



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-07	BOARD MEETING: June 27, 2023	PROJECT NO: 23-022	PROJECT COST: Original: \$0
FACILITY NAME: Northwest Community Outpatient Surgery Center		CITY: Des Plaines	
TYPE OF PROJECT: Non-Substantive			HSA: VII

PROJECT DESCRIPTION: NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health and Northwest Community Foot and Ankle Center LLC d/b/a Northwest Community Outpatient Surgery Center propose to add general surgery, including interventional nephrology, to an existing ambulatory surgical treatment center located at 1455 East Golf Road, Des Plaines, Illinois. There is no cost to this project and the expected completion date is December 31, 2023.

Information regarding this Application can be found at:

<https://hfsrb.illinois.gov/projects/project.23-022.html>

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health and Northwest Community Foot and Ankle Center LLC d/b/a Northwest Community Outpatient Surgery Center propose to add general surgery, including interventional nephrology¹, to an existing ambulatory surgical treatment center located at 1455 East Golf Road, Des Plaines, Illinois. There is no cost to this project and the expected completion date is December 31, 2023.
- The ASTC has 3 operating rooms and has been approved to provide orthopedic, podiatry and pain management surgical services.
- On November 15, 2016, the State Board approved a change of control of the ASTC to Northwest Community Health Services, Inc. Northwest stated at that time *“the newly licensed Northwest Community Foot and Ankle Center will be able to offer access to more patients than are seen at the existing Foot and Ankle Surgery Facility. The existing facility has contracts with 4 insurance companies: Signa, Aetna, Blue Cross and United. Through Northwest Community Health Services Inc, over 200 insurance products negotiated with 24 payors will be offered. The new arrangement will cover all Medicare and Medicaid replacement plans. Current restrictions for care at the existing center will be eliminated, offering access to most residents of the broader community for lower cost outpatient surgeries at the new ASTC. This expansion in access and coverage is consistent with the spirit of the Affordable Care Act, offering outpatient surgical care at lower charge rates than are available in hospital outpatient settings.”* (#E-059-16).
- As can be seen in Table One below there has been very little Medicaid care and no charity care at the facility over a six-year period.

Executive Summary TABLE ONE Number of Patients by Payor Source Northwest Community Foot and Ankle Center LLC d/b/a Northwest Community Outpatient Surgery Center 2017-2022								
Year	2017	2018	2019	2020	2021	2022	Ave	% Of Total
Medicaid	1	0	0	0	4	3	2	0.42%
Medicare	0	92	146	119	118	116	99	20.67%
Other Public	0	0	0	0	279	229	85	17.75%
Insurance	267	446	453	347	0	0	253	52.82%
Private Pay	66	85	41	14	12	32	42	8.77%
Charity Care	0	0	0	0	0	0	0	0.00%
Total	334	623	640	480	413	380	479	100.00%

- Table Two documents the number of cases and hours performed at the facility over the past 6-years. The facility has operated at approximately 10% of capacity over this six-year period.

¹ Interventional Nephrology is a subspecialty of Nephrology that mainly deals with ultrasonography of kidneys and ultrasound-guided renal biopsy, insertion of peritoneal dialysis catheters, tunneled dialysis catheters as a vascular access for patients undergoing hemodialysis as well as percutaneous endovascular procedures performed to manage dysfunction of arteriovenous fistulas or grafts in end stage renal disease patients.

Executive Summary TABLE TWO Number of Cases and Hours Northwest Community Foot and Ankle Center LLC d/b/a Northwest Community Outpatient Surgery Center 2017-2022								
Year	2017	2018	2019	2020	2021	2022	Ave	% Of Total
Ortho								
Cases	36	113	71	29	10	31	49	10.21%
Hours	66	173	98	39	12	43	72	11.92%
Podiatry								
Cases	298	510	563	446	400	349	428	89.17%
Hours	340	702	679	556	466	425	528	87.42%
Pain Management								
Cases	0	0	6	5	3	0	3	0.63%
Hours	0	0	10	7	4	0	4	0.66%
Total								
Cases	334	623	640	480	413	380	480	
Hours	406	875	787	602	482	468	604	10%

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the project proposes the addition of a surgical specialty.

