



**MARKETING PLAN FOR  
DOCTORS PLUS KIDS CARE CLINIC  
AT AVON ELEMENTARY  
(An Eagle County Schools – School Based Health Center)**

## Introduction

This document describes the Marketing Plan for the Kids Care Clinic (KCC), a School Based Health Center (SBHC) located at Avon Elementary School in Avon, Colorado. It is intended to provide a marketing analysis of healthcare in Eagle County and more specifically Eagle County Schools (ECS) geographic district with relationship to healthcare services provided and of those specific to SBHCs together with providing an overview of marketing tactics and strategies for KCC.

### Summary of Objectives and Goals:

The purpose of this marketing plan is to improve and increase (public and private) communication in our community that promotes KCC SBHC services so as to 1) increase enrollment and service utilization; 2) convey the importance and value of access to quality, comprehensive, affordable healthcare in our community for everyone and; 3) improve existing and future funding and community relationships and partnerships for economic stability and sustainability.

The KCC SBHC marketing strategy plan targets enrollment growth as its first step to increase clinic and service utilization. This targeted marketing through education, information and involvement seeks to increase enrollment as an integral element in recruiting support from students, parents, teachers, community members, funders, providers and partners. With this support, enrollment growth is realized, the value of the SBHC to our community healthcare service delivery is known and

### Marketing Plan Guiding Principles

1. Increase Utilization: The SBHC will increase the number of ECS student-patients enrolled and registered (with unduplicated office visit) from 250 during the period July 1, 2012 – June 31, 2013 to 750 during the period July 1, 2013 – June 30, 2014.
2. Community Messaging: increase number of ECS students and parents who are enrolled in the SBHC, increase the number of participants in the SBHC programs/projects or who are SBHC Community

Champions from 20 (existing members of staff, ECS SBHC Team and CAT members) as of June 30, 2013 to 150 by June 30, 2014;

3. Collaborative Partnering: Increase the number of collaborative partner programs to 10 including partners in oral health, BMMH, vision, Teen health, patient navigation-Medicaid enrollment from initial planning stage to implementation and development stage by June 30, 2013.

## Market Analysis Summary

The cornerstone of a marketing strategy includes an intimate understanding of the market's needs. In healthcare today there exists a very real and measurable need for access to quality affordable comprehensive care. Most notably, is access to care patient can economically afford. Overall our analysis must include multiple healthcare access factors including community healthcare access, healthcare delivery models and patient barriers to care. Across our nation and the state of Colorado school aged children and families face barriers to accessing quality, affordable, comprehensive health care. School Based Health Centers (SBHCs) offer unique opportunities to school districts and their communities to meet the health and mental health needs of their underserved students. In Colorado, many SBHCs provide and deliver affordable access to comprehensive primary care for school aged children including physical, mental and behavioral and oral health while reducing economic barriers to care through utilization of sliding fee scales, co-pay waivers and focused enrollment in Medicaid and CHP+. Enhanced services include dental services, teen reproductive health, health education, promotion and nutrition counseling, facilitated insurance enrollment in Medicaid/CHP+, family services and community referrals.

It is well established that a student's health plays an essential role in their ability to learn and stay in school. SBHCs reduce absenteeism, improve academics and graduation rates. While working collaboratively with school nurse and medical staff, social workers and behavioral-mental health counselors, SBHCs deliver comprehensive health care to those who otherwise may not have access to care.

The mission of Eagle County Schools (ECS) is to educate every student for success. Its vision is to be the school of choice for all families in Eagle County. ECS is comprised of some 6000 students with 52% Hispanic, 45% Free and Reduced lunch and 14% special education, all well above average in Colorado for these indicators. The ECS district is comprised of over 1,600 square miles divided centrally by rural sparsely populated areas, creating a 20 mile gap between the eastern and western communities, linked only by one interstate highway. Despite numerous ECS successes as an innovative leader in academics, professional development and program initiatives, ECS continues to struggle with achieving improved academic performance of its students in this very difficult geographic and demographically diverse, rural district. ECS has incorporated rigorous curriculum redesign, data based decision-making together with high expectations and commitments to helping every student excel as a priority. As part of this goal and commitment ECS has taken steps with the SBHC program to provide mental, medical and dental health services for students in need and provide referral systems for continued care.

ECS opened its first SBHC in February 2013 called the Doctors Plus Kids Care Clinic (KCC) located at Avon Elementary in eastern Eagle County. The KCC is intended to

supplement and augment ECS health services delivered by part-time school nurses to over 6000 students. The KCC, SBHC program delivers cost effective affordable health care including medical, dental and behavioral health services to all students attending ECS schools within and near the towns of Avon and Edwards, who may need access to affordable healthcare. Collaborating with community providers and partners, KCC delivers comprehensive affordable care access and care coordination to all students irrespective of insurance or income, providing equal access to all students needing care. In its initial planning and implementation for the SBHC, ECS determined an overwhelming percentage of ECS students and families needed improved access to affordable comprehensive health care. Data established that of those students and families surveyed, 29% reported untreated chronic health conditions with no regular source of care and 64% without dental care. Forty-four percent reported not having had a recent physical exam, 69% had no access to counseling (mental health), 60% reported being uninsured and 72% stated they did not have access to health care services when needed. These surveys were then used to estimate that over 1200 of the 2300 students living in the adjacent towns in eastern Eagle County closest to the KCC, needed SBHC services and would use SBHC services or their healthcare needs.

