

1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
2 535 WEST JEFFERSON STREET  
3 5TH FLOOR VAULT CONFERENCE ROOM  
4 SPRINGFIELD, ILLINOIS 62761

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6  
7 PROJECT 19-029  
8 ILLINOIS HEALTH FACILITIES  
9 AND  
10 SERVICES REVIEW BOARD

11  
12  
13 AUDIO TRANSCRIPTION  
14 OF PUBLIC HEARING

15  
16 AUGUST 19, 2019  
17 (COMMENCING AT 9:00 A. M.)

18  
19 QUINCY CITY HALL  
20 730 MAINE  
21 QUINCY, ILLINOIS 62301

22  
23 TRANSCRIBED BY:  
24 PATSY A. MAYBERRY, C. R.  
25 ALARIS LITIGATION SERVICES

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1                                   A P P E A R A N C E  
2       HEALTH FACILITIES AND SERVICES REVIEW BOARD MEMBERS:  
3       MICHAEL CONSTANTINO, HEARING OFFICER  
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1 P R O C E E D I N G

2 (AUGUST 19, 2019)

3 HEARING OFFICER CONSTANTINO:

4 Good morning. My name's Mike Constantino. I'm with  
5 the Illinois Department of Public Health. I'll be the  
6 hearing officer today.

7 Just a couple of items. Please turn off  
8 all your devices, and when you speak, please say your  
9 name loudly. Spell your name, and again, speak very  
10 loudly so we can get an accurate record.

11 There is no time limit on the length of  
12 the public comments, but we need everyone to speak  
13 only on this project -- that's Project 19-029 -- and  
14 not on any other issues or projects.

15 If you deviate from this, we will ask  
16 that you conclude your remarks.

17 On behalf of the State Board, I want to  
18 thank all of you for attending the public hearing for  
19 Project 19-029, the relocation of Blessing ASTC.

20 As per the rules of the State Board, I  
21 have to read the previously published legal notice  
22 into the record.

23 In accordance with the requirements of  
24 the Illinois Health Facility Planning Act, notice is  
25 given of receipt to relocate an existing ambulatory

1 surgical treatment center in Quincy, Illinois, Project  
2 Number 029, Blessing Hospital ASTC.

3 The applicants are Blessing Hospital.

4 The applicant proposes to relocate its  
5 existing Moley Specialty ASTC from 1118 Hampshire  
6 Street to a location located on 11th Street on the  
7 hospital campus in Quincy.

8 The approximate project cost is \$21.4  
9 million.

10 The application was declared compete on  
11 July 8, 2019.

12 The copy of the application may be viewed  
13 at the Illinois Health Facilities and Services Review  
14 Board office at 525 West Jefferson, Springfield, or on  
15 the State Board's website.

16 Consideration by the State Board has been  
17 tentatively scheduled for the September 17, 2019 State  
18 Board meeting to be held at the Bowling Brook Golf  
19 Club, 2001 Rodeo Drive, Bowling Brook, Illinois,  
20 beginning at 9:00 a.m.

21 If you so desire, you can also provide  
22 comments to the State Board at that meeting.

23 Registration to speak begins at 8:30  
24 a.m., the day of the meeting.

25 Finally, I'm required by the State Board

1 Rules to read into the record please note that in  
2 order to ensure that the Board's Public Hearing  
3 Projects protects the privacy and confidentiality of  
4 an individual's health information, covered entities,  
5 as defined by HIPPA, such as a hospital providers,  
6 health plans, health care clearing housing, submitting  
7 oral or written testimony that disclose protected  
8 health information of individuals shall have a valid  
9 written authorization from that individual.

10 The authorization shall allow the covered  
11 entity to share the individual's protected health  
12 information at this hearing if necessary.

13 If you're not signed in, please do so.

14 In addition, those of you who came with  
15 prepared text of your testimony should know that you  
16 can submit the written text and you don't have to  
17 provide oral testimony. All written and oral  
18 testimony will be entered into today's record. It  
19 will be made available for all Board members prior to  
20 the September 17th State Board Meeting.

21 I will call participants in numerical  
22 order. Prior to beginning your remarks, please  
23 clearly state your name, spell your first and last  
24 name for the reporter.

25 After you've concluded your remarks, if

1 you have written copies of your remarks please provide  
2 those to us along with your completed sign-in sheet.

3 Thank you.

4 Today's proceeding will begin with the  
5 representative of Blessing Hospital, Tim Murphy -- or  
6 I'm sorry -- Tim Koontz.

7 MR. TIM KOONTZ: Good morning.  
8 My name is Tim Koontz. That's T-I-M, last name Kuntz,  
9 K-O-O-N-T-Z.

10 I serve as the president of the Blessing  
11 Corporate Services Board of Trustees.

12 Blessing Hospital is located here in  
13 Quincy, Illinois, and is the only full-service acute  
14 hospital having at least a hundred beds within roughly  
15 100 miles in all directions, a wide area that runs  
16 south to St. Louis, east to Springfield, north to  
17 Burlington and Iowa City, Iowa and west of Columbia,  
18 Missouri.

19 Blessing is a 373-bed, non-for-profit,  
20 sole community hospital. The Blessing Hospital Board  
21 of Trustees consists of community members who  
22 represent the needs for the region. The health system  
23 is the largest employer in Adams County, Illinois.

24 The facility has served the health care  
25 needs of the people of west central Illinois,

1 northeast Missouri and southeast Iowa for 144 years.  
2 Blessing is a regional provider for cardiology, mental  
3 health, cancer, trauma, neuro, acute services, and  
4 subacute services.

5 The health system has 166 providers,  
6 operates four rural health clinics and several retail  
7 clinics.

8 Blessing has relationships with over 33  
9 employers providing be-well-at-work primary care  
10 services for their employees.

11 The health system medical staff is made  
12 up of 390 providers.

13 The proposed project described in CON  
14 Application 19-029 is to relocate the ASTC from leased  
15 space at 1118 Hampshire to the hospital's campus.

16 Blessing has owned the current ASTC since  
17 2006, when it purchased the center from Quincy Medical  
18 Group. Quincy Medical Group applied for and received  
19 a Certificate of Need to build the center in the year  
20 2000, and operated the center until 2006, when QMG  
21 sold the Center for \$13 million to Blessing Hospital.

22 The Center remains located in the Quincy  
23 Medical Group office building at 1118 Hampshire.  
24 Blessing has leased the space and has had an operating  
25 management agreement with QMG since that time.

1           The proposed project will provide health  
2   services that improve the health care and well-being  
3   of the market area by offering choice to patients and  
4   physicians who want their ASTC procedures close to the  
5   hospital. Health services to be delivered through the  
6   project include ambulatory surgery.

7           The purpose of this project is to  
8   increase the accessibility to high quality  
9   free-standing ASTC services on the hospital campus  
10   with an enclosed walkway that is attached to the  
11   hospital. This offers both patients and physicians an  
12   option of procedures in a free-standing ASTC but  
13   located on a hospital campus close to the operating  
14   room suites, which will not require ambulance  
15   transport if an emergency occurs.

16          As more and more procedures move to  
17   outpatient that have previously been hospital-based,  
18   there is increased risk. This location of the ASTC  
19   will help bridge the patient safety concerns of  
20   patients.

21          The existing problems to be addressed by  
22   the proposed project include the following: The  
23   current Blessing ASTC is located inside the Quincy  
24   Medical Group medical office building in leased space.  
25   The fact that QMG was recently issued a CON permit for

1 QMG to establish a second ASTC in Quincy at the Quincy  
2 Mall will confuse the public in differentiating  
3 between the two surgery centers.

4                   Until now, there's only been on ASTC in  
5 Quincy. Going forward to have the Blessing surgery  
6 center located in the QMG building with the QMG  
7 surgery center located in the mall will unavoidably  
8 cause confusion for patients on where they need to  
9 present for a procedure.

10                   The existing location will compromise  
11 Blessing's ability to compete and to generate revenue  
12 to support safety net services.

13                   This project is part of the strategy to  
14 better position Blessing to compete on a level playing  
15 field in the newly competitive Quincy ASTC market.  
16 Blessing would be severely disadvantaged by having to  
17 operate its ASTC in a building owned and controlled by  
18 a competitor. The fact that a competitor now controls  
19 the physical plant of Blessing's ASTC is an untenable  
20 situation. The proposed location will provide a  
21 distinct site for Blessing's ASTC.

22                   The current location of ASTC does not  
23 allow for expansion of space to address the limited  
24 size of the existing operating rooms. Some procedures  
25 are not able to be performed in the current surgery

1 center due to the operating room size.

2 What was standard and state-of-the-art in  
3 2019 does not reflect the now outdated standards when  
4 the current ASTC was built out in 2000.

5 There are patient safety concerns related  
6 to procedures being done away from the hospital campus  
7 when an emergency may require a 911 call and an  
8 ambulance transfer.

9 The Adams County Ambulance Service has  
10 raised concerns that when an emergency occurs at an  
11 ASTC and an ambulance is needed, the response time may  
12 be impacted due to the limited number of ambulance  
13 units.