PUBLIC HEARING/COMMENT:

- A public hearing was offered but was not requested. No letters of support or opposition were submitted regarding this project.

SUMMARY:

- The Applicants state the purpose of this project is to increase utilization at this ASTC. As seen in the Table above the ASTC over the past six years has operated at approximately 10% of capacity.
- The ASTC is owned by Northwest Community Hospital. The Hospital has averaged 83% utilization of their 14 operating rooms over a six-year period (2017-2022) (See Table One page 8 of this report).
- The Applicants assert that procedures performed in the ASTC will provide cost effective care that leads to cost savings by government and third-party payers, as well as patients. According to the Applicants services provided in the ASTC setting are performed by the same physicians that would perform the procedures at the hospital. The Applicants assert that the proposed ASTC will increase access to high-quality surgical services for all patients by offering a low-cost alternative for outpatient surgical procedures in the community setting.
- The Applicants have not provided evidence that there is demand for general surgery (proposed 50 referrals) to be performed at this facility nor the performance of general surgery at this ASTC will improve access to the patients in the service area. Additionally, the ASTC's historical utilization does not support the protection of safety net services as evidenced in the table above.

State Board Standards Not Met	
Criterion	Reasons for Non-Compliance
77 ILAC 1110.120 – Projected Utilization	The physicians proposed 50 referrals will not increase the facilities utilization to the State Board’s target occupancy of 80%.
77 ILAC 1110.235 (c) (3) – Service Demand	The Applicants were not able to provide evidence that there is service demand for general surgery to be performed at this ASTC.
77 ILAC 1110.235 (c) (5) – Treatment Room Need Assessment	The facility has operated at 10% of capacity for the past six years and the 50 proposed referrals will not improve the facility’s utilization to meet the State Board’s target utilization of 80%.
77 ILAC 1110.235 (c) (6) – Service Accessibility	Based upon the ASTCs annual survey for past six years there has been no indication that the Applicants have addressed the access issues identified in the Hospital Community Need Assessment as there has been very little Medicaid and no charity care performed at the ASTC during this 6-year period, the period the Hospital has owned the ASTC.
77 ILAC 1110.235 (c) (7) – Unnecessary Duplication of Service	There are seven ASTCs within the 10-mile GSA that provide general surgery and are currently under the State Board’s utilization standard of 80%. (See Table at end of this report)



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STATE BOARD STAFF REPORT

Project #23-022

Northwest Community Outpatient Surgery Center

APPLICATION/SUMMARY	
Applicant(s)	NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health, Northwest Community Foot and Ankle Center LLC d/b/a Northwest Community Outpatient Surgery Center
Facility Name	Northwest Community Foot and Ankle Center LLC d/b/a Northwest Community Outpatient Surgery Center
Location	1455 E Golf Road, Suite 131, Des Plaines
Permit Holder	NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health, Northwest Community Foot and Ankle Center LLC d/b/a Northwest Community Outpatient Surgery Center
Owner of Site	Designer Direct, Inc
Application Received	April 7, 2023
Application Deemed Complete	April 14, 2023
Anticipated Completion Date	December 31, 2023
Review Period Ends	June 13, 2023
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes

I. Project Description

NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health and Northwest Community Foot and Ankle Center LLC d/b/a Northwest Community Outpatient Surgery Center propose to add general surgery, including interventional nephrology², to an existing ambulatory surgical treatment center located at 1455 East Golf Road, Des Plaines, Illinois. There is no cost to this project and the expected completion date is December 31, 2023.

