



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Cheri Moore

City Lake in the Hills State IL Zip 60154

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

I. IDENTIFICATION

Name (Please Print) Drew Bell

City Chicago State IL Zip \_\_\_\_\_

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

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

Surgical Care Affiliates

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Ted Turner

City Elgin State IL Zip 60120

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

I. IDENTIFICATION

Name (Please Print) Angela Gustaf

City So Elgin State IL Zip 60177

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

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

Advocate

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III. POSITION (Circle appropriate position)

Support                       Oppose                       Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

I. IDENTIFICATION

Name (Please Print) Kelley Marks

City Carly State IL Zip 60013

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

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

Advocate Sherman Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) PAT CRAWFORD

City ELGIN State IL Zip 60124

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) BRUCE HYMAN

City ST. CHARLES State IL Zip 60175

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Sara Sirtal

City Lincolnshire State IL Zip 60069

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

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

- Surgical Care Affiliate

- Community Member

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Melissa O'Neill  
City Glen Ellyn State IL Zip 60137

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

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

Advocate Health Care

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

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**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Mary Martini  
City Bartlett State IL Zip 60103

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

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

Advocate Health Care

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) MARY HIGGINS

City Des Plaines State IL Zip 60016

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Julie Kane

City Pingree Grove State IL Zip 60140

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name:** Advocate Sherman Ambulatory Surgery Center

**Project Number:** 16-038

I. IDENTIFICATION

Name (Please Print) Jennifer Rizzo

City Crystal Lake State IL Zip 60014

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Ardella Gibson

City Elgin State IL Zip 60124

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) James L. STADE

City ELGIN State IL Zip 60124

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

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print)

SONJA REELE

City

NORMAL

State

IL

Zip

6174

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

I. IDENTIFICATION

Name (Please Print) MARIANNE MYERS

City ELGIN State IL Zip 60123

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

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

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\_\_\_\_\_  
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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Joseph Dominguez  
City Elgin State IL Zip 60123

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

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

concern citizen

**III. POSITION** (Circle appropriate position)

Support                      Oppose                      Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Cynthia Webb

City East Dundee State IL Zip 60433

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Jill Moscato

City Palatine State Ill Zip 60074

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

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

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Astrid Larsen

City Woodstock State IL Zip 60098

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

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

Centegra Health System

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

I. IDENTIFICATION

Name (Please Print) SUSAN BARTOSZEWSKI

City MELTUN State IL Zip 60050

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

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

CENTERA Health System

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

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**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Michelle Green

City Crystal Lake State IL Zip 60012

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

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

Centegra Health System

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

I. IDENTIFICATION

Name (Please Print) EDWARD KOS

City MCHENRY State IL. Zip 60050

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

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

LENTÉGRA HEALTH SYSTEM

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

I. IDENTIFICATION

Name (Please Print) Hadley Streng

City Crystal Lake State IL Zip 60012

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

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

Centegra Health System

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

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**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Kim Pirano

City Crystal Lake State IL Zip 60014

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

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

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Lindsay Boeke

City Huntley State IL Zip 60142

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

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

Centegra Health System

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Julia Bosman

City Huntley State IL Zip 60142

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

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

Centegra Health System

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Rebecca Standish

City Marengo State IL Zip 60152

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

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

Centegra Health System

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

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**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Ashley Weinrich  
City Crystal Lake State IL Zip 60012

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

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

Centegra Health System

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Diana Schwagerman

City Woodstock State IL Zip 60098

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

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

Centegra Health System

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Matt Mariani

City Crystal lake State IL Zip 60014

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

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

Centegra Health System

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

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**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

I. IDENTIFICATION  
Name (Please Print) Rebecca Rockwood  
City Woodstock State IL Zip 60098

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

Centegra Health System

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

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**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Stephanie VanHerzeele

City Crystal Lake State IL Zip 60014

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

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

Centegra Health System

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Appearance Only Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Kari Gippert

City Crystal Lake State IL Zip 60012

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

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

Centegra

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Danette Santana

City Crystal Lake State IL Zip 60012

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

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

Centegra Health System

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\_\_\_\_\_

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name *(Please Print)*

Danielle Saramillo

City

Barrington

State

IL

Zip

60010

**II.**

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

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

Integra Health System

**III.**

**POSITION** *(Circle appropriate position)*

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Bernadette Szczepanski

City Mattigny State IL Zip 60050

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

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

Centegra Health System

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



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

**Public Hearing Appearance Only Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Alfonso del Granado  
City Hoffman Estates State IL Zip 60192

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

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

1800 McDonough Road Surgery Center LLC  
Abn Ashton Center for Day Surgery  
1800 McDonough Rd., Ste. 100  
Hoffman Estates, IL 60192

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

11/04/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Donielle M. Kinsella

City ~~Wilmette~~ Hoffman Estates State IL Zip 60192

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

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

DBA: Ashton center for Day surgery

1800 McDonough Road Surgery Center

1800 McDonough Road

Hoffman Estates, IL 60192

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

11/04/16

① Eric Burger

ELGIN IL 60120

SUPPORT

② Cheryl Trestler  
Mantoloking IL 60152

SUPPORT

③ Robin Haberkost  
Huntley IL 60142

SUPPORT

④ Barb Hamblen

Elgin IL

SUPPORT

⑤ Irene Steiner

Hoffman Estates,

- SUPPORT

⑥ Joe Duvall  
SUPPORT

⑦ Tonya Lucchetti-Hudson, Elgin resident  
SUPPORT

⑧ Cheryl VanderLaur

SUPPORT



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

*Subject Speaker X*

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**Public Hearing Testimony Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Rev. Dr. Nathaniel L. Edmond

