

**1. Category: Motivation**

- Why do you want to be Estes Park Health's next CEO?

I enjoy a solid relationship with my current employer having developed and deployed strategic visioning and planning that will culminate in a regional clinically integrated network of hospitals across a large geographical area. In many ways, my team and I have been quite successful!

However, my nuclear family has never adjusted to Billings, MT. So, primarily, this position represents an opportunity to create a better work/life balance for me and my family. In my current capacity I am away from home many nights and some weekends as I travel 75% to 100% of the time to rural and frontier Critical Access Hospitals across MT and WY.

Your system is of a size, scope, and complexity that will afford me plenty of challenge. There are not too many hospitals across the country that offer your service line, size and location to offer me both career challenge and work/life balance. Plus, who would not want to call Estes Park home?

**2. Category: Marketing**

- Our market share in the community is 20-30%. What are your ideas for improving market share? Provide examples on how you have dealt with similar situations in the past.

I serve three locations in my current employment with similar market conditions to Estes Park Health. My team and I have helped to craft and implement a few strategies aimed at improving market share. It has been no easy task to gain or to shift market share volume away from our competitors back to our regional affiliates, but we have slowly and steadily done so in each of the three markets. Some of the key contributors to this improvement are identified in the paragraphs below.

One of the key elements creating market growth is an effort to **make the consumer the focal point**. We asked ourselves the question "what do our patients need?" vs. "What should we do?" For example, we decided to create a "VIP" program. The primary focus of this program was to create and provide a convenient patient experience, reduce patient wait time, and increase through put for hospital-based services like a scheduled MRI or an ultrasound. Furthermore, if you are scheduled for an outpatient-based surgery, an assigned staff member will greet and assist a patient with quick/easy registration and guide a patient all the way through the facility experience until discharge. Making the consumer the focal point of your services will also thwart some of the efforts of competitors who may be engaging in your market.

**Identify and meet distinct local market needs** by providing access to patients with an intense focus on primary care medicine. Does Estes Park Health have enough primary care providers,

or the right providers? To determine this answer, simply complete a medical staff development plan (MSDP). The MSDP focuses on community health needs and creates the optimal number of providers to specifically serve the needs of the Estes Park Health region. I have hosted *'physician summits'* in many of my regional markets and worked hand in hand with the base physician group at each facility to craft a specific market plan and gain physician support of the plan.

Furthermore, after identifying local market needs via an MSDP, it is important to **identify submarkets** and their specific needs. For example, the needs of a Medicare population will be vastly different than those of a non-Medicare population.

**Adequately plan for and address seasonal health care issues to enhance market share.** I assume significant seasonal volume swings exist in the Estes Park Health market. A large influx of potential patients will place a burden on any health system. One of the regional affiliates that I work with has an influx of approximately 2.5 million visitors to its community in a 3-4-month period. We decided to build an urgent care in a well-traveled location of the community to alleviate emergency department overrun and provide convenience for customers during peak visitor season. Perhaps you have a similar plan and have considered other alternatives like this urgent care idea for Estes Park Health?

Additionally, I have assisted a regional partner in the design and implementation of several strategies aimed to capture temporary resident market share. One program identifies property owners who reside in the community for a few weeks out of the year and have disposable cash available for out of pocket or out of network medical expenditures. Specifically, the program initiates contact between 'resident visitors' and foundation members or trustees who link temporary resident to facility services. To date, this program has been successful in generating lab testing, x-rays, and basic surgical procedures that likely would not occur without this personal contact.

**Leverage technology to analyze and predict the healthcare needs of your community.** My team and I partnered with the information technology team to data mine patient information and individually manage a patient's continuum of care. For example, when a woman delivers a baby at one of the regional hospitals, we mine and log information that allows us to form relationships with the complete family (mother, father, children) vs. only focus on mom. We are looking to create the right utilization at the right time for the long term for the whole family.

**Invest in staff training and education surrounding customer service.** Are you asking yourself how this can improve market share? Empirical studies suggest an educated, well trained staff will satisfy patient needs generating return customers thus improving market share retention.

