

Special Session

Agenda Item #	1
Meeting Date	April 20, 2009
Prepared By	Barbara B. Matthews City Manager
Approved By	

Discussion Item	First Reading Ordinance Authorizing a Contract for Professional Consulting Services Regarding Washington Adventist Hospital Relocation
Background	<p>Washington Adventist Hospital has applied for a Certificate of Need from the Maryland Health Care Commission to allow it to relocate to a new campus in White Oak. The City wants to ensure that, if the hospital relocates, City residents still have convenient access to quality health care. To that end, the City is simultaneously participating in the Certificate of Need proceeding and attempting to negotiate an agreement with Adventist Healthcare that will ensure that Adventist maintains certain medical facilities in the City, possibly including a stand alone emergency room, urgent care clinic, primary care clinic, and alternative healthcare facilities.</p> <p>The City requires an expert that can (1) gather and analyze the data necessary to ensure that the Health Care Commission considers the needs of the City when ruling on the Certificate of Need application, and, (2) assist the City in defining its needs and negotiating an agreement with Adventist regarding the health care services and facilities to be maintained in the City.</p> <p>In light of the time pressure and the unique expertise required to assist the City with both the Certificate of Need Proceeding and the sensitive legal nature of the matters at issue, it was not practical to issue a formal request for proposals. However, information was solicited from several potential consultants by the City Attorney.</p> <p>Three consultants were interviewed by the City Attorney. All the consultants proposed to provide services on an hourly basis. PDA, Inc. had the lowest hourly rates and was determined to best meet the City's needs.</p>
Policy	<p>The health care consultant will be providing professional services, so competitive bidding is not required. The Code provides that “[i]nsofar as it is practical, in all procurements exempt from the requirement of competitive bidding, . . . proposals for the good or service required shall be solicited from at least 3 qualified sources.”</p> <p>Because the services will exceed \$5,000, and because these services have not been authorized in the current year budget, a two reading ordinance is required.</p>
Fiscal Impact	<p>The proposed ordinance authorizes expenditures up to \$60,000 for services provided by the consultant. Funds to cover the not-to-exceed contract amount are available in the general contingency account, which has a balance of \$74,625. If the ordinance is adopted, a budget amendment will be prepared to authorize the transfer of funds to the appropriate budget line item.</p>

Attachments	<ul style="list-style-type: none">• First Reading Ordinance Authorizing a Contract for Professional Consulting Services Regarding Washington Adventist Hospital Relocation• Proposal submitted by PDA, Inc.
Recommendation	Accept the ordinance at first reading
Special Consideration	

Introduced by:

First Reading:

Second Reading:

CITY OF TAKOMA PARK, MARYLAND

ORDINANCE NO. 2009-

**AUTHORIZING A CONTRACT FOR PROFESSIONAL CONSULTING SERVICES REGARDING
WASHINGTON ADVENTIST HOSPITAL RELOCATION**

WHEREAS, Washington Adventist Hospital has applied for a Certificate of Need from the Maryland Health Care Commission to allow it to relocate to a new campus in White Oak; and,

WHEREAS, to ensure that Takoma Park residents maintain convenient access to quality health care, the City is simultaneously participating in the Certificate of Need proceeding and attempting to negotiate an agreement with Adventist Healthcare that will ensure that Adventist maintains certain medical facilities in the City; and,

WHEREAS, the City requires an expert that can (1) gather and analyze the data necessary to ensure that the Health Care Commission considers the needs of the City when ruling on the Certificate of Need application, and, (2) assist the City in defining its needs and negotiating an agreement with Adventist regarding the health care services and facilities to be maintained in the City; and,

WHEREAS, proposals were solicited from several potential consultants; and,

WHEREAS, three consultants were interviewed by the City Attorney; and,

WHEREAS, PDA, Inc. had the lowest hourly rates and was determined to best meet the City's needs; and,

WHEREAS, the City proposes to enter into a contract with PDA, Inc. to provide the aforementioned consulting services for a not-to-exceed amount of \$60,000; and,

WHEREAS, funding for the contract will be transferred from the general contingency account by a budget amendment to be authorized by the City Council.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF TAKOMA PARK, MARYLAND:

Section 1. The City Manager is authorized to enter into a contract with PDA, Inc. for the not-to-exceed amount of \$60,000 for consulting services related to the relocation of Washington Adventist Hospital.

Section 2. This ordinance shall become effective upon adoption.

Adopted this ____ day of _____, 2009 by roll-call vote as follows:

AYE:

NAY:

ABSTAIN:

ABSENT:

M E M O R A N D U M

TO: Barbara Matthews, City Manager
City of Takoma Park
Municipal Building
7500 Maple Avenue
Takoma Park, Maryland 20912

FROM: Nancy M. Lane, President

DATE: April 17, 2009

SUBJECT: Proposal to Provide Professional Consulting Services Regarding Washington Adventist Hospital Relocation

The following memo outlines professional services PDA proposes to provide to the City of Takoma Park in its efforts to preserve appropriate health care services in the community.

