patients consistent with Advocate
7 values. Bringing my Medicaid patients to the
8 surgery center will lower costs incurred by the
9 State and provide patients with an enhanced
10 patient experience. Most importantly, the lower
11 rates charged at the surgicenter will help
12 patients who must pay increasingly high
13 out-of-pocket costs for co-pays and deductible.

14 You've probably heard about the expected
15 changes in premium costs through the exchanges.
16 These premium increases are likely to move many
17 families to choose payor options with higher
18 co-pays and deductibles. The availability of the
19 lower cost surgicenter is critical to provide
20 access to those with high out-of-pocket costs as
21 well as limit the rising health care costs.

22 This project is really a win-win situation:
23 Improve patient experience, lower costs to the
24 patients, lower costs to the payor, and lower

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1 costs to the State.

2 The adjacent location to the hospital
3 provides security to patients and their families
4 during the stressful time of surgery. I plan to
5 use this proposed surgicenter for cases that I
6 currently treat at the Sherman main operating
7 suite. I will not be taking cases from other
8 surgicenters.

9 I fully endorse this project and
10 respectfully request that the Illinois Health
11 Facilities Planning Board approve this project.

12 Thank you.

13 MS. EVELYN ACKERMANN: Good morning.
14 I'm Evelyn Ackermann -- A-c-k-e-r-m-a-n-n --
15 practicing ophthalmologist in Elgin for the past
16 27 years. Little nervous because I usually don't
17 do this. I take care of my patients, though, but
18 this is kind of near and dear to my heart.

19 I trained at the University of Chicago. I'm
20 a member of the American Academy of Ophthalmology
21 and the Illinois Association of Ophthalmology.
22 And this project will provide me with the option
23 to perform surgery in a lower cost ambulatory
24 surgery center. I will be taking my patients

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1 from the main operating room, which is -- I do a
2 hundred percent of my cases typically there,
3 although I am on staff at Centegra, as well, to
4 the ambulatory surgery center, and not affecting
5 the volume of any other ambulatory surgery
6 centers since I do not operate at those.

7 As health care costs are skyrocketing, all
8 are seeking opportunities to reduce expenses:
9 Patients and public and private payors.

10 Payors are imposing incentives and
11 requirements to use lower cost surgery centers.
12 And I would like to read to you a letter from an
13 insurance company that was sent to me,
14 UnitedHealth, which I received a few months ago.
15 And I -- this is a quote from the letter which
16 I'll give to you. "Providing access to medically
17 necessary care while improving cost efficiencies
18 for the health care system is critical as we work
19 toward achieving the triple aim to improve care
20 experiences, health outcomes, and total cost of
21 care for UnitedHealthcare members. In support of
22 that work, for dates of services after May 2nd,
23 2016, we will expand the site of services based
24 prior authorization guidelines to include

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1 UnitedHealthcare Community Plan Medicaid members.

2 Under these guidelines, prior authorization
3 is required to perform certain surgical
4 procedures in an outpatient hospital setting.
5 However, no authorization is necessary if they
6 are performed at an ambulatory surgery center,"
7 like the one being proposed here with this
8 project. And the types of procedures I do are
9 cataracts, which is the mainstay of
10 ophthalmology.

11 Continuing from the letter, "For
12 UnitedHealthcare commercial plans in Illinois,
13 the requirement applies for dates of service
14 after July 1st, 2016. If prior authorization is
15 not obtained before performing a procedure in an
16 outpatient hospital, claims will be denied and
17 member cannot be billed for services."

18 The letter continues, "We strongly recommend
19 that you obtain ambulatory surgery center
20 privileges if you do not already have them." And
21 I do not, so that was like saying, you know, if I
22 don't do surgery in an ambulatory surgery center,
23 I'm going to get not compensated for my
24 procedures. So I'm attaching a letter of the

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1 testimony.

2 So this is just one example of an insurance
3 company creating challenges to continued use of a
4 hospital for outpatient surgeries. Using the
5 current Sherman operating suites does not meet
6 the insurer's guidelines, and based on my
7 experience and request from patients for surgery
8 near a hospital rather than remotely located from
9 a hospital, the establishment of an ambulatory
10 surgery center on the Sherman campus meets the
11 patients' needs and the insurance company
12 guidelines.

