



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 •(217) 782-3516 FAX: (217) 785-4111

<b>DOCKET NO:</b> I-02	<b>BOARD MEETING:</b> August 8, 2024	<b>PROJECT NO:</b> 23-047	<b>PROJECT COST:</b> Original: \$10,000
<b>FACILITY NAME:</b> O'Fallon Surgical Center		<b>CITY:</b> O'Fallon	
<b>TYPE OF PROJECT:</b> Non-Substantive			<b>HSA:</b> XI

**PROJECT DESCRIPTION:** The Applicants (O'Fallon Surgical Center, LLC and Haris Assets, LLC) propose to add neurology and orthopedic surgical services to an existing ambulatory surgical treatment center located at 741 Insight Avenue, O'Fallon, Illinois. Project costs total \$10,000 and the expected completion date is December 31, 2024.

**On March 12, 2024**, the Illinois Health Facilities and Services Review Board issued an Intent-to-Deny for O'Fallon Surgical Center. **On April 25, 2024**, the State Board received a Type A Modification of the Application. This modification asked the State Board to approve the addition of orthopedic surgical specialty.

Information regarding this Application for Permit can be found at this link:  
<https://hfsrb.illinois.gov/projects/project.23-047-ofallon-surgery-center.html>

## EXECUTIVE SUMMARY

### **PROJECT DESCRIPTION:**

- The Applicants (O’Fallon Surgical Center, LLC and Haris Assets, LLC) propose to add neurology and orthopedic surgical services to an existing ambulatory surgical treatment center (ASTC) located at 741 Insight Avenue, O’Fallon, Illinois. The estimated project cost is \$10,000. The expected completion date is December 31, 2024.
- The ASTC has one operating room (OR), one-non-sterile procedure room, one examination room and two Stage I and two Stage II recovery stations. The ASTC is approved to provide the following surgical services: ophthalmology, gastroenterology, pain management and podiatry.

### **BACKGROUND**

- In May of 2019 the State Board approved a change of ownership for Physicians Surgical Center to Ahmed 15, LLC, and Haris Assets, LLC in Belleville, Illinois (**#E-002-19**).
- In September 2019 the State Board approved the discontinuation of Physicians Surgical Center in Belleville, Illinois, and the establishment of Physicians Surgical Center (n/k/a O’Fallon Surgical Center) in O’Fallon, Illinois to perform gastroenterology procedures with one non-sterile procedure room (**Permit #19-025**). The application for Project #19-025 stated that 1,200 gastroenterology cases would be performed for each of the first two years after project completion (see page 69 of the Application for Permit #19-025). No gastro procedures were performed at O’Fallon Surgery Center in 2022. Additionally, the application indicated that between 22% and 27% of the patients who would utilize the ASTC would be Medicaid patients (Application for Permit #19-025 page 75). **In 2022 no Medicaid or Charity** care patients were provided service at O’Fallon Surgery Center (See Table Two-Page 6 of this report).
- In January 2021 the Chairwoman of the State Board approved the addition of pain management and ophthalmology surgical specialties. (**Permit #20-041**).
- In 2021 the ASTC added one operating room that did not require approval of the State Board because the cost of the operating room was below the State Board Capital Expenditure Minimum at the time.
- In December 2021 the State Board denied the addition of orthopedic surgical specialty at O’Fallon Surgical Center (**Permit #21-011**). At that time the Applicants did not meet i) Criterion 1110.235 (c) (2) (b) – Service to Residents in GSA, ii) Criterion 1110.235 (c) (3) Service Demand, iii) Criterion 1110.235 – Service Accessibility, iv) Criterion 1110.235 (c) (7) – Unnecessary Duplication of Service.
- In October 2023 the State Board approved the addition of podiatric surgical services at O’Fallon Surgical Center (**Permit #23-030**).

### **WHY THE PROJECT IS BEFORE THE STATE BOARD:**

- The project is before the State Board because the project proposes the addition of a surgical specialty.

### **PUBLIC HEARING/COMMENT:**

- A public hearing was offered but was not requested. Letters of support have been received by the State Board and no opposition letters were submitted regarding this project.

**SUMMARY:**

- The Applicants state the purpose of this project is to improve access to orthopedic and neurological surgery to residents of the geographical service area (GSA) and to increase utilization at the ASTC, which currently has capacity. The State Board standard for operating procedure rooms is 1,500 hours annually. The Applicants state the ASTC’s annual utilization will improve and be closer to the State Board’s utilization standard. O’Fallon Surgery Center performed 1,676 procedures (or 699 surgical hours) in 2022 and 2,364 procedures (or 987 surgical hours) in 2023.
- The Applicants addressed a total of 21 criteria and were not compliant with the following:

Criterion	Non-Compliant
77 ILAC 1110.120 (b) – Projected Utilization	<p>The referring physician <b>Dr. Yazdi</b> anticipates referring 74 Neurology cases to O’Fallon Surgery Center within the first year after project completion. However, only 26 of the 74 cases were accepted because they were performed in an ASTC. Based upon the state average for hours per case (1.72 hours) the State Board Staff is estimating 45 additional surgical hours, including prep and cleanup, in the first year after project completion. (26 cases × 1.72 hours = 45 hours)</p> <p>The referring physician <b>Dr. Chien</b> anticipates referring 168 Orthopedic cases to O’Fallon Surgery Center or 321 hours within the first year after project completion. However, only 53 of the 168 cases were accepted because the 53 cases were performed in an ASTC. Based upon the state average for hours per case (1.91 hours) the State Board Staff is estimating 102 additional surgical hours including prep and cleanup in the first year after project completion. (53 cases × 1.91 = 102 hours)</p> <p>Should the 147 surgical hours materialize the Surgery Center will not meet the State Board’s utilization standard of 80%. (147 hours + 987 (2023 hours) = 1,134 hours = 38%). The Applicants have not met the requirements of this criterion.</p>
77 ILAC 1110.235 (5) – Treatment Room Need Assessment	<p>The facility has one OR and one non-sterile procedure room and reported 699 surgical hours (1,676 procedures) in 2022 and 2,364 cases and 987 hours in 2023. The Applicants anticipate an additional 26 neurology referrals (45 surgical hours) and 53 orthopedic referrals (102 hours) to the ASTC with this project. Based on this utilization (1,134 hours), the Applicants cannot justify the two rooms. The Applicants have not met the requirements of this criterion.</p>
77 ILAC 110.235 (c)(6) - Service Accessibility	<p>There are existing providers (hospitals) in the 17-mile GSA that currently provide neurology and orthopedic surgical services and are not at capacity (<b>see Table Four</b>).</p>
77 ILAC 110.235 (c)(7) - Unnecessary Duplication of Service	<p>It appears the neurology and orthopedic surgeries proposed by the Applicants can be accomplished at existing underutilized facilities in the GSA that currently provide this service.</p>