I. Understanding of the Project

On April 10, 2009, Washington Adventist Hospital (WAH) filed a Certificate of Need application to relocate the hospital from a small urban campus in Takoma Park to a 48-acre suburban site in Silver Spring, Maryland. WAH is a private non-profit 292-bed acute care hospital that provided 62,000 outpatient visits last year. At least three hospitals that serve the 500,000 people in the impact area are organizing to protest the WAH relocation. The City of Takoma Park has established itself as an interested party and will be kept informed of all actions with regard to this project.

The City of Takoma Park wishes to preserve its interests in the Certificate of Need review process and has filed with the Maryland Health Care Commission as an interested party. More

importantly, the City wishes to assure its residents that appropriate health care services will remain accessible to the City's 18,000 residents who represent about 7,000 households. Approximately 60 percent of Takoma Park residents are renters. The City of Takoma Park is part of sprawling Montgomery County which borders Washington, DC and more closely resembles the District in character; with its narrow streets and dependence on public transportation.

In an earlier proposal, WAH proposed expanding the hospital buildings on its current site, but Takoma Park residents rejected that proposal because it represented more mass and scale than the community felt comfortable absorbing. Given this history, the City of Takoma Park wishes to take a position of working with WAH to maintain services in the City, as part of the planned relocation. A community work group has made some inroads in this direction and WAH has offered a preliminary outline of services that might remain in Takoma Park. Among the options in the outline are a freestanding emergency room, urgent care and alternative medicine.

II. Scope and Intent

The City of Takoma Park wishes assistance from a consultant knowledgeable in both Certificate of Need and health care delivery system organizations to address two key tasks:

- 1 Assistance with review and comment on the Certificate of Need application in accordance with the Maryland Health Care Commission (MHCC) review schedule for this application. Formal review and comment begins after the application has been deemed complete and is docketed in the Maryland Register. This lasts 30 days and could begin as soon as April 20, or delayed until late May. The date is determined by the extent of additional information requested by MHCC staff. The focus of the review would be the impact of the proposed relocation on accessibility of hospital services to residents of Takoma Park, particularly its low-income residents.
- 2 Assistance with development of a Memorandum of Agreement for an alternative to Washington Adventist Hospital health service that would remain in Takoma Park in the event the hospital does relocate. The latter would be developed in conjunction with the City, the City Attorney and such advisory members as the City may name.

The first task involves an understanding of Certificate of Need principles and adherence to the schedule of MHCC review. It can involve appearance at a formal MHCC hearing. The level of interest and concern among other large hospitals that will be affected by the relocation suggest that the review process will likely involve such a hearing.

PDA proposes to assist the City with preparation of comments regarding the effect of the relocation on the community and its access to hospital inpatient and outpatient care. This presumes that the City will not take an adversarial position with regard to the CON, but will work to preserve services in Takoma Park as a condition to any approval of the CON application.

Should the review extend into a full MHCC hearing, the City may wish to entertain additional services that would involve both legal and accounting review of the impact of the relocation on Washington Adventist Hospital costs and charges. Maryland Health Services Cost Review

Commission has its own formulas and rules for evaluating the later. This decision can be made as the City determines the extent to which it wishes to deviate from its focus on community service to a more adversarial position. That decision could become more apparent in the weeks ahead.

The second task involves an understanding of health care delivery system alternatives. It requires understanding of financial feasibility of freestanding emergency centers, urgent care centers, hospital and other outpatient services, as well as an understanding of community expectations and use patterns with regard to hospital services.

PDA proposes to help the City to understand scale and service mix of current services, to evaluate City and resident expectations and to make a reasonable proposal to Washington Adventist Hospital. PDA will participate with the City in meetings with Washington Adventist Hospital to reach an agreement of the specific scope of a memo of understanding regarding services that will remain in Takoma Park.

III. Staffing

In charge of this effort will be Nancy M. Lane, M.A. Ms. Lane has over 30 years experience in health care management and planning, and over 20 years experience in Certificate of Need competition in North Carolina and other states. Other PDA staff will assist as required. David Marlowe, a Maryland consultant with more than 25 years experience in Maryland health care markets will also be available to assist in the project. Thomas Matherlee, FACHE and former Chairman of the American Hospital Association will be part of the team focused on negotiation of services that remain in the community.

IV. Cost of Services

The estimated cost services for the above scope of work, including personnel and reimbursable expenses, would be set at an amount not to exceed \$60,000 without prior written authorization. Costs will vary with the number and extent of meetings and negotiations.

- Task one comments are estimated at \$22,000 including one on-site visit with the City.
- Work on the MOU is estimated at \$32,000, assuming that the City will handle face to face negotiations with WAH.
- Additional services would be negotiated at a fixed price or billed hourly based on the attached schedule.
- The cost of one negotiations trip related to the MOU is estimated at an additional \$6,000. This optional service and would require City authorization. PDA has a GSA MOBIS contract and would share those billing rates with the City.