II. Summary of Findings

- A. State Board Staff finds the proposed project is in conformance with all relevant provisions of Part 1110 (77 ILAC 1110).
- B. Part 1120 is not applicable to this project.

III. General Information

On January 1, 2022, NS-EE Holdings became the sole corporate member of NorthShore University HealthSystem and Edward-Elmhurst Healthcare. NS-EE Holdings operates eight acute care facilities, including Edward Hospital, Elmhurst Hospital, Evanston Hospital,

² Interventional Nephrology is a subspecialty of Nephrology that mainly deals with ultrasonography of kidneys and ultrasound-guided renal biopsy, insertion of peritoneal dialysis catheters, tunneled dialysis catheters as a vascular access for patients undergoing hemodialysis as well as percutaneous endovascular procedures performed to manage dysfunction of arteriovenous fistulas or grafts in end stage renal disease patients.

Glenbrook Hospital, Highland Park Hospital, Northwest Community Hospital, Skokie Hospital, and Swedish Hospital that serve the greater Chicago area and northern Illinois communities. NS-EE Holdings also includes Linden Oaks Hospital, a behavioral health hospital, various research activities, physician/medical group operations, pharmacies, and foundation operations.

IV. Project Uses and Sources of Funds

There is no cost to this project.

V. Background of the Applicant, Safety Net Impact Statement, Purpose of the Project

- A. Criterion 1110.110 (a) – Background of the Applicant
- B. Criterion 1110.110 (b) – Purpose of the Project
- C. Criterion 1110.110 (c) – Safety Net Impact Statement
- D. Criterion 1110.110 (d) – Alternatives to the Project

A) Background of the Applicant

The Applicant has certified that there have been no adverse action taking against any facility owned and/or operated by the Applicant during the three years prior to filing of the application. The Applicant also certifies that there have been no individuals cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. The Applicant permits the HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

B) Purpose of the Project

The Applicants state the primary purpose of this project is to increase utilization at the Surgery Center through the transfer of cases from Northwest Community Hospital.

C) Safety Net Impact Statement

This is a non-substantive project a safety net impact statement is not required.

D) Alternatives to the Project

The Applicant considered two alternatives to the proposed project.

Maintaining the Status Quo and utilizing other facilities were rejected as viable options because the Applicants state the goal of the project is to increase utilization at the ASTC.

VI. Size of the Project, Projected Utilization

Criterion 1110.120 (a) – Size of the Project

Criterion 1110.120 (b) – Projected Utilization

A) Size of the Project

The Applicants are not proposing new construction or modernization for this project.

B) Projected Utilization

The Applicant is projecting to add 50 general/interventional nephrology cases in the first year after project completion. The proposed number of procedures does not put the ASTC at the State Board's target occupancy.

VIII. Non-Hospital Based Ambulatory Surgical Treatment Center Services

77 ILAC 1110.235 (c)(2)(B)(i) & (ii)	–	Service to GSA Residents
77 ILAC 1110.235 (c)(3)(A) & (B) or (C)	–	Service Demand – Add Surgical Procedure
77 ILAC 1110.235 (c)(5)(A) & (B)	–	Treatment Room Need Assessment
77 ILAC 1110.235 (c)(6)	–	Service Accessibility
77 ILAC 1110.235 (c)(7)(A) through (C)	–	Unnecessary Duplication Maldistribution
77 ILAC 1110.235 (c)(8)(A) & (B)	–	Staffing
77 ILAC 1110.235 (c)(9)	–	Charge Commitment
77 ILAC 1110.235 (c)(10)(A) & (B)	–	Assurance

A) (Formula Calculation)

As stated in 77 Ill. Adm. Code 1100, no formula need determination for the number of ASTCs and the number of surgical/treatment rooms in a geographic service area has been established. Need shall be established pursuant to the applicable review criteria of this Part.

