

TRI-COUNTY EMERGENCY PHYSICIANS, LTD.

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May 30, 2017

RECEIVED

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Ms. Courtney Avery
Administrator, Illinois Health Facilities and Services Review Board
525 W. Jefferson, St. Second Floor
Springfield, IL 62761

Re: Analysis of Emergency Services and Opposition to Mercy Micro Hospital— CON Project 17-002

Dear Ms. Avery:

Tri County Emergency Physicians have been serving Lake and McHenry County residents ever since Advocate Good Shepherd opened its doors in the late 1970s. We have reviewed the CON Application proposing to establish a micro hospital in Crystal Lake, Illinois and the emergency services sections in particular. We offer our thoughts for the Board's consideration.

We believe that the emergency services being promised may not be what residents expect from hospital emergency services and that it comes at a higher cost. We further believe that the residents of Crystal Lake and surrounding communities have their emergency care needs covered and that another hospital creates an unnecessary duplication of existing services.

1. Not all emergency services are equal and residents may not receive what they expect. When patients think about hospital emergency departments they envision a higher level of emergency care than is likely in this project. While Mercy has touted the emergency services, it has conspicuously avoided any commitment to provide "comprehensive" emergency services comparable to what most other area hospitals provide. Instead it has suggested that it will provide emergency services similar to its Harvard hospital that are only "basic" services. Most general hospitals operate a higher level emergency room, known as "comprehensive" and two area hospitals go well beyond to provide Level II trauma services. The attached excerpt from the Illinois Code, Section 250.70 shows the difference between the basic and comprehensive levels. The key differences are that the comprehensive level must provide subspecialty physicians to be available within minutes, while the basic level only needs to provide the more basic specialties of medicine, surgery, obstetrics and pediatrics. Also, the comprehensive level must have lab and x-ray staffed at all times, while a basic only need have these services to be on call. Compared to the basic level emergency room, the Crystal Lake Good Shepherd Immediate Care Center offers on-site staffed x-ray. A basic level of emergency services will be challenged to provide prompt service to many types of emergency patients.

Two of the nearby hospitals are more than comprehensive and meet the IDPH criteria to be Level II trauma centers. Trauma guidelines require the availability of many services. As an example, a trauma center must be equipped and staffed to take a patient into surgery within 30 minutes of arrival. Also, trauma centers must meet higher level of staff training, which will not be required for a basic level at a Mercy Hospital. Advocate Good Shepherd, and most trauma centers, has readily available staff and resources to care for heart attacks, strokes, other

neurological conditions, limb threatening and life threatening conditions. Advocate Good Shepherd has pediatric hospitalists available on site for pediatric emergencies. The full range of advanced subspecialties at Advocate Good Shepherd allows most patients to stay and not need to be transferred elsewhere.

Patients starting at a basic level emergency service but needing a higher level of care will incur a transfer, resulting in a time delay (30-90 minutes for evaluation and stabilization), expense of an ambulance for transportation to a full service hospital (ranging from \$800-\$2000) and the confusion and stress of changing facilities.

2. **Immediate care centers offer lower cost and more appropriate option than an ED for basic medical conditions.** Mercy is planning to care primarily for low acuity patients (patients without complex medical conditions or life threatening situations. Many if not most patients presenting at a "basic" emergency department can be appropriately treated at immediate care centers, such as the two existing centers located near the proposed Mercy project. National research performed by Sg2 (a national health care research firm) reveals that charges for an emergency room outpatient (not admitted to an inpatient unit) average \$2170, compared to a range of \$150 to \$250 for an immediate care center visit (including instant Lab, EKG, X-ray and minor procedure such as a laceration repair). This Sg2 report shows that the average charge for a sprain/strain with an x-ray is \$1050 in an emergency room, compared to only \$150 in an immediate care center. A urinary tract infection charge averages \$2600 in an emergency department compared to \$150 in an immediate care center.

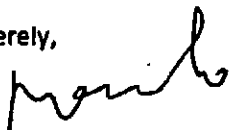
Advocate is working to encourage low acuity patients with basic medical problems to use low cost alternatives to the high cost emergency room. Using a lower cost immediate care center, can save significant dollars. The attached table shows a list of common low acuity diagnoses seen in an immediate care center. The table shows that the cost to the payor/patient for low acuity medical conditions is 20% of the cost to treat the same condition at the Good Shepherd Hospital emergency room. This 80% savings by using an immediate care center averages more than \$750 per visit.