In billing for services, reimbursable expenses are in addition to the compensation for personnel services. Reimbursable expenses will be billed at the expenses incurred by PDA staff and professional consultants in the interest of this project for the expenses listed as follows:

Expenses of transportation in connection with the project; long distance communication; reproduction; postage; typesetting; photocopies; miscellaneous graphic services and supplies; clerical overtime required to meet special deadlines set by client; and expense of outside computer time and external database reports when used in connection with authorized services

Payment for authorized personnel services and reimbursable expenses shall be provided monthly upon receipt of PDA invoice. Interest may be charged on all accounts 30 days past due at a rate of 18% per annum.

V. Terms of Agreement

[To be negotiated.]

VI. Project Initiation

If this proposal meets with your approval, your signature below will be sufficient to initiate services. Please sign both copies of this agreement keep one for your records and return the second to our office with a deposit of \$1,000 to be held against the final invoice.

We look forward to an opportunity to work for the City of Takoma Park.

APPROVED

AUTHORIZED

Nancy M. Lane, President
PDA, Inc

Barbara B. Matthews, City Manager
City of Takoma Park, Maryland

Date

Date

*Attachments: MOBIS Rate Schedule
Maryland CON Review Schedule*

MOBIS RATE SCHEDULE

SERVICES HOURLY RATES

1.	Principal-in-Charge	\$234.24/hr.
2.	Senior Consultant	\$168.66/hr. - \$234.24/hr
3.	Client Manager	\$135.86/hr.
4.	Consultant	\$112.40/hr.
5.	Planner	\$107.75/hr.
6.	Administrative Assistant/Research Assistant	\$ 79.64/hr.
7.	Clerical Assistant	\$ 65.59/hr.

REIMBURSABLE EXPENSES

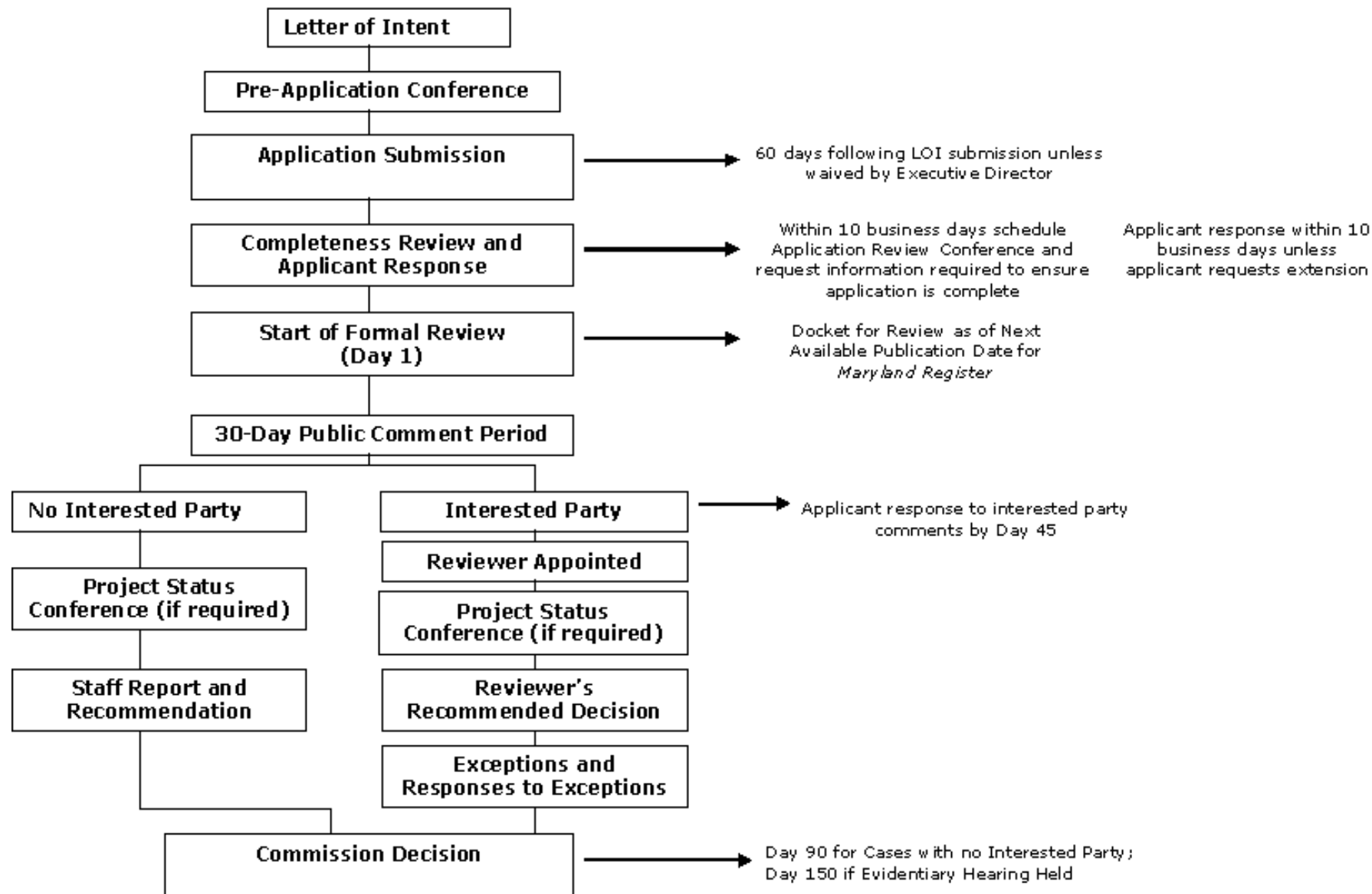
1.	Automobile	\$.70/mile
2.	Printing (Larger than 11 x 17)	\$ 2.25/sheet
3.	Copies (11 x 17 or smaller)	\$.10/sheet
4.	Copies - Color (11 x 17 or smaller)	\$ 2.00/sheet
5.	Faxes	\$ 1.00/sheet