Further, these SBHC services are not duplicative of other available services in the community as Eagle County has no other school based healthcare nor community health centers at this time. In 2011 Eagle County obtained a designation as a county containing a Medically Underserved Population (MUP). This MUP includes indigent children and adolescents, uninsured and underinsured. Further, health disparities have been identified including a higher incidence of suicide, low birth weight, birth to foreign mothers, skin cancer and births to Latina teens together with a lower incidence of immunizations. It has further been established that despite the 88 FTE primary care providers in the service area in 2009, only 1.82 FTE were servicing indigent or low income patients including Medicaid or CHP+ or were willing to provide reduced fee services utilizing a sliding fee scales for those uninsured and underinsured. This number has not increased and is unlikely to do so.

In 2010 Eagle County and its community partner, Vail Valley Medical Center, in Vail, Colorado, began its quest to obtain a Federally Qualified Health Center (FQHC) for its indigent care clinic, Eagle Care Medical Center. That project, despite obtaining the necessary designation of an MUP within Eagle County, currently remains on hold, with uncertainty of obtaining an FQHC designation by 2014 or after. This leaves Eagle County and ECS in a quandary as to meeting the needs of its medically underserved much less serving its underserved student patient population unable to

In its SBHC survey results and planning, ECS estimated that over 1800 ECS students would enroll in the KCC SBHC from the potential 2600 students residing in eastern county and attending feeder schools. Anticipating 82% of those 1800 enrolled would actually utilize clinic services, some 4,400 annual encounters are projected at full utilization. The initial start up estimates and financial projections for year one are far more conservative estimated at 30 billable/collectible encounters per week or 1560 annually. To reach full projected utilization additional enrollment is necessary.

The KCC SBHC comprehensive health care services include but are not limited to : age appropriate well-child exams, immunizations, diagnosis and treatment of acute illness and injury, management and monitoring of chronic conditions, basic laboratory services, capability to prescribe commonly used medications, health

education and anticipatory guidance, basic mental health services (by referral or on-site) substance abuse services, reproductive health care and violence prevention and education.

## Market Segmentation

In fulfilling our mission, to provide affordable quality comprehensive healthcare to ECS students irrespective of insurance or ability to pay, our target market is first the medically underserved indigent patients earning up to 400% times federal poverty, including Medicaid/ CHP+ students and those uninsured and underinsured. Secondly, our target patient population is the insured and underinsured patient population seeking affordable healthcare, with household incomes above 400% times federal poverty but for whom cost is still a significant barrier to health care. Given that ECS student population is highly impoverished the estimated need of the patient population likely exceeds the current KCC SBHC capacity to serve even at full utilization. Twenty three percent of ECS students are uninsured, over 1500 are enrolled in Medicaid/ CHP+, 64% are estimated as eligible but not enrolled (EBNE), 45% are Free and Reduced Lunch (2013) including significant second language learners (51% Hispanic, 27% English Language Learners). These students have a high prevalence of chronic and acute medical, dental and mental and emotional needs that are not being met. The high cost of living in Eagle County, provider shortages and geographic and cultural barriers to care prevent a largely impoverished and isolated population from obtaining appropriate care. Limited financial resources, inflexible work schedules, immigration issues, cultural linguistic barriers, a lack of knowledge about the importance or availability of services, and lack of transportation are significant factors in the reported lack of appropriate care provision.

## Utilization

Achieving high level of SBHC enrollment is critical to the success of the SBHC. SBHC services are provided to those students enrolled in the SBHC. Enrollment is achieved by obtaining a parental or guardian consent to treat the child. There are some exceptions to parental consent but once enrolled a child may be seen without a parent present.

The Doctors Plus patient market will continue to grow in years to come. Growth indicators reported by Eagle County estimate the county population will continue to increase by 2% annually, reaching 86,000 residents by 2030 and directly impacting student population.

Further, the growth of second homeowners is likely to continue and increase as more baby boomers reach ages 55 to 64. Our second homeowners purchase five times the amount of local services on average creating a higher demand than what our workforce can deliver. The data indicates that Eagle County and particularly eastern Eagle County will continue to see an increase in population in the next 20 years by an excess of 36000 residents. We will see an escalation in increased second homeowners as baby boomers reach target buying ages, spending 41% of their time between the months of December and March primarily in eastern Eagle County where the ski resorts are located. This coupled with an estimated visitor population increase in winter months of 25% to 100% depending on the measured day or week during the ski season.

Historically, the growth in Hispanic population in Eagle County has exceeded 200% in a ten year period, to meet the demands for a service labor force, according to the NWCOCG. Further, this influx of population is still unable to keep up with labor force demands. This demand out running supply is in large part due to the inability to attract and keep workers due to the high cost of living, including housing. This trend is not anticipated to change. Currently, over 49% of our housing is owned by second homeowners, all creating increasing service needs and labor shortages. This will result in continued increase in workers population, influx of Hispanic workers for the service jobs including housekeeping and maintenance. Correspondingly we will see an increase in an uninsured population both of seasonal and Hispanic workers unable to afford insurance and just as importantly unable to afford healthcare.