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## STATE BOARD STAFF REPORT

Project #23-047

### O’Fallon Surgical Center

APPLICATION / SUMMARY	
Applicant(s)	O’Fallon Surgical Center, LLC and Haris Assets, LLC
Facility Name	O’Fallon Surgical Center
Location	741 Insight Avenue, O’Fallon
Permit Holder	O’Fallon Surgical Center, LLC
Owner of Site	Haris Assets, LLC
Application Received	May 22, 2023
Application Deemed Complete	May 30, 2023
Anticipated Completion Date	December 31, 2024
Review Period Ends	July 29, 2023
Received Intent to Deny	March 2024
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes

### I. Project Description

The Applicants (O’Fallon Surgical Center, LLC and Haris Assets, LLC) propose to add neurology and orthopedic surgical services to an existing ambulatory surgical treatment center (ASTC) located at 741 Insight Avenue, O’Fallon, Illinois. The estimated project cost is \$10,000. The project’s expected completion date is December 31, 2024.

### II. Summary of Findings

- A. State Board Staff finds the proposed project is **not** in conformance with all relevant provisions of Part 1110 (77 Ill. Adm. Code 1110).
- B. State Board Staff finds the proposed project is in conformance with all relevant provisions of Part 1120 (77 Ill. Adm. Code 1120).

### III. General Information

The Applicants (O’Fallon Surgical Center, LLC and Haris Assets, LLC) state the ASTC is the only facility under their ownership / operational control. In addition, the applicants Chief Executive Officer (Shakeel Ahmed, M.D.) also reports owning and operating MetroEast Endoscopic Surgery Center located in Fairview Heights, Illinois. This project is subject to Part 1110 and Part 1120 review. Financial commitment will occur after permit issuance.

**IV. Project Uses and Sources of Funds**

The Applicants are funding this project in its entirety with cash and securities amounting to \$10,000, and the entirety of these project costs are attributed to the purchase of moveable and other equipment (see Table One).

<b>TABLE ONE</b>				
Project Costs and Sources of Funds				
Uses of Funds	Reviewable	Non-Reviewable	Total	Percent Of Total
Movable or Other Equipment	\$10,000	\$0.00	\$10,000	100%
<b>TOTAL USE OF FUNDS</b>	<b>\$10,000</b>	<b>\$0.00</b>	<b>\$10,000</b>	<b>100.00%</b>
Source of Funds				
Cash & Securities	\$10,000	\$0.00	\$10,000	100%
<b>TOTAL SOURCE OF FUNDS</b>	<b>\$10,000</b>	<b>\$0.00</b>	<b>\$10,000</b>	<b>100.00%</b>

**V. Background of the Applicant, Safety Net Impact Statement, Purpose of the Project**

- A. Criterion 1110.110 (a) – Background of the Applicant
- B. Criterion 1110.110 (b) – Purpose of the Project
- C. Criterion 1110.110 (c) – Safety Net Impact Statement
- D. Criterion 1110.110 (d) – Alternatives to the Project

**A) Background of the Applicant**

An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background, and character to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6]

The Applicants certified that there have been no adverse action taking against any facility owned and/or operated by the Applicants during the three years prior to filing of the application. The Applicants also certify there have been no individuals cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. The Applicants permit the Illinois Health Facilities and Services Review Board (HFSRB) and Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to, official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

**B) Purpose of the Project**

The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.

The Applicants state the purpose of this project is to improve access to Neurology and Orthopedic surgery to residents of the GSA and to increase utilization at the ASTC, which currently has capacity.

**C) Safety Net Impact Statement**

This is a non-substantive project; a safety net impact statement is not required. Table Two below documents the number of patients by Payor Source at O’Fallon Surgery Center for the years 2019 - 2023.

	2019	2020	2021	2022	2023	Average Number of Patients	Percentage Based Upon Average Number of Patients to Average Total
Medicaid	3	3	46	0	2	11	1.12%
Medicare	23	59	363	984	1,632	612	63.64%
Other Public	1	1	21	38	57	24	2.45%
Insurance	12	40	195	645	665	311	32.37%
Private Pay	1	1	0	9	8	4	0.40%
Charity Care	1	0	0	0	0	0	0.02%
<b>TOTALS</b>	<b>41</b>	<b>104</b>	<b>625</b>	<b>1,676</b>	<b>2,364</b>	<b>962</b>	<b>100.00%</b>

**D) Alternatives to the Project**

The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

The Applicants considered two alternatives to the proposed project.

**1) Status Quo/Do Nothing (no cost)**

The Applicants considered continuing with the provision of gastroenterology, ophthalmology, pain management and podiatry surgical services. The primary purpose of this project is to improve access to spine surgery services and orthopedic surgical services to medically underserved residents within the surgical center’s geographic service area (GSA) and to increase utilization at the surgery center. According to the Applicants this alternative would not address these goals, as it would require patients to continue undergoing procedures in Missouri and in the hospital setting. The Applicant’s state doing nothing would not increase utilization at the Surgery Center. This alternative was rejected.

**2) Utilize Other Health Care Facilities (no cost)**

The Applicants deemed this alternative infeasible. The Applicants stated the projected cases within the physicians' referral letters are currently being performed in Missouri. According to the Applicants a more convenient destination for these Illinois patients, is the surgery center as it is centrally located near their residences and multiple public transportation options. The Applicants state the addition of a neurology and orthopedic surgical specialties at the Surgery Center will provide patients and payors a convenient, high quality, lower cost alternative. This alternative was rejected.

## **VI. Size of the Project, Projected Utilization**

### **Criterion 1110.120 (a) – Size of the Project**

### **Criterion 1110.120 (b) – Projected Utilization**

#### **A) Size of the Project**

The applicant shall document that the physical space proposed for the project is necessary and appropriate. The proposed square footage cannot deviate from the square footage range indicated in Appendix B, or exceed the square footage standard in Appendix B if the standard is a single number, unless square footage can be justified by documenting, as described in subsection (a)(2).

The Applicants are not proposing new construction or modernization for this project. The current spatial configuration for this facility is 2,200 GSF, which is within the State Board standard of 2,750 GSF for an ASTC.