6. Outside printing of all documents shall be reimbursed at a multiple of 1.20 times the amount billed to PDA, Inc.

7. All other cost and expenditures such as transportation, accommodations, telephone, postage, outside consultants, etc. shall be reimbursed at a multiple of 1.20 times the amount billed to PDA, Inc.

THE RATES LISTED ABOVE ARE APPLICABLE THROUGH DECEMBER 31, 2009.

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Background and Mission

Established in Raleigh, North Carolina in 1989, PDA, Inc., a professional consulting firm, serves primarily the health care industry. Developed as a partner firm to an architectural and planning firm, and organized to serve emerging rural economies and health care clients, PDA has expanded from a singular mission: to develop lasting design and management solutions that will meet the demands of a rapidly changing environment. PDA is committed to market-based solutions, community value, and future durability. Our products include:

- Certificate of Need applications
- Strategic Planning
- Master Facility Plans
- Market Research
- Simulation/Process Improvement
- Feasibility Studies
- Strategic Board Retreats
- Risk Management

Clients

PDA's clients cover a broad spectrum of provider groups.

- Small urban and rural community hospitals
- Large academic medical centers
- High-technology diagnostic labs: MRI, CT, PET
- Physician group practices
- Home health agencies
- Long-term-care facilities
- Oncology centers
- Assisted living facilities
- Urgent care and emergency care centers
- Dialysis centers
- Ambulatory surgery centers
- County health departments
- Alternative therapy providers
- Hospital-physician joint ventures

Consulting

PDA helps build viable, competitive providers. Fast-paced change requires sound adaptable strategic plans that often involve enormous capital expenditures and countless hours of work. Administrators can ill-afford mistakes. Drawn from hospital, clinic, and pharmaceutical markets, PDA's business and health care consultants stay ahead of critical changes in health care delivery to keep our clients on course with their goals and in control of their budgets.

Each has benefited from the PDA philosophy – "Take a problem. Make it a feature."

PDA

Health Planning and Management Services
for more than 25 years.

- ◆ Certificate of Need
- ◆ Strategic Planning
- ◆ Master Facility Plans
- ◆ Market Research
- ◆ Simulation/Process Improvement
- ◆ Strategic Board Retreats
- ◆ Risk Management

PDA, Inc.

P.O. Box 12844
2016 Cameron Street
Raleigh, North Carolina 27605

PH: 919-754-0303
FX: 919-754-0328

www.pdaconsultants.com

TAKE A PROBLEM, MAKE IT A FEATURE.

PDA's commitment to healthcare and the community helps providers prepare to meet the future needs of their patients. By keeping focus on the patient, PDA reinforces provider viability in the market and protects patients' access to quality healthcare.

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Experience—NC Hospitals and Healthcare Systems, Management Consulting and Planning

Albemarle Hospital, Certificate of Need and Strategic Planning, 2005-Ongoing
Elizabeth City

Carteret General Hospital, Certificate of Need and Management Consulting, 1994-Ongoing
Morehead City

Iredell Memorial Hospital, Certificate of Need and Planning, 1990-Ongoing
Statesville

Experience—NC Nursing Facilities and Adult Care Homes, Management Consulting and Planning

Ashe Services for Aging, Certificate of Need and Management Consulting, 2006-Ongoing
West Jefferson

Pruitt Corporation, Certificate of Need and Management Consulting, 2007-Ongoing
Atlanta, GA

Lutheran Services for Aging, Certificate of Need and Management Consulting, 1997, 2006-Ongoing
Salisbury

Experience—Other NC Healthcare Providers, Management Consulting and Planning

Blue Ridge Radiology Associates, Strategic Planning and Certificate of Need, 2003-Ongoing
Morganton

Coastal Carolina Healthcare, Certificate of Need and Management Consulting, 2002-Ongoing
New Bern

Kinston Medical Specialists, Certificate of Need and Strategic Planning, 2007-Ongoing
Kinston

New Hanover Medical Group, Certificate of Need and Management Consulting, 2005-2006
Wilmington

CON Scorecard

- 225 filed
- Competitive applications
- Court-tested

90% Success

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Nancy M. Lane, MA, President

Ms. Lane has concentrated on program development for 30 years. She joined PDA in 1979, became a principal and vice president in 1981, and became president in 1997. She has provided financial and management program supervision for a 22-person architectural, planning, and research firm, specializing in health care and regional development; had vice president-level responsibility for capital budgets in a 9-campus health care system; directed multi-campus master facility plans for public and private physical and mental health agencies; managed equipment planning, health care strategic planning, market research, certificate of need applications, and Medicare cost reports. She now leads PDA as a management consulting firm.