14 The Adams County Ambulance Service  
15 recently noted that with a second hospital remote ASTC  
16 in Quincy, hardships for the ambulance service and  
17 county taxpayers might result in trying to meet future  
18 needs.

19 The lease option of the current site will  
20 expire, and Blessing will need to relocate at the end  
21 of the lease. The current lease expires in three  
22 years, which gives Blessing time to construct and  
23 relocate to the Blessing campus.

24 Continuing to lease space in Quincy  
25 Medical Group's office building is not a good

1 long-term financial decision. It makes financial  
2 sense to plan for it now rather than to continue  
3 paying over \$1.57 million annually to lease and manage  
4 space in a competitor's building. Blessing can  
5 instead invest that money in its own new construction.

6 The Quincy community through Blessing as  
7 its community hospital will own the new ASTC building.  
8 The community will avoid continuing lease payments in  
9 an aging building that cannot meet all the physicians'  
10 current needs.

11 It will allow us to continue --  
12 continuing to operate a competitive -- competing  
13 service in a building of a competitor only puts  
14 Blessing at a disadvantage of being unable to  
15 differentiate its services and compete fairly.

16 As a renter, Blessing is dependent on QMG  
17 to set the hours Blessing personnel and patients can  
18 be in the building and the terms of such matters such  
19 as parking availability, signage and other  
20 environmental factors, all of which impact Blessing's  
21 ability to compete.

22 Blessing would also be dependent on QMG  
23 to maintain the space.

24 For all these reasons spanning such areas  
25 as financing, accessibility, control, patient safety,

1 modern facility design, and pricing, Blessing has  
2 decided to relocate the current ASTC to its campus  
3 from leased space.

4 I stand here today in strong support. I  
5 respectfully encourage the Illinois Health Facilities  
6 and Review Board to approve this relocation of the  
7 Blessing surgery center.

8 Thank you.

9 HEARING OFFICER CONSTANTINO:  
10 Carol Brockmiller.

11 MS. CAROL BROCKMILLER: My name  
12 is Carol Brockmiller, and I'm the CEO of Quincy  
13 Medical Group, QMG.

14 We are here today because QMG is on a  
15 mission to redesign health care for the region. We  
16 support competition, fair pricing, and State of  
17 Illinois processes and regulations.

18 QMG physician and 1,100 employees are all  
19 residents, patrons, business owners, patients and  
20 supporters of this region, and we want change.  
21 Therefore, we recognize we must lead that change  
22 through truth, trust and transparency.

23 Today we hope to glean more information  
24 behind the rationale and understand some of the  
25 details of the proposed surgery center, some of which

1 are technical in nature and may be boring and sound  
2 trivial even. However, the CON process in the state  
3 of Illinois requires a certain level of detail.

4 In a conversation with a QMG physician  
5 recently, I was reminded that CON means Certificate of  
6 Need. Need. Some years back in QMG's request to  
7 redesign health care, we looked internally first and  
8 recognized that we had -- have improvements to make,  
9 listening to do, and changes to enact.

10 In the course of our journey, we have  
11 been gifted with engagement from so many with feedback  
12 about what is needed and wanted for the future of  
13 health care. It is about innovation and  
14 transformation.

15 Quincy's health care history matters, as  
16 does our ability to change, evolve and move forward.  
17 Change is only hard for the unready, and it is our  
18 observation that Blessing has been slow to offer real  
19 health care change and now seems to be surprised by  
20 other health care providers that have been preparing  
21 for the future and plan to deliver it.

22 Our goal and commitment to ourselves at  
23 QMG is to remain aligned with our values and culture  
24 by staying on the high road through what we expected  
25 would be a contentious fight for our own surgery

1 center, but the high road should not be confused with  
2 remaining silent, standing down or looking away when  
3 smoke and mirrors are used by Blessing in an attempt  
4 to distract from a lack of collaboration with  
5 physicians, lack of preparation for the future, and  
6 lack of commitment to managing the system's expenses  
7 so that patients, families and employers don't  
8 continue to be burdened with overpriced health care.

9               The biggest issue in health care is cost.  
10 Facilities are one of the top expenses for any  
11 business. This ASC application is not simply a  
12 relocation. This is the establishment of a new much  
13 larger surgery center, 15,000 square feet more, that  
14 proposes to add new services and procedures than those  
15 currently offered in the existing surgery center, and  
16 it plans to do so at a hefty price.

17               That additional space represents expense,  
18 and that expense increases the cost of health care for  
19 our community. Blessing Health Systems path of  
20 building more and more buildings, purchasing more and  
21 more land and expanding more buildings just doesn't  
22 represent an effort to reduce the overall cost of  
23 health care.

24               Blessing's sites that moved from hospital  
25 outpatient rates to surgery rates in the existing

1 surgery center and we truly hope that this reduction  
2 in pricing comes to fruition.

3 Our recent journey to our new surgery  
4 center revealed to the community the extraordinary  
5 costs of surgical care in Quincy. That knowledge  
6 positively pressured Blessing into moving toward lower  
7 rates, and we hope our continued transparency allows  
8 for more change as QMG is committed to being the most  
9 trust steward of the health care dollar for our  
10 community.

11 Over the past decade, health systems in  
12 hospitals like Blessing have been buying out, carving  
13 out, and driving out independent physician groups like  
14 QMG. This jeopardizes the essence of health care.  
15 The more control over health care that has been given  
16 to health and hospital administrators, the further  
17 we've gotten between physicians and patients.

18 The further we get from the relationship  
19 between a physician and patient, the harder it becomes  
20 for health and hospitals to make decisions that are in  
21 the best interest of the patients and the community.

22 When a physician and patient drive  
23 decision-making and physicians control the delivery of  
24 care and the overall care experience, optimal quality  
25 outcomes are achieved.

1                   As a physician-owned group practice, our  
2   shareholders commit the clinic's profits back to the  
3   practice. It is the physicians' dollars that are  
4   funding QMG's new surgery center. The physicians  
5   chose to invest in innovation because it reduces the  
6   cost of care for patients.

7                   When QMG invests in new equipment or  
8   facilities, like our surgery center or cancer  
9   institute, it is the QMG physicians who invest that  
10   money to the true benefit of patient care. When our  
11   physician saw and continue to see patients foregoing  
12   necessary medical care because of the cost, they took  
13   action. They came together as a group led by a  
14   physician board of directors and supported by myself  
15   and the team of leaders at QMG to bring their vision  
16   to life for the benefit of patients and in turn the  
17   community.

18                  QMG is committed to purposeful  
19   transformation in health care, and we know that this  
20   actually occurs at the bedside and in relationship  
21   with the patient. Modernization is not cleanable  
22   chairs, windows and doors in rooms. As I understand  
23   were highlights from Blessing's presentations on its  
24   proposed surgery center last week.

25                  Transformation in health care doesn't

1 occur simply because you build a brand new facility.

2 The transformation takes place through the meaningful

3 care provided inside the walls of those facilities.

4 Thank you for the opportunity to be heard

5 today. We know our community has a choice when it

6 comes to health care, and we want to ensure that those

7 choices are clear. Unfortunately, we believe that

8 Blessing's application doesn't tell the whole truth,

9 and at times contains contradictions and

10 mischaracterizations.

11 We feel this CON Board and the public

12 deserve truth and transparency. We also believe

13 Blessing's application fails to comply with many of

14 the rules of this Board, rules that were put in place

15 to ensure proper planning in the establishment of

16 health care facilities, rules that were put in place

17 to ensure residents of this community have access to

18 quality health care and at an appropriate price for

19 years to come.

20 I will let the rest of our team speak to

21 the details that we believe the community and the CON

22 staff and Board need to hear in order to carefully

23 consider this proposed new surgery center.

24 Thank you.

25 HEARING OFFICER CONSTANTINO:

1 Patty Williamson.

2 MS. PATTY WILLIAMSON: Hello,  
3 my name is Patty Williamson, and I am the CFO of  
4 Quincy Medical Group.

5 Thank you for the opportunity to speak  
6 today. I would like to clarify and draw your  
7 attention to a couple of items in Blessing Hospital's  
8 application.

9 In order to justify the ORs and procedure  
10 rooms proposed in Blessing's new ASTC, Blessing needs  
11 to document that it will meet the State standard of  
12 1,500 hours per room by the second year of operation.

13 In its operation, Blessing states that it  
14 will meet this standard. Blessing reached this  
15 conclusion by taking 2018's actual historical volume  
16 and simply increasing it by historical growth trend.

17 There is also a vague mention in the  
18 application to recruitment and correction of out  
19 migration, but no math is supplied to support these  
20 assertions.

21 The hours calculation assumes that none  
22 of the existing volume at the surgery center will  
23 transfer to the new QMG surgery center. This  
24 contradicts Blessing's previous statement to the Board  
25 that QMG would be taking all of the services our

1 surgeons performed at the existing ASTC to our new  
2 ASTC.