The bottom line is that both hospitals and physicians have an aligned incentive to provide high quality care to consumers while aligning themselves with customers in the marketplace. If this effort to align fails and differences between customers and their providers exist, then problems such as poor care coordination and patient dissatisfaction occur opening the door for another healthcare provider to enter the market and create more attractive options for care. My

*commitment to Estes Park Health would be to work in conjunction with the medical staff, the board, and the organization's leadership team to align all of our interests in a strategic plan centered around the concept of understanding consumers' needs and designing and implementing a plan that ensures better attainment of market share while honoring the organizations mission and vision.*

**3. Category: Personal Attributes**

- What skills and experience do you have that make you the right choice to provide the leadership necessary to address the future challenges faced by Estes Park Health?

Although I feel fortunate to have collected several years' worth of great experiences as a hospital CEO or VP leader for critical access hospitals, I believe that I would transcend the title of "manager" or "boss" and find a way to effectively lead your organization to the future. I believe that I have a natural ability to connect with people and build effective relationships that allow win-win operational situations for an organization. Additionally, I have an ability to create vision for the future and lead people to that vision. Finally, I try to be learning agile. I desire to constantly learn and grow. Hopefully this allows me, and my teams, to adapt and change to the needs of the environment.

**4. Category: Style – Management, Leadership, Communication, Relationships**

- Describe your leadership style in interacting with the organization, the medical providers, the leadership team, the Board of Directors, and the community.

I appreciated this question as the most exhaustive of the 5 to think through and answer. As we get to know each other and interact you will likely observe the following: I will be diligent in the pursuit of organizational goals. In approach, I will be direct, levelheaded and tactful. When leading, I will pay attention to both administrative tasks and people-related functions to get things done. By nature, I am a servant leader and employ a management rounding technique, whereby I observe work being done in the ER or in the patient wings. Frequently, I will round on patients. I work diligently to create consistent, transparent communication which generates positive working relationships with the board, medical staff, organizational leaders and community members. I do not try to dominate but rather I am interested in collaborating with team members to arrive at a consensus decision best suited for my organizations interests. Under pressure, I will stay calm and collected and encourage the team of people around me (board, physicians and organizational leadership) to continue to press ahead toward the organizations vision.

Additionally, my communication expectations are quite simple. I expect that my leadership team and I will stimulate discussion with peers and subordinates while considering alternatives when problem solving. I would prefer to arrive at a consensus decision but will generate a final decision on organizational items when needed to move initiatives forward. The school of experience has taught me how and when to elicit the thoughts of others and gain consensus prior to final decisions.

This was a challenging and interesting question!

**5. Category: Change in Services**

- What has been your experience is assessing the viability of various service lines, with reference to community needs, financial feasibility, ability to attract and retain talent, competition, etc.? Once a decision is made on a service line, and the service will be discontinued, how have you managed the change with providers, staff, and community? Provide example(s).

In my current career station, one of the major functions that I *greatly enjoy* is to assist regional health care partners in assessing the viability of their service lines and recommending additions and elimination of service lines.

In the past year, I have recommended several service line additions for regional partners. In fact, I have added two orthopedic programs, two oncology programs, an OB/GYN program, as well as, formed a cardiac cath. lab joint venture with a regional hospital.

Conversely, I have eliminated a few service lines in the past year. I assisted regional affiliates with the elimination of an interventional radiology program, the closing and transition of a visiting nurse program to another community care entity, and perhaps the most highly emotional program closing this past year was recommending and assisting a regional affiliate with the elimination of delivery services.

Program startup and program elimination share a similar development/decommissioning pattern. In the case of program addition or elimination, community need, and demand should be studied via a detailed market needs analysis. Once the market analysis study is generated, fiscal modeling estimating the positive or negative impact to the organization should occur. The key step after market assessment and fiscal modeling is conducting *transparent discussion* with major stakeholders to the process. Often, discussion with stakeholders reveals the most important aspects of program addition or removal. In the case of the visiting nurse program elimination mentioned above, multiple challenging discussions were held with physicians, community members, nurses, and board members prior to arriving at a solution to transition this program to another community entity. After getting everyone on the same page regarding the programming, we devised and implemented an objective, time-based plan to decommission this visiting nurse program.

So as you can deduce, adding and deleting programming can be very daunting, but if you are willing to spend the time in market research, fiscal modeling, and most importantly communication sessions with key stakeholders, it has been my experience that you will generate organizational decisions that are right for the community and appropriate for your healthcare entity. *I challenge and encourage you to make the process of elimination or addition of programming as systemic and process driven as possible. In this manner, a business decision driven by transparent conversation and consumer need will occur.*