City Elgin State IL Zip 60156

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

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

Second Baptist Church of Elgin

**III. POSITION** (please circle appropriate position)

Support                       Oppose                       Neutral

**IV. Testimony** (please circle )

Oral                       Written



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

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**Public Hearing Testimony Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Lea A Dibert

City Elgin State IL Zip 60123

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

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

Advocate Sherman Hospital

**III. POSITION** (please circle appropriate position)

Support                      Oppose                      Neutral

**IV. Testimony** (please circle )

Oral                                      Written



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



**Public Hearing Testimony Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) Linda Klinnert

City Elgin State IL Zip 60123

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

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

**III. POSITION** (please circle appropriate position)

Support                      Oppose                      Neutral

**IV. Testimony** (please circle )

Oral                      Written



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STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Lynne Bosley

City Greenera State IL Zip 60134

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

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

United Way of Elgin

III. POSITION (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle )

Oral                      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Joan Kanute

City Elgin State IL Zip \_\_\_\_\_

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

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

Greater Elgin Family Care Centers

III. POSITION (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle )

Oral                      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

25 ~~08~~

Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print)

MICHAEL SEIBLER

City

Elgin

State

IL

Zip

60124

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

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

Ophthalmology Associates

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

11/04/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

34

Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Angela Thompson  
City Vernon Hills State IL Zip 60061

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

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  
Surgical Care Affiliates - Quality  
Coordinator

III. POSITION (please circle appropriate position)

Support                       Oppose                       Neutral

IV. Testimony (please circle)

Oral                               Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

32

Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) BRYAN MCMAHAN

City ELGIN State IL Zip 60120

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

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

ELGIN FIRE DEPARTMENT

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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

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**Public Hearing Testimony Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) TERRY FRANK  
 City ELGIN State IL Zip 60123

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

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

ON BEHALF OF:  
AMG-ELGIN : DR. MICHAEL HERNANDEZ

**III. POSITION** (please circle appropriate position)

Support                      Oppose                      Neutral

**IV. Testimony** (please circle )

Oral                                      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Thomas S. McCartney  
City Elgin State IL Zip 60124

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

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

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III. POSITION (please circle appropriate position)

Support                       Oppose                       Neutral

IV. Testimony (please circle )

Oral                       Written



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) BILL JONES

City ELGIN State IL Zip 60120

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

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

KIRKPATRICK JONES & HERZOG INS. AGY "INSURANCE BROKERS"

III. POSITION (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle)

Oral                                      Written



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Laura Gnutek

City Elgin State IL Zip 60120

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

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

SENIOR SERVICES ASSOCIATES

III. POSITION (please circle appropriate position)

Support                       Oppose                       Neutral

IV. Testimony (please circle)

Oral                       Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION  
Name (Please Print) Tony Lucenko  
City Elgin State IL Zip 60120

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

III. POSITION (please circle appropriate position)  
 Support       Oppose       Neutral

IV. Testimony (please circle)  
 Oral       Written



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Mavilen Torres

City Elgin State IL Zip 60120

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

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

District Director for State Representative

Anna Moeller

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

20

Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Betsy Cappas

City Elgin State IL Zip 60124

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

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

Community Representative

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Jaime Garcia

City Elgin State IL Zip 60120

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

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

Centro de Información

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

11/04/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Evelyn Ackermann

City Elgin State IL Zip 60124

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

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

Ophthalmology Associates  
Providing Eye Care for Elgin Community  
for past 28 years

III. POSITION (please circle appropriate position)

Support                       Oppose                       Neutral

IV. Testimony (please circle )

Oral                       Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Nicholas Kunio

City Elgin State IL Zip 60123

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

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

Advocate Medical Group

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) ARMIDA DOMINGUEZ

City Elgin State IL Zip 60120

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

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

Patient Sherman Hosp.

III. POSITION (please circle appropriate position)

Support                       Oppose                       Neutral

IV. Testimony (please circle )

Oral                       Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) James H Griffin

City Elgin State IL Zip 60123

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

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

Urology LTD

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

11/04/16



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

912

**Public Hearing Testimony Registration Form**

**Facility Name:** Advocate Sherman Ambulatory Surgery Center

**Project Number:** 16-038

I. IDENTIFICATION

Name (Please Print) Alvia Siddiqi, MD, FAAPFP

City Inverness State IL Zip 60067

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

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

Advocate Physician Partners

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print)

Patricia Turner

City

Elgin

State

IL

Zip

60120

II.

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

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

Advocate Physician Partners

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written

11/04/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION  
Name (Please Print) LINDA DEERING

City Elgin State IL Zip 60123

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

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

Advocate Sherman Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

11/04/16



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

Submitted with comments on behalf of

I. IDENTIFICATION

Name (Please Print) Carla Carbajal

City Elgin State IL Zip 60124

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle )

Oral                                      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) RICHARD G KOEN

City ELGIN State IL Zip 60120

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

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

CITY OF ELGIN

III. POSITION (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle )

Oral                      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print)

RICK JAKLE

City

ELGIN

State

IL

Zip

60124

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

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

ADVOCATE SHERMAN HOSPITAL

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) DAVID SPACCARELLI

City WHEELING State IL Zip 60090

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

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

SURGICAL CARE AFFILIATES

III. POSITION (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle )

Oral                      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION

