



July 23, 2023

Matt Gilman, MPPA  
Oregon Health  
Authority  
Health Care Regulation  
& Quality Improvement  
800 NE Oregon Street,  
Suite 465  
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Via email:  
Matt.S.GILMAN@oha.orego  
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RE: CN#699, PeaceHealth  
Riverbend, new acute  
rehabilitation hospital

I am the Medical Director of PeaceHealth Sacred Heart University District's Oregon Rehabilitation Center (ORC). The ORC cares for patients with stroke, polytrauma, amputees, traumatic brain and spinal cord injuries, as well as other disabling injuries and diseases. In my role, I oversee the clinical care in the 27-bed unit. For the reasons outlined in this letter, I offer my full support of the CN application of PeaceHealth Riverbend LLC, which, when operational, provides the region with a much-needed freestanding 50 bed inpatient rehabilitation facility (IRF).

Acute rehabilitation provides the opportunity for patients with severe disabilities and complex medical conditions to receive high intensity therapies, daily supervision by a physician and care by a rehabilitation focused care team. This type of environment maximizes functional recovery and increases the chance of returning to a home environment with greater independence. Since relocating to Oregon, I have been surprised by its lack of inpatient rehabilitation capacity. Data from the AHA, among other organizations, shows that Oregon ranks bottom last in the nation in terms of the percentage of potentially eligible IRF patients discharged to this level of care (3% in Oregon versus nearly 10% nationally). This is a concern to me, and should be to policy makers as well, as we look to achieve optimal outcomes and lower the total costs of care.

The ORC is a valuable resource in that it offers access to the only acute rehabilitation in an area with nearly 800,000 residents. While the ORC is able to achieve great outcomes, the unit is undersized, and more beds are needed. Even more relevant is the fact that the existing ORC needs upgrading, but the age of the current building makes the needed upgrades cost prohibitive. The patient rooms in the dated space are too small, and it also has very limited family areas. Treatment areas for new state of the art equipment and technologies that help maximize functional status are also limited.

An IRF is long overdue. I am particularly pleased regarding the decision to include a designated area for brain and spinal cord injured patients. This resource does not exist in Oregon. I have already heard from a number of colleagues from throughout the state about their desire and intent to refer patients.

Sincerely,

Habib Fanny, MD

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