3 Which one is it? Has Blessing changed  
4 its views? Blessing's application fails to include  
5 any physician referral letters pledging patient  
6 referrals to their new ASTC to justify projected  
7 volumes and cases.

8 Blessing has based their application for  
9 a \$21 billion facility on unsupported assumptions and  
10 unrealistic projects.

11 Blessing should be required to submit  
12 realistic calculations of future volumes, and  
13 equipment purchases should be included. Instead the  
14 application represents itself incorrectly as merely a  
15 relocation, and provides no math to support the number  
16 of ORs requested.

17 Blessing also states in its application  
18 that they pay \$1.57 million annually to QMG, and as  
19 such, it concludes that it is a better investment for  
20 Blessing to spend \$21.3 million now to construct this  
21 new ASTC.

22 Those numbers warrant a closer look. The  
23 annual lease payment that Blessing pays to QMG for the  
24 surgery center space is approximately \$600,000. They  
25 pay an additional \$240,000 annually in maintenance and

1 utility expense.

2 Certainly a much larger, multi-story  
3 facility will require more in maintenance and utility  
4 expense than the existing lease.

5 Blessing has already given notice to  
6 terminate the agreement they had with QMG to manage  
7 the existing surgery center. It is inaccurate and  
8 misleading to suggest that the annual cost savings  
9 would be \$1.57 million.

10 The only cost that truly goes away by  
11 moving their surgery center is the cost of the lease  
12 itself. At a lease rate of approximately \$600,000  
13 annually, it would take 35 years to recoup the  
14 expenditure of \$21.3 million in the new building,  
15 without even factoring in the cost of the interest  
16 payments on the bonds.

17 And while Blessing intends to finance a  
18 portion of this facility with its existing cash, it  
19 stands to reason that using the community funds to  
20 support safety-net services would make more sense than  
21 spending millions on yet another new facility.

22 The application repeatedly attempts to  
23 paint the picture that the existing facility is merely  
24 moving to a new location. It is, however, in fact, a  
25 new much larger facility.

1                   The proposed facility includes five  
2   additional prep and recovery rooms in the current  
3   space, and an additional 15,030 square feet. And yet  
4   Blessing has only planned for an additional \$250,000  
5   in equipment, which appears highly unrealistic.

6                   Blessing has repeatedly stated to this  
7   Board and the community that due to competition in  
8   outpatient surgery services, it will lose \$40 million  
9   in net revenue significantly impacting its ability to  
10   provide safety-net services. Which leads one to  
11   question whether building a new larger more expensive  
12   facility is truly the best use of the community  
13   resources.

14                  As the hospital continues to waste time  
15   and money on numerous large-scale expensive building  
16   projects, contrary to the trend of nearly every other  
17   health care system, this Board and the Quincy  
18   community should be concerned that the end result will  
19   be ever-growing hospital prices.

20                  Thank you for your time today.

21                               HEARING OFFICER CONSTANTINO:  
22   Rebecca Lindstrom.

23                               MS. REBECCA LINDSTROM: Good  
24   morning. My name is Rebecca Lindstrom, and I'm legal  
25   counsel for QMG. Thank you, the Board staff, for

1 setting up this public hearing.

2 Thank you to Blessing for assisting with  
3 the sign-in today for people coming to speak today.

4 I'm here today to speak to the  
5 deficiencies and the gaps in Blessing's application.

6 Blessing labels this project as a  
7 relocation of its existing ASTC, but what Blessing is  
8 really asking us for to do is to approve the  
9 discontinuation of its existing ASTC and to approve  
10 the establishment of a new much larger ASTC where new  
11 services and procedures will be performed.

12 The problem is that only one application  
13 was filed, an application to establish a new ASTC. And  
14 based on the Board's rules and practice, we believe  
15 the Blessing should have also filed a discontinuation  
16 certificate of exemption application.

17 While there's a section in Blessing's  
18 application discussing discontinuation, we don't  
19 believe this section alone is sufficient to comply  
20 with the Board's rules and process.

21 Is it now optional to file a certificate  
22 of exemption? Does this Board now allow an  
23 application to establish an ASTC to simply incorporate  
24 the discontinuation of the existing service? Why  
25 isn't Blessing following the Board's protocol?

1                   We believe Blessing like other applicants  
2   should be required to submit the standard  
3   discontinuation certificate of exemption of  
4   application. We believe this Board should be -- this  
5   project should be deferred until that application has  
6   been filed and is ready for consideration by this  
7   Board.

8                   Another deficiency pertains to the  
9   Board's rules regarding necessary parties to an  
10   application. Under that regulation, one necessary  
11   party is the person who will hold or who currently  
12   holds the license for the facility. Here that's  
13   Blessing Hospital. They are correctly listed as an  
14   applicant.

15                  Additional necessary parties are those  
16   who have final control or the person who will hold --  
17   or the person holds or will hold the license. Any  
18   related person who is or will be financially  
19   responsible for guaranteeing or making payments on any  
20   debt related to the project, and any other person who  
21   will be actively involved in the operation or  
22   provision of care and who controls the use of  
23   equipment or other capital assets that are part of the  
24   project.

25                  An organizational chart was submitted

1 with this application, and clearly shows Blessing  
2 Corporate Services, Inc. as the parent company of  
3 Blessing Hospital.

4 Additionally, the chairman of Blessing  
5 Corporate Services' Board of Trustees has told this  
6 Board that Blessing Corporate Services is the parent  
7 entity of Blessing Health System, which Blessing  
8 Hospital is an affiliate.

9 Is Blessing Corporate Services and/or  
10 Blessing Health System listed as a co-applicant in  
11 this application? No.

12 Based on documentation submitted by  
13 Blessing and Blessing's representations to this Board,  
14 it's our position that Blessing Corporate Services,  
15 Inc., d/b/a Blessing Health System should be a  
16 necessary party to this application and listed as a  
17 co-applicant.

18 We believe a Type A modification is  
19 required in order to comply with the rules.

20 Another deficiency pertains to physician  
21 referrals. If you review this application, you won't  
22 see a single physician referral letter pledging or  
23 committing patient referrals to this new ASTC.

24 Under 77 Illinois Administrative Code,  
25 1110.235(c), Subsection III, for projects seeking to

1 establish an ASTC facility or additional ASTC service,  
2 in order to demonstrate service demand, and applicant  
3 such as Blessing needs to physician referral letters,  
4 demonstrating both historical patient referrals and  
5 projected patient referrals.

6 And those referrals can't be referrals  
7 that have been used to support another pending or  
8 approve CON application for the same services.

9 But there wasn't a single physician  
10 referral letter submitted from either QMG or Blessing  
11 in support of this project.

12 If you're a physician group applicant,  
13 which Blessing is that, you may be allowed to submit  
14 one collective physician referral letter on behalf of  
15 all your physicians, along with other documentation to  
16 sufficiently demonstrate how many patients each  
17 physician is going to refer to a particular facility,  
18 but you still need that letter.

19 Blessing can't get around this  
20 requirement with assumptions or references to prior  
21 applications. It needs to produce physician letters  
22 pledging patient referrals to its new facility, and  
23 those patients cannot be the same patients that have  
24 already been used to support another pending or  
25 approve CON application.

1                   We ask that Blessing comply with this  
2     requirement.

3                   While the other technical sufficiency's  
4     shouldn't be ignored, this one goes to the heart of  
5     the health facility's planning process, and health  
6     facility planning matters.

7                   If a health care provider improperly or  
8     sloppily plans and over builds to meet a demand that  
9     doesn't exist or is over stated, it adds to the  
10    provider's expense structure, which leads to higher  
11    prices for patients.

12                  If you look at the purpose behind the  
13    Illinois Facilities Planning Act and all the rules,  
14    regulations and the Board's process, the purpose is to  
15    make sure health care facilities and services are  
16    accessible and affordable for the state's residents.

17                  Blessing's application says there will be  
18    approximately 19,000 square feet of what it has  
19    designated "non-reviewable space". Blessing says they  
20    might perform cardiac cath in that space, but isn't  
21    sure yet.

22                  Blessing says they might add an OR. It's  
23    unclearly exactly what this space is going to be used  
24    for. This shelved or non-reviewable space adds to the  
25    construction costs, and it creates a large expense

1 footprint for an ASTC where no physician demand has  
2 been established through physician referrals.

3 Another deficiency. Blessing has  
4 requested a number of recovery stations, 28, exceeds  
5 the State standard of 4 recovery stations per  
6 operating room. For the 6 rooms in the proposed  
7 project, that would be 24 stations.

8 Why does blessing need or want an  
9 additional four stations above what the State standard  
10 allows?

11 Blessing's application also includes a  
12 table or proposed charges for its ASTC. That table  
13 was copied right out of QMG's ASTC application. See  
14 Attachment 24, pages 202 to 203. They didn't even try  
15 to alter the table. I know that because I helped  
16 prepare that table.