B) Service to Geographic Service Area Residents

The Applicants shall document that the primary purpose of the project will be to provide necessary health care to the residents of the geographic service area (GSA) in which the proposed project will be physically located.

i) *The Applicants shall provide a list of zip code areas (in total or in part) that comprise the GSA. The GSA is the area consisting of all zip code areas that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site.*

ii) *The Applicants shall provide patient origin information by zip code for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the GSA. Patient origin information shall be based upon the patient's legal residence (other than a health care facility) for the last 6 months immediately prior to admission.*

The established radii for a facility located in Suburban Cook and DuPage County is 10-miles per 77 ILAC 1100.510. The Applicant identified 44 zip codes in this 10-mile service area with a population of approximately 1.2 million residents. The Applicants identified patients by zip code of residence for the latest 12-month period. Of the 490 patients the Applicants provided zip code information 334 patients or 68% resided in these 44-zip codes. [Application for Permit pages 99-100]

3) Service Demand –Additional ASTC Service

*The applicant shall document that the proposed project is necessary to accommodate **the service demand** experienced annually by the applicant, over the latest 2-year period, as evidenced by historical and projected referrals.*

The Applicants argue this project is necessary to increase utilization at the facility. Currently the procedures proposed to be transferred to the facility are being performed at Northwest Community Hospital. The proposed 50 procedures do not demonstrate service

demand for general surgery and will not increase the ASTC's utilization to the State Board's target occupancy.

5) Treatment Room Need Assessment

The facility has 3 operating rooms and is currently operating at 10% of capacity. The number of cases justifies one operating room not the three operating rooms.

6) Service Accessibility

*The proposed ASTC services being established or added are necessary to improve access for residents of the GSA. The Applicant shall document **that at least one** of the following conditions exists in the GSA:*

- A) There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project.*
- B) The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100.*
- C) The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies.*
- D) The proposed project is a cooperative venture sponsored by 2 or more persons, at least one of which operates an existing hospital. Documentation shall provide evidence that:*
 - i) The existing hospital is currently providing outpatient services to the population of the subject GSA.*
 - ii) The existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100.*
 - iii) The existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and*
 - iv) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.*

Northwest Community Hospital owns this ASTC, and the Hospital is currently providing outpatient surgical services to the population of the GSA. The Hospital over a six-year period averaged 83% utilization which is above the State Board's target occupancy of 80%.

TABLE ONE Surgical Utilization at Northwest Community Hospital 2017-2022								
	2017	2018	2019	2020	2021	2022	Ave	Ave Utilization
Cases	8,714	8,783	9,230	8,010	8,770	9,328	8,806	
Hours	18,912	19,363	25,052	20,823	22,457	24,063	21,778	82.96%
1. Information from Hospital Annual Surveys								

The Applicants state that over two-thirds of the residents of the geographic service area reside in either a Medically Underserved Area or are a Medically Underserved Population. The Applicants state Northwest Community Hospital identified access to care as a top priority in its 2021 Community Health Needs Assessment. The Applicants stated the Assessment showed that the Hospital service area, which incorporates most of the ASTC service area, has a higher uninsured rate for both adults and children than in the state, as

well as higher percentage of individuals with limited English proficiency, which often makes accessing health care difficult.

Board Staff Analysis

Based upon the ASTCs annual survey for past six years there has been no indication that the Applicants have addressed the access issues identified in the Hospital's Community Need Assessment as there has been very little Medicaid and no charity care performed at the ASTC during this 6-year period, the period the Hospital has owned the ASTC.

7) Unnecessary Duplication/Maldistribution

A) The Applicants shall document that the project will not result in an unnecessary duplication. The Applicants shall provide the following information for the proposed GSA zip code areas identified in subsection (c)(2)(B)(i):

i) the total population of the GSA (based upon the most recent population numbers available for the State of Illinois); and

ii) the names and locations of all existing or approved health care facilities located within the GSA that provide the ASTC services that are proposed by the project.

