

Nephrology Associates of Northern Illinois, LTD

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Ms. Kathryn Olson
Chairwoman
Illinois Health Facilities and Services Review Board
525 W. Jefferson, 2nd floor
Springfield, IL 62716

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OCT 25 2017

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Re: Opposition to 17#-016, Salt Creek Dialysis
Applicants: DaVita, Inc. and DuPage Medical Group, LTD

Dear Ms. Olson,

I am writing on behalf of Nephrology Associates of Northern Illinois-Indiana (NANI) in opposition to project 17-016, Salt Creek Dialysis (a proposed 50/50 Joint Venture between DaVita, Inc. and DuPage Medical Group, LTD) based on the continuing issues of Lack of Need, Unnecessary Duplication/Maldistribution of Services and Impact on other providers.

At the September 26, 2017 Health Facilities and Services Review Board (HFSRB), this application justly received an intent to deny. We ask that you sustain that vote at your November meeting and give this project a final denial.

It is inexplicable that the applicants would expect a different result having elected to provide no new information to the Board. It is equally inexplicable that the Board would yield a different result when taking into consideration the substantial deficiencies that remain as evidenced by the staff report and this letter.

We believe the HFSRB continues to serve a vital role in lowering healthcare costs and most importantly ensuring access to care for those who need it most. There is an abundance of access to quality dialysis care in HSA 7. The approval of these project will certainly create more under-utilization at facilities which leads to increased costs without improving the quality of care to patients.

When you consider the evidence the applicant has provided:

- It is seeking to establish 6 facilities in the same HSA (4 of our which are being considered at the November meeting)
- It is an HSA in which many of the existing facilities are under-utilized and have capacity

- The "future patients" overlap in their zip codes, undermining claims these are unique patients. The same patients are being used to justify multiple applications; and
- That the existing patients are currently being provided quality care by area physicians at existing facilities (this is best evidenced by the fact that the patients who testified at the last meeting about the great ESRD care they did want to lose, may have been a DMG primary care patients, but their ESRD care is provided by NANI). Clearly, any claim the existing process is insufficient is untrue.

The result of this evidence is:

- Despite their claims to the contrary when before the Board, their proposal expressly reveals they are intending to take these patients away.
- This will not harm area providers is unsupportable because their plan is to take these patients away;
- Claims that it will not reduce the utilization of existing providers is not supportable because it is designed to do just that;
- The result will be additional underutilized facilities - the exact opposite of the Board's mandate.

The applicant will argue a future need has been identified but it would be irresponsible to fill that need in a way proposed by the applicants. The applicant in their testimony told the board that they should approve the "innovative" project to "provide a testing point" for dialysis care. It is clear that this is based upon and designed to advance the interests of the applicant, not the needs of the community or the welfare of the patients, and there is nothing innovative about that.

Nephrology Associates of Northern Illinois

Bill Brenna