



A COMMUNITY OF CARING

Springfield Clinic Main Campus
1025 South 6th Street • P.O. Box 19248
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Accredited by the Accreditation Association for Ambulatory Healthcare (AAAHC)

September 13, 2023

Via Electronic Mail

Mr. John Kniery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Springfield Clinic Cardiac Catheterization Project 22-027
Summary of Developments Since Initial Hearing

Dear Mr. Kniery:

Springfield Clinic continues to be excited about its proposed project to provide much needed cardiac catheterization services at our Springfield surgery center. We are pleased to have a project that we believe will bring more expedient access to vital services for central Illinois patients and that meets all but one of the Board's review criteria. We have worked hard over the last nine months to address questions raised by Board members at our original hearing in December. Because there have been numerous developments and supplemental filings related to this project, we thought it may be helpful to the Board to summarize significant actions taken and changes since our original hearing.

1. Filing of Extensive Supplemental Material. Following the -Intent-to-Deny action at that December meeting, Springfield Clinic closely reviewed the questions and comments Board members made during that meeting. We then filed extensive supplemental material on June 15, 2023 meant to address all the issues raised in the discussion of the Project. That Supplemental Filing also included a reduction in the total project costs, a Type B modification to the application, bringing the project into closer conformance with the Board's Reasonableness of Project Cost review criterion as discussed below.
2. Worked with Board Staff to Address and Correct Two Negative Findings. The Project originally had only two negative findings, one of which related to Project Cost. The other finding related to maldistribution, which we believe has been addressed and is no longer a negative finding. As such, it is our understanding the Project now meets all but one of the Board's many review criteria.
3. Modified Project to Reduce Cost. Despite inflationary pressures, we carefully evaluated our Project Costs and modified our Project to reduce the Project Cost by \$1,121,365 (8.6%), bringing the project into closer conformance with the Board's Reasonableness of Project Cost review criterion. Even with the cost reduction, we, like most other recent projects, could not achieve the state standard, but we are much closer.

4. Established a Proven Record in Expanding Medicaid Services. At the December Board meeting, we described actions we have taken to expand access for Medicaid patients. Springfield Clinic has cared for the Medicaid population in a robust fashion since its inception in 1965. In addition to a broad Rural Health network, Springfield Clinic has engaged in a major post pandemic Medicaid expansion effort. Medicaid has risen from 11 percent of the entire Springfield Clinic patient population to 15 percent over the last three years as a result. That 15 percent is well above many of the top health care organizations nationally, which is evidence of our deeply rooted effort to create health equity in our community.

Because that Medicaid expansion included certification of Medicaid in our ASTC, we chose to delay returning to the Board for our subsequent hearing so that we could provide evidence of our Medicaid commitment in that service line as well. Our Medicaid numbers have grown steadily since that time, representing an average of three percent of our total volume at our surgery center over recent months. We are well on our way to our commitment of 5-7% Medicaid at both our Springfield and Peoria ASTCs. By comparison, 55 ASTC's in the state of Illinois accept zero Medicaid and the median level of Medicaid at "like" ASTCs, or ASTC's with ownership structure similar to Springfield Clinic is only 0.34%.

5. Worked with HFS on Medicaid Questions. In addition to the Medicaid efforts described in 4 above, we worked with the Department of Healthcare and Family Services to reconcile historical reporting and data collection for both our surgery center and more importantly for our overall clinical operations in Central Illinois. In that work we showed HFS that we have been a mission critical partner in the past and that our commitment has grown over recent years. By separate submission we are filing detailed documentation of our efforts to address DHFS's prior concerns and to correct any misconceptions regarding our commitment to improving access to quality care for Illinois Medicaid residents. It is our understanding that we have successfully addressed the concerns raised by HFS regarding the Project and our commitment to serving Illinois Medicaid patients.

6. Additional Documentation of National Trends and Federal Policy On Cardiac Cath Services. While performing cardiac catheterization services in surgery centers is a massively growing trend nationwide, it is not yet common practice in Illinois surgery centers and some Board members had questions about this development. Although we had addressed this in our application and supplemental materials, we asked Corazon, a leading national consulting and accreditation firm in the cardiovascular clinical specialty, to address the growing trend to move medically appropriate cardiac cath procedures to the ambulatory setting. Corazon recently submitted a document that shows the federal government, through CMS, is encouraging this shift because of the tremendous health care cost savings both to payors and to patients directly. More importantly, the Corazon filing documents the safety of performing these services in the ambulatory setting.

7. Removal of Original Opposition and Addition of New Support. Prior to the December hearing on this Project, there were several opposition letters filed in the last hour of the deadline day for written comment. These letters were all similar in claiming that Springfield Clinic provided insufficient Medicaid services. After the December hearing, we met with several individuals who signed the letters, particularly elected officials, and presented the facts as to our historical and ongoing commitment to providing Illinois Medicaid residents with vital healthcare services. We are pleased that the record now reflects that many of the elected officials we were able to meet with have removed their opposition to the Project.



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Regarding the great majority of the opposition letters filed immediately before the written comment deadline for the upcoming October hearing, Springfield Clinic has not had an opportunity to meet and discuss the merits of the Project or its commitment to Illinois Medicaid recipients with the authors. Our understanding is that there has been enormous political pressure brought to bear to encourage letters to oppose the Project with insufficient information provided regarding the benefits of the Project to the community. The sentiments in these opposition letters do not reflect the views of our patients, our providers, or our other community stakeholders and area employers. Almost all the opposition letters mischaracterize Springfield Clinic's commitment to Medicaid patients. We address our commitment to the Medicaid population in detail in our June 15, 2023 supplemental submission.

We remain grateful that our project has received both new and reinvigorated support from numerous community members, healthcare professionals, rural hospitals, local organizations and, importantly, impacted patients who believe this Project will increase access to quality healthcare and positively contribute to our community's health and well-being.

9. Rural Hospital Support for Project. Since the December hearing our project has received ongoing support from area rural hospitals such as Pana Community Hospital, Carlinville Area Hospital and Hillsboro Area Hospital have all renewed their support. They recognize that one of the particular challenges to rural health care is access to specialty care. They have supported our project because it offers additional cardiac care access to their rural patients in addition to Springfield area patients.

The only opposition letter from our Springfield-based hospitals comes from Dr. Callahan and contains multiple inaccuracies and misrepresentations as described above. While we are admittedly disappointed that one of our two Springfield-based hospitals opposes this project, it does not change our commitment to our community's welfare or our commitment to our partnership with our local hospitals. We need and want our hospitals to be successful; without them, we cannot recruit and retain talented providers, including in key specialties like cardiac, which also serve so many rural patients that may not otherwise have specialty access. Likewise, our hospital partners need quality providers – our providers – to be their medical service provider and continue bring our medically appropriate patients to them, as we have for 84 years.

We look forward to presenting our Project to the Review Board at its October meeting.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Boyer", is written over a large, stylized, cursive flourish that extends across the signature area.

Jennifer Boyer
St. Vice President of Operations
Springfield Clinic