She has expertise in ambulatory care services, including Medicare and Medicaid reimbursement.

Education

Columbia University, NY, Health Care Management Program, 1978

Duke University, NC, M.A., Physiology and Pharmacology, 1969

College of Notre Dame of Maryland, Baltimore, A.B., Biology, Mathematics, Education, 1966

University of California at Los Angeles, CA, Space Biology, 1965

Thomas Matherlee, MBA, FACHE—Associate

Mr. Matherlee has 40 years experience of leadership in the health care industry, as CEO of hospitals and health systems, as a turnaround consultant and in board leadership and hospital development consultant.

Among his professional accomplishments are President of the American Medical Association, Board Member of Blue Cross and Blue Shield of NC, Southeastern Hospital Consortium. He established and directed VHA's Eastern Division, including: Metro New York, Metro-Philadelphia, New Jersey, Maryland, D.C., Delaware, Ohio, Virginia and West Virginia.

Education

MBA University of Chicago

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Celia C. Inman, MA, ARM, CPHRM

Mrs. Inman's educational background in accounting and economics, experience in public accounting, accounting education, governmental auditing, risk management, and healthcare planning and development brings strong quantitative skills and a healthcare industry perspective to PDA.

At PDA since 2002, she has developed experience in Certificate of Need, strategic planning, master facility plans, and hospital-physician joint ventures.

Education

University of Tennessee, Knoxville, TN, BS, Business Administration, 1976

University of Mississippi, Oxford, MS, Masters of Accountancy, 1977

Robert (Trey) S. Adams, III

At PDA since 2006, his experience includes data collection and analysis, preparation of market demand forecasts, strategic planning and master facility planning. Mr. Adams has a strong history of interacting and collaborating with doctors, physical therapists, trainers, nurses, and hospital administrative staff.

Education

The University of North Carolina, Chapel Hill, NC, BA, Exercise and Sports Science-Athletic Training, 2006

Andrew Yates (Andy) Lutz

Mr. Lutz joined PDA in 2007. His experience includes data collection and analysis, preparation of market demand forecasts and strategic planning. Mr. Lutz also brings a strong background in economics and financial markets to PDA.

Mr. Lutz has a developing knowledge of HIPPA standards and JCAHO standards, as well as North Carolina health planning procedures and regulations.

Education

University of North Carolina, Chapel Hill, NC, BA, Economics, 2006



Background

A Principal, Ms. Lane has 30 years experience with program development. She conducts health care strategic and market research; directs equipment planning and business plans. Her fields of expertise are in ambulatory care, primary care, ambulatory surgery, surgery, diagnostic imaging, and home health care program management and cost reports, certificate of need preparation and rural health.

Eight years experience with the Appalachian Regional Commission developed her skills and experience in rural health, regional health care system design, policy development and primary care development.

Certificate of Need Experience

North Carolina

Prepared more than 150 successful CON efforts including, but not limited to:

Open Heart Surgery

Craven Regional Medical Center
Cabarrus Memorial Hospital
Gaston Memorial Hospital

Rehabilitation

Craven Regional Medical Center
Nash General Hospital (2)
Moore Regional Hospital (2)
WakeMed

Nursing Homes

Lutheran Nursing Homes (4)
Carteret General Hospital
Sea Level Nursing Home (2)
Craven Regional Medical Center (2)
Community General Hospital
Aston Park Health Care Center
Carolina Meadows (2)
Glenaire (2)
Harris Regional Hospital
Iredell Memorial Hospital
J. Arthur Doshier Memorial Hospital
Meridian Medical (6)
Moore Regional Medical Center
Northern Hospital
Pender Memorial Hospital
Pennik Millage
Raleigh Community Hospital

Home Health

Cabarrus Memorial Hospital
Easter Seal Society (3)
Craven Regional Medical Center
Moses H. Cone
Hospice of Randolph County

Iredell Memorial Hospital
Watauga Medical Center

Technology

Cabarrus Memorial Hospital Cardiac Cath
Craven Regional Medical Center Cardiac Cath
Haywood County Hospital MRI
Pitt County Memorial Hospital MRI
U.S. Medical Management, II MRI
Betsy Johnson Regional Hospital MRI
Coastal Carolina Health Care MRI
Albemarle Hospital Cardiac Cath
First Health of the Carolinas Cardiac Cath
First Health of the Carolinas MRI (2)
Gaston Memorial Hospital MRI (2)
Gaston Memorial Hospital Cardiac Cath (4)
Iredell Memorial Hospital MRI
Moore Regional Medical Center MRI
Rex Healthcare Cardiac Cath
Pitt County Memorial Hospital Cardiac Cath
Park Ridge Hospital MRI
Rowan Regional Medical Center MRI