#### **B) Projected Utilization**

To document compliance with this criterion the applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B. The number of years projected shall not exceed the number of historical years documented.

The State Board standard for operating procedure rooms is 1,500 hours annually. The Applicants state the ASTC's annual utilization will improve and be closer to the State Board's utilization standard. O'Fallon Surgery Center performed 1,676 procedures (or 699 surgical hours) in 2022 and 2,364 procedures (or 987 surgical hours) in 2023.

The referring physician **Dr. Yazdi** anticipates referring 74 Neurology cases to O'Fallon Surgery Center within the first year after project completion. However, only 26 of the 74 cases were accepted because they were performed in an ASTC. Based upon the state average for hours per case (1.72 hours) the State Board Staff is estimating 45 additional surgical hours, including prep and cleanup, in the first year after project completion. (26 cases × 1.72 hours = 45 hours)

The referring physician **Dr. Chien** anticipates referring 168 Orthopedic cases to O'Fallon Surgery Center or 321 hours within the first year after project completion. However, only 53 of the 168 cases were accepted because they were performed in an ASTC. Board Staff could not confirm that Community Orthopedics is a licensed ASTC. Based upon the state average for hours per case (1.91 hours) the State Board

Staff is estimating 102 additional surgical hours including prep and cleanup in the first year after project completion. (53 cases  $\times$  1.91 = 102 hours)

Should the 147 surgical hours materialize the Surgery Center will not meet the State Board's utilization standard of 80%. (147 hours + 987 (2023 hours) = 1,134 hours = 38%). The Applicants have not met the requirements of this criterion.



## VIII. Non-Hospital Based Ambulatory Surgical Treatment Center Services

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
Establishment of ASTC Facility or Additional ASTC Service	(c)(2)(B)(i) & (ii)	- Service to GSA Residents
	(c)(3)(A) & (B) or (C)	- Service Demand – Establishment
	(c)(5)(A) & (B)	- Treatment Room Need Assessment
	(c)(6)	- Service Accessibility
	(c)(7)(A) through (C)	- Unnecessary Duplication/ Maldistribution
	(c)(8)(A) & (B)	- Staffing
	(c)(9)	- Charge Commitment
	(c)(10)(A) & (B)	- Assurances

### A) **Formula Calculation**

*As stated in 77 Ill. Adm. Code 1100.640(d), no need determination for the number of ASTCs and the number of surgical/treatment rooms in a GSA has been established. Need is established pursuant to the applicable review criteria of this Part.*

### B) **Service to Geographic Service Area Residents**

The Applicants shall document that the primary purpose of the project will be to provide necessary health care to the residents of the GSA in which the proposed project will be physically located.

- i) The Applicants shall provide a list of zip code areas (in total or in part) that comprise the GSA. The GSA is the area consisting of all zip code areas that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site.
- ii) The Applicants shall provide patient origin information by zip code for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the GSA. Patient origin information shall be based upon the patient's legal residence (other than a health care facility) for the last 6 months immediately prior to admission.

The established radii for a facility located in St. Clair County is 17 miles (per 77 Ill. Adm. Code 1100.510(d)(2)). The Applicants identified 35 zip codes in this 17-mile GSA with a population of approximately 412,000 residents. In response to the Intent to Deny the Applicants identified 317 historical patients by zip code for the two physicians proposing to refer patients to the Surgery Center. According to the Applicants 201 patients (63.4%) resided within this 17-mile GSA. The Applicants have met the requirements of this criterion.

### C) **Service Demand –Additional ASTC Service**

The applicant shall document that the proposed project is necessary to accommodate **the service demand** experienced annually by the applicant, over the latest 2-year period, as evidenced by historical and projected referrals.

The Applicants state this project is necessary to bring Neurology and Orthopedic surgical services to the metro east St. Louis area and increase utilization at the ASTC.

The Applicants are proposing 242 referrals to the Surgery Center. Of these 242 referrals the Board Staff accepted 26 referrals from **Dr. Yazdi** and 53 referrals from **Dr. Chien** for a total of 79 referrals. 97 office-based referrals were not accepted and 115 referrals from Community Orthopedics were not accepted because Board Staff could not identify Community Orthopedics as a licensed ASTC in Missouri.

<b>TABLE THREE</b>					
Location of Referring Physician patients					
<b>Facility</b>	<b>Location</b>	<b>Dr Yazdi</b>		<b>Dr. Chien</b>	
		<b>Historical</b>	<b>Proposed Referrals</b>	<b>Historical</b>	<b>Proposed Referrals</b>
Apollo ASC	St. Louis, Mo	4	2	1	1
Community Orthopedics	St. Louis, Mo	0	0	115	0
Elite ASC	St. Louis, Mo	18	9	3	3
Twin Cities ASC	Festus, Mo	30	15	49	49
Office-based surgery	Festus, Mo	97	0	0	0
<b>Total Cases</b>		<b>149</b>	<b>26</b>	168	53

**D) Treatment Room Need Assessment**

- A) The applicant shall document that the proposed number of surgical/treatment rooms for each ASTC service is necessary to service the projected patient volume. The number of rooms shall be justified based upon an annual minimum utilization of 1,500 hours of use per room, as established in 77 Ill. Adm. Code 1100.
- B) For each ASTC service, the applicant shall provide the number of patient treatments/sessions, the average time (including setup and cleanup time) per patient treatment/session, and the methodology used to establish the average time per patient treatment/session (e.g., experienced historical caseload data, industry norms or special studies).

The facility has one OR and one non-sterile procedure room. The Applicants were not able to justify the one non-sterile procedure room and one operating room. See Criterion 1110.110 (b) – Projected Utilization for complete discussion. The Applicants have not met the requirement of this criterion.

**E) Service Accessibility**

The proposed ASTC services being established or added are necessary to improve access for residents of the GSA. The Applicant shall document that at least one of the following conditions exists in the GSA:

- A) There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project.
- B) The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100.
- C) The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies.
- D) The proposed project is a cooperative venture sponsored by 2 or more persons, at least one of which operates an existing hospital. Documentation shall provide evidence that:
  - i) The existing hospital is currently providing outpatient services to the population of the subject GSA.
  - ii) The existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100.
  - iii) The existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and
  - iv) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

There is one ASTC (MetroEast Endoscopy Center) located within the 17-mile GSA (see Table Four). This ASTC is owned by Dr. Ahmed (one of the members of O’Fallon Surgery Center). Neurology and Orthopedic Surgery services are available at hospitals within the GSA. As shown in Table Four, all but one of the hospitals is not meeting the State Board’s standard for utilization. In addition, the proposed project is not a cooperative venture with a hospital.

