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HEALTH FACILITIES &
217-223-8400 SERVICES REVIEW BOARD
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February 12, 2019

By Personal Delivery

Carol Brockmiller, Chief Executive Officer
Quincy Medical Group
1025 Maine Street
Quincy, Illinois 62301

Re: Request for Transfer Agreement, Project #18-042, Quincy Medical Group Surgery Center

Dear Ms. Brockmiller:

I am in receipt of your letter dated February 1, 2019, which contains a mischaracterization of our prior oral conversations relating to the request of Quincy Medical Group ("QMG") for a transfer agreement with Blessing Hospital. To be clear, in those discussions Blessing Hospital had both clinical and legal concerns relating to the proposed transfer agreement. The legal and clinical issues must be satisfactorily addressed.

I understand you are under direction from your legal counsel to create a "paper record" for use with the Illinois Health Facilities and Services Review Board ("Review Board") in connection with the Review Board's requirement for a transfer agreement on your Project #18-042, Quincy Medical Group Surgery Center. Significant creative liberties with the truth have been taken in the creation of that "paper record." This is presumably the same legal counsel that had you certify under oath to the false statements in QMG's Certificate of Need ("CON") application that "QMG proposed a joint venture arrangement" to Blessing Hospital and that the "proposal was rejected," (CON Application at page 68) and which you properly retracted after we brought them to your attention. These same attorneys presumably also had you certify under oath that "UnityPoint Health will have approximately 40% ownership interest in Quincy Medical Group Surgery Center" (CON Application at page 38), and then proceeded before a packed room, that included officers of the Review Board, when your CON attorney Tracy Klein expressly denied UnityPoint's interest in the proposed facility "despite what might be in the application." Public Hearing Transcript, page 171.

For the above reasons, I must now insist that any future communications between you and me that are in any way connected to QMG's CON application be conducted in writing or before reliable witnesses. Blessing Hospital and QMG have long had a better relationship and historically enjoyed more trustworthiness in our communications, so I can only assume that the above aberrations are attributable to the legal advice you are now receiving in connection with QMG's CON application.

As for the transfer agreement, I have previously told you that there were several legal and clinical issues that were being reviewed on our side. I also shared with you that I was unclear as to how Blessing Hospital could give QMG's proposed ambulatory surgical treatment center ("ASTC") a transfer agreement as the entity did not currently exist, had no operating catheterization service or licensed services, and it was not clear as to how the ASTC would be operated, what safety measures would be undertaken, how anesthesia would be delivered to the patients and by whom. This information is not in your application.

Carol Brockmiller, Chief Executive Officer
Quincy Medical Group
February 12, 2019
Page Two

In addition, it has now come to our attention that what QMG is proposing has never been approved before in the State of Illinois, that is, a remote cardiac catheterization service that is not on or adjacent to a hospital campus with acute cardiac services. Such a remote cardiac catheterization service has never before been proposed or approved in Illinois. In fact, the only cardiac catheterization facility not in a hospital (Prairie Diagnostic Center at St. John's Hospital in Springfield) was permanently discontinued last year. Blessing Hospital has very legitimate concerns of patient safety and clinical issues regarding a remote cardiac catheterization service in Illinois of the type currently being proposed by QMG. These concerns are exacerbated by the fact that QMG did not fully and adequately address the CON Board's regulations regarding the establishment of a new cardiac catheterization service. Among other things, QMG's permit application: (a) does not contain a detailed mechanism for adequate peer review of the program; (b) provides no information regarding how peer review information will be recorded, maintained and stored; (c) does not explain how the technical aspects of providing cardiac catheterization services will be evaluated (e.g., film processing, equipment maintenance, etc.); (d) does not detail the metrics, best practices and various registries that will be implemented; (e) does not identify any on-site support services or explain how each of the support services will be available when needed; and (f) fails to identify the required personnel, with appropriate credentials, for the cardiac catheterization laboratory team, among other things. I would request that you provide me with additional information relative to the ASTC operations, accreditations, certifications, safety measures, anesthesia, as well as catheterization lab information and accreditations and/or certifications.

You asked me in your February 1st letter that "Blessing revisit its stated mission and take into consideration the needs and wants of its patients and residents of the Quincy area," then in the same paragraph (and again in a manner that is uncharacteristic of our two organizations' long and positive relationship) accuse Blessing of a desire to "monopolize the market." My concern for the safety of cardiac patients in a remote cardiac catheterization lab is fully consistent with the Blessing Hospital mission to improve the health of our communities. As for the allegation of a desire to monopolize the market, the drafter of your letter appears to have been unaware that Blessing Hospital did not oppose QMG's original application for a surgery center in 2000, and it was QMG who later sold that facility to Blessing Hospital to "raise funds" as stated on page 67 of the CON application.

Finally, you mentioned to me in the past week that QMG had a "deadline" of February 6th to produce a transfer agreement. If that was the case, you certainly should not have waited until January 9, 2019, to first ask Blessing Hospital for a transfer agreement. Moreover, QMG's CON application was filed in October 2018, and a transfer agreement was required to be submitted with that application. I note that page 91 of the application stated, in October 2018, that QMG "is pursuing the required referral agreement with an area provider of cardiac surgery for the transfer of seriously ill patients" and the "final agreement will be submitted during the review process." Of course, this was not true as QMG did not propose a transfer agreement to Blessing Hospital until I received your email dated January 9, 2019 with QMG's proposed transfer agreement. The above statements in the permit application are yet additional misrepresentations that I can only presume your legal counsel had you certify under oath as "complete and correct" to the Review Board notwithstanding the absence of any basis in truth or fact, and again inconsistent with the conduct I would have expected from QMG based upon our mutual dealings prior to the filing of QMG's permit application.

Sincerely,

Maureen A. Kahn, President & CEO
Blessing Hospital