B) The Applicants shall document that the project will not result in maldistribution of services. Maldistribution exists when the GSA has an excess supply of facilities and ASTC services characterized by such factors as, but not limited to:

i) a ratio of surgical/treatment rooms to population that exceeds one and one-half times the State average.

ii) historical utilization (for the latest 12-month period prior to submission of the application) for existing surgical/treatment rooms for the ASTC services proposed by the project that are below the utilization standard specified in 77 Ill. Adm. Code 1100; or

iii) insufficient population to provide the volume or caseload necessary to utilize the surgical/treatment rooms proposed by the project at or above utilization standards specified in 77 Ill. Adm. Code 1100.

C) The Applicants shall document that, within 24 months after project completion, the proposed project:

i) will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and

ii) will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

Maldistribution-10 Mile GSA

There are 201 operating procedure rooms in the 10-mile GSA and a population of approximately 1,184,432 residents. The ratio of operating procedure rooms to population in the 10-mile GSA is .1680 per thousand population. There are approximately 12.67 million residents in the State of Illinois and a total of 2,604 operating procedure rooms in the State of Illinois. The ratio of operating procedure rooms to population in State of Illinois is .2055 per thousand population. When compared to the State of Illinois ratio there is not surplus of operating/procedure rooms in the 10-mile GSA.

Duplication of Service

The general surgery surgical specialty is available within the 10-mile GSA. The Applicants identified 18 ASTCs and 8 hospitals that are in the 10-mile GSA. Average ASTC utilization in this 10-mile GSA is approximately 43%. Five of the eight Hospitals are below the 80% target utilization. There are seven ASTCs that have been approved for general surgery in the 10-mile GSA. All seven ASTCs are underutilized. See Table below.

The Applicants stated: *“Providing a lower cost setting close to home meets many of the objectives of population health management and assists patients by providing lower copayments. Many of the proposed procedures to be performed at NCOSC have historically been performed in a hospital that is operating more than the optimal target utilization of 1,500 hours per operating room.”*

8) Staffing

A) Staffing Availability

The Applicants shall document that relevant clinical and professional staffing needs for the proposed project were considered and that the staffing requirements of licensure and The Joint Commission or other nationally recognized accrediting bodies can be met. In addition, the Applicants shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

B) Medical Director

It is recommended that the procedures to be performed for each ASTC service are under the direction of a physician who is board certified or board eligible by the appropriate professional standards organization or entity that credentials or certifies the health care worker for competency in that category of service.

According to the Applicants the facility is currently staffed in accordance with all IDPH and Medicare Requirements.

9) Charge Commitment

In order to meet the objectives of the Act, which are to improve the financial ability of the public to obtain necessary health services; and to establish an orderly and comprehensive health care delivery system that will guarantee the availability of quality health care to the general public; and cost containment and support for safety net services must continue to be central tenets of the Certificate of Need process [20 ILCS 3960/2], the Applicants shall submit the following:

A) a statement of all charges, except for any professional fee (physician charge); and

B) a commitment that these charges will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

The Applicants provided the necessary attestation as required by this criterion at page 112 of the Application for Permit. See pages 111-112 of the Application for Permit.

10) Assurances

A) The Applicants shall attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

B) The Applicants shall document that, in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians) and the provision of new procedures that would increase utilization.

The Applicants provided the necessary attestation as required by this criterion at page 114 of the Application for Permit.