13 So, I respectfully request the Board's
14 approval for the surgery center at Sherman
15 Hospital.

16 Thank you.

17 MR. MORADO: Thank you.

18 Jaime Garcia, Thomas McCartney, and Mavilen
19 Torres. And we also have Betsy Cappas.

20 MR. JAIME GARCIA: Good morning. It's
21 still morning. My name is Jaime Garcia.
22 J-a-i-m-e. Garcia. G-a-r-c-i-a.

23 I am here in support of the Advocate Sherman
24 Ambulatory Surgery Center. I am Jaime Garcia,

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1 Executive Director of Centro de Informacion, a
2 social service agency that serves low income
3 Latino individuals and families throughout the
4 Fox Valley area. We work with partners such as
5 Advocate Sherman Hospital to connect this
6 underserved population with the community
7 resources they need to succeed.

8 Recently, we partnered with Advocate Sherman
9 Hospital to launch a bilingual diabetes education
10 campaign aimed at the Latino population, which
11 was personally special for me because I am
12 diabetic myself. The purpose of the campaign is
13 to educate Latinos on the prevention and proper
14 management of diabetes. Sherman sees a
15 disproportionate number of Latino patients with
16 uncontrolled diabetes in its emergency room.
17 This is a very high-cost setting for diabetes
18 management. The campaign aims to connect these
19 patients with primary care providers and other
20 community resources so that they are getting the
21 right level of care by the right provider in the
22 right setting.

23 I see a similar goal for the ambulatory
24 surgery center. ASCs allow hospitals and

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1 physicians to offer outpatient surgeries and
2 procedures in a more convenient, lower cost
3 setting for patients and families. It is the
4 right care by the right provider and the right
5 setting. This is a win-win-win situation for the
6 hospital, the physicians, and the patients.

7 As Centro de Informacion and Sherman work
8 together to build a stronger, healthier
9 community, improving access to high quality,
10 lower cost care is critical. Especially for
11 those who are underserved, this facility will
12 provide an additional access point.

13 I fully support this project for our
14 community and urge the Review Board to approve
15 it.

16 Thank you.

17 MR. MORADO: Thank you.

18 MS. BETSY CAPPAS: Hi. Hi. I'm Betsy
19 Cappas, a community resident. B-e-t-s-y,
20 C-a-p-p-a-s. I appreciate this chance to speak
21 to you about Sherman Hospital and the proposed
22 project.

23 Sherman is a wonderful resource for our
24 community. As Sherman says, "Sherman is leading

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1 health." Sherman provides so many excellent
2 services, it's hard to name them all. From
3 experience, I know that Sherman truly cares about
4 the health of those they serve.

5 Sherman not only provides excellent care but
6 also is interested in providing the community
7 with access to health services. As a resident of
8 the community, most of my doctors are associated
9 with Sherman, and my family and I have used both
10 inpatient and many outpatient services here. The
11 service and care we received were topnotch.

12 The option to have certain procedures done
13 in a surgical center rather than the main
14 hospital would relieve some of the anxiety and
15 make the process easier on the patient and the
16 family.

17 The ambulatory surgery center being
18 discussed today will offer outpatient, high
19 quality, surgical benefits at a lower cost than
20 having them in the main hospital. This will
21 provide greater access for these services to the
22 community and especially those who are challenged
23 to pay the high copayments and deductibles.

24 I ask for the approval of this application

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1 for the ambulatory surgery center at Sherman.

2 Thank you.

3 MS. MAVILEN TORRES: Good afternoon.

4 My name is Mavilen Torres. M-a-v-i-l-e-n. Last
5 name is T-o-r-r-e-s. I am the District Director
6 for State Representative Anna Moeller for the
7 43rd District. I am here today to express her
8 support for the ambulatory surgery center project
9 at Advocate Sherman Hospital. Rep. Moeller had a
10 prior scheduled commitment for her district, and,
11 therefore, I will read her testimony on her
12 behalf today.

13 "On behalf of the residents of the 43rd
14 District of Illinois, I would like to express my
15 support for Advocate Sherman Hospital's proposal
16 to build an ambulatory surgery center on the
17 hospital campus.

18 As health care systems and government
19 entities work together to make health care more
20 accessible and affordable, ASCs stand out for
21 their ability to offer high quality care in a
22 more convenient, cost-effective setting for
23 patients and families. Allowing services and
24 procedures to be delivered in an outpatient

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1 setting, when appropriate, benefits all health
2 care consumers. For those who are underserved,
3 it provides an additional access point for high
4 quality care close to home.

