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MANAGEMENT CONSULTANTS

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APR 28 2020

HEALTH FACILITIES & SERVICES REVIEW BOARD

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Application 20-001
University of Illinois Medical Center
at Chicago
Type B Modification Request

Dear Ms. Avery:

Please accept this request for a Type B modification to the above-referenced application. This is a modification to the application document, only. The project, itself, is not being changed in any fashion, including size, cost, financing, or services to be provided. Rather, this modification is being submitted exclusively to provide additional information in support of the nine proposed gastroenterology ("GI") rooms to be provided on the campus, six of which are proposed to be located in the building addressed in CON application 20-001. A revised copy of ATTACHMENT 15 is attached.

This application is scheduled to be heard by the State Board at its May 19, 2020 meeting. As a Type B modification, the proposed modification does not require a Public Hearing or the publishing of an opportunity to request a Public Hearing. As such, it is my understanding that this filing will not result in the application's removal from the May 19, 2019 agenda. Should this not be the case, please call me immediately.

A Public Hearing was not requested on this project, nor have any letters of opposition been submitted.

Should any additional information be required, please don't hesitate to contact me.

Sincerely,

Jacob M. Axel
President

attachment

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Multi-Specialty Procedure Area

The planned multi-specialty procedure area will consist of eight Class B procedure rooms, six of which will be dedicated to gastroenterology procedures, and two of which will be used for other types of procedures, as noted above.

The hospital currently has six procedure rooms in its endoscopy suite. One room is limited to bronchoscopy procedures, one room is limited to fluoroscopy procedures, and the remaining four rooms are used for traditional/general endoscopic procedures. Upon the completion of the proposed project, three of the existing six rooms will be discontinued, leaving two procedure rooms to primarily address the endoscopy needs of inpatients, and one room for inpatient and outpatient bronchoscopy procedures.

Between 2014 and 2018 inpatient gastroenterology utilization increased at an annual rate of 3.1%, with a total of 1,682 hours being utilized in 2018. Inpatient utilization is projected grow at an annual rate of 3% through 2025, resulting in a projected 2,068 hours of inpatient usage, supporting the two procedure rooms to remain accessible to inpatients.

During 2018, 77.9% of the endoscopy procedures performed at the hospital were performed on outpatients, and with increasing utilization of the gastroenterology clinic and targeted increases in screening colonoscopies, that percentage is anticipated to increase. Between 2014 and 2018, outpatient utilization increased at an annual rate of 6.7%, with a total of 5,069 hours being utilized in 2018. Outpatient demand, primarily driven by screening colonoscopies, is projected to increase at a rate exceeding the historical rate of 6.7%. However, to lend conservatism to the utilization projection, outpatient gastroenterology procedures generated by the hospital's "current patients" are projected to continue to grow at the historical rate of 6.7%, annually, resulting in a projection of 7,981 hours of outpatient utilization in 2025.

It is fully anticipated that the proposed increase in the capacity to schedule and perform endoscopic procedures resulting from the addition of procedure rooms, increased demand for procedures resulting from increasing utilization of the gastroenterology clinics, and an increasing demand resulting from a heightening awareness of the value of colorectal screenings in the communities served by the hospital, will result in an additional demand for endoscopic services. In recent years, the actual and perceived demand for endoscopy services has been limited by capacity issues at the hospital, and those issues are to be minimized as a result of both the addition of procedure rooms, as well as the addition of clinic capacity (which results in an increased demand for endoscopic procedures). Specifically, on an annual basis, approximately 2,600 patients request screening endoscopies, with approximately 1,600 being performed. The remaining 1,000 "lost" procedures are not performed due to a lack of procedure room capacity. Through the proposed project, capacity will be available to perform the 1,000 screenings, as well as an additional 200 diagnostic endoscopies that will result from the initial screenings.