TABLE FOUR								
Hospitals and ASTCs Located In the GSA								
Facility	City	Facility Type	Distance (in miles) from Applicants’ Facility	Rooms	Surgical Hours		Utilization	
					2022	2023	2022	2023
HSHS St. Elizabeth’s Hospital	O’Fallon	Hospital	0.8	15	25,132	33,988	89.36%	120.85%
Memorial Hospital East	Shiloh	Hospital	2	6	4,738	5,054	42.12%	44.92%
MetroEast Endoscopy Center	Fairview Heights	ASTC	4.5	1	1,164	1,174	62.08%	62.60%
Memorial Hospital	Belleville	Hospital	7.8	33	12,261	12,715	19.82%	20.55%
Touchette Regional Hospital	Centreville	Hospital	13.6	6	777	763	6.91%	6.78%
Anderson Hospital	Maryville	Hospital	14.3	11	10,244	10,522	60.71%	51.02%

In response to this criterion, the Applicants note the proposed project will enhance access to neurology and orthopedic surgical services in the GSA by providing a less costly, more efficient, and convenient alternative than the hospital inpatient/outpatient departments. According to the Applicants by offering these service, O'Fallon Surgical Center will avail its patient base to enhanced ASTC services with easier access, shorter wait times, and better overall patient experiences. The Applicants state clinicians will realize easier scheduling times, efficiencies with faster turnaround time for ORs, and a reduced risk of exposure to nosocomial<sup>1</sup> infections that are prevalent in hospital settings. The Applicants note that these efficiencies will ultimately result in more time being spent with patients, resulting in improvements in the quality of care.

Access to neurology and orthopedic surgical services is available at all hospitals within the GSA. In addition, four of the five hospitals do not meet the State Board's utilization standard. The Applicants have not met the requirements of this criterion.

**F) Unnecessary Duplication/Maldistribution**

A) The Applicants shall document that the project will not result in an unnecessary duplication. The Applicants shall provide the following information for the proposed GSA zip code areas identified in subsection (c)(2)(B)(i):

- i) the total population of the GSA (based upon the most recent population numbers available for the State of Illinois); and
- ii) the names and locations of all existing or approved health care facilities located within the GSA that provide the ASTC services that are proposed by the project.

B) The Applicants shall document that the project will not result in maldistribution of services. Maldistribution exists when the GSA has an excess supply of facilities and ASTC services characterized by such factors as, but not limited to:

- i) a ratio of surgical/treatment rooms to population that exceeds one and one-half times the State average.
- ii) historical utilization (for the latest 12-month period prior to submission of the application) for existing surgical/treatment rooms for the ASTC services proposed by the project that are below the utilization standard specified in 77 Ill. Adm. Code 1100; or
- iii) insufficient population to provide the volume or caseload necessary to utilize the surgical/treatment rooms proposed by the project at or above utilization standards specified in 77 Ill. Adm. Code 1100.

C) The Applicants shall document that, within 24 months after project completion, the proposed project:

- i) will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and
- ii) will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

The Applicants note the proposed project will not result in maldistribution of services, based on the ratio of surgical rooms to population (see Table Five). The Applicants identified five hospitals and one ASTC in their application, as shown in

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<sup>1</sup> Nosocomial originating or taking place in a hospital, acquired in a hospital, especially in reference to an infection.

Table Four above. The hospitals within the GSA provide Neurology and Orthopedic surgical services. Neurology and Orthopedic surgical services can be accommodated at the existing **underutilized facilities** providing these services in the GSA.

Table Five illustrates the ratio of population to operating/procedure rooms.

<b>TABLE FIVE</b>				
<b>Ratio of Surgery / Treatment Rooms to Population</b>				
	<b>Population</b>	<b>OR/Procedure Rooms</b>	<b>Rooms to Population</b>	<b>Standard Met?</b>
GSA	412,277	94	1:4,386	Yes
State of Illinois	12,671,821	2,639	1:4,802	

**G) Staffing**

**A) Staffing Availability**

The Applicants shall document that relevant clinical and professional staffing needs for the proposed project were considered and that the staffing requirements of licensure and The Joint Commission or other nationally recognized accrediting bodies can be met. In addition, the Applicants shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

**B) Medical Director**

It is recommended that the procedures to be performed for each ASTC service are under the direction of a physician who is board certified or board eligible by the appropriate professional standards organization or entity that credentials or certifies the health care worker for competency in that category of service.

According to the Applicants, the facility is currently staffed in accordance with all IDPH and Medicare Requirements.

**H) Charge Commitment**

In order to meet the objectives of the Act, which are to improve the financial ability of the public to obtain necessary health services; and to establish an orderly and comprehensive health care delivery system that will guarantee the availability of quality health care to the general public; and cost containment and support for safety net services must continue to be central tenets of the Certificate of Need process [20 ILCS 3960/2], the Applicants shall submit the following:

- A) a statement of all charges, except for any professional fee (physician charge); and
- B) a commitment that these charges will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

The Applicants provided the necessary attestation as required by this criterion (see Page 59 of the Application for Permit).

**D) Assurances**

A) The Applicants shall attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

B) The Applicants shall document that, in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians) and the provision of new procedures that would increase utilization.

The Applicants provided the necessary attestation as required by this criterion (see Page 60 of the Application for Permit).

**IX. Financial Viability and Economic Feasibility**

**A. Criterion 1120.120 – Availability of Funds**

**B. Criterion 1120.130 – Financial Viability**

**C. Criterion 1120.140(a) – Reasonableness of Debt Financing**

**D. Criterion 1120.140(b) – Terms of Debt Financing**

**E. Criterion 1120.140(c) – Reasonableness of Project Costs**

The Applicants will fund this project in its entirety with cash of \$10,000, which will be allocated for the purchase of surgical room equipment. The State Board standard for Moveable Equipment costs is \$551,212 per surgical room. It appears the Applicants have met the requirements of this criterion.

**F) Criterion 1120.140(d) – Direct Operating Costs**

**G) Criterion 1120.140(e) – Total Effect of the Project on Capital Costs**

Direct operating expenses for 2025, the second year after project completion, are calculated at \$350.00 per procedure/visit. The total effect of the project on capital costs is estimated at \$60.61 per visit/procedure. The State Board does not have standards for these costs.