In Colorado a rising demographic is the number of underinsured or those patient with high deductibles unable to access affordable healthcare. The Colorado Trust in its report entitled "The Magnitude of Underinsurance in Colorado" estimates the number of underinsured to be equal to the number of uninsured. Of the underinsured 70% are insured through an employer and 13% are insured by Medicare, Medicaid and CHP+. Of the working underinsured, 55% were Hispanic and 33% white or other ethnic background. Coloradans with annual incomes less than \$30,000.00, had the highest rate of underinsurance and 25% of the families with incomes at 200% times the federal poverty level (FPL) were underinsured. One in seven Eagle County residents are underinsured. Overall 20% of those underinsured reported poor health status due to an inability to access affordable healthcare. The uninsured and underinsured reported they were more likely than those with adequate coverage to forgo a physician visit or fail to fill needed prescriptions due to cost. One in three patients reported difficulty paying a medical bill. Further as our population grows and ages these number will continue to rise. This results in a growing market share of underserved, uninsured and underinsured. [www.coloradotruster.org](http://www.coloradotruster.org)

Doctors Plus intends to meet this market demand by increasing capacity to serve the underserved and by offering affordable access to the underinsured. We will measure the success of our mission by increased patient load, increase office

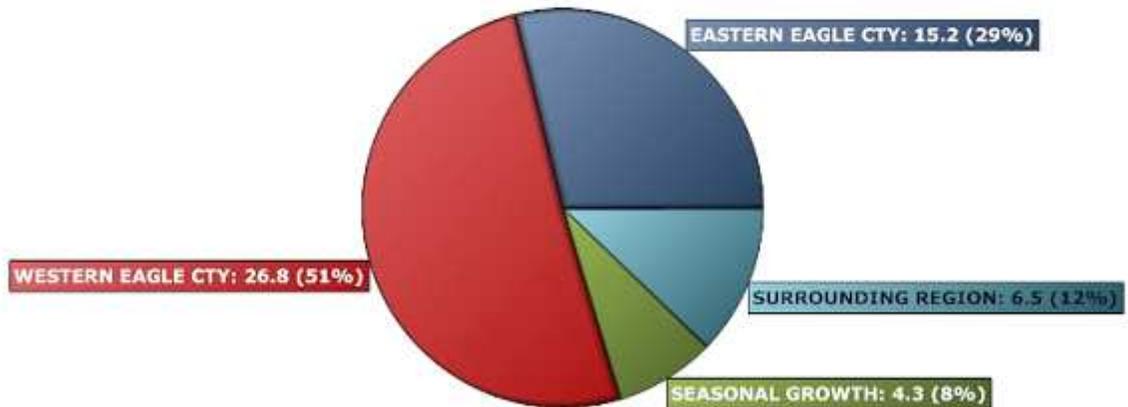
visits and most importantly improved patient health. The Colorado Trust sites that "having a usual source of care is strongly associated with receiving continuous, appropriate care." Their study concluded that over 53.7 percent of the patient population asked had difficulty accessing healthcare due to cost.

Table: Market Analysis

<i>Market Analysis</i>							
		2011	2012	2013	2014	2015	
Potential Customers	Growth						CAGR
Eastern Eagle County Population	2%	0	0	19,600	19,992	20,392	0.00%
Western Eagle County Population	2%	0	0	34,600	35,292	35,998	0.00%
Surrounding Region Population (Lake)	2%	0	0	7,812	7,968	8,127	0.00%
Seasonal Increase in Population (25%)	2%	0	0	4,900	4,998	5,098	0.00%
<b>Total</b>	0.00%	0	0	66,912	68,250	69,615	0.00%

Market Analysis Pie Chart

## MARKET SEGMENT BY POPULATION



## Target Market Segment Strategy

With a fresh perspective on its mission, understanding what it can do well, and the community environment in which we operate, Doctors Plus will pursue the following strategic directions:

1. Doctors Plus will review its products, services and community collaborative resources and relationships to ensure that we are meeting the needs of our patient population in our healthcare delivery model.
2. Doctors Plus will continue to assess patient and community needs to identify gaps in service areas of need.
3. Doctors Plus will pursue a role as a leader in our healthcare community in working with collaborative partners and providers to promote collaboration in the delivery of accessible affordable healthcare over competition, fostering improved and increased care, coverage and healthy patient outcomes.
4. Doctors Plus will develop a leadership role in our community as a major contributing non profit, meeting the needs of our community and explore the ability of the organization to expand our community involvement, garner interpersonal relationships with other non profits and civic organizations alike, invest time and support in other organizations meeting our mission through their efforts and make greater use of volunteers.
5. Doctors Plus will emphasize building its discretionary financial resources to reinvest in our community and in reaching our mission through partnerships with other organizations. This includes building an endowment fund, capital reserve fund and establishing a maintenance fund to maintain our physical plant, equipment and property assets.

## Service Providers Analysis

The service providers in eastern Eagle County are Dr. Kovacevich and those doctors primarily employed by Colorado Mountain Medical at their Vail or Edwards offices and through Eagle Care, also in Edwards, the indigent clinic now owned and operated by Vail Health Services (parent corporation to Vail Valley Medical Center), our local hospital. These two entities, Colorado Mountain Medical (a for-profit primary care group) and Eagle Care (indigent care clinic) are the primary

competitors of Doctors Plus with regard to the underserved and working underinsured patient population. Colorado Mountain Medical sees primarily schedule patients only, does not see Medicaid or CHP+ but rather their doctors contract with Eagle Care to serve the Eagle Care indigent. Further, Colorado Mountain Medical is a multi-practice facility including family practice, obstetrics, pediatrics and internal medicine. Their fee schedule is based on the standard industry maximums and do not offer discounts to patients based on variable economics as with the Doctors Plus sliding fee scale serving the uninsured and underinsured.