Name (Please Print) Jane Dillow MD

City Elgin State IL Zip 60123

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

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

Advocate Sherman Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION  
Name (Please Print) MICHAEL CHERNY  
City Naperville State IL Zip 60540

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

Strategic Healthcare Associates  
- Ashton Center for Day Surgery  
- Ashton Center for Day Surgery

III. POSITION (please circle appropriate position)  
Support      Oppose      Neutral

IV. Testimony (please circle)  
Oral      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD



Public Hearing Testimony Registration Form

Facility Name: Advocate Sherman Ambulatory Surgery Center

Project Number: 16-038

I. IDENTIFICATION  
Name (Please Print) Connie Secor  
City Marengo State IL Zip 60152

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

Centegra Health System

III. POSITION (please circle appropriate position)  
Support      Oppose      Neutral

IV. Testimony (please circle )  
Oral      Written



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

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**Public Hearing Testimony Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) ERIC ZORNOW

City CRYSTAL LAKE State IL Zip 60012

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

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

CENTURA HEALTH SYSTEM +  
ALCONQUIN ROAD SURGERY CENTER

**III. POSITION** (please circle appropriate position)

Support

Oppose

Neutral

**IV. Testimony** (please circle )

Oral

Written



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

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**Public Hearing Testimony Registration Form**

**Facility Name: Advocate Sherman Ambulatory Surgery Center**

**Project Number: 16-038**

**I. IDENTIFICATION**

Name (Please Print) ROBERT VAVLIK

City CRYSTAL LAKE State IL Zip 60012

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

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

CENEGRA HEALTH SYSTEM

**III. POSITION** (please circle appropriate position)

Support

Oppose

Neutral

**IV. Testimony** (please circle)

Oral

Written

11/04/16

**Dr. John Brems**

**Support for Advocate Sherman Ambulatory Surgery Center**

**November 4, 2016**

Thank you for this opportunity to express my strong support for the establishment of an ambulatory surgery center at Sherman Hospital. By way of introduction. I am a board certified surgeon with 30 years of surgical experience, practicing in Elgin and performing surgery at Sherman Hospital. I am the Medical Director of the Center for Advanced Liver and Pancreatic Care at Advocate Sherman Hospital. I perform a wide gamut of surgical cases from the very complex, including thousands of liver transplants and other major liver and pancreatic procedures, to the more routine.

Based on my experience in many surgical settings, it is my judgement that the best environment for the most complex of procedures, including those needed in emergency situations is quite different from the preferred environment for the more routine, less acute type of cases.

The patient needs and surgical requirements differ. To provide the most appropriate setting for the patient and the greatest efficiency in resource use, a separate facility for the outpatient is really what is best for the patient, the surgeon and the resulting cost.

I am not a potential owner and thus have no vested interest in this project, except to provide the best care, quality and patient experience for my patients. I believe that the approval of this project will meet this important objective.

I propose that the Board approve this important ambulatory surgery center project.

**Linda Deering**  
**President, Advocate Sherman Hospital**  
**Testimony in Support of Advocate-Sherman Surgery Center**

**Project No. 16-038**

November 4, 2016

*Ms. Deering Mitchell*

Justice Griffin, Mr. Morado, and Ms. Avery, I am pleased to share with the Board our plans for the surgery center on our campus. ~~Let me explain why we are enthused about the project and ask the Board's approval.~~ *I'm grateful to have opportunity.*

Probably the first question is, ~~why we would build a new surgery center immediately adjacent to our hospital instead of expanding our hospital surgical suites.~~ As the Board knows, we could expand our hospital ORs without going through the CON process. Further, ~~from a reimbursement point of view, we would also receive higher reimbursement from private insurers, Medicare and Medicaid if performed in the hospital.~~ **HOWEVER, this is not consistent with our Advocate Sherman belief in Population Health and Value Based Care.** We believe **in providing the best care, quality and service, in the lowest cost setting.** For us, it is the right thing to do and is consistent with the future direction of where health care.

The healthcare services we provide as part of Advocate Sherman continues to grow. This includes continued ~~growth in our surgeries, and particularly our outpatient surgery.~~ **We presently operate at 90% of the Board's target utilization and will need additional surgical capacity in the coming years.** The question for us is ~~not whether we will need more operating rooms, but instead, what is the smartest way and best plan.~~

Again, we could expand the number of operating rooms at our hospital without a CON and ~~could receive higher reimbursement rates by performing the procedures in the hospital instead of the surgery center.~~ Expanding our hospital's surgical space, however, comes at a **higher cost to both build and operate.** Further, **satisfaction surveys show that both patients and physicians prefer the ambulatory setting for clinical appropriate procedures.** Our excellent ~~physician partners will detail for you why this clinical environment, in combination with the hospital alternative, will be better for certain of their patients.~~

You will hear today from physicians and others about **how, through its population health initiatives, Advocate has partnered with Medicare and insurers to lower health care costs by focusing on keeping patients healthy early to avoid more expensive care later. Advocate will continue to lead as we accept responsibility for the health and cost of the population we serve.** For example,

- Advocate ~~imbeds into~~ <sup>places</sup> locally used Long Term Care facilities, (without additional reimbursement) case managers <sup>with</sup> physicians to better ensure that patient follow preventative care;
- works <sup>Post Acute Care</sup> on a daily basis directly with nursing homes patients to speed post-surgical recovery times after discharge and to prevent readmissions; and promotes care in lower cost environments such as this project.