LINAC/Radiation Oncology

Carteret General Hospital
Gaston Memorial Hospital
Rowan Regional Medical Center
Craven Regional Medical Center
Iredell Memorial Hospital
Margaret R. Pardee Hospital
Moses H. Cone Hospital

Hospital

Betsy Johnson Regional Hospital Master Plan
Cabarrus Memorial Hospital Bed Tower
Cape Fear Memorial Hospital Renovation/Expansion
Carteret General Hospital Master Plan
Central Carolina Hospital Outpatient Expansion
Duplin County Hospital Renovation
Gaston Memorial Hospital Expansion (2)
Iredell Memorial Hospital Expansion
J. Arthur Doshier Memorial Hospital Master Plan
Moore Regional Medical Center Outpatient
Raleigh Community Hospital Expansion

South Carolina

McLeod Medical Center, Linear Accelerator (defense)
Clemson Ambulatory Surgery

Utah

Emery Medical Center Birthing Center

Education	Columbia University, NY Health Care Management, 1978	College of Notre Dame of Maryland, Baltimore
	Duke University, NC M.A., Physiology and Pharmacology, 1969	A.B., Biology, Mathematics, Education, 1966, Magna Cum Laude
		University of California at Los Angeles, CA Space Biology, 1965

Publications

Johnston, D. and N.M. Lane (ed), Primary Care Centers Design and Construction. Appalachian Regional Commission, 1975.

Alford, T.A., R. Young, and N.M. Lane, A Rural Health Program for the State of Arkansas, 1979, Planning and Design Associates, P.A.

Lane, N.M., "INTERESTED FOLKS", a news network bulletin used to update interested persons in issues related to the Rural Health Clinics Act, 1975 to 1980.

Lane, N.M., "Reimbursing Physician Extenders: ARC Takes Its Cases to Congress", *Appalachia*, 10 (1), Aug. - Sept., 1976, Appalachian Regional Commission.

Epstein, Ronald, et. al., Health Insurance in Appalachia, Appalachian Regional Commission, 1980.

Visco, E.P., et. al., Feasibility of Integrating Federally Funded Local Health Services, GEOMET, Inc. Contract OS-110-71-84, 1972.

Engle, R.E., et. al., Environmental Lead and Public Health, AP-90, Environmental Protection Agency, Air Pollution Control Office, Research Triangle Park, NC, 1971.

Padilla, G.M., and N.M. Lane, "Characteristics of macronuclear RNA in the cell cycle of Synchronized Tetrahymena". in: *Nucleic acids in Cellular Differentiation*. R. Cameron (ed) Academic Press, New York, 1971.

Professional Associations & Memberships

AHA Society for Healthcare Strategy and Market Development
American College of Healthcare Executives
Carolinas Society for Healthcare Planning and Marketing
North Carolina Hospital Association
Healthcare Financial Management Association
National Rural Health Association

2009

David Marlowe – As Principal of Strategic Marketing Concepts, David Marlowe is responsible for directing engagements involving the development of strategic marketing plans, market research, new program development, managed care marketing and integrated delivery system marketing.

Mr. Marlowe has over 29 years of health care marketing and planning experience as a consultant and a provider-based executive. Prior to forming SMC in April of 1999, Mr. Marlowe served as Vice President-Strategic Consulting for First Strategic Group (Whittier, CA) for four years and Vice President-Strategic Services for Market Strategies, Inc. (Richmond, VA) for three years. He also served as Vice President – Planning and Marketing for St. Agnes Hospital (Baltimore, MD), Director of Planning and Marketing for Harbor Health System (Baltimore, MD) and Assistant Director of Planning for Menorah Medical Center (Kansas City, MO).

In addition to consulting and provider-based experience, Mr. Marlowe has held adjunct faculty positions with Avila College (Kansas City) and the University of Baltimore. He is a frequent lecturer for national and local professional organizations such as the American College of Healthcare Executives, the Federated Ambulatory Surgery Association, the Forum for Healthcare Strategists, the Medical Group Management Association and the Society for Healthcare Strategy and Market Development. Mr. Marlowe currently serves on the national Board of Directors of the Society for Healthcare Strategy and Market Development of the American Hospital Association and in 20089 is the Immediate Past President of that organization. In 2005 Mr. Marlowe received the Award for Individual Professional Excellence from the Society for Healthcare Strategy and Market Development.

Mr. Marlowe is the author of over 30 published articles. He is the co-author and editor of the book “Building a Foundation for Effective Health Care Market Research”, published in 1990 by the American Marketing Association. He is the author of the book “Healthcare Marketing Plans That Work”, published in November, 1999 by the Society for Healthcare Strategy and Market Development. In 2007 he wrote the book “A Marketer’s Guide to Measuring ROI”, published by HealthLeaders Media. Mr. Marlowe is on the editorial review board of "*Strategic Healthcare Marketing*".