Irrespective of identifying these entities as competitors, Doctors Plus will seek to collaborate with both these facilities in serving the underserved. Namely, Eagle Care and or Vail Valley Medical Center and Colorado Mountain Medical will be utilized to support our voucher program for our patient to access specialty care at a reduced and subsidized rate. Doctors Plus will enter into Memorandums of Understanding (MOU) with these otherwise competitors and seek to include them in our community provider network for serving the underserved.

As to the insured economically stable patient above the 500% times FPL, Doctors Plus will compete with these facilities for market share. Based on our historic patient based evidence from Dr. Kovacevich and his 20 years of practice, there is sufficient existing patient population to support the necessary revenue base needed by each of these entities. By capturing the patient base formerly of Dr. Kovacevich the negative effect of this competitive factors will result in minimal economic impact on Doctors Plus.

There are additional facilities that provide urgent and emergent care to the eastern Eagle County patient population including the Vail Valley Medical Center Emergency Room, the Avon Urgent Care Center and the Strawberry Park Medical facility, all owned and operated by the local hospital. These facilities are in closer proximity to the ski areas but offer more expensive emergency or urgent care services or as with Strawberry Park operate on a limited access schedule during the ski season.

Even given these competitors the patient to doctor ratio in this geographic area offer excellent favorable statistics for marketing efforts. Further, none of these provider focus their service on delivering affordable care to all patients of all income levels. This broadens the market share for Doctors Plus.

## Alternatives and Usage Patterns

In general, competition among fellow like-kind providers in eastern Eagle County as this time is small. The growing population base and the limited number of facilities similar to Doctors Plus creates a great potential for meeting our patient load goals. Further as the patient population learns to be better healthcare consumers demanding increased access to affordable care, the patient load and market share of Doctors Plus will increase. This competitive edge will create positive growth in increased revenues and earned income for Doctors Plus and correspondingly allow Doctors Plus to sustain the delivery of affordable healthcare to all patients including stabilized delivery to the underserved.

Further, when choosing a general practitioner, family doctors or primary care physician and maintaining this relationship, the decision is very personal and patients look for a professional who is knowledgeable and skilled who will listen carefully to their health concerns. They are more likely to return to a doctor whose location and hours are convenient and accessible, where wait times are short, staff is personable, friendly and helpful and who work effectively with their insurance providers.

At Doctors Plus our multiple programs including removing and reducing barriers to healthcare through our Healthcare Navigator, our voucher program for reduced cost subsidized access to specialty care, our health and wellness center and community based programs, our Patient Centered Medical Home focus with continuity, coordinated and continuous care priorities and our multi-stakeholder agreements including local employers and insurance payers will garner new patient business, increase patient retention and ultimately increase healthy patient outcomes. All of these factors support a growing sustainable market share. The relative importance of each of these factors will vary by patients' age, medical needs, economic status, health status and desire to reach improved health and wellness through our programs and services

#### Strategy and Implementation Summary

Our strategy for a successful start is based on quickly creating a high profile and name recognition in the community through community speaking, networking, promotional events and print advertising. These marketing tools will be followed by a sales strategy that relies on our convenient accessible location, well-trained, highly motivated employees and a commitment to provide the base care and patient experience possible in every interaction. The advantage of this strategy is that very element of it is within our control.

With few local doctors doing what we do and how we do it, competition will be less of a concern than will education of potential patients about the benefits of seeing our doctors and practitioners and encouraging preventive health care by commitment to the Doctors Plus care system.

The following is a summation and excerpt of the strategic planning Doctors Plus will utilize from our Strategic Plan. We will focus on our mission, understanding what we do well, and the community environment in which we operate, Doctors Plus will pursue the following strategic directions:

1. Doctors Plus will review its products, services and community collaborative resources and relationships to ensure that we are meeting the needs of our patient population in our healthcare delivery model.

2. Doctors Plus will continue to assess patient and community needs to identify gaps in service areas of need.

3. Doctors Plus will pursue a role as a leader in our healthcare community in working with collaborative partners and providers to promote collaboration in the delivery of accessible affordable healthcare over competition, fostering improved and increased care, coverage and healthy patient outcomes.