We have developed this project (to the extent possible) consistent with the Review Board's rules and in respect for other area facilities. All of the cases to be performed at this center will be cases that would have otherwise been performed at Sherman Hospital. We will build on our campus and therefore, not expand geographically into other markets. All of the physicians involved in the project are Advocate affiliated physicians and are not relying on moving patients from other providers.

<sup>Cost of low utilization facilities</sup>  
<sup>which</sup> In partnering with our physicians and SCA we have followed the Board's rules encouraging hospitals to joint venture. To make sure that we comply with the Board's rule on utilization we have agreed to decommission an equivalent 3 ORs at the hospital and, unlike some recent ASTC projects, have fully committed to not expand the number of ORs until the proposed facility operates at the Board specific target utilization. **By doing so, we do not expand capacity at this time and we should have no adverse impact on other facilities.** Our project thus complies with the Board's rule on need calculation.

The merits of this project are evident from the support of community leaders, our patients and our physicians that you will hear from today. I look forward to their discussing the value of our project with you. After hearing from them we hope to earn your approval of this project. Thank you.

Dr. Jane Dillon

Testimony in Support of the Sherman ASC

Thank you for this opportunity to speak in SUPPORT of the proposed Ambulatory Surgery Center.

I am Dr. Jane Dillon, a board certified Otolaryngologist, trained at the University of Illinois with more than 20 years of experience, proficient in the care of adult and pediatric patients. My office is in Elgin, near the proposed Ambulatory Surgery Center. I am the former senior medical director and current proud member of APP, Advocate Physician Partners, an entity composed of the 13 Advocate Hospitals and over 4000 physicians.

Advocate Physician Partners has developed a health management platform that allows us to deliver the best coordinated, quality and proactive care for our patients. Ambulatory surgery has been identified as a tactic to achieve this. While this project will reduce the surgery volume and revenue for Advocate Sherman Hospital, cost effective delivery of care is critical to the future of APP given the growing financial incentives in shared savings programs from our payors. As we move from shared savings to full risk, the incentive will be even greater for APP to reduce costs while maintaining superior patient outcomes.

About half of my surgical patients are children, posing particular needs. The calmer, less hectic environment of a freestanding ambulatory surgery center is less stressful for my young patients and their families than a hospital surgical suite. While the more favorable environment of an ambulatory surgery center is desirable, patients and their families frequently need the security of being accessible to a hospital if an emergency situation arises.

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

I will be using the ASC for patients who would otherwise be using the Sherman Main surgery suite, and will not be impacting the volumes of other facilities.

I am Rev. Dr. Nathaniel L. Edmond, Pastor of the Second Baptist Church of Elgin, a historic church found by a group of ex-slaves in 1866 and also member of the Advocate Sherman Hospital Board of directors and Member of the Advocate Corporate Board, and many community boards including the United Way and Judson University.

I understand that a number of Ambulatory surgery treatment centers have been submitted to the Illinois Health Facilities Planning Board for approval. You might be wondering why there is such great interest in ASTC.

I would like to provide my perspective both as an Advocate Board member and as a community pastor, ministering to our community.

As a corporate board member, bending the cost curve through lower cost settings such as an ambulatory surgery center with high quality and the best patient experience is a key Advocate and Sherman strategy.

As a pastor, I can share with you that the ever increasing out of pocket costs are really hurting our community members.

Over the past six months, three of our member had prostate surgery and two have had knee replacements. Their cost would have been significantly less in an Ambulatory Surgery Center verses a hospital setting. The out of pocket cost is a major concern for our congregants. Having a center on the hospital campus is ideal.

I urge the Illinois Health Facility Planning Board to approve the certificate need for the Advocate Sherman Ambulatory Surgery Center.

Ms. Lea Dibert Testimony  
Support for Advocate Sherman ASTC  
Project No. 16-038

My name is Lea Dibert (L-E-A D-I-B-E-R-T)

I am the director of Perioperative Services at Advocate Sherman Hospital. I am a registered nurse with ~~16~~ <sup>15</sup> years of experience in both freestanding ambulatory surgery centers and hospital surgical suites. With experience in both surgical types of facilities, I clearly see the benefit of an ambulatory surgery center on the Sherman campus to reduce cost and improve patient experience.

The operating cost in an ambulatory surgery center is lower than in a hospital surgical suite. The predictable work flow in an ambulatory surgery which is not challenged by emergency and trauma cases reduces cost. Overhead costs are lower with fewer types of supplies and staff expertise required. Ambulatory surgery centers have streamlined processes, with staff dedicated to high volume outpatient procedures. An ambulatory surgery center can accommodate up to 20 cataract cases in one day; a hospital suite would usually accommodate about half that number.

With resources focused on the needs of ambulatory surgery patients, ambulatory surgery centers have shorter times per patient, which reduces patient and family stress, enhances the patient experience and reduces staffing costs. These reduced operating costs translate into more than 30% reduction in charges, and lower out of pocket payments for our patients

The predictable, streamlined processes and lower patient acuity in an ambulatory surgery center provides a less hectic, less stressful and quieter environment, more conducive to an enhanced patient experience. The calmer atmosphere is particularly important for children and their families who will be served through ENT and other specialties at the Sherman ambulatory surgery center. The location on the hospital campus will provide the families the security of the nearby hospital. I strongly support the establishment of an ambulatory surgery center on the Sherman I campus, to reduce cost and improve the patient experience.

surg

Aprimo  
Example

I am Lynne Bosley, president and CEO of United Way of Elgin. Advocate Sherman Hospital has been our partner in pursuing our mission of service since the United Way's founding in Elgin more than 90 years ago.