<b>TABLE SIX</b>						
<b>Historical Utilization</b>						
Number of Cases and Hours						
Physicians Surgical Center/O'Fallon Surgical Center						
2019-2022						
Year	2019*	2020*	2021	2022	2023	Average
<b>Pain Management</b>						
Cases	60	0	0	0	0	12
Hours	35	0	0	0	0	7
<b>Ophthalmology</b>						
Cases	0	0	516	1,676	2,362	910.8
Hours	0	0	215	699	984.5	379.7
<b>Gastrointestinal</b>						
Cases	1	6	109	0	0	23.2
Hours	1	22	40.5	0	0	12.7
<b>Podiatry</b>						
Cases	0	0	0	0	2	0.4
Hours	0	0	0	0	2	0.4
<b>Total</b>						
Cases	61	6	625	1676	2364	946.4
Hours	36	22	255.5	699	986.5	399.8
* Known as Physicians Surgical Center- name was changed to O'Fallon Surgical Center in 2020.						

1 applicant does have a plane to catch at midway at 6:30 so  
2 that he can make sure to see his cases tomorrow.

3 CHAIRWOMAN SAVAGE: Okay. So the next case is H-  
4 09 O'Fallon Surgery Center, O'Fallon, Illinois. Ms.  
5 Legrand is going to recuse herself. May I have a motion to  
6 approve project 23 -047 for the expansion of a surgery --  
7 surgical specialty to the existing surgery center?

8 DR. TANKSLEY: So moved.

9 MR. HENDRICKSON: Second.

10 CHAIRWOMAN SAVAGE: Thank you. If you could  
11 introduce yourself, spell your name and he'll swear you  
12 in.

13 MR. AHMED: Shakeel Ahmed, S-H-A-K-E-E-L. Last  
14 name is Ahmed, A-H-M-E-D.

15 MS. FRIEDMAN: And Kara Friedman.

16 THE REPORTER: Please raise your right hand.

17 (Whereupon:

18 SHAKEEL AHMED

19 KARA FRIEDMAN

20 After being duly sworn, were examined and testified as  
21 follows:)

22 CHAIRWOMAN SAVAGE: Mike or George, could you  
23 share the state board staff report?

24 MR. CONSTANTINO: Thank you, Madam Chair. The



1 Applicants proposed to add neurology surgical services to  
2 an existing ambulatory surgical treatment center located  
3 in O'Fallon, Illinois. Total project cost is \$10,000.  
4 Inspected completion date is December 31st, 2024. The  
5 applicants did not meet utilization, treatment room need  
6 assessment, service accessibility, and unnecessary  
7 duplication of service. There is no public hearing  
8 requested. Thank you Madam chair.

9 CHAIRWOMAN SAVAGE: Thank you, Mike. If you would  
10 like to proceed.

11 MS. FRIEDMAN: If I could just mention the issue  
12 about referral letters and on broad basis for the group.  
13 We are approached by, or we approach in various settings  
14 physicians to do cases at hospitals and surgery centers.  
15 And they have to sign a certification that they intend to  
16 refer cases to the surgery center, we submit that as part  
17 of our application. As I'm sure some of you know, we  
18 cannot pay those physicians for such a commitment and  
19 therefore it's not a contract. It is a good faith  
20 suggestion that they want to do cases at the surgery  
21 center. So I think you're seeing that in certain  
22 situations a physician may come and then they may kind of  
23 go in another direction. And so this is part of the reason  
24 that physicians are continued to be recruited by surgery

1 center when they have block time that can be utilized. And  
2 I'll go ahead and let Dr. Ahmed Present.

3 MR. AHMED: Good afternoon. My name is Dr. Shakeel  
4 Ahmed. I'm a board certified gastroenterologist and the  
5 owner of O'Fallon surgical center in a Illinois. I also  
6 operate at Midwest Surgery Center. And I thank you for  
7 your time and thank you for your assistance. I will keep  
8 it brief that the project has received no opposition and  
9 many letters of support. I've been providing healthcare  
10 services, including surgical services in the Illinois  
11 Metro East area for the last 22 years. I'm here today to  
12 request permission for O'Fallon Surgical Center to  
13 credential a spine specialist so we can provide pain  
14 management injections and minimally invasive spine  
15 surgeries. As you know, we are already approved to  
16 provide pain management procedures. Because of the board  
17 certification in neurosciences, we need to approve to  
18 credential him. We have not been able to schedule pain  
19 management at our surgery center. Since our last pain  
20 management physician, Dr. Mark Belzer, moved his practice  
21 away from O'Fallon to about 50 miles from our center to  
22 the western suburbs of St. Louis.

23 We have retained the extremity equipment and the staff  
24 qualified to support physician performing interventional

1 pain procedures so that can provide image guided  
2 procedures at the center, which will allow us to take  
3 advantage of the equipment we have and care at the center.  
4 ASCs like ours provide the same high surgical care as  
5 hospitals, are more accessible and more importantly for  
6 this board a fraction of the cost. This combination of  
7 quality, convenience, and affordability has led to  
8 significant growth in values mentioned by in Medicare's  
9 approval of many more certain types in the setting in the  
10 past few years.

11 For example, in 2021, CMS approved reimbursement for  
12 certain total replacement procedures, which is already to  
13 save Medicare 75 million. Also, I know this board has  
14 focused in recent months the movement of cardiac cath  
15 cases to the ASC side. This is another change that has  
16 been removed by Medicare policy. Most recently, Medicaid  
17 added 11 codes to the ASTC list of 26 more in a previous  
18 batch of codes over the summer. There's more and more  
19 cases that are expected to shift from hospital to ASCs.  
20 The US ASTC market is projected to grow 59 percent from  
21 2021 to 2028 this likely explains why you have so many  
22 centered matters before you today.

23 Increasingly health system is routinely up to do  
24 elective cases in hospital or underlying more on the care

1 setting. For example, Northwestern Memorial Hospital, the  
2 largest adult hospital in the state, just acquired its  
3 first ASTC in January, recognizing the importance of this  
4 costly alternative to surgical care. Until then, they only  
5 provided the service on site at the hospital at a higher  
6 cost.