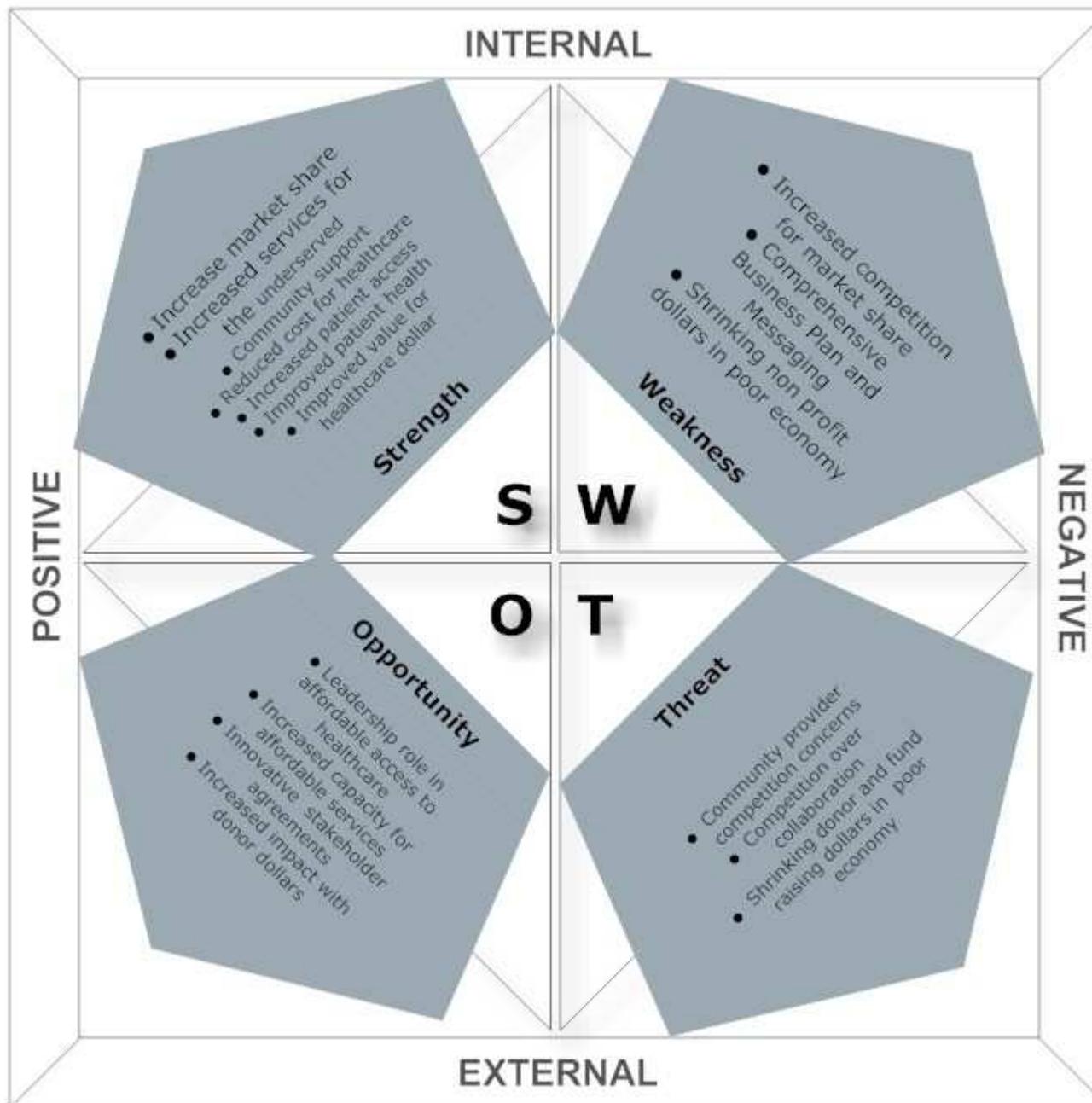
4. Doctors Plus will develop a leadership role in our community as a major contributing non profit, meeting the needs of our community and explore the ability of the organization to expand our community involvement, garner interpersonal relationships with other non profits and civic organizations alike, invest time and support in other organizations meeting our mission through their efforts and make greater use of volunteers.

5. Doctors Plus will emphasize building its discretionary financial resources to reinvest in our community and in reaching our mission through partnerships with other organizations. This includes building an endowment fund, capital reserve fund and establishing a maintenance fund to maintain our physical plant, equipment and property assets.

Doctors Plus will achieve the strategic direction described above by fulfilling the following goals and objectives.

1. Increase access to value affordable care for all
2. Improve patient health wellness and prevention
3. Reduce healthcare delivery costs
4. Develop and retain stable, skilled medical staff focused on the mission
5. Increase clinic, provider and patient capacity
6. Increase image as a positive affordable healthcare solution
7. Increase volunteerism and community involvement in Doctors Plus
8. Set realistic and attainable fund raising goals for start up, capital and operating needs
9. Develop and maintain fund raising plan to meet sustainable funding by year three

## SWOT Analysis



### Strengths

Doctors Plus strengths include the organizations immediate ability to provide access to affordable basic level healthcare for all patients irrespective of income, irrespective of insurance. This necessarily creates an increased market share of patients needing

affordable healthcare. Our staff and walk-in clinic provide the increased capacity to treat patients when they need care and at a cost they can afford, whether they are uninsured, insured or underinsured. Doctors Plus provides full access to value healthcare from the time the patient seeks our medical services through the challenges our patients face in accessing outside care, specialty care or specialty services. We do this through innovative multi-stakeholder agreements and wide community support where our supporters see the impact of their funding dollars in increased healthier lives.

## Weaknesses

Some believe that Doctors Plus and the healthcare industry in general cannot change from its profit centered goals to collaborative community services due to increased competition for healthcare dollars in a down economy. Rather at Doctors Plus we believe it is because of the down turn in both our general economy and our healthcare economy that we must, move away from competition with our community providers and embrace collaboration. This will allow us to build a cohesive healthcare system focused on health, wellness and prevention thereby building healthier lives and cost less healthcare dollars overall. Otherwise we will all continue to battle poor patient health in an industry focused on treating the sick.

Further, at Doctors Plus we often face a complicated and comprehensive message in disclosing our mission and vision for healthcare. But we understand that fixing a critically ill healthcare system is no easy task. We believe it is as simple as increasing healthier lives one patient at a time. Simply put, "our mission is your health."

Lastly, with our ability to effectuate healthier lives we will also overcome the concerns of vying for shrinking non profit dollars in a poor economy. In this down economy, funders will require contributions result in greater impact for change. At Doctors Plus we can assure supporters of reaching our mission not only by measurable results in increasing healthier lives for all patients including the underserved, but also by influencing change in our entire healthcare system.

### 5.1.3 Opportunities

Our opportunities considered most important are:

- Increasing patient capacity to access affordable services. By offering and providing reduced fee cost effective healthcare services to our patients of all

income levels and irrespective of insurance Doctors Plus will open the market place for affordable healthcare in our community.