TABLE TWO Facilities within the 10-mile GSA				
Facility	City	Rooms	Hours	Utilization
ASTCs				
Des Plaines Endoscopy Center	Des Plaines	2	1,399	37.30%
Six Corners Same Day Surgery	Chicago	5	6	0.06%
North Suburban Pain and Spine Center	Des Plaines	2	73	1.95%
Northwest Surgicare	Arlington Heights	4	890	11.87%
Illinois Hand & Upper Extremity Center	Arlington Heights	1	896	47.79%
Innovia Surgery Center	Wood Dale	2	945	25.20%
Ophthalmology Surgery Center of Illinois	Arlington Heights	3	1,673	29.74%
Golf Surgical Center	Des Plaines	8	1,715	11.43%
Northwest Endo Center	Arlington Heights	2	2,105	56.13%
Belmont/Harlem Surgery Center	Chicago	4	2,277	30.36%
North Shore Surgical Center	Lincolnwood	3	3,571	63.48%
Ravine Way Surgery Center	Glenview	6	3,645	32.40%
Uropartners Surgery Center	Des Plaines	3	4,449	79.09%
The Glen Endoscopy Center	Glenview	3	4,633	82.36%
Lurie Children's Surgery Center	Northbrook	4	5,182	69.09%
Associated Surgical Center	Arlington Heights	3	5,202	92.48%
Illinois Sports Medicine & Orthopedic	Morton Grove	5	5,486	58.52%
Northwest Community Day Surgery Center	Arlington Heights	10	11,448	61.06%
Total ASTC		70	55,595	42.4%
Hospitals				
Northwest Community Hospital	Arlington Heights	23	29,974	69.50%
Presence Resurrection Medical Center	Chicago	18	13,194	39.09%
Community First Medical Center	Chicago	11	4,928	23.89%
Alexian Brothers Medical Center	Elk Grove Village	15	22,843	81.22%
NorthShore Glenbrook Hospital	Glenview	13	18,421	75.57%
Lutheran General Hospital	Park Ridge	34	53,147	83.37%
NorthShore Skokie Hospital	Skokie	17	29,739	93.30%
Total Hospitals		131	172,246	70.10%
Total		201	227,841	60.69%
1. Shaded area represents ASTCs approved for general surgery. 2. Information taken from ASTC Annual Survey				

TABLE THREE		
Facility	City	Approved Specialties
Northwest Surgicare	Arlington Heights	General surgery, laser eye, neurological, ophthalmology, oral, orthopedic, pain management, plastic surgery, podiatry.
Illinois Hand & Upper Extremity Center	Arlington Heights	orthopedic
Ophthalmology Surgery Center of Illinois	Arlington Heights	ophthalmology
Northwest Endo Center	Arlington Heights	Gastro-intestinal
Associated Surgical Center	Arlington Heights	Gastro-intestinal, general surgery, orthopedic, pain management, plastic surgery, podiatry, urology
Northwest Community Day Surgery Center	Arlington Heights	Cardiovascular, general surgery, OB/GYN ophthalmology, oral, orthopedic, otolaryngology, pain management, plastic surgery, podiatry, urology
Six Corners Same Day Surgery	Chicago	orthopedic, pain management
Belmont/Harlem Surgery Center	Chicago	Gastro-intestinal, general surgery, ophthalmology, orthopedic, pain management, podiatry
Des Plaines Endoscopy Center	Des Plaines	Gastro-intestinal
North Suburban Pain and Spine Center	Des Plaines	Pain management, podiatry
Golf Surgical Center	Des Plaines	Gastro-intestinal, general surgery, laser eye, ophthalmology, oral, orthopedic, otolaryngology, pain management, plastic surgery, urology
Uropartners Surgery Center	Des Plaines	pain management, urology
Ravine Way Surgery Center	Glenview	orthopedic, pain management, podiatry
The Glen Endoscopy Center	Glenview	Gastro-intestinal
North Shore Surgical Center	Lincolnwood	Gastro-intestinal, general surgery, OB/GYN, ophthalmology, pain management, plastic surgery, podiatry
Illinois Sports Medicine & Orthopedic	Morton Grove	orthopedic, otolaryngology pain management, plastic surgery, podiatry, urology
Lurie Children's Surgery Center	Northbrook	Dermatology, gastro-intestinal, general surgery, ophthalmology, oral, orthopedic, otolaryngology, plastic surgery, urology
Innovia Surgery Center	Wood Dale	OB/GYN