17 Another example of what appears to be  
18 rushed work. On that same issue, Blessing's  
19 application states a letter was included providing a  
20 commitment that the proposed charges will not increase  
21 for at least the first two years after operation, but  
22 no such commitment letter was included. Another  
23 deficiency.

24 We believe that Blessing should be  
25 required to follow the Board's rules and protocol.

1 And while I've identified many deficiencies and  
2 concerns QMG has with Blessing's application, this  
3 list is not exhaustive. And QMG will address any  
4 additional concerns or deficiencies in writing prior  
5 to the Board's August 28 public comment deadline.

6 Thank you.

7 HEARING OFFICER CONSTANTINO:

8 Julie Brink.

9 MS. JULIE BRINK: Good morning.

10 My name is Julie Brink. J-U-L-I-E, B-R-I-N-K, and I  
11 serve as the president of the Blessing Hospital Board  
12 of Trustees.

13 Since the inception of surgery centers in  
14 Quincy and continuing until now, there has only been  
15 one ASTC in town. That surgery center was first owned  
16 by QMG, and then sold to Blessing, which continues to  
17 own the center.

18 Since acquiring this ASTC until now,  
19 Blessing has partnered with QMG, paying rent for the  
20 space in QMG's building where the surgery center was  
21 located when it was purchased, and also contracting  
22 with QMG to continue its management of the center as a  
23 hospital-based department.

24 Now that QMG has been awarded a permit to  
25 build its own competing ASTC in Quincy, the Blessing

1 Board had to make a decision, decisions that included  
2 where the Blessing ASTC should be hereafter located,  
3 decisions that included how the Blessing ASTC should  
4 now operate in the newly competitive ASTC marketplace  
5 in Quincy.

6 Continuing to be located in a  
7 competitor's building is not a viable option. To use  
8 an imperfect analogy, there are not Star Bucks in a  
9 Dunkin Donuts.

10 In assessing options, it quickly became  
11 apparent to our Blessing Hospital Board that locating  
12 on the hospital campus was the obvious and best  
13 choice. Better yet, with a walkway to the hospital  
14 with its own operating rooms.

15 It also became clear that our previous  
16 partnership with QMG was untenable going forward.  
17 Again, to use an imperfect analogy, Gimbals does not  
18 manage Macy's, or for the younger folks who might not  
19 get the reference, Sears does not manage Nordstrom's.

20 The 50/50 ownership that Blessing had  
21 previously offered QMG as an alternative to having two  
22 ASTCs in Quincy was rejected by QMG. Instead of  
23 deepening our preexisting relationship, QMG was  
24 committed to competing, and the Review Board  
25 ultimately embraced competition through its approval

1 of the QMG's application for a second surgery center  
2 in Quincy.

3 QMG argued and by its action, the Review  
4 Board evidently agreed that competition rather than  
5 collaboration would be more beneficial for the greater  
6 Quincy community and its health care.

7 Blessing accepted this determination and  
8 then turned to the necessary decisions in this new  
9 paradigm of competition. We chose not to re-litigate,  
10 but to accept and to move forward. So to state the  
11 obvious, the reasons to relocate are many, and include  
12 these specific ones.

13 First, the current ASTC is now in space  
14 leased from QMG and located in the middle of QMG's  
15 main office building. Going forward, it is necessary  
16 to avoid public confusion over these distinct and  
17 competing surgery centers and not blur the lines with  
18 Blessing continuing to have connections to QMG by the  
19 way of location.

20 Second, from a financial perspective, it  
21 makes no sense for Blessing to continue making \$1.57  
22 million in annual payments to QMG. It is more  
23 cost-effective for Blessing to own rather than rent.  
24 It is a better investment to relocate the ASTC to a  
25 new and modern building on land owned by the hospital

1 and on the hospital campus.

2               Indeed, had Blessing relocated the  
3 surgery center to the Blessing campus back in 2006  
4 when it was initially purchased from QMG, the  
5 construction cost by now would have been fully paid  
6 with the avoided 13 years of rent. Twenty more years  
7 of rent would easily exceed 30 million, well above the  
8 cost today of constructing the modern ASTC.

9               Third, the timing for relocation is good  
10 with the current lease soon to expire. The remaining  
11 lease will cover the necessary time for the  
12 construction and relocation. Likewise, the reason to  
13 locate on the Blessing Hospital campus are many, and  
14 include these specific ones.

15              First, via a convenient walkway, the new  
16 ASTC building will connect to the hospital surgical  
17 area. Thereby, offering physicians and patients the  
18 choice to have a procedure performed closer to the  
19 hospital.

20              Second, the investment will result in a  
21 fully-owned community asset rather than rent payments  
22 on a structure owned by a private non-profit entity --  
23 excuse me -- for-profit entity.

24              Third, since the ASTC and its building  
25 will both be owned by Blessing, there will no risk of

1 getting an unexpected new landlord in the event of the  
2 building or business sale. Blessing will avoid  
3 possible future dependence on the desires of an  
4 unexpected new landlord.

5 Approval of this CON will not only allow  
6 Blessing to effectively compete in the newly  
7 competitive ASTC market in Quincy, but also enhance  
8 patient care through a more contemporary ASTC, one  
9 that reflects standards of today rather than of 20  
10 years ago when the current surgery center was built  
11 out in the QMG medical office building.

12 This project makes good sense for the  
13 impact to community and its health care needs, and I  
14 respectfully urge approval of CON Application 19-029.

15 Thank you.

16 HEARING OFFICER CONSTANTINO:  
17 Dr. Richard Schlepphorst.

18 DR. RICHARD SCHLEPPHORST: I'm  
19 Dr. Richard Schlepphorst. R-I-C-H-A-R-D,  
20 S-C-H-L-E-P-P-H-O-R-S-T. I'm the chief medical  
21 officer for Quincy Medical Group.

22 At QMG, we take patient safety very  
23 seriously. Blessing's CON application process  
24 relocating its ASTC to the hospital campus, "as close  
25 to the operating room suites which will not require an

1 ambulance transport if an emergency occurs."

2 Blessing's existing surgery center is not  
3 connected to its hospital, and for the past 14 years  
4 during which Blessing has owned and operated the  
5 existing surgery center, we are not aware of any  
6 concerns raised to Quincy Medical Group from Blessing  
7 or from the Adams County Ambulance regarding impacted  
8 response times or lack of available ambulance units.

9 It is only over the past year during  
10 which new ASTCs have been proposed in the Quincy  
11 community that Blessing has raised this as a potential  
12 issue. In Attachment 12 of Blessing's application,  
13 Blessing states that the Adams County Ambulance has  
14 raised concerns regarding patient transfer by  
15 ambulance in the event of emergency at an ASTC  
16 specifically in the response time may be impacted due  
17 to a limited number of ambulance units, and that this  
18 could create a hardship for the ambulance service and  
19 for county taxpayers trying to meet such a need.

20 A letter of support for this project was  
21 submitted by Adams County Ambulance a few weeks ago.  
22 It referenced 13 patient transfer from Blessing's  
23 current ASTC at 1118 Hampshire to Blessing Hospital.  
24 The data reveals that none of the transfers were  
25 considered life-threatening or emergent, and 7 of the

1 13 transfers actually chose to go to the hospital by  
2 private automobile to avoid the cost of the ambulance  
3 service.

4 Three of the patients involved didn't  
5 even have surgery at ASTC on the date they were  
6 transferred to the hospital because the preoperative  
7 assessment team appropriately determined that the  
8 patient's condition on the day of the proposed surgery  
9 was not appropriate for the ASTC setting on the day of  
10 the procedure.

11 Our community trusts that its health care  
12 providers would not perform surgeries off-campus  
13 unless it was safe to do so. That trust has been  
14 built over the years. To suggest otherwise, is simply  
15 creating controversy where it doesn't exist.

16 And in terms of a rate of transfer, by  
17 our calculation those 13 transfer equate to about 1  
18 transfer per thousand cases are nearly identical to  
19 the national average hospital transfer rate. And the  
20 rate that is referenced in CMS's proposed rule as a  
21 justification to eliminate the transfer agreement  
22 requirement.

23 While transfers happen, they are rare and  
24 procedures are in place, both in the existing ASTC and  
25 our new ASTC, to ensure an appropriate and proper

1 transfer in the event one is needed.

2 Further, the letter of support from the  
3 Adams County Ambulance Service does not suggest a lack  
4 of available ambulances. In fact, it states that it  
5 has availability of ambulance transportation, and  
6 Adams County Ambulance has indicated to QMG that it  
7 wants business from QMG's new surgery center.

8 The clear summary of ambulance transfers  
9 from the ASTC, they have not in fact created an undue  
10 burden on community resources.

11 I also want to respond very briefly to  
12 Blessing's claim that it isn't allowed to construct a  
13 new ASTC -- if it is not, patients are going to be  
14 confused with Blessing's ASTC being located within  
15 QMG's facilities.

16 Blessing's ASTC has been located at QMG  
17 space for the last 14 years, and especially in light  
18 of the recent attention brought to the ASTC over the  
19 past year, there's no legitimate concern for public  
20 confusion over who owns the ASTC.