Implications: This market change will make Doctors Plus philosophies more prevalent and will increase patient demand for affordable services from all healthcare providers. This necessarily will increase the patient load at Doctors Plus and increase earned income from patient service fees resulting in greater sustainability of our "affordable care" concept. This will then drive our provider community to meet demands of their patients and ultimately drive down the cost of healthcare.

- Innovative stakeholder agreements- Doctors Plus has the opportunity to create and execute multi-stakeholder agreements for the delivery of affordable healthcare services beyond the walls of our facility. These agreements will focus primary on obtaining increased access to reduced fee services from our community provider network including outside healthcare providers and specialty services with our local doctors and hospitals, discounts on labs and special studies, access to affordable oral and dental health and increased access to mental health counseling and services. In addition we will execute contracts with our local employers who provide self-pay healthcare insurance or services to their employees for reduced fee care access at Doctors Plus. We will also seek to enter into reduced fee schedule contracts with our insurance payer community with savings benefits to patients and employers.

Implications: Doctors Plus through its innovative multi-stakeholder agreements will broaden the availability of affordable healthcare beyond our clinic walls and promote access to value care to many basic areas of healthcare for our patients that may not otherwise be attainable. To overcome these potential cost barriers we will need to commit sufficient staff expertise and time to fostering community healthcare provider relationships and providing stakeholders with measurable results feedback to help define and communicate the benefits and rewards for stakeholder participation.

- Increase impact with donor and fund raising dollars- Doctors Plus will leverage the contribution dollars of our donors and funders to assure a return on their charitable investment by reaching our goals and mission to increase healthier lives with increased access to affordable care. Implications: By effectuating change in our local healthcare system and local economy we will open the opportunity to effectuate state and regional healthcare systems change, potentially saving healthcare dollars.

#### 5.1.4 Threats

The threats considered most important include:

- Community provider negativity- Our local healthcare provider community may react negatively to the Doctors Plus affordable care products and services due to perceived threats of increased competition. Further there exists a lack of

- cost transparency in healthcare that complicates the ability of Doctors Plus to provide patient-consumer evidence that our prospective fees are indeed affordable and less costly than other provider pricing. To overcome this negativity we will need to cultivate, garner and manage good community provider relations continuously over time and most important at inception of service delivery.
- Competition threatening collaboration- Healthcare in general is threatened by high costs resulting from duplication of services, maximizing fee schedules and building product and service profit centers as a priority for healthcare economics over delivering healthy patient outcomes. Providers are being faced with being required to provide more services for the same fee or for less fees as part of the federal legislative healthcare reform bill or within stipulations with insurance payer provider contracts. For instance, mandates to install, implement and meet effective use with electronic medical records systems or meet provider
  - Shrinking donor and fund raising dollars in poor economy- Doctors Plus is dependent on attaining sufficient donor and funder dollars to support our start up, capital needs for clinic completion and operating costs for years one and two. In year three our patient in need programs will rely on an annual fund raising event ultimately supported by community events. The known risk is that funding dollars are insufficient to meet these needs.

Implications: Doctors Plus must remain diligent in reaching its fund raising goals through all means necessary including local donors, governmental and corporate support, foundation and non profit grants and financing if necessary. Further, we will continually assess our means to increase earned income through patient fees and insurance reimbursements while remaining true to our mission of delivering affordable healthcare. We will continually assess our ability to generate revenues from other unique and innovative opportunities including employer wellness contracts, patient membership discount programs, office share arrangements, community service agreements and the like.

## 5.2 Competitive Edge

Doctors Plus strengths include the organizations immediate ability to provide access to affordable basic level healthcare for all patients irrespective of income, irrespective of insurance. This necessarily creates an increased market share of patients needing affordable healthcare. Our staff and walk-in clinic provide the increased capacity to treat patients when they need care and at a cost they can afford, whether they are uninsured, insured or underinsured. Doctors Plus provides full access to value healthcare from the time the patient seeks our medical services through the challenges our patients face in accessing outside care, specialty care or specialty services. We do this through innovative multi-stakeholder agreements and wide community support where our supporters see the impact of their funding dollars in increased healthier lives.

Doctors Plus will have a competitive edge based on position, timing, affordability, quality and accessible care, patient centered medical home services including after hour call, full service patient customer service, quality staff time, improved

healthy patient outcomes and a pleasant staff and office environment. All of these factors will result in patient satisfaction and high referral rates.

In general, competition among fellow primary care in eastern Eagle County has historically been limited. In fact, most local providers limit marketing to advertising in our local newspaper and yellow pages with minimal information available by web site. We have limited local television exposure with Channel 8, which is primarily a guest channel focusing on the ski resort. Further, the anticipation of a growing population, a growing increase in seasonal visitors and guests, increasing second home owners and an ever increasing patient consumer base focused on accessing affordable healthcare creates a strong and sizable opportunity to capture and increase market share.