Mr. Marlowe holds a Bachelor of Science degree in accounting from Syracuse University and a Masters of Management degree in marketing and health and hospital services management from the J.L. Kellogg Graduate School of Management at Northwestern University.

Services Offered by Strategic Marketing Concepts Ellicott City, Maryland

Strategic Marketing Concepts strives to provide the highest level of “strategic marketing” support available for health care related organizations. SMC’s services include:

Audits of Marketing Operations – An examination of the market situation and the systems that support marketing efforts with an eye toward developing actionable “key observations”. The audit view is broad – from market share to referral systems to communications vehicles to pricing structures.

Brand Position Assessment – An assessment of an organization’s relative Brand position in the face of market factors, competitive positions, etc. Can include the development of strategies and tactics aimed at organizational brand development, securing a brand position, shifting a brand position, etc.

Business Development Analysis/Recommendations – An assessment of the “lost business” opportunities and recommendations for capturing this business back. Takes a “micro-marketing” look at factors inhibiting access, consumer attitudes, referral source patterns, untapped geographic markets and related opportunities.

Development of Business Plans – Detailed business plans for programs and service lines. Includes analysis of current status, market share, market potential, financial status and projections, implementation strategies and actions.

Development of Marketing Plans – Detailed marketing plans from the System level to the Service Line or Program level. Includes a market audit, market position, strategies, quantifiable objectives and specific actions for the upcoming year.

Educational/Training Programs – Marketing, Planning and “Industry-future” oriented educational programs for the marketing team, middle managers, physicians, board members and other key audiences. Programs focus on the practical applications of marketing in a health care setting and on issues that impact the strategic positioning and marketing of health care providers.

Integrated Delivery System Marketing – Marketing issues facing organizations that have merged, are merging or are de-merging. Potential marketing issues include competitive position, identity usage, key audience concerns and relations, service line and program mergers and joint marketing systems (multiple call centers, multiple patient satisfaction tracking systems, etc.).

Managed Care Marketing – Marketing strategies for dealing with managed care organizations. Also marketing analysis and strategies for member recruitment and retention (PHO capitation, etc.).

Market Research – Qualitative (focus group, interviews) and quantitative (survey) examinations of key audiences. Consumer opinion surveys, physician and referral source surveys, client surveys, etc. Also, reviews of existing research and research systems, including practical interpretations of patient/customer satisfaction tracking data.

Marketing Department Assessments – Analysis of marketing department structure and functionality (budget, activities, staffing, etc.). Also, assistance with job descriptions and staff recruitment.

Medical Call Center Marketing – Marketing strategies for the effective use of medical call centers and telemarketing operations.

Medical Staff Manpower Planning – Development of Medical Staff Manpower Plans aimed at guiding organizational efforts to recruit, replace and retain physicians.

New Program Development – Design and implementation of new programs and services including examinations of market potential, competitor position, program parameters, marketing plans and business plans.

Organizational Positioning – Determination of the appropriate market position for the organization (or service line or program).

Physician and Referral Source Marketing – Marketing strategies for medical groups, physician utilization of organization services and referral sources.

Pricing Strategy Development – Support for the development of pricing strategy options for providers dealing with elective and/or retail oriented services or increasing levels of price-shopping consumers driven by changes in insurance coverage.

Return on Investment Analysis (Marketing) – Development of systems to help track the ROI from marketing related efforts.

Staff Recruitment – Development of departmental structures, job descriptions and the recruitment of Director/Vice President level staff for marketing, planning and public relations functions.

Strategic Planning – Support for the development of strategic planning processes and strategic plans for health care systems, individual hospitals, divisions of hospitals or related provider entities. Includes the development and leadership of Board level planning retreats.

***Advertising** – SMC is not an advertising agency and thus we do not directly provide media advertising services. We have close affiliations with experienced health care advertising agencies to seamlessly provide these capabilities, if needed. SMC can provide an objective evaluation of the effectiveness of advertising efforts.*

Strategic Marketing Concepts Sample Clients and Projects

A.I. duPont Hospital for Children (Wilmington, DE)

Support for the prioritization of marketing tactics for FY 2004 (with Neathawk Dubuque); On-site strategy prioritization session for FY 2009.

Baptist Health Systems of South Florida (Coral Gables, FL)

Ad-hoc support for system identity issues; quantitative research to support system identity process.

Bayhealth Medical Centers (Dover, DE)

Ad-hoc review of existing business plans; development of business planning guidelines for service lines; service area consumer surveys (3 updates); support for a facility expansion Certificate of Need application; development of bond financing support documentation; Board planning retreat keynote presenter; Marketing Plan development.

Beaufort Medical Center (Beaufort, SC)

Consumer survey; market audit (with Neathawk Dubuque); survey update in 2004.