21 It is understandable for the hospital to  
22 attempt to justify that desire for a new ASTC. It is  
23 important for this Board and its staff to understand  
24 whether those reason are accurate and truly reflect  
25 the needs of our community.

1 Thank you.

2 HEARING OFFICER CONSTANTINO:

3 Carol Niemann.

4 MR. CHRIS NIEMANN: My name is  
5 Chris Niemann. C-H-R-I-S, N-I-E-M-A-N-N.

6 I'm a member of the Blessing Health  
7 System Board of Trustees. I'm also executive vice  
8 president and chief financial officer at Newman Foods  
9 here in Quincy.

10 Blessing Hospital is here today to  
11 request permission to relocate its existing ASTC to  
12 the hospital campus.

13 The CON application includes the same  
14 number of operating and procedure rooms that the  
15 current surgery center has today. No new services or  
16 procedures are requested.

17 This is simply a relocation and a  
18 modernization project. It will make the Blessing ASTC  
19 more cost-efficient, and it will enable Blessing to  
20 compete in the newly ASTC market in Quincy.

21 The Blessing Health System has a 145-year  
22 history with the communities we serve, and we are  
23 proud of the planning that we take every year to  
24 allows our health system to evolve to meet the  
25 ever-changing needs of our patients and families, no

1 matter their financial means.

2 This evolving includes a new hybrid  
3 operating room, an electrophysiology lab, an advance  
4 navigation system for neurosurgery, and newly  
5 constructed inpatient behavioral medical units for  
6 child, adult, and behavior medicine. It also includes  
7 a recruitment of new doctors with needed specialties  
8 to Quincy.

9 These are just a few examples of how we  
10 continue to improve the lives of the residents we  
11 serve.

12 As part of our ruling five-year planning  
13 cycle, the Blessing management team and our Board of  
14 Trustees has taken necessary steps to respond to  
15 changing Medicare and Medicaid reimbursement  
16 structures with the welfare of our patients in mind.

17 Recent changes, commonly referred to as  
18 site-neutral payments, incentivize an increasing  
19 number and complexity of services to be delivered in  
20 stand-alone outpatient settings as opposed to more  
21 expensive hospital settings.

22 These site-neutral payments eliminate  
23 certain distinctions between doctor's office and  
24 hospital-owned ASTCs for the benefit of patients.

25 We at Blessing noted the trends and began

1 planning to convert our existing ASTC into a  
2 stand-alone outpatient building model, again to  
3 benefit patients by lowering the cost.

4 Incentive for Medicare and Medicaid  
5 services, commonly referred to as CMS, finalized the  
6 site-neutral payments in November of 2018. So our  
7 forecasting proved valuable.

8 This change will phase in over a two-year  
9 process. Blessing Hospital has already filed the  
10 necessary applications, and is well under way to  
11 convert out ASTC to freestanding center, again to  
12 benefit our patients through lower cost.

13 Four years ago, the Blessing Health  
14 System implemented strategy to improve our cost  
15 structure and enhance our revenue cycle operations to  
16 best position our hospital and health system for the  
17 contingent movement from hospital-based services to  
18 freestanding outpatient services.

19 We are using these implemented savings to  
20 lower reimbursement rates to our patients, insurers,  
21 and employers. Blessing retained the well-respected  
22 national consulting firm Navigant to help develop this  
23 transition strategy, and their study alone was a  
24 ten-month process.

25 Blessing is delivering cost savings to

1 the communities we serve in other ways. Two  
2 relatively recent examples. First, the development of  
3 an urgent care walk-in clinic as well as three  
4 convenient care clinics to provide access points for  
5 patients to seek care in non-life-threatening  
6 situations rather than using higher cost care options  
7 such as the emergency room.

8 Since these innovations, Blessing has  
9 seen its emergency room utilization decrease from  
10 53,000 visits per year in 2015 to 40,000 visits per  
11 year today.

12 These new urgent care options have saved  
13 patients, employers, governmental payers and insurers  
14 over 5 million annually.

15 And second, the construction of the  
16 facility at 48th and Main in Quincy that will offer  
17 new competitive rates for all major imaging, radiology  
18 services and lab services. This is in response to  
19 listening sessions has held with employers and  
20 patients who bear a large burden of these types of  
21 services through co-pays and deductibles.

22 Blessing estimates the annual savings to  
23 its patients, employers, insurers, and governmental  
24 payers will exceed \$8 million annually.

25 The proposed relocation of our ASTC is

1 another example of Blessing becoming more  
2 cost-efficient and delivering those savings to  
3 consumers. We will own rather than lease our  
4 facility, and save more than 1.5 million in annual  
5 payments to our landlord. The simple math shows that  
6 it is indeed better to own than rent, and in our case  
7 whatever Blessing owns becomes a community asset.

8 I am grateful for the Review Board staff  
9 or its time and attention today. Thank you for being  
10 here in Quincy.

11 I will close by respectfully urging  
12 approval of CON Application 19-029. Thank you.

13 HEARING OFFICER CONSTANTINO:  
14 Harsha -- I apologize.

15 MR. HARSHA POLAVARAPU: Good  
16 morning, everybody. My name is Harsha Polavarapu. I'm  
17 a surgeon with Blessing Physician Services, and I  
18 operate at the current surgery center.

19 I'm here today requesting that the Review  
20 Board approve Blessing Hospital's ASTC relocation and  
21 modernization application.

22 The proposed CON is for the sole purpose  
23 of relocating the existing surgery center from  
24 Hampshire Street to the Blessing campus and attach it  
25 to the hospital by walkways.

1                   The application does not propose to  
2   change the number of ORs or procedure rooms. The same  
3   staff and equipment will be relocated to the new  
4   location, and the owner remains the same. This is  
5   merely a modernization and relocation application, and  
6   no new services are being proposed.

7                   Any physician wanting operate in the  
8   center would be able to apply for the privileges. The  
9   Quincy area community wants choice, access, lower  
10   rates and safety. The proposed project is being  
11   designed to meet these needs.

12                  I respectfully urge the Review Board to  
13   approve the relocation of the Blessing ASTC to its  
14   hospital campus.

15                  I thank the Review Board staff for being  
16   here in Quincy today. Thank you.

17                               HEARING OFFICER CONSTANTINO:  
18   Ms. Penny Noble.

19                               MS. PENNY NOBLE: My name is  
20   Penny Noble. P-E-N-N-Y, N-O-B-L-E.

21                  I am a citizen of the Quincy area, a  
22   consumer of health care services and medical first  
23   responder for a local volunteer fire department.

24                  I am here today to express the  
25   perspective of a patient. I support Blessing

1 Hospital's proposal to relocate its surgery center to  
2 the hospital campus. As more and more types of  
3 services are being performed and reimbursed in the  
4 ambulatory surgery setting, a direct connection from  
5 the surgery center to the hospital will give patients  
6 a comfort level that they are close to the hospital if  
7 an emergency arises.

8                   The Adams County Ambulance reported 13  
9 transfers throughout the last 12 months for the  
10 current ASTC to the hospital. I know staff do  
11 everything they can to make a transfer go smoothly for  
12 the family and the patients, but the anxiety of having  
13 to wait for an ambulance to arrive will be avoided in  
14 these circumstances with a surgery center that is  
15 connected to the hospital.

16                   Even going into a procedure, this stress  
17 will be reduced knowing that. Being on the hospital  
18 campus will help in addressing the unexpected  
19 emergency situations.

20                   The relocated modernized center will  
21 provide easy access and convenience for the patient,  
22 while also addressing the safety concerns for those  
23 patients who may worry.

24                   As a first responder as well as a  
25 patient, I understand both sides of the patient safety

1 concern. For this reason, I especially urge the  
2 Review Board to approve CON Project 19-029.

3 Thank you for your time.

4 HEARING OFFICER CONSTANTINO:  
5 Kristin Rogers.

6 MS. KRISTIN ROGERS: My name is  
7 Kristin Rogers. R-O-G-E-R-S.

8 I am the chief strategy officer for QMG.  
9 I am here today to offer clarification on a few key  
10 statements in Blessing's application related to the  
11 purpose of the project and suggested alternatives.

12 Blessing states that an existing problem  
13 to be addressed is QMG or Unity Point could decide to  
14 sell the facility and the lease would be under new  
15 management that may decide it has plans for different  
16 uses of the space leased by Blessing and not allow  
17 time needed to plan and relocate the existing ASTC.

18 In an additional point, the applicant  
19 says that Unity Point could decide to sell to larger  
20 organizations or affiliates, and this could have  
21 implications for the leased space.

22 This portion of the application is to  
23 list existing problems that the proposed surgery  
24 center will address. In reality, Unity Point does not  
25 have the authority to sell off our buildings or choose

1 our partners. The implication that they would is  
2 unfounded.