Health is one of three key focus areas for United Way of Elgin, along with education and financial stability. We partner with many Elgin area agencies that serve the health needs of underserved children, individuals and families in our community, from providing free dental exams to behavioral health counseling. We work closely with the Kane County Health Department to assess the most pressing health needs of the communities we serve and identify key partners to support and fund programs to address these needs to achieve lasting results.

Advocate Sherman Hospital is one of these key partners. United Way of Elgin has worked closely with Sherman on a number of health initiatives that provide greater access to health information, resources and services for the underserved.

The ambulatory surgery center proposed for Sherman's campus is yet another point of access for our community. Our residents are fortunate to have high quality medical care close to home, and this project will make that same care possible in a more convenient, cost-effective setting for patients and families. Every effort to bend the cost curve in health care helps to remove the financial barriers that keep people from seeking the health care they need.

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



## Greater Elgin Family Care Center

370 Summit Street  
Elgin, IL 60120  
(847) 608-1344  
www.gefcc.org

November 1, 2016

Ms. Joan Kanute  
c/o Advocate Sherman Hospital  
1425 N. Randall Road  
Elgin, IL 60123

Dear Joan:

Please accept this document as a Letter of Support for Advocate Sherman Hospital's proposal to the Illinois Health Facilities and Services Review Board to build an ambulatory surgery center (ASC) on the existing hospital campus on Randall Road, Elgin, IL.

ASCs allow hospitals and surgeons to offer high quality outpatient surgeries and procedures in a more convenient, lower cost setting for patients and families. Sherman's proposed ASC will offer these services in the areas of General Surgery, Orthopedics, Otolaryngology, Ophthalmology, and Urology. The 15,000-square foot freestanding facility will include three surgical operating rooms, six pre-operative stations, twelve recovery stations, and appropriate support space. It will be designed for patient privacy, efficiency, flexibility in delivery of patient care and energy efficiency. Pending Review Board approval, the anticipated completion date is March 31, 2019.

As a Federally Qualified Health Center, Greater Elgin Family Care Center is primarily concerned about access to surgical care for uninsured and publicly insured area residents. Our understanding is that Sherman's proposal will increase access to such care for all the area's residents, including those who may need to participate in a charity care program.

Greater Elgin Family Care Center's values our long-standing partnership with Advocate Sherman Hospital. We urge the Illinois Health Facilities and Services Review Board to approve their proposal.

Sincerely,

Robert M. Tanner  
President/CEO



BOARD

I am Dr. Michael Lee Seigle, an ophthalmologist for almost 30 years. I practice at Sherman, was the former president of the Sherman Medical Staff and am currently a member of the Sherman Physician Hospital Organization, named APP, Advocate Physician Partners.

Advocate and APP are considered as national thought leaders in creating effective approaches to deliver high value care, that is achieving the triple aim, excellent patient experience, strong outcomes at a reduced cost.

The country is grappling with reducing costs while maintaining value. Payors are applying various new approaches and incentives. One example is Medicare Shared Savings. As an ophthalmologist I see many Medicare recipients. The Medicare Shared Savings Program (also known as MSSP) has established metrics to identify the expected risk adjusted total cost of care and quality metrics for a group of providers, such as APP. If the group of providers meets the quality metrics and manages the care of a group of patient lives to be lower than the expected level as identified by CMS (Medicare), half of the cost savings is returned back to the group of providers and half is retained as savings by Medicare/the federal government. Last year, APP saved the federal government over \$70 Million dollars through this program, half of which is granted to APP and distributed back to the physicians and Advocate. Advocate has invested significant funds in technology, programs, best practices and standardized procedures and infrastructure to achieve these lower costs while maintaining quality. One example is that Advocate embeds social workers, case managers primary care physician practices with significant volume of high risk patients, to assure that the social and health-related resources are available to these patients to reduce unnecessary hospitalization and ED visits. APP also has a leading edge set of criteria to monitor quality and utilization for all APP physicians, which include patient experience, extended office hours.

One of the most effective approaches to reducing unnecessary cost is to provide care in the right setting. Most of my ophthalmology surgery patients do not need

to have their surgeries performed in the higher cost hospital surgery department. The lower cost ASC provides savings, which translates into savings for the federal government and shared by the APP providers.

As I will be using the ASC for patients who I would otherwise have brought to the main, Sherman ORs, my use of the ASC will not adversely impact the occupancy of other area facilities.

For these reasons, I urge the CON board to approve the ambulatory surgery center.

Dr. Michael Hernandez  
Public Hearing Testimony in Support  
November 4, 2016

My name is Dr. Michael Hernandez. Thank you for this opportunity to speak with you today. *regarding my support of the ambulatory surgical center*

I am a board certified internal medicine physician, practicing in Elgin for more than 20 years. I am very committed to my community, and ~~work to serving~~ *I am on* the Hispanic, Diabetes out reach program.

Many of my patients are sensitive to out of pocket expenditures and would benefit from lower prices of an ambulatory surgery center. While I am not a surgeon, I do refer many of my patients for surgery. I am very supportive of the Sherman Ambulatory surgery center to reduce expenses borne by my patients and reduce the overall cost of health care.

I am proud to be a member of both Advocate Medical Group and Advocate Physician Partners, which focus on high quality, accessible care. As a member of APP and AMG, we establish a number of patient care and service guidelines to enhance quality and access to care; expectations include offering evening/week *and* office hours and accepting Medicaid patients. *APP weekend*

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

Thank you for the opportunity to provide my comments on this important project to serve my patients. Please vote to approve this certificate of need application for an ambulatory surgery center on the Sherman hospital campus.