### 5.2.1 Access Barriers to Healthcare

#### ACCESS BARRIERS TO AFFORDABLE HEATHLCARE

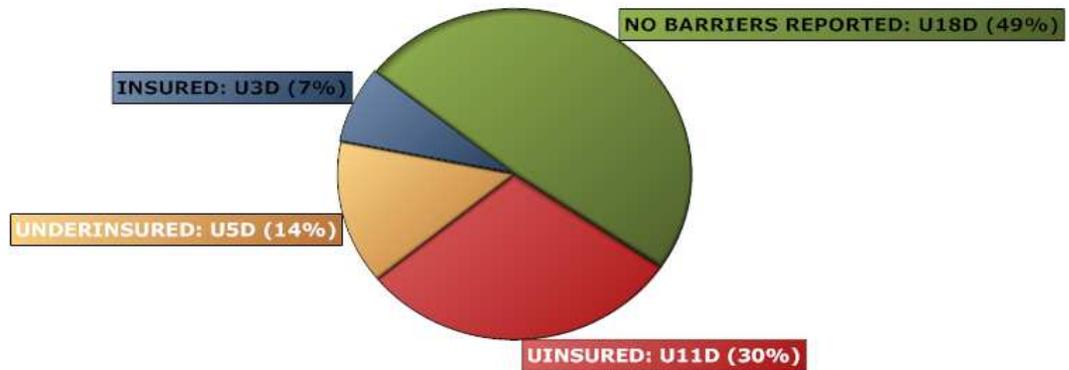
#### ACCESS AND COST RELATED PROBLEMS AMOUNG UNINSURED, UNDERINSURED AND ADEQUATELY INSURED COLORANANS, 2008-2009\*

<b>Barrier in Last 12 months</b>	<b>Adequately Insured</b>	<b>Underinsured</b>	<b>Uninsured</b>
Did not fill Prescription due to cost	7.1%	15.1%	23.8%
Did not get care due to cost	5.4%	11.6%	32.8%

Did not get specialty care due to cost	7.3%	13.5%	25.9%
No usual source of care	5.8%	5.6%	29.7%
Problems paying medical bills	12.4%	35.1%	38.2%

\*Table duplicated from the Colorado Trust June 2010 report "The Magnitude of Underinsured in Colorado", [www.coloradotruster.org](http://www.coloradotruster.org)

# ACCESS BARRIERS TO AFFORDABLE HEALTHCARE



## 5.3 Marketing Strategy

In consideration of the mission, primary customer, core values and the SWOT assessment of the current business and healthcare environment in our community, the next three to five years will be a time of continued assessment and focused development of approaches to our work to accomplish and reach our goals and overall effectuate our mission. Doctors Plus will take a leadership role in working with a broader spectrum of community resources and our community provider network. We will continue to explore the feasibility of actively engaging volunteers in our fund raising efforts.

- Doctors Plus will periodically review and develop supports and services over time to ensure we are using state-of-the-art information technologies for improving patients' health. The model emphasizes use of patient outcome reporting and collaboration of this information with our provider community for integrated healthcare approaches and assuring exemplary healthcare delivery.
- Doctors Plus will continue to assess patient and community needs with particular focus on the underserved to identify gaps in service areas and help

- define services and programs to meet the identifiable needs. We will focus both on identifying needs and facilitating our ability to increase the numbers of in-need patients served.
- Doctors Plus will utilize in house support and services including the healthcare navigator and voucher system to act as a service broker to increase access to affordable services beyond our facility with the focus on ensuring quality across services.
  - Doctors Plus will find innovative ways to increase our visibility in the community and contribute to the non profit community as a leader in non profit healthcare delivery.
  - Doctors Plus will focus on building its discretionary financial resources to invest in providing quality services and reach sustainability. This includes building an endowment fund and maintaining sufficient funding for asset maintenance.

Upon opening the Doctors Plus facility, it is important to create momentum before the actual day of opening. In conjunction with a Marketing and Advertising consultant, this momentum will be created one month prior to opening date. We will first focus on name recognition, location and services. Next we will focus on our presence in the community and our community based mission. We will do this through a combination of the following strategies outlined below, in order to create greater visibility to existing and new patients and community partners.

#### Marketing Materials

All written materials used to promote the medical office will share a professional and polished look and feel with emphasis on affordability. We will have brochures available at our office and in the offices of our community partners including those that serve the underserved including the Salvation Army. We will seek to attain inclusion in these partners web site presence with either information or links to our own corresponding web site. Our print information will contain some biographical information, location, photos and other promotional material.

We will provide multiple education brochures from sources including the American Association of Family Practitioners, Colorado Medical Society and multiple Colorado non profits focusing information on the delivery of affordable healthcare. We will make this information available to our patients in the office, through our electronic medical records system and within our online presence.

There will be a number of patient focused educational brochures, videos, mailings and other materials used to promote health and well being and the Doctors Plus

facilities. We will have multiple ads in locally circulated publications including magazines, newspaper as well a commercial running periodically on our local television, to not only announce the opening but continued products and services emphasizing the accessibility of affordable healthcare.

We will also utilize commercials, mailings, yellow pages, magazines and newspapers offering discounts and special programs.

### Promotional Events

We will host a grand opening and host several open house events for our local non profits, community service groups, schools and local businesses to show case the clinic and provide a hands on view of our products and services. Doctors Plus will also host and/or participate in local health fairs offering services including blood pressure checks, glucose testing, obesity and weight loss assessments, nutrition and exercise advise. We will host events on site with our local youth organizations focused on children and youth nutrition utilizing our community teaching kitchen, for the elderly offering cardiac exercise classes and conduct blood drive with our regional blood bank facility.

Doctors Plus will hold health information workshops and seminars utilizing the Doctors Plus Health and Wellness Center community classroom equipped with teleconferencing equipment for the general public and specific groups. Our marketing goal will be to bring new patients into the clinic but also to create work of mouth. These programs and services will be continued past our start up marketing plan as a continued health and wellness service to our patients and the community. During our promotional programs, participants will have time to ask questions about medicine, our services and how to access health and wellness programs. These ongoing program will attain participation from referrals, word of mouth and patients following compliance treatment plans. Our goal is to meet and promote the clinic to as many people before the opening, as well as after the clinic is open.