3. **Four emergency rooms, two immediate care centers, and one walk-in clinic located within 20 minutes.** There are four hospital emergency rooms within 20 minutes of the proposed site (Advocate Good Shepherd Hospital, Centegra-Huntley Hospital, Centegra-McHenry Hospital and Centegra-Woodstock Hospital). Good Shepherd is only six miles (12 minutes by car and faster by ambulance) from the proposed site. Mercy states that most of its patients will come from Crystal Lake, Lake in the Hills, Cary, Algonquin and Fox River Grove. Many of the residents in these communities live closer to a full service hospital and comprehensive emergency room than they would to the Mercy facility. My partners and I are privileged to serve these communities in two very important ways. First, we see close to 36,000 patients per year at Advocate Good Shepherd's Emergency Department of this total, 9,000 are these same five communities proposed to be served by Mercy-Crystal Lake. Next, we see over 12,000 patient per year at Advocate's Good Shepherd Crystal Lake facility, of which two-thirds or 8000 patients from those same five communities to be served by Mercy Crystal Lake. Tri County physicians also staff this immediate care site with board-certified emergency medicine physicians, which is open 365 days a year and is less than 2 miles from the proposed site. . X-Ray is also available

and staffed on site. We are not the only immediate care center in Crystal Lake. Centegra also operates an immediate care center less than 2 miles from the proposed site and for less serious matters there is a Walgreens Clinic also located in Crystal Lake. Advocate Sherman also operates an additional immediate care 11 minutes away in Algonquin. Serious and life threatening cases should likely go to a nearby trauma center or comprehensive ED. Many if not most of the emergency department cases at the Mercy facility could be appropriately treated, and at much lower cost immediate care center than at the Mercy hospital ED. *The map attached to this letter shows the convenient accessible locations of the emergency rooms and immediate care centers in the area.*

4. **Unnecessary duplication and confusion of emergency services.** An additional emergency department was just added less than a year ago in our area, when the Huntley Hospital opened last August. An additional emergency department will just dilute volume from existing hospitals and immediate care centers, creating more challenge to operate effectively on a 24/7 basis. Not only will the proposed emergency department generate an unnecessary duplication of services, it also has the potential to create confusion for patients and EMS providers. As Mercy has stated the proposed facility will focus on low acuity, short stay patients. We do not want to put our EMS partners in a situation where they have to think about which facility is most appropriate for the patient in front of them. We want them to spend all their concentration on the patient and what is best for the patient. A "basic" ED will seldom be appropriate for situations such as strokes, heart attacks or life threatening automobile accidents or other injuries. We thank you for your consideration of our analysis and ask you not to approve a duplicative facility. The goal of the state EMS-trauma system is to get the patient to the correct location the first time.