GOOD ~~morning~~/afternoon

TERRY

F-R-A-N-K

My name is Terry Frank and I am the practice manager for Advocate Medical Group – Elgin.

One of my physicians, Dr. Michael Hernandez, is unable to be in attendance today. With your permission, I would like to read his prepared statement.

Thank you

## **Support for Sherman Ambulatory Surgery Center**

Elgin City Fire Department Chief, David Schmidt

Comments to the CON Board, 11/4/2016

My name is Bryan McMahan, and I am the Assistant Chief of Administration for the Elgin Fire Department. I oversee Emergency Management, Fire Prevention, and the Emergency Medical Services for the City, and I am speaking today on behalf of Fire Chief David Schmidt.

It is with the interest of the citizens of Elgin in mind, that I come to you today to express my support for the construction of the Sherman Ambulatory Surgery Center.

Sherman is an essential partner in the care of our community, providing access to high quality care. The fire department and Sherman work together in responding to and caring for the health care emergencies of our residents. This project will provide another source of care for our community.

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

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

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

Thank you for your consideration.

**SUPPORT**  
**Ambulatory Surgery Center**

 Advocate Sherman Hospital

Support for Sherman ASC Project

Bill Jones, Elgin resident and small business owner

Kirkpatrick, Jones & Herzog Insurance

I am a firm believer in (ambulatory surgery centers)<sup>ACS</sup> as a more convenient and affordable option for outpatient surgeries and procedures – both from the perspective of a patient and from a small business owner in the insurance industry.

*1968  
830 A Day  
+ GRANDKIDS HOSPITALS CAN BE SCARY FOR LITTLE PEOPLE*

I recently had surgery at Advocate Sherman Hospital. The care was excellent. The staff was very caring and attentive. Yet hospitals are busy places

that can sometimes be noisy. I think people in our community – and especially seniors – will appreciate the option for a quieter setting to have same-day surgeries and procedures. Plus the ease of parking at a freestanding center and the easier

*LOTS OF INTERRUPTIONS DIDN'T SLEEP ALL NIGHT  
RIGHT ACROSS FROM SUPPLY ROOM  
GROWING OLD IS NOT FOIL  
COWARDS WINSTON CHURCHILL STROKE 1953 RECOVERED AT HIS ESTATE FAMILY + GRAND KIDS*

registration and discharge processes will save people time.

The lower rates charged in the ASC setting are a huge benefit to all health care consumers. Rising premiums are causing consumers to “buy down” in the insurance market, resulting in higher deductibles and out of pocket costs. ASCs are one way we can control these rising health care costs.

*JAN HIP REPLACEMENT NEXT WEEK REQUESTING A FEW DAYS AT SHERMAN WEST COURT*  
I am excited about the opportunity to offer this alternative, lower cost option

in my community. I believe my clients, neighbors and family will benefit greatly.

I ask the review board to approve this project. Thank you.

**SUPPORT**

**State Representative Anna Moeller, 43<sup>rd</sup> District**

My name is Mavilen Torres. I am the District Director for State Representative Anna Moeller, 43<sup>rd</sup> District. I am here today to express her support for the ambulatory surgery center project at Advocate Sherman Hospital; Rep. Moeller had a prior scheduled commitment for the district. And therefore I will read her testimony on her behalf today.

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On behalf of the residents of the 43<sup>rd</sup> District of Illinois, I would like to express my support for Advocate Sherman Hospital's proposal to build an ambulatory surgery center on the hospital campus.

As health care systems and government entities work together to make health care more accessible and affordable, ASCs stand out for their ability to offer high quality care in a more convenient, cost effective setting for patient and families. Allowing services and procedures to be delivered in an outpatient setting when appropriate, benefits all health care consumers. For those who are underserved, it provides an additional access point for high quality care close to home.

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

Thank you.

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

The Ambulatory Surgery Center being discussed today will offer outpatients high quality surgical benefits at a lower cost than having them in the main hospital. This will provide greater access for these services to the community, especially those who are challenged to pay the high copayments and deductibles.

I ask for the approval of this application for and Ambulatory Surgery Center at Sherman.

Thank you.

## **Supporting the Sherman Outpatient Surgery Center**

I appreciate this chance to speak to you about Sherman Hospital and the proposed project.

Sherman is a wonderful resource for our community. As Sherman says, Sherman is “Leading Health”.

Sherman provides so many excellent services it is hard to name them all. From experience, I know that Sherman truly cares about the health of those they serve.

Sherman not only provides excellent care, but also is interested in providing the community with access to health services.

As a resident of the community, most of my doctors are associated with Sherman and my family and I have used both inpatient and many outpatient services here. The service and care we received were top notch.

## **Support for Advocate Sherman Ambulatory Surgery Center**

Jaime Garcia, executive director

Centro de Informacion, Elgin

I am Jaime Garcia, executive director of Centro de Informacion, a social service agency that serves low income Latino individuals and families throughout the Fox Valley area. We work with partners such as Advocate Sherman Hospital to connect this underserved population with the community resources they need to succeed.

Recently, we partnered with Advocate Sherman Hospital to launch a bilingual diabetes education campaign aimed at the Latino population. The purpose of the campaign is to educate Latinos on the prevention and proper management of diabetes. Sherman sees a disproportionate number of Latino patients with uncontrolled diabetes in its emergency room. This is a very high cost setting for diabetes management. The campaign aims to connect these patients with primary care providers and other community resources so that they are getting the right level of care by the right provider in the right setting.

