

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

Re: Quincy Medical Group Hospital, Project #20-044

Dear Ms. Avery,

I am writing in opposition of Quincy Medical Group Hospital. The middle of a pandemic is not the time to disrupt an already fragile healthcare system in this region or to put additional strain on the healthcare safety net.

Twenty one percent of rural hospitals are at risk of closing. Opening an additional hospital, during this time, is an unnecessary gamble in a region that does not have a demonstrable need for additional hospital beds. Our community is already over bedded by at least 75 beds. A small-format hospital, would not increase choice or quality of care, instead it would strain an already limited talented pool and resources, diminishing our ability to receive consistent, high quality care.

Blessing serves everyone, regardless of their income and ability to pay. They don't turn anyone away, they never have and never will. They combine the latest technology with a personal touch to deliver high quality, patient centered care, close to home. They are the most advanced medical center in 100-mile radius.

The proposed small-format hospital is not needed and would only add stress to our region's healthcare system. I encourage you to oppose Quincy Medical Group Hospital, project #20-044.

Thank you,
Aphrodite Henderson
Hannibal Clinic
Hannibal, Missouri 63401

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Thank you,
Erik Meidl
Hannibal Clinic
Hannibal, MO 63401

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Illinois Health Facilities and Services Review Board
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Re: Quincy Medical Group Hospital, Project #20-044

Dear Ms. Avery,

I am writing in opposition of Quincy Medical Group Hospital. The middle of a pandemic is not the time to disrupt an already fragile healthcare system in this region or to put additional strain on the healthcare safety net.

We do not need a second hospital in our community, we do not have the population to appropriately support it. Twenty one percent of rural hospitals are at risk of closing. Opening a second hospital, during this time, is an unnecessary gamble in a region that does not have a demonstrable need for additional hospital beds. A second hospital would not increase choice or quality of care, instead it would strain an already limited talent pool and resources, diminishing our ability to receive consistent, high quality care.

As indicated by Quincy Medical Group in a November 2020 press release, they are working on building a Hospital at Home program in order to keep individuals out of the hospital and at a lower cost setting. As one of the leaders developing our own Hospital Care at Home program, I respect the direct inpatient experience, resources, financial and quality stability it takes to create and implement this level of care in the home. I am not only concerned that Quincy Medical Group does not have the level of expertise to deploy this level of care in the either in the home or in a small format hospital, but I am also concerned that the reason for building a small format hospital is to feed this type of program which will enable them to choose certain, advantageous payer types resulting in keeping the patients they deem financially appropriate in their care. So I must ask myself, are they truly doing this to assist the community by sighting a need that isn't there or is it a self fulfilling strategy to feed future programs?

The proposed small-format hospital is not needed and would only add stress to our region's healthcare system. I encourage you to oppose Quincy Medical Group Hospital, project #20-044.

Thank you,
Hannah Brown
Blessing Corporate Services
Hannibal, Missouri 63401

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

Dear Ms. Avery,

My name is Daniel Moore, and I am a gastroenterologist with Blessing Physician Services, where I have been in practice for nearly 14 years. I am writing to you to voice my opposition to project 20-044, Quincy Medical Group's (QMG) application to establish a second hospital in Quincy, Illinois, and highlight a situation that, I believe, is emblematic of the QMG culture and their approach to the practice of medicine, and, ultimately, why our community would be negatively impacted by the proposed project.

Since the beginning of 2021, between Blessing Physician Services and Quincy Medical Group, the number of practicing gastroenterologists in Quincy has gone from five to three, due to one physician from each group relocating out of the area. As a result of these losses, our patient population would need to be covered by three physicians when those patients required hospital care. While this would have increased the burden on each remaining physician caring for hospitalized patients with GI issues, it would have been manageable until recruitment of new physicians could fill the vacant positions. I use the phrase "would have been manageable," due to the QMG gastroenterologists' response to this. At the same time the community lost two providers, the two remaining QMG GI physicians voluntarily chose to relinquish their hospital privileges at Blessing Hospital. This has shifted the entire responsibility of caring for all hospitalized patients with GI issues to me, without assistance. While I am confident that these physician positions will be filled through ongoing recruitment efforts, this unilateral decision would best be characterized as reprehensible in my opinion. This decision essentially results in abandonment of existing patients when they are the sickest and most vulnerable and require

hospitalization. The decision also prevents them from caring for their patients who may have complications of the outpatient procedures we commonly perform as gastroenterologists. It also demonstrates a lack of commitment to the care of future patients who will develop GI illnesses in the community. Generally speaking, taking care of hospital patients, and taking call for the inpatients, has relatively low reimbursement per unit time when compared to outpatient procedures. I believe this was a monetary and lifestyle decision. Unfortunately, based on my observations, these sorts of decisions, made based more on convenience or along monetary lines, seem to be all too common at QMG. I believe these sorts of decisions run contrary to the community-minded, patient-centered approach to patient care QMG espouses, and do not embody a management style suitable for operating a hospital. This provides yet another reason why this project is not in the best interest of the health care needs for our community and region. I respectfully request you deny this application for a second hospital in Quincy.

Sincerely,

Daniel Moore, M.D.

Blessing Physician Services