5 I fully support Sherman's proposed
6 ambulatory surgery center as it is yet another
7 step towards making health care more accessible
8 and affordable for people in my district and the
9 surrounding communities. I encourage the Review
10 Board to approve this project."

11 Thank you.

12 MR. MORADO: Okay. I'd like to call
13 up -- there we go -- Thomas McCartney again, Bill
14 Jones, Laura Gnutek, and Tony Lucenko.

15 MR. TONY LUCENKO: Good afternoon. My
16 name is Tony Lucenko. It's spell T-o-n-y.
17 L-u-c-e-n-k-o. On behalf of the Elgin
18 Development Group, we are the economic
19 development organization for the City of Elgin.
20 I'd like to offer our support for Advocate
21 Sherman Hospital's proposal to establish a 15,000
22 square foot multi-specialty ambulatory surgery
23 center at 1445 Randall Road in Elgin at a cost of
24 approximately 12 million dollars.

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1 From an economic development standpoint,
2 investment is always beneficial to our community.
3 Having access to high quality, cost-effective
4 medical care is equally important for people who
5 choose a place to live, locate a business, and
6 have a family.

7 Since 1888, Advocate Sherman Hospital has
8 been a partner of this community. It's a major
9 contributor not only to the quality but the
10 quantity of the life people have here.
11 Advocate's growth and investment in an ambulatory
12 surgery center provides us with an immeasurable
13 economic benefit.

14 Contrary to what you've heard from some
15 others here today in the audience, Elgin is a
16 growing and thriving and diverse economy. We are
17 only two-thirds of the way built out currently.
18 We are still expected to add tens of thousands of
19 people to the current population. We're one of
20 only four growth areas in the entire state of
21 Illinois. We're one of the third fastest in
22 terms of new housing starts in the state of
23 Illinois. Many people are working and employed
24 here than ever before in the history of our

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1 community. Just this year we had over
2 1.2 million square feet of new speculative
3 industrial space constructed within the city of
4 Elgin itself.

5 As new businesses and people move into our
6 community, a viable health sector becomes even
7 more critical, and it becomes even a bigger part
8 of our infrastructure.

9 Furthermore, the retention of existing
10 businesses and the attraction of new firms
11 provide growth that's extremely difficult without
12 the availability of cost-effective, high-quality
13 hospital services.

14 That is why I support Sherman's proposed
15 ambulatory care center and respectfully request
16 the approval of the Illinois Health Facilities
17 and Services Review Board of the application to
18 allow them to continue to be a leader in
19 delivering the most cost-effective, advanced
20 technologies and services available in the
21 nation.

22 MS. LAURA GNUTEK: Good morning. My
23 name is Laura. L-a-u-r-a. Gnutek. G-n-u-t-e-k.

24 I am pleased to have the opportunity to

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1 express my support for the ambulatory surgery
2 project proposed to be located on the Sherman
3 Hospital campus. I am fortunate to serve as a
4 care -- case coordination supervisor and speak
5 for the Executive Director of Senior Services
6 Associates serving more than 20,000 seniors and
7 their families in the Kane, Kendall, and McHenry
8 counties each year.

9 Our organization works closely with Sherman
10 through the triad partnership that involves Elgin
11 Township, Senior Services, Community Seniors and
12 support services including local law enforcement
13 to address the needs of seniors.

14 Sherman is truly an asset to our community
15 working in partnership with the other area
16 organizations to address health and
17 health-related needs.

18 The proposal to build an ambulatory surgical
19 treatment center adjacent to Sherman Hospital is
20 another example of Sherman meeting community
21 needs.

22 Many of our seniors are challenged to pay --
23 pay their out-of-pocket health care costs.
24 Proximity to their homes and accessibility is

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1 also important to our seniors. This project
2 meets those needs.

3 This project will create a facility with
4 significantly lower prices which will meet the
5 needs of area seniors for reduced out-of-pocket
6 healthcare costs. It will also allow seniors,
7 who find it difficult to travel distances because
8 they depend on others for transportation,
9 accessibility due to location.

10 They will also address the stress and
11 anxiety of navigating the halls of large
12 hospitals, exposure to chaotic environments that
13 can exist in large hospitals. Seniors will be
14 comforted to know that they have a surgical
15 treatment center nearby that will make it
16 convenient and ease the stress of having surgery.

17 Surgery is generally anxiety producing.
18 This is particularly so for our seniors. One
19 opportunity for easing the distress of surgery
20 for seniors is to have services and a familiar
21 location near to a hospital.

