

PULMONARY MEDICINE

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September 14, 2017

Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

RE: Proposed In-Center Hemodialysis Facilities  
#17-013 – Geneva Crossing Dialysis (Carol Stream, Illinois)  
#17-014 – Rutgers Park Dialysis (Woodridge, Illinois)  
#17-015 – Stone Quarry Dialysis (Hodgkins, Illinois)  
#17-016 – Salt Creek Dialysis Center (Villa Park, Illinois)

Dear Chair Olson and Members of the Illinois Health Facilities and Services Review Board:

I am writing this letter in support of the DuPage Medical Group / DaVita application for Certificate of Need.

This endeavor is an opportunity to improve the care of patients in the region and hopefully a model for how care can be delivered throughout our state.

The ability to coordinate care in DuPage Medical Group is second to none. The breadth of our primary and specialty care as well as our expansive regional coverage can at times be daunting but our common electronic medical record (EMR) and the collegial nature of doctors unified in purpose has been a very positive influence on how this care is delivered. For example, as a pulmonologist, I regularly see patients for sleep apnea. Many patients are intimidated at the thought of starting CPAP to treat sleep apnea. Through the EMR, I have easy access to blood pressure readings, diabetic measurements, stroke history and cardiac data that enables a full understanding and discussion of the patient's co-morbidities that will make it easier to initiate a treatment plan and allow the patient the understanding of why sleep apnea treatment with CPAP is necessary.

As patient care and patient conditions get more complicated, it is critically important to have a system that allows healthcare to be delivered in a multi-layered and multi-faceted manner with easy access to all care information. Such systems allow for better health for patients, prevention of test duplication and prevention of hospitalization enabling the deliver of high quality and lower cost care.

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SERVICES REVIEW BOARD**

The patients who are probably the most complex in the whole spectrum of health care are the patients with end-stage renal disease. They are most likely to be afflicted with vascular disease, cardiovascular problems, strokes, diabetes, hypertension and infections. They represent a large percentage of patients who are re-admitted to the hospital and rely heavily on health care resources.

All too commonly, dialysis care is completely separate from the rest of a patient's continuity of care. Most dialysis units do not readily provide reports or access to the progress of the patients in those centers. There are not records that are readily available to primary care or other members of the health care team who may help to be an advocate or a resource to optimize the renal replacement therapy plan.

Maintaining the status quo of health care for these patients is not optimally beneficial. As we strive for better ways to take care of our patients, especially complicated patients, the medical community, insurers (state and private) and patients should want and demand a better model for their health care. I have every hope and expectation that a coordinated approach to the care of the end-stage renal disease patient can improve and that the DMG / DaVita partnership may provide a novel care model in our region to enable better health and better care for patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ravi Nemivant', with a stylized flourish at the end.

Ravi Nemivant, MD

Pulmonary, Critical Care and Sleep Medicine  
Naperville, Illinois