7 As you know, the surgeon that plans to perform the  
8 certain procedures at our center care consist of Illinois  
9 patients in the St. Louis locations. For all those  
10 complicated cases, he will keep them in St. Louis and  
11 minimally invasive pain management procedures that have to  
12 be repeated over time due the limited duration of time.  
13 these cases will be provided locally and the lowest cost  
14 setting feasible relative to travel for care, surgical  
15 care that would be considered primary or secondary not  
16 includes cataract, colonoscopies, pain management, D-N-C  
17 E-N-T, podiatry, and now joint and minimally invasive  
18 spine. We're working on building these services at our  
19 center as a county with 250,000 residents the county  
20 should have these types of surgical cases available within  
21 the county. Patients have to travel further for more  
22 complex tertiary care like cancer and complex  
23 neurosciences. But for the simpler cases, it shouldn't  
24 have to go to St. Louis.

1           They should be able to stay in Illinois and get their  
2           care locally. In closing after the doctor will provide  
3           this minimally invasive care. Locally, all of the  
4           projected deferrals that were included Dr. -- physician  
5           letter resident who travel to for this care, back pain  
6           injections and discs allow people to stay active in spite  
7           of conditions like arthritis and stenosis. We're proud of  
8           what we do for our community and take care of our  
9           patients. We have remained financially viable despite some  
10          physician departures. I'm asking and requesting the rule  
11          to approve a request so we can expand out patient care we  
12          provide to safety county residents. One final word. When I  
13          first came to this board 10 years back to request my first  
14          CON I promised the board that we will provide care to  
15          Medicaid and indigent population, our patient population  
16          of 30 percent Medicaid 10 years back, 10 years later, our  
17          patient population is still 30 percent Medicaid, if not  
18          more. And that's something we are proud of and that's a  
19          promise we can that's my personal patience. Happy to  
20          answer questions.

21                   CHAIRWOMAN SAVAGE:     Okay, so one question would  
22          be, you have these other specialties. So you have  
23          ophthalmology, pain, podiatry, and now you want to add  
24          neuro plus you have GI. So with two rooms, how are you

1 dealing with all of scheduling of all five of those  
2 including new cases of GI?

3 MR. AHMED: Yes, ma'am. So we don't do GI cases at  
4 the same time as sterile procedures or surgeries. We  
5 usually follow sterile procedures. So GI would come later  
6 in the afternoons. Podiatry, spine and pain management can  
7 be done concurrently with the Dr. Morris.

8 CHAIRWOMAN SAVAGE: Unpleasant for the patient  
9 though. Okay. Other questions by board members?

10 DR. TANKSLEY: Just a question of clarification.  
11 I, I heard you note that for the past 10 years you've been  
12 presiding, excuse me, providing 30 percent Medicaid care  
13 to Medicaid patients and that you currently still aren't  
14 doing that yet. In the table eight it notes that  
15 currently, and then maybe you can help me because maybe  
16 the data is different. It's just 2 percent.

17 MR. AHMED: So those, those are my personal  
18 patients in GI, the current patients at that center are  
19 mostly ophthalmology. Ophthalmology is, is almost never  
20 Medicaid. They're all Medicare patients because 99 percent  
21 of them get cataracts released. So in, in some form we are  
22 providing services to the right patients at that center.  
23 Currently, they just aren't Medicaid as a rule. And most  
24 of my GI cases are done at Palos Heights location.

1 DR. TANKSLEY: Okay. And of the specialties, GI  
2 and pain management has very low utilization, if any, is  
3 that correct?

4 MR. AHMED: Yes, ma'am. At the center currently  
5 Yes.

6 So that Medicaid population is Based on your ophthalmology  
7 patients?

8 MR. AHMED: Based on GI.

9 DR. TANKSLEY: Based on GI

10 MR. AHMED: but at a different location.

11 DR. TANKSLEY: But not this location.

12 MR. AHMED: no, ma'am. Got it. Thank you.

13 MR. FOX: How many neurology patients do you  
14 forecast in the future being able to take care of in the  
15 surgery center, what types of procedures?

16 MR. AHMED: Yes, sir. So this is St Clara county.  
17 we don't have any viable neurosurgery groups there. The  
18 last ones left a few years back 'cause of the malpractice  
19 situation at the, they all need to care. They all want to  
20 be done at a facility -- there's a mindset about going  
21 cross the bridge to St. Louis. So whatever we can handle,  
22 but at least a few hundred patients guaranteed every year  
23 once we get these specialties up and running.

24 MR. FOX: So do you have neurosurgeons who are

1       wanting to get on staff at the surgery center?

2               MR. AHMED:   Yes sir, we do.

3               MR. FOX:    And have they provided any projections  
4       on how many patients they would bring?

5               MR. AHMED:   I don't have what the numbers would be  
6       at least, at least a few hundred for pain management  
7       injections. Dr. Mark left those patients scattered. So at  
8       the least we can invite those patients back to our  
9       facility right off the bat.

10              MR. FOX:    Okay. So you're talking about mostly  
11      pain management patients. You're not talking about  
12      neurosurgical patients. I'm just trying to understand.

13              MR. AHMED:   Yes, sir. So the neurosurgeon performs  
14      like pain procedures those injections. Okay.

15              MR. FOX:    So not an anesthesiologist, but a but a  
16      neurosurgeon is performing them.

17              MR. AHMED:   Yes, sir. Okay. Pain implant  
18      neuromodulator replacements for, for spine issues.

19              CHAIRWOMAN SAVAGE:    Rex?

20              MR. BUDDE:   Yeah. What is the motivation of the  
21      hospital moving cases out of the hospital into the center?  
22      How busy is the hospital right now?

23              MR. AHMED:   These patients are going to St. Louis,  
24      sir.



1 MR. BUDDE: Pardon?

2 MR. AHMED: These patients are all going to St.  
3 Louis. So these surgeons are, are going to bring the  
4 patients back to Illinois and to our facility. We won't be  
5 taking anything from the local hospitals. Plus they are  
6 extremely busy. The wait list is in the months, if not  
7 longer, for, for getting care. So that's a very viable  
8 alternative we provide.

9 MR. KATZ: I apologize. I'm just, I guess I'm just  
10 not following this it, if they're not taking it from the  
11 hospital, from the St. Mary hospital?