I see a similar goal for the ambulatory surgery center. ASCs allow hospitals and physicians to offer outpatient surgeries and procedures in a more convenient, lower cost setting for patients and families. It's the right care by the right provider in the right setting. This is a win-win-win situation for the hospital, the physicians and the patients.

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

I fully support this project for our community and I urge the review board to approve it.

Dr. Alvia Siddiqi  
Testimony in Support  
Project 16-038

I am Dr. Alvia Siddiqi, a board certified family medicine physician, <sup>member of the Medicaid Advisory Quality Care subcommittee</sup> and president of the Illinois Academy of Family Physicians. I have a deep interest in health care for the <sup>underserved,</sup> indigent, Medicaid and children. As the former medical director of Illinois Health Connect, I was responsible for the <sup>quality and network management</sup> care of 1.8 Million Medicaid beneficiaries in Illinois

I currently serve as the Medical Director of Advocate Physician Partners (APP), with responsibility for the Advocate Accountable Care entity (ACE) with nearly <sup>100,000</sup> ~~150,000~~ Medicaid beneficiaries of which <sup>80,000</sup> ~~120,000~~ are children.

As the largest Accountable Care Organization (ACO) <sup>in a single market</sup> in the nation, Advocate has invested in technology, infrastructure and expertise to meet the triple aim: reduced utilization, high quality and excellent patient experience. Advocate's success was recently announced by CMS/Medicare with more than \$73M savings to the federal government and quality ranking of third in the nation <sup>among Medicare Shared Savings Program ACO participants.</sup>

Advocate, Sherman and APP have dedicated strategies to serve Medicaid patients. APP began partnering with Meridian (a Medicaid insurer) in April to serve Medicaid patients, applying the investment in infrastructure and expertise which generated the \$73 M in cost savings to the federal government for Medicare patients to the Medicaid population. We have already seen improvement in cost and value among the Medicaid population we serve, benefitting the state budget and the patients.

As APP moves from shared savings to full risk for Medicaid patients, the incentive to keep costs down while meeting quality metrics is even greater. No longer is there an incentive to generate high volume and high charges. Specific strategies to limit costs include assuring each patient has access to primary care, leveraging community health workers to prevent illness and unnecessary utilization, providing and educating patients about low cost alternatives for using the ED, including after hours clinics, and engaging community partners (including schools, health departments, FQHCs) in new ways to address social determinants, access barriers, and other needs.

I am excited about adding an ASTC on the Sherman campus to reduce costs *and* enhance value for the Medicaid patients we serve. I am passionate about reducing out of pocket costs for <sup>vulnerable populations</sup> ~~the indigent~~ and patients with high deductibles and copays. The 38% lower charges in the ASTC compared to the hospital will improve patient access. I am particularly thrilled that <sup>the specialty of</sup> ENT, heavily utilized by children, will be offered at the ASTC, providing the familiarity and security of being located adjacent to the hospital

I ask for approval of this project as the availability of an on campus ambulatory surgery center is essential to our Medicaid strategy to serve Medicaid patients in appropriate low cost settings.

Connie Secor, RN, BSN, MHA  
Centegra Health System  
Opposed to Project 16-038  
Nov. 4, 2016

My name is Connie Secor and I am Director of Surgical Services at Centegra Health System. I also served on the Medical Executive Committee of the Algonquin Road Surgery Center. I oppose Project 16-038 because the application failed to consider the surgical services that are provided at Centegra Hospital-Huntley.

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

Centegra Hospital-Huntley, which this Board approved in 2012 and which opened Aug. 9, 2016 before this application was filed, was omitted from the application's list of 19 hospitals. Centegra Hospital-Huntley should have been included as the third-closest facility that provides surgical services. Surely, Advocate is aware of the Huntley Hospital, as evidenced by its three and a half year lawsuit to challenge the Review Board's decision.

Historically, the Board has examined the potential impact of proposed ASTCs on nearby facilities, including hospitals. In this case, the Board has already provided extensive review of the projected surgical volumes at Centegra Hospital-Huntley, and those efforts would be disregarded if the new hospital's volumes are compromised by an unnecessary duplication of services. Centegra Health System trusts that the Board will be aware of Advocate Sherman's omission and include Centegra Hospital-Huntley and its eight operating rooms as part of the region impacted by this project.

Omissions from applications inhibit the Board's ability to make complex and informed decisions. Thank you for the opportunity to correct the record on behalf of our health system.

Eric Zornow, MBA  
Centegra Health System  
Opposed to Project 16-038  
Nov. 4, 2016

My name is Eric Zornow and I am the Vice President of Finance and Treasury at Centegra Health System. I also served on the Board at Algonquin Road Surgery Center for over six years. I am here to voice my opposition of Project 16-038 because Advocate Sherman already owns an underutilized Ambulatory Surgical Treatment Center within its geographic service area.

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

According to the 2014 utilization data within the application, Algonquin Road Surgery Center reported 2,765 surgical hours for three operating rooms, far from the state's occupancy standard of 1,500 hours per operating room. The fact that Advocate Sherman is a part owner of this facility makes the underlying purpose of this CON perfectly clear: Advocate wants to spend 12.7 million dollars to keep patients away from a shared facility.

Algonquin Road Surgery Center would be negatively impacted by the proposed facility. One example is made apparent within Advocate's application: The project lists a physician investor who is on staff at Algonquin Road Surgery Center. If this doctor has financial stakes in the proposed facility, it would only make sense that he would take his business there, thereby shifting volume away from the Algonquin Road center. Other physicians who are included in the application as referring providers are also on staff at other ASTCs within the geographic service area. Without a doubt, these other ASTCs also would be adversely impacted.