3 Blessing's application also suggests that  
4 it can't compete in the existing location due to  
5 leasing space from QMG. From our perspective, that is  
6 disingenuous. QMG currently has four active space  
7 leases in Blessing-owned buildings, two rural health  
8 clinics, our ENT practice and our oncology practice  
9 where we've leased space at the hospital's campus for  
10 12 years and have outgrown our space despite Blessing  
11 recruiting competing oncologists in the very same  
12 building.

13 Blessing also states that they are  
14 dependent on QMG to set hours, signage and other  
15 environmental factors in the existing surgery center,  
16 and that it limits Blessing's ability to compete.

17 Blessing recently changed hours at the  
18 ASTC, and once QMG was notified of their decision, it  
19 was fully and quickly accommodated.

20 One of the alternatives to building a new  
21 surgery center that Blessing cites is a number of  
22 joint venture proposals. You may remember Blessing  
23 touting a 50/50 joint venture with QMG for the  
24 existing surgery center with the heavy emphasis on  
25 better together. This was just over there months ago.

1                   Joint venture proposals were addressed in  
2   Blessing's application, but they leave out the offer  
3   QMG sent on May 14th, after our April 30th CON  
4   approval.

5                   Our letter expressed disappointment in  
6   the fact that Blessing withdrew the proposal after  
7   telling us it would not expire and was not contingent  
8   upon the April 30th outcome.

9                   That same letter asks Blessing's interest  
10   and continuing collaborative dialogue, ownership  
11   opportunities in either or both surgery centers, and  
12   we heard nothing.

13                  This CON application doesn't meet  
14   necessary criteria, uses fabricated problems to  
15   justify the need of another new building, lacks the  
16   documented support of any referring physicians, and  
17   provides misleading information in regard to  
18   alternatives to building a brand new building.

19                  Blessing has a history of making  
20   misleading statements, whether by evoking fear when  
21   400 hospital employees believed they were going to  
22   lose their jobs, or by threatening that thousands of  
23   fragile medical health patients -- mental health  
24   patients are going to lose needed care, or claiming  
25   that proposals were rejected and leases are in

1 jeopardy.

2 It has got to become a priority for  
3 Blessing who now uses its name interchangeably with  
4 the community to be accountable for its words. We are  
5 all the community. We live here, we work here, we  
6 raise our children here, and we deserve trust, truth  
7 and transparency.

8 Thank you.

9 HEARING OFFICER CONSTANTINO:

10 Katy Schlepp.

11 MS. KATY SCHELP: Hello. My  
12 name is Katy Schelp. S-C-H-E-L-P.

13 I'm the chief development officer at  
14 Quincy Medical Group, but more importantly, I'm a  
15 citizen of Quincy.

16 I am here today because the future of  
17 health care in Quincy is really important. It's  
18 important that we not just accept health care that's  
19 good enough for a town like Quincy. To achieve that,  
20 there needs to be more than one health care provider,  
21 and amongst those providers, there needs to be a  
22 balance of competition and collaboration.

23 I'm not here because I think that  
24 Blessing shouldn't have a surgery center. I am here  
25 because I think there's another way of looking at

1 things, and because I believe Blessing has  
2 mischaracterized what QMG is trying to do, both in its  
3 application and in public.

4 This mischaracterization is working to  
5 erode both competition and collaboration between the  
6 health care providers in Quincy today.

7 Competition makes people step up their  
8 game. We've seen it over and over again this year as  
9 we went through our own CON process. Health care  
10 costs are dropping, there's a stronger focus on  
11 quality, and innovation is blossoming. But there's  
12 also a time when each organization needs to look  
13 across the table and acknowledge that someone may do  
14 something better and work together to make it amazing.

15 This happens in pockets today.  
16 Orthopaedic trauma is a perfect example of how working  
17 together makes health care stronger in Quincy.  
18 Blessing's level 2 trauma center and Quincy Medical  
19 Group's ability to attract nationally renowned  
20 physicians such as Dr. Rena Stewart and Lou Carmer  
21 (ph.) make this a perfect union.

22 This trauma program enables patients to  
23 stay home rather than being shipped out to a larger  
24 city. QMG has the talent, Blessing has the level 2  
25 facilities, and as a result, orthopedic trauma

1 patients are receiving the highest level of care  
2 possible.

3 I do not believe that the Blessing Board  
4 and administration have mal-intent. In fact, I believe  
5 they are trying to do what's right for the future of  
6 the hospital. But that might not be what's right for  
7 the future of the community.

8 To do what's right for the community,  
9 there needs to be a balance of perspectives and  
10 decision-making, and right now there's an absence of  
11 any local physician presence on the Blessing Corporate  
12 Services Board; let alone, a physician from QMG who  
13 can provide unique insight without derailing the  
14 health system strategies, nor does the full Blessing  
15 Corporate Board sit down with the QMG Board or  
16 physicians to truly work together to serve this  
17 region.

18 We encourage both of those things to  
19 occur, and we remain interested in doing so. One of  
20 my roles is recruiting new physicians to Quincy.

21 In its application, Blessing mentioned  
22 the need to recruit more surgeons to thwart out  
23 migration, and we agree.

24 We need more surgeons and proceduralists  
25 here, but they can't just be good enough if we're

1 going to stem out-migration. They must rival the  
2 surgeons that practice in major medical centers. To  
3 recruit that kind of surgeon to Quincy, there needs to  
4 be a great practice environment.

5 I used to be able to say to every  
6 physician coming to town that they would not only have  
7 the support of Quincy Medical Group, but also the  
8 support of the hospital.

9 Over the past several years, I have seen  
10 that dissolve. Physicians coming to Quincy want to  
11 know that they will be working in a hospital that is  
12 going to support them even if they aren't employed by  
13 them. Physicians, whether QMG or BPS, are not  
14 commodities. They are highly trained and qualified  
15 health care professionals.

16 I would respectfully ask Blessing to look  
17 at their application and to reflect on how they  
18 continue to breed animosity toward QMG physicians and  
19 understand the negative impact it is having on health  
20 care in Quincy.

21 Thanks.

22 HEARING OFFICER CONSTANTINO:

23 Mr. Noble.

24 DR. RICK NOBLE: Hi, my name is

25 Dr. Rick Noble. N-O-B-L-E.

1           As a physician and community member, my  
2   goal today is not to demonize the project, but instead  
3   gain knowledge by asking logical questions, and  
4   hopefully obtaining truthful answers.

5           One can oftentimes utilize recent history  
6   as a tool to sift through rhetoric; thereby,  
7   formulating answers and at the same time being able to  
8   visualize predictive trends and behaviors.

9           Blessing Hospital and its health system  
10   is an important community asset. It is an integral  
11   part of delivering health care to this region. We  
12   need it to be strong, both economically and  
13   financially.

14          For recent history, its financial  
15   strength is quite apparent. It boasts over 240  
16   million assets and years of annual profits. As a  
17   non-profit organization, it is shielded from several  
18   tax obligations, locally, state and federal.

19          From an economic standpoint, it continues  
20   to employ more than 2,000 hard-working men and women  
21   who contribute to the local economy. This despite  
22   recent rhetoric of needing to relinquish upwards of  
23   400 jobs.

24          Support services remain strong and  
25   ongoing, again, despite previous assumptions they

1 would dissolve.

2 As one can see, this organization is  
3 affluent and strong and remains a very important piece  
4 of health care in this region, but in its use of  
5 health care did not need to be the only one. Choice  
6 is important.

7 Quincy Medical Group, a for-profit  
8 physician-owned and operated organization through the  
9 vision of its physician, brought choice to the  
10 community. It envisioned delivering state-of-the-art  
11 medicine at a lower cost, and as recently as four  
12 months ago, the State of Illinois agreed.

13 This choice was vehemently met without  
14 opposition from Blessing Hospital, and at times it  
15 became venomous. They attempted to hold both their  
16 employees and the community hostage, voicing rhetoric  
17 of both job and service line losses.

18 As they stated, their ASTC only needed a  
19 little tinkering to be updated. Their community  
20 mantra is one of there is no need for change. Status  
21 quo was acceptable. There was no reason to change the  
22 vision of health care delivery.

23 Unexpectedly though, the community  
24 disagree and choice was born.

25 We gather today to learn more in-depth

1 information on Blessing's proposed new ASTC. What  
2 happened to the little bit of tinkering with their  
3 current surgery center? What about those 400 jobs  
4 they fought so hard for? When did they suspect the  
5 support services to end?

6 Does spending the additional 21 million  
7 and the years of return on investment make sense to  
8 this community and why?

9 We have already heard the phrase safety  
10 in close proximity to the hospital. Does this allow  
11 for easy transition of surgeries to be done in the  
12 hospital OR? Does this -- excuse me.

13 This is the traditional hospital thinking  
14 of health care. "Traditional model of a hospital as  
15 the hub of care with a single facility providing every  
16 facet of treatment. Patient preference for how they  
17 get care and national focus on driving down health  
18 care costs has led to investing in neighborhood  
19 outpatient clinics and same-day surgery centers such  
20 as Quincy Medical Group."

21 These and many other outside treatments  
22 are driven by simple economics that traditional  
23 hospital care is too costly and inefficient.