12 MR. AHMED: No, sir. No sir. These patients are  
13 currently are going to surgery centers and hospitals in  
14 St. Louis

15 MR. BUDDE: From Champaign

16 MR. AHMED: oh no, from O'Fallon, Shiloh, the whole  
17 =southern.

18 MR. BUDDE: So they're all down by the St. Louis  
19 area, right?

20 MR. AHMED: Yes, sir. Yes sir.

21 MR. BUDDE: And this surgical center is where?

22 MR. AHMED: Right there in O'Fallon, Illinois.  
23 St. Louis. So East St. Louis is right across the river  
24 from St. Louis City. Most of our care for these patients

1 was provided in our area until a few years back when we  
2 lost our pain management doctor. And then all the patients  
3 scattered and currently including patients with DR all  
4 going across the west into St. Louis for their care.

5 MR. KATZ: I guess a question for ourself or for  
6 maybe for John or George Mike if there weren't a state  
7 line in between, we'd be saying, boy, are we, or is the  
8 plan to take those couple hundred patients from the  
9 hospital right next door, but there's a state line in  
10 between. Do we, does that impact our thinking? Should that  
11 impact our thinking?

12 MR. CONSTANTINO: No, not the ones in Missouri.  
13 No.

14 MR. KATZ: Meaning those hospitals they were going  
15 to in Missouri were just on this side of the border MR.  
16 CONSTANTINO: No, in Illinois,

17 MR. KATZ: That's a different Medicaid agency.  
18 Same. Medicare was thinking out loud. So there's nowhere  
19 to get those procedures done In Illinois in your area,

20 MR. AHMED: the, the physicians left. So every  
21 year there's, there's an immigration of at least a few  
22 high risk specialties from St. Clara County to St. Louis.  
23 And that the patients follow them.

24 MR. KATZ: And the reason, the reason I'm asking

1 the question is the reason that the area is such that  
2 there's such a high prevalence of Medicaid procedures,  
3 that it's just hard for some docs to make a living.

4 MR. AHMED: It's the malpractice crisis, but it's  
5 malpractice county, county is, is infamous for.

6 CHAIRWOMAN SAVAGE: Other questions?

7 MR. BUDDE: Clarification on malpractice.  
8 Physicians have left the area because of malpractice but  
9 you're saying these physicians will bring patients back to  
10 the area.

11 MR. AHMED: Yes. Sir.

12 MR. BUDDE: How confident are you these physicians  
13 will actually bring patients back.

14 MR. AHMED: Yes, they're desperate. They, they  
15 talk to us about this all the time. They, they need a  
16 place to operate and, and, and we provide that. We, we  
17 started ophthalmology about four or three years back. We  
18 are already doing about 2,500 cases year in our facility.

19 CHAIRWOMAN SAVAGE: Do the surgeons in St. Louis  
20 find they're having trouble with block time there too?

21 MR. AHMED: Yes, ma'am. Very much so.

22 DR. TANKSLEY: I just wanted, I I'm also not  
23 following a few places. I'm sorry. So the, the request is  
24 for your O'Fallon center, correct?

1 MR. AHMED: Yes, ma'am. And the, the, the current  
2 specialties at your O'Fallon center are pain, GI, and  
3 ophthalmology.

4 MR. AHMED: And Podiatry.

5 DR. TANKSLEY: And podiatry. I'm sorry. I don't  
6 see that listed in that table.

7 MS. FRIEDMAN: That was just approved I believe in  
8 October.

9 DR. TANKSLEY: Oh, and I missed that meeting.  
10 Okay. Thank you. That being said, would you speak to,  
11 because I, I guess what I'm not following is like the need  
12 for additional services at this center when you're not  
13 actively utilizing like your GI procedures or your pain  
14 management procedures at this facility currently. So can  
15 you help me understand like why bringing neuro  
16 neurosurgical procedures there? And, and I'm very familiar  
17 with the area, so I agree with you in the sense of a lot  
18 of so I went to school at Southern Illinois School of  
19 Medicine. So the Belleville East St. Louis area is very  
20 desolate. It's also very, very impoverished and very high  
21 state age utilizers. Very much so. And so I'm concerned  
22 that if you are one center that's not in O'Fallon is the  
23 one that mostly sees the Medicaid patients. What will be  
24 the impetus of these, the new physicians to take on the

1 Medicaid patients at the O'Fallon Center?

2 MR. AHMED: That's right. So Medicaid patients at  
3 the Fairview Heights location are, and we basically  
4 provide almost all our care at one center this way. We  
5 don't mix the specialties as the chairman said, but we,  
6 instead of a nonsurgical non-sterile cases, the pain  
7 management doctors have a very high percentage of Medicaid  
8 patients. We depend on the doctor that brings the cases to  
9 us and whatever they bring is welcomed with us. We just  
10 don't close the doors ourselves to Medicaid. As I  
11 mentioned with ophthalmology, there's virtually no  
12 Medicaid, Medicaid with cataract patients. So the doors  
13 open to whoever comes and should bring a healthy dose of  
14 Medicaid patients.

15 DR. TANKSLEY: But they haven't. Have you, have  
16 you seen that so far? 'cause It looks like they haven't  
17 according to your table seven

18 MR. AHMED: Because we just do ophthalmology  
19 there.

20 DR. TANKSLEY: Okay.

21 MR. AHMED: So ophthalmology doesn't have  
22 Medicaid.

23 DR. TANKSLEY: So you do not, okay, so let me, let  
24 me clarify again. So the services that you provide at the

1 O'Fallon locations

2 MR. AHMED: Yes, ma'am.

3 DR. TANKSLEY: Are ophthalmology only?

4 MR. AHMED: Oh, predominantly, yes. And we just  
5 started podiatry and we're, we do pain management, but we  
6 haven't been able to do that for a while because we lost  
7 our doctor.

8 DR. TANKSLEY: Okay. And GI as well?

9 MR. AHMED: We haven't done that recently. We lost  
10 our doctor.

11 CHAIRWOMAN SAVAGE: But previously you did the GI  
12 in the afternoon, it seems?

13 MR. AHMED: Yes ma'am. Yes, ma'am. When the other  
14 doctor was there?

15 MR. AHMED: Yes, ma'am. But not recently. We, we  
16 are enrolled in all the Medicaid management managed care  
17 organization plans.

18 CHAIRWOMAN SAVAGE: Other questions? Okay,  
19 George, if you could call the roll.

20 MR. ROATE: Thank you, Madam Chair. Motion made  
21 by Dr. Tanksley, please. Seconded by Ms. Hendrickson.

22 MR. ROATE: Mr. Budde.

23 MR. BUDDE: I'm going to abstain on my  
24 vote. I think I may have a conflict in, in the region with

1 my son is going to be a neurosurgeon in, in that market.  
2 So I'm just going to stay out of this vote.

