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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Ms. Courtney Avery

Administrator

Illinois Health Facilities and Services Review Board

525 W. Jefferson Street, 2nd Floor

Springfield, IL 62761

RE: #11-024-US Renal Care Oak Brook

Dear Ms. Avery,

My name is Leonard Potempa, and I am the Medical Director of the Fresenius Medical Care Westchester Dialysis Unit. I am writing you this letter about the above referenced project and to address the many distortions, inaccuracies and falsehoods contained in the applications supporting it.

I am a native of the Chicago area. My father worked as a machinist and my mother was variously employed as a secretary and waitress. Initially we lived on the southwest side of Chicago and then moved to the western suburbs when I was four years old. After finishing high school, I attended Loyola University of Chicago (I am the first person in my family to attend college) where I majored in Chemistry and minored in Mathematics. I earned awards in my freshman and junior years as the top student in my chemistry class. I graduated Summa Cum Laude in 1979. I then attended Loyola's Medical School where I was accepted as part of the early decision program, wherein a small number of highly qualified students were accepted prior to the general filling of the class. After earning my MD degree, I did three years of Internal Medicine residency at Loyola and then three years of a nephrology fellowship there as well. After completing my training, I stayed on at Loyola and worked as Assistant Professor of Medicine for seven years, helping to train medical students, residents and nephrology fellows. At that time, for personal reasons, I decided to go into private practice and found a position here.

I looked at a couple of different positions in the area, but one of the main reasons I accepted this one was that the man I was joining, Dr. Julka, who is the Medical Director for Fresenius Downers Grove, had a reputation as a first-rate physician. It also happened that one of my mentors and colleagues at Loyola was well acquainted with Dr. Julka from years past and told me that he (Dr. Julka) was a top student when he was in training. Over the years, I found these characterizations to be quite accurate. A few years ago, I was named a Fellow of the American College of Physicians. Another of my partners, Dr. May Chow, (Medical Director for Fresenius Willowbrook) is both a Fellow of the American College of Physicians and a Fellow of the American Society of Nephrology, and served as Chief Resident when she was in training. Our aim has always been to provide timely, compassionate, evidence-based care and to practice from a firm physiologic base. As time has gone on, we added five additional partners, Dr. Samir Kumar, Dr. Sadaf Elahi, Dr. Gowda (who will be starting with us in September), as well as Dr. Rukhsana Muneer and Dr. Madhavi Ryali, all of whom were chosen for their clinical excellence, strong work ethic and dedication to maintaining an up-to-date knowledge base. These five physicians and I comprise one group in a larger organization known as Nephrology Associates of Northern Illinois (NANI), a cooperative that manages nephrology practices in Northern Illinois and Northwestern Indiana. Since the cooperative manages all of our business concerns, we can focus all of our energies on patient care.

Our efforts in this regard do seem to have been rewarded. I have been named to Chicago Magazine's list of "Top Doctors in Chicago". Dr. Julka has been so honored twice. Dr. Julka, Dr. Chow, and I have been perennially included in Castle Connelly's publication Top Doctors in Chicago. Dr. Julka, Dr. Chow and I have also been honored by being included several times in Chicago Consumer's Checkbook list of Top Doctors in the Chicago Area, and have once again been so included in the 2011 edition. You will also find our names in the E-Book, Consumer's Research Council of America Guide to America's Top Physicians, along with Dr. Samir Kumar, who is an interventional nephrologist and helps to run a vascular access center in Woodridge that allows us to maintain optimal vascular access for our patients.

Keep in mind that these publications determine who is on their lists based on votes from our peers, that is to say, other physicians in the area. If the "bar" with regard to nephrology care in our area were so low as to need "raising",

as Dr. Rauf put it, would our peers consistently, over a time span close to two decades now, bestow upon us these significant distinctions? We have consistently sought to provide top quality care. One of the ways we do this is by not being too "spread out". All told, our group covers five hospitals. To do this, we have a total of 10 physicians (we share coverage at Bolingbrook Hospital with a physician from another NANI group to the west, Dr. Huma Rohail). . This allows us to *truly* serve the communities of which we are a part, rather than attempt to cover eight hospitals with three physicians over a broad 20 square mile swathe of Northern Illinois, as Drs. Rauf and Ahmed do, and now they would add medical director responsibilities at three dialysis units to that burden. Further, at no time has anyone waited six months to a year to get in to see one of us in the office in so far as I know. This claim is outrageous and an abject canard. The wait for routine new patients is at most two weeks (unless someone is on vacation and the patient wants to wait for that particular physician), and patients that wish to be seen as soon as possible, or that we or their primary care physician deem need to be seen immediately, are in fact, seen within a day or two. New hospital patients are seen immediately. We have been doing this consistently, putting the patient first, day in and day out for nearly two decades.

Further, we do not constitute a monopoly with regard to renal care. Nephrologists that are not part of NANI have been practicing in our area long before Drs. Rauf and Ahmed arrived on the scene. Off the top of my head, I can think of at least six in our area- Drs. Cohen, Kittaka, Shin, Wise, Pappadapulos, and Nagerkatte.

As I read the applications, I get the distinct impression that the implication is being made that we are not offering home therapies to our patients, but putting them all on in-center hemodialysis in order to maximize that business.