Sincerely,

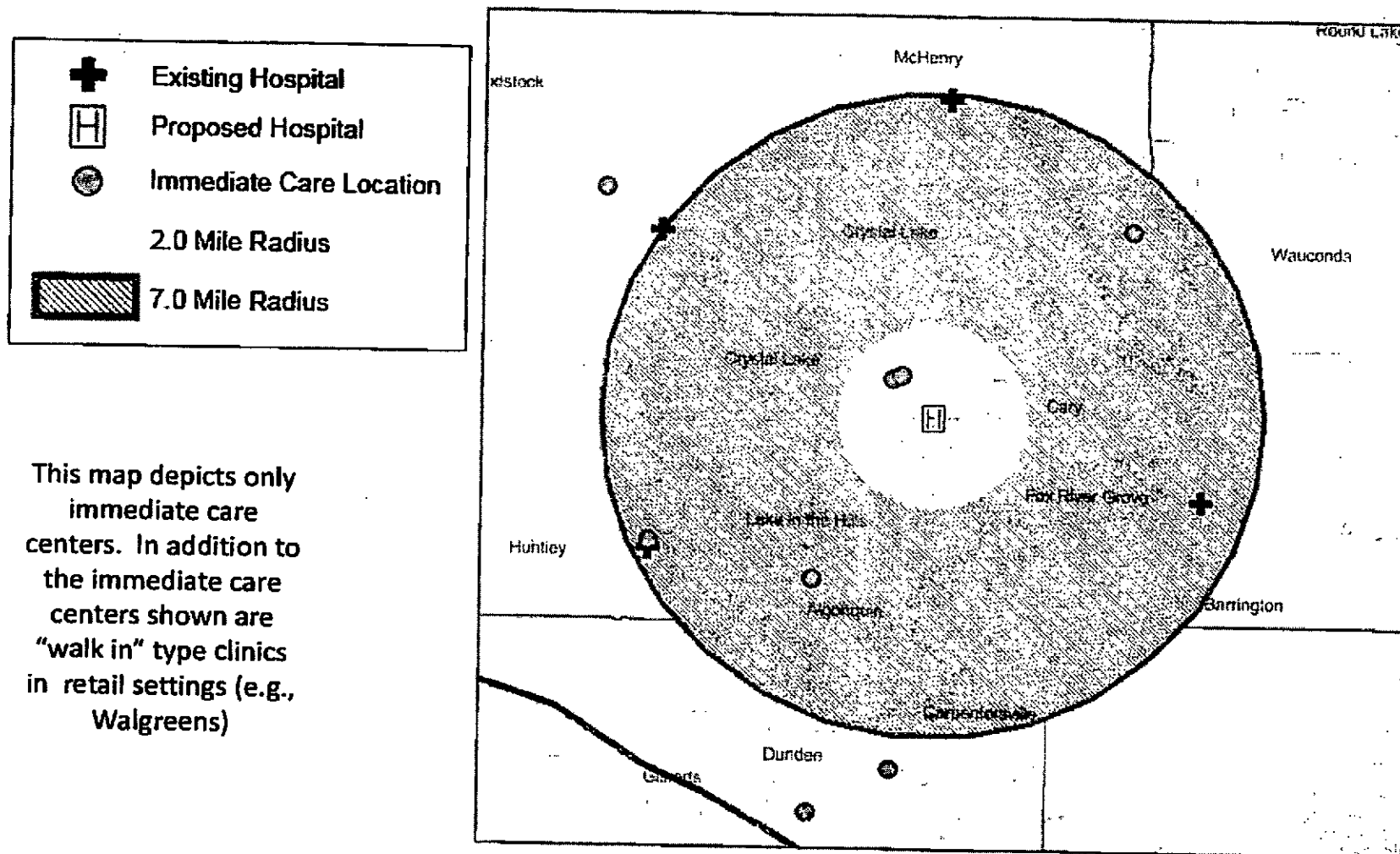


Robert Romolo, DO



Shabbir Kanji, MD

Availability of hospitals and immediate care centers in and near Crystal Lake



This map depicts only immediate care centers. In addition to the immediate care centers shown are "walk in" type clinics in retail settings (e.g., Walgreens)

Source: Google Map Search for "Immediate Care" and "Urgent Care" around proposed site; 5/9/17

Frequent Low Acuity Diagnosis in Immediate Care Center

COUGH
ACUTE PHARYNGITIS, UNSPECIFIED
FEVER, UNSPECIFIED
HEADACHE
DYSURIA
NASAL CONGESTION
OTALGIA-EAR
RASH AND OTHER NONSPECIFIC SKIN ERUPTION
PAIN IN RIGHT FINGER(S)
LOW BACK PAIN
OTHER DISORDERS OF EYE AND ADNEXA
OTHER SPECIFIED SOFT TISSUE DISORDERS
PAIN IN LEFT WRIST
CERVICALGIA
PAIN IN RIGHT WRIST
LAC W/O FB OTH PART HEAD INIT ENC
PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT
PAIN IN LEFT FINGER(S)
PAIN IN LEFT KNEE
CHEST PAIN, UNSPECIFIED
PAIN IN RIGHT FOOT
OTALGIA, BILATERAL
UNSPECIFIED ABDOMINAL PAIN
LAC W/O FB LT IF W/O DMG NAIL INIT
UNS INJ LT WRIST HAND FINGERS INIT
PLEURODYNIA
UNS INJ RT WRIST HAND FINGERS INIT
DORSALGIA, UNSPECIFIED

Average Cost to payor/outpatient

- **Immediate Care Center =\$190**
- **Emergency room = \$947**

PART 250 HOSPITAL LICENSING REQUIREMENTS
SECTION 250.710 CLASSIFICATION OF EMERGENCY SERVICES

Section 250.710 Classification of Emergency Services

- a) Each hospital, *except long-term acute care hospitals and rehabilitation hospitals identified in Section 1.3 of the Hospital Emergency Service Act and in subsection (c) of this Section (Section 1 of the Hospital Emergency Service Act)*, shall provide emergency services according to one of the following categories:
 - 1) Comprehensive Emergency Treatment Services
 - A) At least one licensed physician shall be in the emergency department at all times.
 - B) Physician specialists who represent the major specialties and sub-specialties, such as plastic surgery, dermatology and ophthalmology, shall be available within minutes.
 - C) Ancillary services, including laboratory and x-ray, shall be staffed at all times. The pharmacy shall be staffed or on call at all times.
 - 2) Basic Emergency Treatment Services
 - A) At least one licensed physician shall be in the emergency department at all times.
 - B) Physician specialists who represent the specialties of medicine, surgery, pediatrics and obstetrics shall be available within minutes.
 - C) Ancillary services, including laboratory, x-ray and pharmacy, shall be staffed or on call at all times.