22 Seniors are also very sensitive to the noise
23 and sometimes hectic environments of an operating
24 suite in the main hospital. The more tranquil

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1 environment of a freestanding ambulatory surgery
2 center that does not need to address the chaos
3 involved with emergency and trauma cases also
4 meets the particular needs of seniors.

5 On behalf of the seniors that we serve, I
6 urge you to approve this project to provide more
7 comfort and lower out-of-pocket costs for our
8 health care.

9 Thank you.

10 MR. WILLIAM JONES: Hi everybody. I'm
11 William Jones, Elgin. Thank you for the
12 opportunity.

13 I've been a business owner in Elgin since
14 1968. Downtown Elgin. I am a small independent
15 insurance agent/broker with Kirkpatrick, Jones &
16 Herzog Insurance Agency.

17 I'm a firm believer in the ambulatory
18 surgery center as a more convenient, affordable
19 option for outpatient procedures. And when I
20 started in the insurance business in 1968, my
21 first hospital insurance policy had a daily room
22 benefit of \$30, so I've seen a big change.

23 I'm thinking about my grandkids coming to
24 see me in the hospital. That's a very scary

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1 feeling for a lot of young people. And my wife
2 is -- has been at Sherman West Court. It was a
3 much easier, comfortable place for these kids to
4 come.

5 I recently had surgery at Advocate Sherman
6 Hospital on replacement of a hip. The care was
7 extremely excellent. The staff was very caring
8 and attentive. Yet hospitals are busy places.
9 Sometimes they become noisy. I didn't sleep that
10 night because of all the noise going on across
11 from my room in the supply closet. They were in
12 and out, in and out, all night. It was not a
13 good feeling.

14 I think seniors really do appreciate the
15 option for a quieter setting. Seniors have a
16 difficult time traveling on Randall Road. It's
17 an extremely dangerous road. I would like to be
18 able to stay here in Elgin instead of traveling.

19 I watched a commentary last night on Winston
20 Churchill. It was an excellent commentary about
21 his stroke in 1953. And he said, "Growing old is
22 not for cowards." And that kind of hit home.
23 And he recovered in his family estate, which was
24 very comfortable for him, and being able to have

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1 his children and his grandchildren come in and
2 visit. I liken that to the possibility of being
3 in an outpatient recovery center here in Elgin.

4 Lower rates charged for the settings, a huge
5 benefit. Medicare is -- is a strong advocate.
6 Very strong advocate. And that's a big deal for
7 us, you know. Medicare has changed in the last
8 five, six years. Premiums are going up, more
9 co-pays, deductibles. ASCs can control that.

10 I'm excited about the opportunity to offer
11 this alternative, lower cost option for our Elgin
12 community. I believe my clients, neighbors, and
13 family will benefit greatly. I ask the Review
14 Board to approve this project.

15 Thank you.

16 MR. TOM McCARTNEY: Hi. Tom McCartney.
17 M-c-C-a-r-t-n-e-y.

18 Hi, I am grateful to be able to speak in
19 support of this project. Thank you for
20 consideration. My family, my wife, and I have
21 been residents of Elgin since 1990. I've had a
22 number of small businesses in the Fox Valley.
23 And when you're looking at the cost of medical
24 care and insurance, what's had a lot of attention

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1 is Affordable Care Act, premiums going up. But I
2 can tell you, as a small business owner, the
3 costs for providing insurance -- health insurance
4 to staff has gone up significantly, as well. So
5 I'm all for competition as well as constructive
6 ways to help control those costs. And that's why
7 we're very much in support of this project.

8 I think it's important for us to support key
9 providers like Sherman. They often work on
10 efficient options for this care. Having an
11 ambulatory surgery center is a prime example of a
12 constructive step for our community. Not only
13 would it bring jobs and an improved environment,
14 but I also like the idea of having this center
15 located on campus so close to the core hospital
16 for a variety of reasons.

17 So we're appreciative of the opportunity to
18 speak in support of this, appreciative of you
19 considering the project, and we hope that you
20 will support it and approve it.

21 Thank you.

22 MR. MORADO: Bryan McMahan, Angela
23 Thompson, and Terry Frank.

24 MR. TERRY FRANK: Good afternoon. My

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1 name is Terry Frank. It's T-e-r-r-y F-r-a-n-k.
2 And I am the practice manager for Advocate
3 Medical Group here in Elgin.