24 These are just a few questions and  
25 concerns to ask and consider. I would empower all of

1 our community to learn more and not only about this  
2 project but the future of health care and how it could  
3 affect them.

4 I thank you for your time.

5 HEARING OFFICER CONSTANTINO:

6 Maureen Kahn .

7 MS. MAUREEN KAHN: My name is  
8 Maureen Kahn. M-A-U-R-E-E-N, K-A-H-N.

9 I serve as the president and CEO of  
10 Blessing Hospital and Blessing Health System. I have  
11 been at Blessing now for 19 years, and have served as  
12 the president for 15 years, both at the hospital and  
13 as the health system.

14 Blessing has been in the community for  
15 144 years, and with just CEOs over the last 75 years.  
16 Part of Blessing's strength and success has been its  
17 consistency in leadership, the engagement of its  
18 boards, and its unwavering commitment to the community  
19 and the region's health care needs.

20 Blessing is here today to share with you  
21 our plans and simply to relocate and modernize our  
22 current surgery center. We are not adding rooms or  
23 services. As the CON application makes clear, it  
24 makes financial sense to relocate at this time.

25 Blessing has been very transparent in

1 sharing these plans with our community. During the  
2 design process, we met with physicians to get their  
3 input on the optimal placement of services and on the  
4 most efficient flow for both patients and staff.

5 We also incorporated suggestions of our  
6 current ASTC staff. In the recent weeks, we convened  
7 two meetings of all hospital medical staff to afford  
8 them an opportunity to review our plans, ask questions  
9 and provide input.

10 Additionally Blessing Board members and  
11 leadership conducted four community forums at  
12 different locations and different times to share our  
13 plans, answer questions and solicit input.

14 To assure the greatest possible awareness  
15 and attendance, Blessing advertised the opportunity to  
16 attend these sessions with the local media.

17 The response has been unqualifiedly and  
18 enthusiastically positive. Most community forum  
19 attendees signed letters to formally support this  
20 project and its CON application.

21 One of the four community forums was a  
22 special invitation to all Chamber of Commerce members.  
23 We received entirely positive response from our  
24 relocation proposal, especially in regards to respect  
25 for patient privacy, ease of access, reduced pricing,

1 consumer choice, and convenient parking.

2 The many physicians who gave us feedback  
3 were universally enthusiastic about larger surgical  
4 rooms, the location of technology, and the efficient  
5 patient and physician flow.

6 Staff broadly appreciated a consideration  
7 of patient needs as well as the inclusion of expanded  
8 staff locker and better staff space that they needed  
9 for their personal needs.

10 The plan for the ASTC to be attached to  
11 the hospital through a walkway connected near the  
12 hospital OR resonated deeply with many of the citizens  
13 and health care professionals with whom we have  
14 engaged.

15 At every meeting and forum, I've asked  
16 what people wanted and needed in an ASTC and if they  
17 had suggestions to improve our plans. We have  
18 listened intently and evolved our designs to  
19 incorporate the input we have received.

20 Blessing is dedicated to improving high  
21 quality accessible health care, showing compassion and  
22 respect for those that we serve. Our commitment to  
23 excel is reflected in our various achievements. Our  
24 accredited chest pain center, we are a blue  
25 distinction center for cardiac care. We are a

1 certified advanced primary stroke center, a  
2 comprehensive community cancer center, a level 2  
3 trauma center, a certified pediatric emergency  
4 department, a level 2 NIC-U. We're DNVGL certified,  
5 and we're recently recognized in "US News and World  
6 Report" for a high performing hospital in congestive  
7 heart failure and chronic obstructive pulmonary  
8 disease.

9 I am pleased to submit a petition to  
10 support this relocation and modernization, a petition  
11 signed by many of the attendees at our various  
12 community forums on this project. Among them are 40  
13 employers who attended the Quincy Chamber of Commerce  
14 event.

15 I am also grateful for the support  
16 letters that have been posted by the Review Board on  
17 our public project file, including those from Quincy's  
18 Mayor Kyle Moore, our local state legislator, Senator  
19 Jill Tracey, and Representative Randy Freese, Adams  
20 County Health Department, Adams County Ambulance, the  
21 SIU College of Medicine, Blessing Reman College of  
22 Nursing, Quincy University, various non-profits that  
23 serve our area, other various area employers and  
24 unaffiliated health care providers.

25 To the Review Board and staff, we thank

1 you for being here today. And in closing, I  
2 respectfully ask the Review Board to approve this CON  
3 Application 19-029, the relocation of the Blessing  
4 Hospital ASTC.

5 Thank you.

6 HEARING OFFICER CONSTANTINO:

7 Is there anyone else that would like to speak?

8 DR. TODD PETTY: Hi, I'm Dr.

9 Todd Petty. I am a surgeon and the Board chairman the  
10 Quincy Medical Group.

11 I came here to the public hearing to ask  
12 questions, to clarify some issues, and raise some  
13 concerns about Blessing's project in a public forum  
14 that also included the attendance of the CON Board  
15 staff.

16 As a physician group that's been serving  
17 the tri-state area for more than 80 years, we have a  
18 duty to ensure that our patients and residents in the  
19 area have access to high quality health care at  
20 appropriate cost. And to achieve this goal, we must  
21 do all we can to properly plan the future of health  
22 care delivery in our community.

23 We believe that patients in Quincy and  
24 the surrounding communities deserve to have their  
25 health care provider or providers take this planning

1 seriously. I said it at the last public hearing and  
2 I'll say it again that managing and controlling health  
3 care costs is everyone's business. It's important to  
4 our group, and it should be important to both the  
5 hospital and the CON Board.

6 We've reviewed Blessing's application,  
7 and find that it contains some numerous technical  
8 deficiencies, misstatements, and some  
9 mischaracterizations about health care in our  
10 community. We believe it's our duty to ensure the  
11 public and this Board hear our concerns and hold  
12 Blessing accountable and subject to the same  
13 regulations and rules as other health care providers  
14 in Illinois.

15 Health care providers in Illinois are  
16 required to implement proper planning methods to  
17 ensure a project complies with the State's review  
18 criteria and preserves the practice of medicine in a  
19 cost-effective setting.

20 Based on what we've seen so far, we don't  
21 believe that Blessing has actually complied with all  
22 of the Board's rules, and we're concerned with how  
23 noncompliance can impact the future of health care in  
24 Quincy, particularly in relation to the management and  
25 control of health care costs.

1                   There are a few specific issues that I  
2   want to address. First, Blessing suggests they have  
3   no choice but to construct this new surgery center  
4   connected to their hospital.

5                   I think it's misleading. There's  
6   obviously always choices. In this application,  
7   specifically Attachment 13, they discuss the various  
8   alternatives that they say the considered before  
9   ultimately choosing to proceed with the new  
10   construction.

11                  Alternative 1 discusses joint venture  
12   discussions that took place prior to the Board  
13   approving QMG's surgery center.

14                  Well, I don't believe that Blessing has  
15   provided an entirely accurate summary of those  
16   discussions. I'd rather focus on the joint venture  
17   discussion that took place after our ASTC was  
18   approved.

19                  On May 6th after we received Board  
20   approval of our ASTC, Blessing formally withdrew all  
21   of its prior joint venture proposals including the one  
22   that Blessing said would not expire and was not  
23   contingent upon the Board's decision.

24                  We didn't reject the joint venture  
25   proposal. It was withdrawn. Nonetheless, in the

1 spirit of collaboration, on May 14th we again reached  
2 out to Blessing to determine whether Blessing was  
3 interested in joint ownership of QMG's new planned  
4 surgery center, with the thought being it would be  
5 beneficial for both organizations to work together to  
6 help ensure the success of both surgery centers.

7           However, at that point, rather than  
8 expressing interest in joint ventures, Blessing filed  
9 this application, and while their application suggests  
10 that QMG rejected collaboration, the facts seem to  
11 indicate otherwise.

12           Second, Blessing suggest in this  
13 application that it can't compete with QMG in a  
14 building or facility owned by QMG.

15           To be clear, Blessing is the owner of the  
16 surgery center on Hampshire Street, is in control of  
17 that surgery center. Blessing states in this  
18 application that Blessing is dependent upon QMG to set  
19 the hours that Blessing can be in the building.

20           But that's simply wrong. It's Blessing,  
21 not QMG, that sets the surgery center hours. In fact,  
22 when Blessing decided this Spring to change the hours  
23 of operation of the surgery center, it did so without  
24 consultation with QMG. We weren't asked about  
25 changing the hours of operation. We were informed it

1 was going to happen, and it did.

2 In no way have we or would we interfere  
3 with their operation of a surgery center in space  
4 leased from us.

5 Third, Blessing cites competition as a  
6 reason to establish this new ASTC. QMG is and always  
7 has been pro competition. QMG, along with our  
8 patients in the community, fought for competition in  
9 Quincy earlier this year and prevailed.

10 Without the CON Board's recent approval  
11 of our surgery center, it's highly unlikely Blessing  
12 would have taken steps to reduce its rates, which they  
13 promised back in January. But as Blessing  
14 acknowledged in this application, that's still not  
15 done.