Capital Health System (Trenton, NJ)

Market audit and system/service line marketing strategies (with Neathawk Dubuque/Richmond)

Carolinas Healthcare System (Charlotte, NC)

Service area consumer survey (14 surveys in distinct counties); ad-hoc support for the development of hospital-level marketing plans, on-going retainer for strategic marketing support.

Centura Health (Denver, CO)

Educational program on marketing plans and ROI measurement for marketing efforts for system-wide marketing/public relations staff; development of a system-wide evaluation of the structure and scope of the marketing function; development of a Strategic Marketing Plan for one of the hospital units of Centura.

Children's Hospital Boston (Boston, MA)

Educational retreat for marketing staff; support for the development of a Marketing Plan; research process to examine factors driving patient usage from beyond the New England market.

Coffey Communications (Walla Walla, WA)

Development of client market planning support systems related to key audience publications; internal staff education on health care marketing issues.

Community Health Plan (Seattle, WA)

Staff education program – Marketing ROI and Marketing to Ethnic Audiences.

Community Health Systems (Brentwood, TN)

Development of a series of service area consumer surveys and the analysis of results to support the determination of potential marketing strategies for an ongoing number of facilities within this 100+ hospital for-profit system. Support for the development of a system-wide “ROI Tracking” process for marketing efforts. Work with CHS’s advertising agency (Creative Alliance) to develop hospital specific marketing strategies based on existing research and business plans.

Community Medical Centers (Fresno, CA)

Development of a Research Plan for a 3 hospital system; design and implementation of a service-area Consumer Survey (2004); survey update (2007).

Thomas R. Matherlee, president of Matherlee Associates, has over forty years of healthcare leadership experience. With Matherlee Associates Tom provides comprehensive strategic advisory services to healthcare organizations and systems, with special emphasis on governance and management restructuring, performance improvements and medical staff development and integration. He also provides and oversees interim executives.

Tom's career has included executive responsibilities in an array of healthcare settings.

Consulting

Prior to starting his own firm, Tom was a senior vice president for The Hunter Group, a consulting firm in St. Petersburg, Florida. Working closely with boards and senior management Tom directed numerous engagements involving: performance improvements; mergers and affiliations; consolidation of services; and strategic repositioning (including transfer of ownership). He was also largely responsible for the firm's interim management business. During Tom's tenure, The Hunter Group expanded its services beyond the provision of interim hospital executives and physicians to include managed care organizations, hospital/physician organizations, shared services, materials management and provider-owned HMOs.

Hospital and Integrated System Leadership

He was president of Gaston Health Care Support, Inc., a diversified healthcare organization in the greater-Gastonia area, including: a 492-bed acute care hospital; ambulatory surgery, home healthcare, and urgent care services; and clinical and management services sales. Tom is credited with building the largest all-private room hospital in the country; merging existing hospitals into the newly-created organization; and recruiting over 100 physicians.

Tom was also president of Forsyth Memorial Hospital, a 612-bed facility in Winston-Salem, North Carolina. After being appointed president within three months after opening, Tom merged portions of two existing hospitals and closed another. He also developed the first hospital-based extended care facility and the first full-time community hospital-based emergency medicine program in the State.

Provider Alliance Management

As executive vice president at VHA, Tom was responsible for coordinating and directing 29 regional healthcare systems throughout the United States and provided leadership for membership growth. Prior to becoming executive vice president he established and directed VHA's Eastern Division, including: Metro New York, Metro-Philadelphia, New Jersey, Maryland, D.C., Delaware, Ohio, Virginia and West Virginia.

Physician Services

As President of the American Medical Association's for-profit subsidiaries, AMA Service, Inc., Tom successfully organized and expanded diversified financial, insurance and practice products/services for physicians. The products included a family of mutual funds, mortgage loans, personal and business insurance, and group purchasing.

Performance Improvement Experience

Tom has been involved in approximately thirty projects as a consultant, project director or interim management project director that involved performance improvement initiatives. This experience has been varied in terms of size and complexity of the organization, circumstances leading up to the turnaround initiative, and difficulty of efforts required to return these organizations to profitability. His experience has included: small, rural hospitals; a hospital that filed for bankruptcy; academic medical centers; large, inner-city hospitals; hospitals that were part of multi-hospital systems; and public and private institutions.

Recognitions

Tom is recognized as a leader in the healthcare field. Some of his professional acknowledgements include:

- Chairman Officer of the American Hospital Association – Chairman-elect, 1983, Chairman, 1984, and Speaker of the House of Delegates, 1985.
- Board member and officer, AHA's Hospital Research and Education Trust.
- Board member and officer, Joint Commission on Accreditation of Healthcare Organizations.
- Chairman of the Board, North Carolina Hospital Association. Recipient of Distinguished Service Award.
- Board member, Blue Cross/Blue Shield of North Carolina.
- Board member, Southeastern Hospital Conference.
- Life Fellow, The American College of Healthcare Executives.

Education

Tom received an MBA degree from the University of Chicago. He has served as adjunct faculty of the University of Alabama/Birmingham, School of Community and Allied Health.