4 One of my physicians, Dr. Michael Hernandez,
5 was unable to attend today, so he has asked me,
6 with your permission, to go ahead and read his
7 prepared statement.

8 "My name is Michael Hernandez. Thank you
9 for the opportunity to speak with you today
10 regarding my support of the ambulatory surgery
11 center.

12 I am a board certified internal medicine
13 physician practicing in Elgin for more than 20
14 years. I am very committed to my community, and
15 I am serving on the diabetic outreach program.

16 Many of my patients are sensitive to the
17 out-of-pocket expenditures and would benefit from
18 lower prices of an ambulatory surgical center.
19 While I am not a surgeon, I do refer many of my
20 patients for surgery. I am very supportive of
21 the Sherman ambulatory surgery center to reduce
22 expenses borne by my patients and reduce the
23 overall costs of health care.

24 I am proud to be a member of both Advocate

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1 Medical Group and Advocate Physician Partners,
2 which focus on high quality and accessible care.
3 As a member of APP and AMG, we establish a number
4 of patient care in-service guidelines to
5 enhance -- to access of care. Expectations
6 include offering evening and weekend office hours
7 and accepting Medicaid patients.

8 Also, as a member of the Advocate Physician
9 Partners, I am incented to assist patients in
10 controlling the cost of patient care while
11 meeting quality guidelines and outcome metrics.
12 As you are hearing today, APP participates in
13 shared savings programs with payors including
14 Medicare. This means that when patients' care
15 costs are lower than expected for those patients
16 attributed to my practice and quality metrics are
17 achieved, APP and I share in the savings
18 generated for the payor. This is a win-win-win
19 situation. This is a win for the payor, as costs
20 are lower. This is a win for the patient, who
21 must bear the out-of-pocket costs. And this is a
22 win for APP, which recoups some of its investment
23 in infrastructure to manage the patients that it
24 serves.

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1 Thank you for the opportunity to provide my
2 comments on this important project to serve my
3 patients. Please vote to approve the certificate
4 of need application for an ambulatory service
5 center on the Sherman Hospital campus."

6 Thank you.

7 MR. MORADO: Thank you.

8 MR. BRYAN MCMAHAN: Good afternoon. My
9 name is Bryan McMahan. B-r-y-a-n.
10 M-c-M-a-h-a-n. And I'm the Assistant Fire Chief
11 of Administration for the Elgin Fire Department.
12 I oversee emergency management, fire prevention,
13 and emergency medical services for the City. And
14 I'm speaking today on behalf of Fire Chief David
15 Schmidt.

16 It is with the interest of the citizens of
17 Elgin in mind that I come to you today to express
18 my support for the construction of the Sherman
19 ambulatory surgery center.

20 Sherman is an essential partner in the care
21 of our community providing access to high quality
22 care. The fire department and Sherman work
23 together in responding and caring for the health
24 care emergencies of our residents. This project

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1 will provide another source of care for our
2 community.

3 I've been a paramedic for almost 30 years,
4 and most of it has been with the Sherman system.
5 Being responsible for the EMS services in this
6 area, I know that patients who need immediate
7 life-saving care often displace and delay other
8 patients including those scheduled for surgery.

9 The ambulatory surgery center will alleviate
10 this problem as well as allow the main hospital
11 operating room to focus their attention more
12 fully on the high acuity and emergent patients.

13 On behalf of the Elgin Fire Department and
14 our community, I urge you to approve this
15 project.

16 Thank you for your consideration.

17 MS. ANGELA THOMPSON: Angela Thompson
18 A-n-g-e-l-a. T-h-o-m-p-s-o-n.

19 Good afternoon. I'm Angela Thompson. I'm
20 the Regional Quality Coordinator at Surgical Care
21 Affiliates. I'm here to speak in support of the
22 proposed ASTC on Advocate Sherman's campus.

23 At SCA we're working toward solving the
24 broader health care challenges by lowering

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1 surgical costs, increasing access, and improving
2 the patient experience and clinical outcomes. We
3 are in the middle of a large shift of surgical
4 cases from the inpatient setting to the
5 outpatient setting across the country. And this
6 is happening for a number of reasons: Demand
7 from patients for a better perioperative
8 experience; pressure from insurance companies to
9 reduce costs; consumer-driven health plans with
10 high deductibles, and the surgeon's desire to
11 have an efficient operating environment.