16 I believe that if QMG decided to oppose  
17 the project, Blessing would be quick to accuse us as  
18 anti-competitive, but it's Blessing has been rapidly  
19 terminating contracts with QMG physicians, and it  
20 seems to be an effort to marginalize us while they  
21 continue building their own physician group.

22 Finally, I know that Blessing is required  
23 to submit documentation that its proposed new surgery  
24 center is necessary to accommodate the service demand  
25 experienced annually by Blessing as evidence by both

1 historical and projected referrals.

2 It's also my understanding that for a  
3 surgery center CON required documentation mandates  
4 include physician referral letters pledging patient  
5 referrals to the new surgery center.

6 At no time has Blessing asked QMG  
7 physicians to pledge or commit referrals to Blessing's  
8 proposed surgery center, and in fact, there were no  
9 physician referrals letters submitted with Blessing's  
10 application, none from QMG, none from Blessing's own  
11 physicians, and none from any other surgeons that I'm  
12 aware of. So it seems the application is incomplete.

13 I appreciate the opportunity to raise  
14 these concerns today. As a surgeon who works at  
15 Blessing, I certainly want them to remain successful,  
16 but I respectfully ask that the CON Board require  
17 that they meet the Board's rules.

18 Thanks.

19 HEARING OFFICER CONSTANTINO:  
20 Is there anyone else that would like to speak?

21 No one else? Sure.

22 MS. MICHELLE FRAZIER: Hi, my  
23 name's Michelle Frazier. M-I-C-H-E-L-L-E,  
24 F-R-A-Z-I-E-R.

25 I'm the director of revenue cycle at

1 Quincy Medical Group.

2 This is more than just a relocation. New  
3 services are actually included in the application as  
4 written. I am super familiar with Attachment 24  
5 listed on page 202 and 203 as I've written these  
6 before myself in a very similar fashion.

7 Several of the codes -- and bear with me,  
8 I'm going to read some numbers -- 36902 is a cardiac  
9 code. That's not done in today's ASTC owned by  
10 Blessing Hospital. That's a new service.

11 Urology codes 52332, 52351, 52352, and  
12 52356 are all new urology services not done today in  
13 the existing ASTC.

14 Page 2, shows us neurosurgery codes,  
15 63030, 63047. Those are not done in today's ASTC.

16 Several people have asserted today that  
17 there are no new services, this is simply a  
18 relocation. That's simply not true based on the  
19 application that Blessing has written.

20 Finally I wanted to -- or another point I  
21 want to make is to address transfers. They're very  
22 rare. I didn't realize how rare they were until we  
23 started doing a little bit of research. About 1 in  
24 1,000 cases are transferred from an ASTC into a  
25 hospital setting.

1           ASTCs were meant to stand alone.

2 Patients are very thoroughly screened by an  
3 anesthesiology team and also by other caregivers the  
4 day of the service. Dr. Schlepphorst mentioned that 3  
5 of the transfers listed in the past 13 were actually  
6 transferred before any kind of surgeries were done  
7 because the care team said this would be safer in a  
8 hospital setting.

9                   Seven of those thirteen patients rode by  
10   automobile. That may not have been obvious from the  
11   letter submitted by the ambulance. The patients  
12   didn't want to incur the cost of an ambulance ride.  
13   So they simply went by automobile.

14 (INAUDIBLE)

15                   Okay.  Sorry, it's the teacher in me.  
16    I'm ready to take any kinds of Q and A.  We can talk  
17    later.

18                   Finally, it was remarked earlier by Ms.  
19   Brink that the decision to pursue this ASTC was made  
20   after QMG made the decision and received their CON  
21   application.

22                   So we're simply that Blessing follow all  
23   the rules, maybe don't get in such a hurry. This  
24   seems kind of rushed, particularly when I look at the  
25   fee schedule which again I'm acutely familiar with.

1                   We really want to work together, and we  
2   want to make sure we are building truth, trust and  
3   transparency. Big projects require proper planning.

4                   Thank you.

5                   HEARING OFFICER CONSTANTINO:

6   Is there anyone that would like to speak? Anyone  
7   else?

8                   (NONE)

9                   No one else. I have to stay till 2:00.  
10   The public hearing will be open until 2:00.

11                  We're going to adjourn for right now till  
12   someone comes and wants to speak.

13                  Thank you very much.

14                  (OFF THE RECORD)

15                  Thank you. I'd like to call the public  
16   hearing back in session. Dr. Robert Weller.

17                  DR. ROBERT WELLER: Hello. My  
18   name is Dr. Robert Weller.

19                  After a 20-year military career, 6 as a  
20   line officer and 24 in the medical corps, I have had  
21   the honor of the opportunity to practice ophthalmology  
22   in the Quincy community for the past 19 years.

23                  I come to this open hearing neither to  
24   represent the interest of QMG nor to oppose the  
25   initiative of Blessing Hospital. I come rather to

1 represent anyone in this community that has as their  
2 first priority accessible high quality, optimally  
3 affordable, and efficiently delivered health care.

4 It's not my intention to get into the  
5 weeds of Blessing's stated intention, nor the physical  
6 location of the existing surgery center here in  
7 Quincy. That I will leave to others.

8 I do want to shine a light on, however,  
9 the significant ongoing issue that does threaten the  
10 important priority that I described above to achieve  
11 quality health care. A community requires -- to  
12 achieve quality health care, a community requires a  
13 high quality, financially stable medical staff as well  
14 as hospital.

15 For that care to also be accessible,  
16 optimally affordable and efficient, competition in  
17 both of these arms is required.

18 This community is well served by the  
19 medical staffs at Quincy Medical Group and Blessing  
20 Physician Services. An important arm of Blessing  
21 Corporate Services is Blessing Hospital, which is also  
22 a high quality hospital.

23 Ideally a cooperative relationship would  
24 exist between all three of these important components  
25 of health care. The reality is, is that this is not

1 the case. The strong drive for control of all medical  
2 services by Blessing Corporate Services stands in the  
3 way of such an alliance.

4 Control of one's lane is desirable.  
5 Absolute control of all services leads to issues with  
6 affordability, efficiency and accessibility of care.

7 I believe a strong Quincy Medical Group  
8 stands between Blessing Corporate Services and  
9 absolute control, which is not a desired goal in the  
10 delivery of health care.

11 Recognizing the need for more ambulatory  
12 surgery space in this community, Quincy Medical Group  
13 recently submitted and was granted CON approval for a  
14 second ASTC in the community, a resource that was very  
15 much needed by this community.

16 This application was contentiously  
17 opposed by Blessing Corporate Services based on the  
18 grounds that additional ambulatory surgery space was  
19 not needed.

20 Of course, the reality was that the issue  
21 was control and ownership of the second surgery  
22 center.

23 Thankfully, Quincy Medical Group was  
24 given approval to create the second ASTC. The  
25 initiative has already delivered cost savings for

1 ambulatory surgery in this community. It will also  
2 allow Quincy Medical Group to remain viable along with  
3 Blessing Hospital and Blessing Physician Services in  
4 the important business of providing quality health  
5 care to Quincy and the surround area.

6 The reality is that Quincy Medical Group  
7 and Blessing Corporate Services, in addition to being  
8 providers of health care in this area, are also  
9 businesses. And in the business of medicine, we are  
10 each other's competition.

11 Competition promotes quality in us all.  
12 Competition can be additive. It does not need to be  
13 adversarial.

14 Thank you very much for this opportunity  
15 to make these statements for the public record.

16 HEARING OFFICER CONSTANTINO:  
17 Thank you, sir.

18 I'd like to adjourn again. Thank you.

19 (OFF THE RECORD)

20 I'm going to reopen the public hearing.  
21 Is there anyone who wants to speak?

22 (NONE)

23 Okay. Once again, I'll tell you the  
24 normal meeting on September 17th regarding this  
25 project, the meeting begins at 9:00 a.m. You'll have

1 an opportunity to speak at that meeting if you so --  
2 if you choose to do so.

3 This meeting is concluded. Thank you.

4 (THEREUPON, THE PROCEEDINGS  
5 CONCLUDED.)

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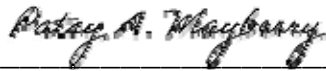
## 1 CERTIFICATE OF REPORTER

2 I, PATSY A. MAYBERRY, Professional Court  
3 Reporter and Notary Public within and for the State of  
4 Missouri, do hereby certify that: the foregoing is a  
5 true and accurate transcription of information as  
6 contained on the audio recording(s) provided, and that  
7 the aforementioned was transcribed by me from said  
8 audio recordings to the best of my ability.

9 IN WITNESS WHEREOF, I have hereunto set my  
10 hand.

11

12

  
\_\_\_\_\_

13

Patsy A. Mayberry, Court Reporter

14

Notary Public, State of Missouri

15

My Commission Expires:

16

August 26, 2022

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# AUDIO TRANSCRIPTION 8/19/2019

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