1. Category: Motivation

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

  I have spent my career exclusively in small, rural, and economically disadvantaged communities. I'm excited about leading an organization that has potential to grow and improve while doing so in an environment that provides my family more opportunities for better quality of life (education, recreation) and in a more family-friendly community. We've vacationed in Estes Park the past couple summers and really enjoy the area and people. Our daughter is currently a freshman at Ft. Collins and our son is in 10th grade.

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.

  In my experience, I've found the following to be successful: We obviously need to understand our data (sounds like you do), and determine what services can be practically delivered locally and where these patients are currently traveling for this care. I cannot overstate the importance of involving physicians in this and asking for their input and support. There are occasions where there may not be confidence of the referring physicians in existing services locally, so there may be some work to be done in resolving physician concerns. It may be simply just long-standing referral patterns that they are comfortable with. While the patient ultimately chooses where to receive care, I've found that most would prefer to remain local and appreciate and support efforts to expand care in the local community.

  There will be some services for which there is demand sufficient to recruit a full-time provider, but in communities with smaller populations like Estes Park (and Trinidad) it is often necessary to partner to bring services to the local community on more of a part-time basis for services to be provided locally. I suspect there are many willing partners in Larimer County (UCHealth, Banner) that would be interested in helping develop more robust services locally in the interest of retaining the referrals for more complex care at tertiary care facilities in Ft. Collins, Loveland, Boulder, etc. I have good relationships with my counterparts at those facilities and believe I could help expand whatever arrangements are already in place.

  In Trinidad we've recruited locally when there was adequate physician volume to support the specialty (Orthopedics), made changes in an existing physician when community needs were not being met and patients leaving the community unnecessarily (General Surgery), and expanded services with a partner (Pueblo Cardiology, Sanderling Dialysis, Rocky Mountain Eye Center) to provide services locally when the community was not able to support a full-time provider. We have not been successful in doing so in Trinidad yet, but Estes Park may be able to attract a physician interested in a part-time role when there is not a need for a full time provider.

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?

  I've been fortunate to lead several organizations that were struggling for one reason or another, and have always been able to lead them to achieve significantly positive results. When I began

in Trinidad in the summer of 2015, our iVantage Health Analytics overall score was in the bottom quartile – the 24.9th percentile. I believe this score is an excellent overall proxy for balanced hospital performance in the areas of market share, patient satisfaction, finance, quality, cost, etc. When I arrived we began making improvements in each of those areas and have consistently made positive progress. We were recently notified that our July 2019 data now shows us in the top decile among our iVantage peers – the 91.8th percentile, and will also be recognized as a 5-star Hospital by CMS in January.

I'm very familiar with the regulatory and future economic landscape affecting hospitals, particularly rural hospitals. Both the Governor and current HCPF Director are advancing plans to significantly reduce hospital payments in various ways, both through the Hospital Transformation Program, creation of a Public Option for the individual insurance market, followed by the small group market, rate reductions in Medicaid, etc. Estes Park may be particularly challenged in some of these state initiatives, because the current structure calls for creation of a class of "resort rural providers" that Estes meets the definition for and will not receive any special treatment being proposed for typical rural hospitals.

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 enjoy leading in an open, friendly, and transparent way, taking every opportunity to communicate and build relationships with everyone inside and outside the organization. I believe improving the culture is crucial to any change in the organization, and being a constantly visible communicative leader is critical to a culture of high performance. I strongly believe that everyone in the organization ought to know 95% of what the CEO knows - I do this through constant communication at monthly meetings, quarterly employee forums, and personal relationships where I know every employee by name.

I have always had good relationships with physicians, treating them in a deferential and respectful way, communicate often, and ensure that they feel supported by not micromanaging their practice (employed physicians) as long as the practice is running smoothly. I work to build collegial relationships with physicians and involve them in many significant decisions without inviting them to overstep their roles in more typical facility management issues.

I work collegially with the senior leaders and we tackle most issues together – I've observed organizations where the CEO tends to "hoard" information and knowledge, and I don't believe that is in the best interest of the organization. Similarly, department leadership is involved as appropriate and has a good understand of organizational goals, performance, challenges, etc.

I communicate very transparently with my Boards – I enjoy sending weekly email "updates" about the goings-on at the organization, and sometimes use this tool to help better educate Board members about relevant topics and provide preliminary discussion for items that I plan to discuss during formal Board meetings. I try to spend some time at least each quarter in a 1:1 of some sort – lunch, etc., to get some feedback individually and address any concerns they may have that they have been reluctant to speak about in public meetings.

Lastly, I am an involved community member. I serve on several Boards and am constantly "out and about" in the community evenings, weekends, etc. I do not engage in any activity in the

community that would reflect poorly on the hospital – I have a fairly simple life: I enjoy music, riding bicycles, golf, hiking, working on cars, home projects, etc.

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 experience working in rural and distressed communities, I've generally found that the underlying cost structure is often more of the cause for financial viability concerns than the fact that the service itself cannot cover its costs to approach profitability, except in those cases where volumes are very low.

  As noted in 3 & 4 above, I believe creating a friendly and supportive culture has significant impacts on the ability to recruit and retain physicians, providers, and other professional staff. Our community had struggled for decades in this regard as it relates to physician turnover in particular, but in the past 4 ½ years we've not had any physicians depart voluntarily, and only one involuntarily. Additionally, one of the physicians that left in early 2015 we were able to recruit back to Trinidad when he learned of the improved environment at the hospital.

  I was the CEO at Dallas County Medical Center in Fordyce, Arkansas, twice. In 2013 when I returned, we needed to eliminate an Intensive Outpatient Psychiatric program that had very little patient participation. The hospital had previously partnered with a management group to offer this – not only were direct costs not being covered, the contract financials were structured such that the effect was that the management group was siphoning off overhead costs that would have otherwise been reimbursed to the CAH.

  In addition to that service reduction, there was unfortunately a need to reduce staff to keep the hospital viable – in the years I had been away salaries and wages had increased 40% while net income had decreased 15% - an unsustainable trend even for the tax-supported entity that we were. DCMC is a very small organization – about $8MM in net revenue with FTEs of about 90 when we started. We needed to eliminate about 20% of the workforce and impose pay reductions for nearly everyone else – including me. As I mention in number 4 above, I believe my leadership style and the transparent way I communicated the situation, the reductions were done with little drama and complete support of the community. Once I shared the data, everyone understood the necessity and appreciated the difficult decision made in the interest of saving the hospital. The reductions had the intended effect, and the hospital was able to again show positive margins, although small.