12 From a cost standpoint, our ASTC patients
13 pay on average 45 percent less than they would at
14 hospital outpatient departments for an identical
15 surgery. This can translate into hundreds and
16 sometimes thousands of dollars of savings for any
17 given family for a single surgery. This is
18 particularly relevant in our current environment
19 of increasing deductibles and out-of-pocket
20 maximums.

21 From a clinical outcomes perspective, SCA
22 closely tracks our patient outcomes nationally in
23 an effort of continuous improvement as well as to
24 compare them to national benchmarks. These

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1 include infection rates, hospital transfers,
2 recovery times, and adverse surgical events. The
3 data is clear that ASTCs are as safe as hospitals
4 and in some aspects, such as infection control,
5 safer.

6 This can be attributed to: Specialized
7 staff dedicated solely to outpatient procedures;
8 heightened emphasis on postop recovery plans and
9 patient recovery plans; top-of-the-line medical
10 equipment, devices, and technology utilized
11 through our facilities, and a supportive,
12 encouraging staff passionate about providing
13 excellent care and returning patients to their
14 lives as quickly and effectively as possible.

15 We recognize that surgery can be a time of
16 anxiety and uncertainty for patients, so we work
17 with our patients to make the surgical experience
18 as comfortable and as efficient as possible. And
19 this is reflected in both SCA's national patient
20 satisfaction score and our patient loyalty are
21 above the industry average. This ASTC on the
22 Sherman campus will provide the residents of
23 Elgin the opportunity to experience its low cost,
24 high quality care for their outpatient surgery

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1 needs.

2 Thank you very much.

3 MR. MORADO: Michael Seigle, Joan
4 Kanute, Lynne Bosley.

5 DR. MICHAEL SEIGLE: Well, hello
6 everyone. Good afternoon. Thank you for this
7 opportunity to speak.

8 I'm Michael Lee Seigle. I'm the founder of
9 Ophthalmology Associates. I was born at Sherman
10 Hospital 58 years ago, and my entire professional
11 practice has been at Sherman Hospital. It seems
12 strange that this community that I was born in,
13 second largest community in Kane County, doesn't
14 have its own ambulatory surgical center. It's
15 absurd.

16 My patients are generally elderly, have poor
17 vision, and to require them to drive off site a
18 good distance to find an ambulatory surgical
19 center is not the best. I'm a past president of
20 the medical staff at Sherman Hospital. I'm also
21 on the board of Advocate Physician Partners.
22 You've heard numerous times of the cost savings
23 and benefits of having the center, so I'm not
24 going to repeat those remarks, but I'm going to

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1 tell you from my heart that this is an excellent
2 idea. I'm going to recommend strongly that you
3 approve it, and that is all I have to say.

4 Thank you.

5 MS. JOAN KANUTE: I'm Joan Kanute.
6 K-a-n-u-t-e. I'm privileged to read this letter
7 on behalf of the Greater Elgin Family Care Center
8 and Robert M. Tanner, President and CEO.

9 "Please accept this document as a letter of
10 support for Advocate Sherman's proposal to the
11 Illinois Health Facilities and Services Review
12 Board to build an ambulatory surgery center on
13 its existing hospital campus.

14 ASCs allow hospitals and surgeons to offer
15 high quality outpatient surgeries and procedures
16 in a more convenient, lower cost setting for
17 patients and families.

18 Sherman's proposed ASC will offer these
19 services in the areas of general surgery,
20 orthopedic, ophthalmology, and urology. The
21 15,000 square foot freestanding facility will
22 include three surgical operating rooms, six
23 preoperative stations, 12 recovery stations and
24 appropriate support space and will be designated

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1 for patient privacy, efficiency, flexibility, and
2 delivery of patient care and energy efficiency.
3 Pending Review Board approval, the anticipated
4 completion date is March 31st, 2019.

5 As a federally qualified health center,
6 Greater Elgin Family Care Center is primarily
7 concerned about access to surgical care for
8 uninsured and publicly insured area residents.
9 Our understanding is that Sherman's proposal will
10 increase access to such care for all of the
11 area's residents, including those who may need to
12 participate in a charity care program.

13 Greater Elgin Family Care Center values our
14 longstanding partnership with Advocate Sherman
15 Hospital. We urge the planning board to approve
16 their proposal. Sincerely, Robert M. Tanner."

17 MS. LYNNE BOSLEY: Good afternoon. I'm
18 Lynne Bosley. L-y-n-n-e. B-o-s-l-e-y. And I'm
19 president and CEO of the United Way of Elgin.