3 MR. ROATE: Okay. Thank you. Mr. Burnett.

4 MR. BURNETT: I'm trying to, based upon  
5 today's testimony, there are some reservations I have  
6 about utilization and some assumptions that you have  
7 shared, and I'm unsure. I'm unsure. I understand. You  
8 anticipate those referrals from St. Louis. I'm going to  
9 say yes with strong reservations.

10 MR. ROATE: Thank you. Mr. Fox.

11 MR. FOX: I can say in 2019 you did have pain  
12 patients in the facility and then obviously you lost your  
13 physician. I'm apprehensive about counting on referral  
14 promises from neurosurgeons who say they'll, they'll bring  
15 their patients to your facility. But given that you're,  
16 you're talking about doing low intensity services, not  
17 anterior access neurosurgical spine cases, I, I don't feel  
18 uncomfortable in terms of the staff's ability to take care  
19 of those patients. So maybe it is a wing of prayer. I'm  
20 going to say yes. I hope you're successful.

21 MR. ROATE: Thank you, Ms. Hendrickson.

22 MS. HENDRICKSON: Based on the staff report  
23 and the feedback provided today, I too want to say yes, I  
24 do though believe that it is part of this discussion just

1 keeps going back to, are we throwing a lot of service  
2 points into a ambulatory service and then hope one of them  
3 sticks that, but at the same time, the risk is minimal. It  
4 is a really hard one for me to kind of wrap around, but I  
5 don't think that's necessarily based on what you've  
6 provided, but my own recognition of potentially some  
7 barriers that as a group we have to kind of work through.  
8 So what I'm saying, yes.

9 MR. ROATE: Thank you. David Katz.

10 MR. KATZ: Yeah, I'm, I'm a yes as well. I, I  
11 think I'm fine with this. I do think there's some taking  
12 of patients from the hospital. I, although now that Mike's  
13 out of the room, I, I it does strike me as different if  
14 we're taking patients out of other states, hospitals for  
15 the Illinois State Board, not the Missouri State Board.  
16 And I think there's an element of taking some money out of  
17 the plaintiff's bar, which I'm also less sensitive to. So  
18 I, I, I, vote yes.

19 MR. ROATE: Thank You. Thank you, Gary  
20 Kaatz.

21 MR. KAATZ: Well, this is a tough one. I'm  
22 very bothered by the promise for St. Louis patients coming  
23 back. And I'm very concerned about the criterion that was  
24 not met by our in-house staff. So I'm going to have to



1 vote no.

2 MR. ROATE: Thank you. Ms. Legrand.

3 No, she's recused herself Dr. Tanksley.

4 DR. TANKSLEY: I'm going to vote no as well.  
5 I based off the staff report I am and the testimony today,  
6 I'm really not clear on what the strategy is to even bring  
7 neurosurgeons in. You know, I, I, I understand that there  
8 is a provider who's promised to bring some services. I'm,  
9 I'm very confused by looking at the numbers for one  
10 center, but we're talking about a different center. I and  
11 so I have too many reservations to vote in favor.

12 MR. ROATE: Thank you, Ms. Hardy-Waller.

13 MS. HARDY-WALLEN: I, I, I'm reluctantly I  
14 have to say no, and, and it, I think it's primarily  
15 because of my lack of understanding around the service  
16 line, the specialty that you're looking at. I, I  
17 understand that you've lost a lot of physicians as a  
18 result of the malpractice. They're going across state  
19 lines. I, I get all of that. I, I think what concerns me  
20 most is this is ASTC that started with four specialties.  
21 We're down to really one specialty, and one we're trying  
22 to revive in the pain management with the neurological  
23 neurology specialty. And again, the unguaranteed really  
24 commitment from a physician that you're going to accredit

1 to, to provide the referrals. So I think that once you can  
2 get a handle on and some true understanding of what those  
3 referrals look like and some strength in the specialties  
4 of the ASC Would be helpful.

5 MR. ROATE: Thank you. Chairwoman Savage?

6 CHAIRWOMAN SAVAGE: I'm going to have to  
7 vote no as well. I think the state board staff report was  
8 pretty clear in the presentation A little fuzzy for most  
9 of us. You know, just in the fact that one, ophthalmology.  
10 Now, I understand that you have no guarantees with visit  
11 surgeons, you know, staying or coming to your facility in  
12 general, but, you know, you have five specialties. So  
13 adding another one, it would seem you need a, maybe a  
14 better marketing plan. I'm not sure. Maybe I'm, maybe, I  
15 don't know the O'Fallon area very well, which I can attest  
16 to that. But hopefully you can find some more surgeons to  
17 come your way to fill up your surgery center.

18 MR. ROATE: Thank you, Madam Chair. That's four  
19 votes in the affirmative. Four votes in the negative two  
20 votes or recusal one based on conflict.

21 CHAIRWOMAN SAVAGE: Okay. So that permit is an  
22 intent to deny and the board staff will be in touch.

23 MS. FRIEDMAN: Okay. And I believe That the ASTC  
24 Rules are kind of coming up for review. So it would be

1 great if we're going to have some public comment at these  
2 meetings. 'cause I personally, as a consultant have some  
3 viewpoints about looking at this. So hopefully I can  
4 participate in that.

5 CHAIRWOMAN SAVAGE: Thank you. All right, so next  
6 up is going to be H-10 Olympian Surgical Suites in  
7 Champaign, Illinois. May I have a motion to approve  
8 project 23-050 for the expansion of a surgery surgical  
9 specialty to the existing surgery center.

10 MR. BURNETT: Motion

11 CHAIRWOMAN SAVAGE: Second. Anybody?

12 DR. TANKSLEY: Second

13 CHAIRWOMAN SAVAGE: All right, thank you. All  
14 right, new folks, if you, I think all of you maybe are  
15 new. So if you could state your name for the court  
16 reporter and spell your name and then he'll swear you in.

17 MR. OGAN: Dr. Brian Ogan, B-R-I-A-N. Last name O-  
18 G-A-N.

19 MS. ROOT: Julie Root, J-U-L-I-E R-O-O-T

20 MR. BARNHART: JT Barnhart, B-A-R-N-H-A-R-T.

21 MR. WEBER: Ralph Weber, R-A-L-P-H W-E-B-E-R

22 THE REPORTER: Mr. Ogan, Ms. Root. Mr. Barnhart  
23 and Mr. Weber, please raise your right hand.

24 (Whereupon:

# 23-047 O'Fallon Surgical Center - O'Fallon