Algonquin Road Surgery Center is within the primary service area that Advocate Sherman defined in this application. Patients can already receive outpatient surgery close to home. In fact, some of their patients would be traveling a shorter distance to receive treatment at Algonquin Road rather than at Sherman's campus.

If Advocate Sherman's true purpose is to benefit patients and not itself, it could manage costs more effectively by shifting cases to Algonquin Road Surgery Center. Advocate chose to omit this alternative from its application for this project. Thank you for your time.

Robert Vavrik, MHA  
Centegra Health System  
Opposed to Project 16-038  
Nov. 4, 2016

My name is Robert Vavrik and I am the Manager of Strategic Planning at Centegra Health System. I am here to voice my opposition of Project 16-038, Advocate Sherman's application to build an Ambulatory Surgical Treatment Center in Elgin.

Attachment 27 Exhibit 3 in Advocate Sherman's application lists the 28 Ambulatory Surgical Treatment Centers within the geographic service area of the proposed facility, as well as its 2014 surgical room utilization. As defined by the Administrative Rules Section 1100.640, 28 of the 28 listed ASTCs operated under the standard utilization of 1,500 hours per room. Among these is Algonquin Road Surgery Center, of which Advocate Sherman is a part owner. This nearby surgery center is less than a 15-minute drive from the proposed center.

All 28 facilities in the service area can accommodate additional surgeries. The vast majority are also multispecialty clinics that provide services similar to those proposed by Advocate Sherman. A duplication of these services is absolutely unnecessary.

At the time of this application, utilization data from 2014 made this clear. Just 11 days after this application was filed, the 2015 hospital profiles were released. This time around, 27 of the 28 facilities did not meet the standard utilization of 1,500 hours per room. The only surgery center that did meet the standard still had capacity for additional surgeries. It is apparent that the addition of another surgery center would be an irresponsible use of 12.7 million dollars that surely could benefit patients in other ways.

The state-created geographic service area includes a reasonable 45-minute travel time for outpatient surgeries, which are scheduled in advance and are non-emergent. According to the state's definition, patients already have 28 options to choose from within the service area. If Advocate Sherman is truly attempting to provide its patients cost-effective outpatient surgery, the best option is clear. Treat patients at the ASTC that Sherman currently owns and prevent the duplication of services and unnecessary expense of 12.7 million dollars. Thank you.

**Support for Advocate Sherman Hospital ASC Project**  
**Rick Kozal, City Manager**  
**City of Elgin**  
**November 4, 2016**

On behalf of Mayor David Kaptain and the Elgin city council, I am expressing support for Advocate Sherman Hospital's proposal to build an ambulatory surgery center on its hospital campus.

Having access to high quality medical care is an important factor for choosing a community in which to live, raise a family or locate a business. Elgin residents and employers are fortunate to have choices in primary and specialty providers and health care facilities – from urgent care clinics to emergency care to high end, comprehensive procedures and treatment.

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

As health insurance premiums continue to rise, it is critical to continue finding ways to take excess costs out of the system. The city's own rising employee healthcare costs impact the level of funding available for city services. The more the city is able to control or reduce these costs, the greater it can invest in services that improve the city's infrastructure and quality of life.

As the city of Elgin and Advocate Sherman Hospital work together to build a healthier, more sustainable community, improving access to high quality, lower cost care is critical. The city of Elgin fully supports Sherman's proposed ambulatory surgery center, and respectfully requests that the review board approve the project.

I'm Angela Thompson, and I'm the Regional Quality Coordinator at Surgical Care Affiliates. I'm here to speak in support of the proposed ASTC on Advocate Sherman's campus. At SCA, we are working towards solving the broader healthcare challenges by lowering surgical costs, increasing access, and improving the patient experience and clinical outcomes. We are in the middle of a large shift of surgical cases from the inpatient setting to the outpatient setting across the country. This is happening for a number of reasons:

- demand from patients for a better perioperative experience
- pressure from insurance companies to reduce costs
- consumer-driven health plans with high deductibles
- surgeon's desire to have efficient operating environments

From a cost standpoint, our ASTC patients pay on average 45% less than they would at hospital outpatient departments for an identical surgery. This can translate into hundreds and sometimes thousands of dollars of savings for a given family for a single surgery. This is particularly relevant in our current environment of increasing deductibles and out of pocket maximums.

From a clinical outcomes perspective, SCA closely tracks our patient outcomes nationally in an effort of continuous improvement as well as to compare them to national benchmarks. These include infection rates, hospital transfers, recovery times, and adverse surgical events. The data is clear that ASTCs are as safe as hospitals, and in some aspects such as infection control, actually better.

This can be attributed to:

- specialized staff dedicated solely to outpatient procedures
- heightened emphasis on post-op recovery plans and patient recovery plan
- top of the line medical equipment, devices, and technology utilized throughout our facilities
- a supportive, encouraging staff passionate about providing great care and returning patients to their lives as quickly and effectively as possible

Both SCA's national patient satisfaction score and our patient loyalty are above the industry average. We recognize that surgery can be a time of anxiety and uncertainty for patients, so we work with our patients to make the surgical experience as comfortable and efficient as possible. This ASTC on the Sherman campus would be provide the residents of Elgin the opportunity to experience this low-cost, high quality care for their outpatient surgery needs. Thank you.