20 Advocate Sherman Hospital has been our
21 partner in pursuing our mission of service since
22 the United Way's founding in Elgin more than
23 90 years ago.

24 Health is one of our three key focus areas

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1 for United Way of Elgin along with education and
2 financial stability. We partner with many Elgin
3 area agencies that serve the health needs of
4 underserved children, individuals, and families
5 from providing free dental exams to behavioral
6 health counseling. We also work closely with the
7 Kane County Health Department to assess the most
8 pressing health needs of the communities we serve
9 and identify key partners to support and fund
10 programs to address these needs and to achieve
11 lasting results.

12 Advocate Sherman Hospital is one of those
13 key partners. United Way of Elgin has worked
14 closely with Sherman on a number of health
15 initiatives that provide greater access to health
16 information, resources, and services to the
17 underserved.

18 The ambulatory surgery center proposed for
19 Sherman's campus is yet another point of access
20 for our community. Our residents are fortunate
21 to have high quality medical care close to home,
22 and this project will make that same care
23 possible in a more convenient, cost-effective
24 setting for patients and families. Every effort

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1 to bend the cost curve in health care helps to
2 remove the financial barriers that keep people
3 from seeking the health care they need.

4 On behalf of United Way of Elgin, I fully
5 support the ambulatory surgery center project at
6 Advocate Sherman Hospital and ask for the review
7 board's approval.

8 Thank you.

9 MR. MORADO: Thank you.

10 I'd like to recognize that Carla Carbajil
11 dropped off some written comments that are going
12 to be entered into the record. Oh. Excuse me.
13 That was on behalf of Dr. John Brems who supports
14 these services.

15 All right. We are in the home stretch. Lea
16 Dibert, Linda Klinnert and -- I apologize. Linda
17 Klinnert's going to be first, then Lea Dibert.

18 MS. LINDA KLINNERT: Linda Klinnert.
19 K-l-i-n-n-e-r-t.

20 Good afternoon. Thank you for allowing me
21 to speak. I'm in support of this Sherman project
22 to construct an Ambulatory Surgery Center at the
23 hospital. As a long-time resident of the area, I
24 am thrilled to have Sherman Hospital to provide

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1 outstanding health care to my family. Sherman is
2 very involved in our community and works hard to
3 meet many diverse health care needs. Sherman
4 leadership is always looking for new ways to
5 serve. This most recent idea to provide
6 outpatient surgery in a separate building is a
7 great idea. Patients can receive care in a lower
8 cost setting and enjoy the lower stress of an
9 outpatient environment. I strongly endorse this
10 project, and I hope that the CON board will
11 approve this application to help Sherman meet the
12 needs of our community.

13 Thank you.

14 MS. LEA DIBERT: Good afternoon. My
15 name is Lea Dibert. That's L-e-a. D-i-b-e-r-t.
16 I am the Director of Perioperative Services at
17 Advocate Sherman Hospital. I'm a registered
18 nurse with 16 years of experience in both
19 freestanding ambulatory surgery centers and
20 hospital surgical suites.

21 With experience in both -- with experience
22 in both types of surgical facilities, I clearly
23 see the benefit of an ambulatory surgery center
24 on the Sherman campus that will reduce costs and

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1 improve the overall patient experience. The
2 operating costs of an ambulatory surgery center
3 is lower than that of a hospital surgical suite.
4 The predictable work flow in an ambulatory
5 surgery center which is not challenged by
6 emergency or trauma cases reduces the cost.
7 Overhead costs are also lower with fewer types of
8 supplies and patient -- and staff expertise that
9 is streamlined. Ambulatory surgery centers also
10 have streamlined processes that focus on
11 efficiency. This efficiency allows for earlier
12 access for our patients and great -- and reduced
13 wait times for patients. These are both positive
14 satisfiers for the patients.

15 With resources focused on the needs of
16 ambulatory surgery patients, ambulatory surgery
17 centers have shorter wait times which -- excuse
18 me. I'm repeating myself. This enhances the
19 patient experience and reduces staffing costs.
20 The reduced operating costs translates into a
21 more than 30 percent reduction in charges and
22 lower out-of-pocket payments for our patients.