Colorectal cancer is one of the most common forms of cancer in the communities served by the hospital, and the need to improve the detection of cancer was identified as one of the eight highest priorities by respondents participating in the development of the hospital's *UI Health's 2019 Community Assessment of Needs.* In response, it is the applicant's desire to significantly increase the rate of colon screenings performed in the largely minority communities surrounding the hospital (in 2018, 52.3% of the patients treated at the hospital identified themselves as African Americans). The advantages of, and need to increase screening, and particularly in the African American community is well-documented, and includes:

- Centers for Disease Control and Prevention:
  - "If you are age 50 to 75, you should get screened for colorectal cancer."
  - "Millions of people in the United States are not getting screened as recommended. They are missing the chance to prevent colorectal cancer or find it early, when treatment often leads to cure."
- American Cancer Society:
  - "The ASC recommends that people of average risk of colorectal cancer start regular screenings at age 45."
  - People at an increased or high risk of colorectal cancer might need to start colorectal screening before age 45, be screened more often, and/or get specific tests."

- Journal *Clinical and Transactional Gastroenterology* July 7, 2016:
    - "Over the past 10 years, the incidence and mortality rates of CRC (colorectal cancer) in the United States has steadily declined. However, reductions have been strikingly much slower among African Americans who continue to have the highest rate of mortality and lowest survival rate when compared with all other racial groups...Earlier screening has been recommended as an effective strategy to decrease observed disparities."
- American Society for Gastrointestinal Endoscopy:
    - "African-Americans are at higher risk for (colorectal cancer" than other populations."
    - "African-Americans are at a younger age than any other population when diagnosed with colorectal cancer."
    - "Colonoscopy...plays an important role in colorectal cancer prevention, because precancerous polyps can be removed when they are discovered during the procedure."
    - "Colorectal cancer is the third most common cancer among African-Americans."
    - "African-Americans are more likely to be diagnosed with colorectal cancer in advanced stages when there are fewer treatment options available."
    - "African-American women have the same probability of getting colorectal cancer as men, and are more likely to die of colorectal cancer than are women of any other population group."
- *U.S. News*, July 5, 2017:
    - "The types of colorectal cancer tumors that African-Americans develop are...different. First of all, they're more likely to have tumors that develop in the right side of the colon. These right-sided tumors are associated with poorer outcomes, regardless of race or ethnicity. Colonoscopy, a type of cancer screening that looks at the full length of the colon, helps catch these right-sided tumors."

As a result of the factors driving projected utilization, and discussed above, the applicants are proposing to provide eight endoscopy rooms and one bronchoscopy room. Because of the specialty nature of bronchoscopy, these cases are segregated from the area's other procedures, by providing a dedicated procedure room. That practice, as is common, will be continued. The bronchoscopy room currently in use in the hospital will be retained, as will two of the existing endoscopy rooms, to be used by inpatients. Six outpatient endoscopy rooms will be located in the proposed multi-specialty procedure area, to be used exclusively by outpatients. (Of note is the fact that one of the outpatient rooms will be designed as a negative pressure room, having the ability to treat patients with co-morbid respiratory issues.)

Historically, the procedure room time required (including "turnover") has been 1.0 hour, and that time requirement is not anticipated to change. The projected utilization, as discussed above, is summarized in the table below:

inpts. based on historical caseload @ 3.0%, annually	2,068
outpts, based on historical caseload @ 6.7%, annually	7,981
less projected bronchoscopies @3% of total	(301)
screenings "lost" due to lack of capacity	1,000
procedures resulting from "retained" screenings	200
procedures resulting from increased clinics capacity	200
	11,148

The utilization projection summarized in the table above "supports" the proposed eight endoscopy rooms and the one bronchoscopy room proposed.

Additionally, and as discussed above, two procedure rooms will be provided for minor surgical procedures heretofore performed in the surgical suite, due to the lack of an alternative location. While, at least seven surgical specialties will have access to these procedure rooms, to lend conservatism to the projected utilization, those projections are based on the assumption that 20% of the outpatient ophthalmology and orthopedic surgery caseload will be performed in the procedure rooms. Between 2014 and 2018, outpatient ophthalmology OR utilization (hours) increased at an annual rate of 11.4%, and outpatient orthopedic surgery OR utilization increased at an annual rate of 12.2%. For planning purposes, utilization of both specialties is projected to grow at an annual rate of 8%, through 2025. As a result, utilization of these two specialties, factored by 20%, is projected to result in 2,647 hours of required procedure room time in 2025, supporting the need for the two proposed "general" usage procedure rooms.