Every single one of my patients who needs to start dialysis is informed about all available dialysis modalities, as well as the option of renal transplantation. Further, we employ a nurse practitioner whose job is to see these patients in our office and discuss in detail dialysis options including peritoneal dialysis, in-center hemodialysis, home hemodialysis (both Nextage and staff-assist), and the necessary preparations for each. We have had a robust peritoneal dialysis program for many years, and are building a home hemodialysis program.

Fresenius takes this seriously as well. The units where I make rounds (Westchester and Willowbrook) each employ a Home Therapies nurse, who helps to manage the peritoneal dialysis and home hemodialysis patients and who makes periodic forays into the dialysis unit to see if any of the patients on in-center hemodialysis are interested in any of the home therapies. I have no reason to believe that this is any different in any other Fresenius unit.

I do not believe that hospital costs are being increased unnecessarily due to admissions process unique to our units. I have not experience such problems. CMS regulations require certain medical records for all dialysis admissions and insurance verification is required by all dialysis providers. Dialysis patients are generally sicker than patients who are not on dialysis and it is therefore not surprising that they might spend more time in the hospital. Nor am I aware of any situation where a patient's admission to the unit was delayed because of lack of availability. The claim has also been made (on what appear to be largely boilerplate support letters that seem to have been thrust into the hands of captive, hapless clinic patients) that patients are traveling in excess of 20 miles to and from our dialysis units because of lack of availability. Out of 97 patients currently dialyzed at the Westchester dialysis unit only one travels more than 15 miles to get there and she has been doing so by choice for many years. We make every attempt to place patients at units that are most convenient for them.

At this time, I would like to address some of the testimonials offered in the applications. One concerns Mr. K. (Patient case #1). In the former, the patient was referred by Dr. Rauf to the Willowbrook unit, event thought the patient lives in Berwyn and there is a Fresenius unit in Berwyn (which is 1.6 miles from his home as opposed to the 13 miles he would have to travel to get to Willowbrook) and the Willowbrook unit was out of network for his insurance. Upon being placed in the Berwyn unit, the patient and his son were very satisfied with the care there and within a short time they requested that their care be switched from that of Dr. Rauf and Dr. Ahmed to another physician rounding at that unit. Dr. Lohmann, a NANI physician, is the Medical Director of that unit.

Yet another of the testimonials berates the staff at one of the dialysis units for "pressuring" her to get an AV fistula with scary pictures on the walls about central venous catheters. This is their job, as mandated by CMS and the Network, since, as you know, central venous catheter use is associated with higher morbidity and mortality. This

should have been made clear to her by her nephrologist. She subsequently was put on peritoneal dialysis and transferred to a peritoneal dialysis unit owned by Dr. Rauf. I should also like to add that, in so far as I know, none of the physicians in my group has any financial interest in any of the dialysis units that we admit to, aside from the salaries that we receive for our services as medical directors.

I want to add at this point that of the 97 patients currently dialyzing at the Westchester unit, 25% are getting treatments via a central venous catheter. Drs. Rauf and Ahmed currently have altogether 4 patients dialyzing at this unit, 100% of whom are receiving treatments via a central venous catheter. I also point out that this census is typical for them, calling into question their claims of being able to generate massive numbers of new dialysis patients.

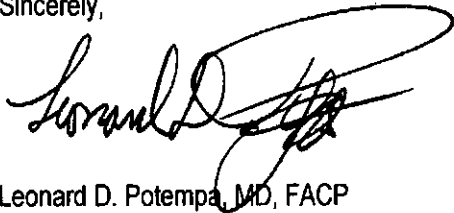
If one is "putting patients first", one is to be an advocate for one's patient's best interest. As part of my medical director duties, I lead a quality assurance meeting every month. First let me say that our unit does a very good job and our quality indicators meet or exceed network standards consistently. Every physician who had admitting privileges at the Westchester unit is free to attend these meetings. Neither Dr. Rauf or Dr. Ahmed have ever attended a single one. Twice a year, we send letters to the physicians inviting them to attend meetings specifically intended to involve the physicians that admit patients to the unit, a "Medical Staff Meeting". They have never been to any of those, either.

I can tell you that there is a lot of empty space at both the Willowbrook and Westchester units where many additional chairs can be put. It seems to me that this would be a more efficient use of resources than putting up additional units in other places that are really very close to the existing units and quite honestly, I am not hearing patients or their families complaining about access issues. Price competition is not really an issue, since Medicare pays everyone whatever it pays at any given time. I find that the staff at the units work hard, attend to their patient's need professionally and compassionately. As a company, Fresenius has always been on the cutting edge of the literature with regard to treatment protocols and technology, including home therapies, and I have been very satisfied to work with them.

In summary, there has been extant in our area for many years nephrology service with great depth and breadth of knowledge and experience, respected by its peers, which sets realistic goals for itself and is dedicated to patient centered care and maintaining an up to date knowledge base. It is the doctor that is the captain of the ship and the ultimate force behind the quality of care that the patients receive. We work with a company that has similar values and that has been an asset to the people of these communities. At this time of scarce resources and massive budget deficits, undertaking projects with questionable positive value such as the one under consideration is, in my opinion, not a good idea.

Thank you for your indulgence with my rather long letter. Please take this information into consideration in making your decision on this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Leonard D. Potempa". The signature is fluid and cursive, with a large loop at the end.

Leonard D. Potempa, MD, FACP

Medical Director, Fresenius Westchester Dialysis Unit