23 The predictable, streamlined processes and
24 lower patient acuity in the ambulatory surgery

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1 center provide a less hectic, less stressful, and
2 quieter environment more conducive to an enhanced
3 patient experience. The calmer atmosphere is
4 particularly important for our children, the
5 families, and our elderly patients who will be
6 served through the specialties at the Sherman
7 ambulatory surgery center. The location on the
8 hospital campus will also provide families with
9 the security of the nearby hospital.

10 I strongly support the establishment of the
11 ambulatory surgery center on the Sherman campus
12 to reduce costs and improve patient experiences.

13 Thank you.

14 MR. MORADO: And last, but certainly
15 not least, Reverend Nathaniel Edmond.

16 REVEREND NATHANIEL EDMOND: Hello.
17 Last name Edmond. E-d-m-o-n-d.

18 I'm Reverend Nathaniel L. Edmond. I am the
19 pastor of Second Baptist Church here in Elgin, a
20 historical church founded by a group of ex-slaves
21 way back in 1866. I am also a member of the
22 Advocate Sherman Hospital Board of Directors and
23 a member of the Advocate System Board of
24 Directors and many other community boards

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1 including the United Way of Elgin and Judson
2 University.

3 I understand that a number of ambulatory
4 surgery treatment centers have been submitted to
5 the Illinois Health Facilities Planning Board for
6 approval. I'd like to provide my perspective
7 both as an Advocate member of the board and also
8 as a community pastor pastoring here in this
9 community.

10 As a corporate board member, bending the
11 cost curve through lower cost setting, such as an
12 ambulatory surgery center and with high quality
13 and best patient experiences, has always been a
14 key for Advocate and for Sherman. That's a key
15 part of our strategy.

16 As a pastor, I can share with you the ever
17 increasing out-of-pocket costs are really
18 concerning and hurting our community. For
19 instance, over the past six months, three members
20 of our congregation had prostate cancer and
21 surgery, two had knee replacements. Their costs
22 would have been significantly less in an
23 ambulatory surgery center versus a hospital
24 setting. The out-of-pocket costs is a major

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1 concern for our congregation. Having a center on
2 the hospital campus is ideal for the service
3 we're going to provide. Therefore, since I am
4 the last one, I am going to implore you -- no,
5 I'm going to appeal to you -- no, I am going to
6 urge the Illinois Health Facilities Planning
7 Board to approve the certificate of need for
8 Advocate Sherman Ambulatory Surgery Center.

9 Thank you for allowing me.

10 MR. MORADO: Certainly helps to follow
11 that up.

12 Is there anyone who wishes to testify who
13 has not yet had an opportunity?

14 (No response.)

15 MR. MORADO: Please note that this
16 project is tentatively scheduled for
17 consideration by the Board at its January 24th
18 meeting. The meeting will be held at the
19 Bolingbrook Golf Club located at 2001 Rodeo
20 Drive, Bolingbrook, Illinois.

21 Please refer to the Health Facilities and
22 Services Review Board website at
23 WWW.HFSRB.illinois.gov for more details and
24 possible agenda changes.

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1 I ask that you please prepare to take note
2 of the following times and dates. The State
3 Board Staff Report will be posted online at
4 WWW.HFSRB.Illinois.gov\sars.htm on January 11th.
5 The deadline to submit a written response to the
6 State Board Staff Report is 9 a.m. Tuesday,
7 January 17th. Written comments and responses
8 should be sent to the Illinois Health Facilities
9 and Services Review Board, attention to Courtney
10 Avery, Administrator, 525 West Jefferson Street,
11 second floor, Springfield, Illinois, 62761.

12 Are there any questions?

13 (No response.)

14 MR. MORADO: Hearing that there are no
15 additional questions or comments, I deem this
16 public hearing complete. And I thank you, again,
17 for your participation today.

18 PROCEEDINGS CONCLUDED AT 12:36 P.M.

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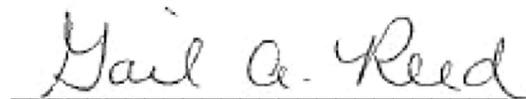
STATE OF ILLINOIS)

) SS.

COUNTY OF K A N E)

I, Gail A. Reed, Certified Shorthand Reporter No. 084-004568, RMR and CRR, do hereby certify that I reported in shorthand the proceedings had in the above-entitled matter and that the foregoing is a true, correct, and complete transcript of my shorthand notes so taken as aforesaid.

IN TESTIMONY WHEREOF I have hereunto set my hand this 8th day of November, 2016.



Certified Shorthand Reporter

Registered Merit Reporter

Certified Realtime Reporter

A			
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