

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

Dear Ms. Avery

I am writing to oppose project 20-044, Quincy Medical Group's application to establish a second hospital in Quincy, Illinois.

As a recently retired Vice President at Blessing, one of my main responsibilities was writing CON applications on behalf of Blessing Health System. I have listened to health care facilities present projects for over 40 years in front of the Health Facilities and Services Review Board. I have heard hospitals and nursing homes present requests to close their facilities because they couldn't financially sustain the cost of operating and are concerned about the quality of care as volume decreased. In many cases, the cause was created by the change in mix of patients; those who couldn't pay outweighing those who could, and/or other providers peeling off the services that were financially viable, putting these organizations at risk over the long term, with many of these facilities finding themselves facing closure.

I have also heard how hard this is for a community to accept such a decision, as well as the Facilities Board struggle in making the final decision. These become difficult decisions for the organization, the community and the Health Facilities Planning and Review Board. Did this happen overnight? No, it was years in the making.

Quincy needs a financially strong, high quality hospital and it has one in Blessing Hospital. It is a community owned hospital and has been for 140 plus years, with a local board making the decisions based on changes in the environment, what the community needs and what can be sustained at a high-quality level. Please do not put such a great success story of serving the community and region into risk for survival. Blessing's level of service and quality of care to its community sets the bar for all communities in Illinois.

The Health Facilities Planning Board has approved the applicant, QMG, permits, in the last 24 months, to duplicate almost every outpatient hospital service offered by Blessing Hospital including a new duplicate cancer center, ambulatory surgery center, and free-standing Cath lab. None of these services are fully operational for the community to even begin to understand the actual financial impact to Blessing Hospital over the next several years. Projections are made by both parties, those in favor and those opposed.

In addition, to the unknown impact of these new permits and construction on the reallocation of patients and revenues from Blessing Hospital to QMG, if a second hospital is permitted,

Blessing will lose its “sole community hospital” status. This also has a significant financial impact to Blessing Hospital. Yes, Blessing has been financially strong and such strength was needed this last year when COVID-19 hit to meet the regions critical care hospital needs.

Federal regulatory changes always come with a new administration and will continue to add stress to the future of Blessing Hospital’s success. Hospital care is in a transformational stage. Both Blessing and QMG are in the implementation stages of “hospital at home” programs which will also impact the number of admissions when they are fully implemented. Blessing needs time to understand and respond to the financial impact of all the recent projects approved by the Illinois Health Facilities Board without the added pressure of a second hospital for which there is not a need in the community.

Blessing Hospital has a 146-year history of successfully serving the region’s health care needs. It is the largest hospital for 100 miles. They have a history of being a pioneer in care delivery and support services. They are a **leading** healthcare organization. Blessing opened the first Medicare certified hospice program in Illinois, they operated a community outreach clinic serving those without insurance or under insurance and ran it for years until the recent changes in legislation negated their ability to do so. They have operated a College of Nursing program for years and have added allied health programs of respiratory, radiology, health information management, and laboratory which provide many of the trained professionals needed by all regional providers, including QMG. Recruitment of nursing and allied health care professions to a rural community is difficult. Blessing took it upon itself many years ago to do what’s right and began providing such health care trainings to help build a continued pipeline of talent as well as establishing one of the first employer-based child care centers in the state. They have led the establishment of a managed care organization which operated successfully for years. Blessing Hospital has hospitalist, intensivist, and laborist programs in place to allow the physician’s office time and more personal time as well as delivering high quality 24/7 hospital care.

During the pandemic, Blessing Health System launched a new virtual care program allowing patients diagnosed with COVID-19 to recover safely from home under the watchful eye of the Blessing Care team. The Blessing Enhanced COVID Recovery Program used a combination of remote patient monitoring and telehealth technology from digital health care provider Cloud DX. Blessing Hospital’s IT team and the Cloud DX team were able to implement a solution that provided the hospital with an innovative way to effectively and efficiently deliver care 24/7, while keeping patients out of the hospital. The hospital plans to use this technology for other clinical diagnosis such as disease management.

Blessing has a long history of meeting needs through **innovation**. QMG’s application implies they are the innovation leader, but innovation is just new buzz word to them. Blessing’s history shows that innovation always been part of the way the hospital operates and responds and

innovation will continue to be an integral part of their strategy as inpatient hospital care also continues to transform.

Blessing serves all patients regardless of their ability to pay. The QMG applications states it is physician led but this is not new to Blessing. At Blessing the Medical Staff Committees have always had a role in patient care delivery, in fact, QMG physicians serve on the Medical Staff committees. To put a fine point on it, a QMG physician has served as the President of the Medical Staff for years. Blessing may not be owned by a conglomerate physician group, but the Board of Directors, which includes physicians, base decisions on community needs. The Blessing Hospital Board of Trustees and administration, acts in concert with the medical staff, annually reviews facilities and technology where to make capital investments. Last year, at QMG's request, Blessing purchased over a million-dollar piece of equipment for a newly recruited QMG Neurosurgeon prior to his arrival in the community. This was in addition to already approved capital expenditures. Blessing serves and listens to all physicians and experts, not just Blessing physicians. Blessing is inclusive and collaborative in order to truly meet community needs. Blessing is also very nimble and responsive. Blessing created Hybrid Operating Rooms. This equipment will always be needed at Blessing for inpatient surgery and care. If approved, the second hospital would negatively impact Blessing's ability to continue to meet community needs.

Blessing is currently a financially strong hospital and as a result was able to respond in a timely and effect manner during the pandemic. They had the capability to establish services, staffing and facilities to meet the needs of the region. **Residents are proud of how they were served.** Please consider the unknown financial impact of the most recently approved QMG projects on our ability to receive high quality and affordable health care in West Central Illinois.

I respectfully request you deny this application for a second hospital in Quincy, Illinois.

Thank you-

A handwritten signature in black ink that reads "Betty J. Kasparie". The signature is written in a cursive, flowing style.

Betty J. Kasparie