### Networking

Doctors Plus will become an integral member of the business and healthcare community. We will join and attend key business events that will help promote our new facility, products, services and personnel. We will attend key business events that will help promote our new business. We will also promote ourselves

in local business directories. We will also network through various organizations, such as our local non profits, churches, public services and within our existing healthcare network.

Doctors Plus will incorporate reciprocal advertising with other nearby medical facilities, such as internal specialty primary care, orthopedics, vision and dental care. We will build our Healthcare Navigator service to incorporate and include our community healthcare providers and ancillary services and form alliances and enter into collaborative agreement with these partners including our local hospital, labs and special study providers.

We will incorporate the hotel and motel concierge market into our networking component to garner new and continued referrals from the visitor and guest patient base.

#### Accessibility

Doctors Plus will adopt several strategies to ensure patient satisfaction and work of mouth advertising. First our hours will include after hours 24-7 calls to a healthcare professional. We will initially be open 8 am to 6 pm Monday through Friday, expanding daily hours in the winter of year one and to shorter Saturday and Sunday hours

#### 5.3.1 Sales Strategy

the sales begins when a patient calls, comes in to be seen, or accompanies a family member to an appointment. In every interaction we must be accessible, courteous, knowledgeable and helpful.

#### Location

The clinic will be located in Edwards as the western edge of the eastern portion of the county easily accessible off of Interstate 70. Patients will be able to easily find the clinic. Our services with easy access, available by walk-in. Signs will be posted in strategic places including high visibility from the Interstate and Edwards Access Road. We feel that our location is a great asset and will strengthen our future success.

#### Flexible Hours

Doctors Plus will adopt several strategies to ensure patient satisfaction and word of mouth advertising. First, our hours will include after hours call with a practitioner to answer quickly and efficiently patient care questions. Our walk in access 10 hours a day Monday to Friday will provide week day availability. In the fall of year one these hours will be expanded to include shorter Saturday and Sunday clinic access.

#### Environment, Appearance, Etiquette and Overall Patient Experience:

The clinic will have a professional and upscale appearance from the standard walk in shopping center medical clinic. We will incorporate concepts of interior finishes that promote hominess and warmth instead of typical sterile medical decor. The health and wellness center will incorporate a medical spa atmosphere to create a sense of health and wellbeing from its interior. We will finish the exterior with plants, lighting and benches to promote patient gathering and utilization of the exterior as extensions of the clinic when seasonally permitted. We will utilize professional easy readable signage to direct patient to appropriate areas of care and community gathering. Upon entering the clinic or the health and wellness center the patient will be greeted with courteous staff offering help and assistance for all.

Patients' needs and concerns will be addressed and they will be asked to sit in the waiting area, complete any necessary information and will be assisted by staff to access any health information they may need to better facilitate their visits or health progress. The waiting area will be equipped with soft music, television displaying closed circuit information and entertainment and healthcare computer access with an eventual registration and insurance information access kiosk. The walls will display local photos and art work of our community. The clinic rooms will utilize the EMR computer monitors to display continuous soothing slide shows of land or ocean scenery. The exam and treatment rooms will be professional, clean and organized. During the consultation our professional staff will present themselves in a professional and courteous manner and focus on the patient not dictating medical records. After the consultation the staff will direct the patient to check out or for further services if necessary and provide follow up dates, treatment information, education materials and billing information and payment choices. No patient will be denied services due to a pending or past due balance.

#### Pricing Strategy

The pricing for consultations and visits, as well as procedures will be billed at fees below the industry standards and at amounts found to be affordable by industry standards. This pricing will be researched to determine its validity as affordable by comparison to our local and regional like kind service providers. Further we

will negotiate and/or offer to negotiate with our insurance payers a fee schedule below the maximum fee schedule currently in place under the applicable preferred provider contracts. This will result in 10-20% savings in patient fees for all stakeholders. Further, we will utilize a sliding fee scale up to 500% times the federal poverty income levels. This will add an additional savings from 20% to 100% for qualifying patients. Through our EMR patients will be called for follow up reminders. Follow ups in 7 to 10 days from the date of service will be offered at no charge. Other no charge services will include suture removals, blood pressure checks, medication refills for chronic disease patients and labs at cost for the uninsured indigent.

### Sales Literature

The clinic will provide multiple education brochures from various quality sources on many treatment and health and wellness subjects. We will have an area where information will be displayed and dispersed in the form of packets and brochures. In addition information handouts will also be available via the EMR system and website.

### Web Plan Summary

Initially the Doctors Plus web site will be an informational site providing access to patient information on our staff, products and services, cost and affordability. We will provide many links to other healthcare information. Eventually we will include a separate web site for the healthcare navigator services including information on all our community healthcare network providers. This web site will be a collaboration between all the network members and accessible to all to access healthcare and related resources in our community.

### Website Marketing Strategy

The website marketing strategy will be focused on increasing placement in search engines. The practice and website will focus on the local and guest populations. We will develop strategies to create links from local websites in the community to our business. Information about the website will be on the clinic brochure, cards and future advertisements.

### Development Requirements

The website will be developed with two approaches in mind. The front end as an informational site and implementation as a working site. The user interface will consist of clean and simple design in which to navigate. The major content on the site will be information about the clinic and health and wellness center including hours, location, general medical information, insurance and specialty services. The web site will be hosted on a dedicated server. Future development will include pre-registration and calculation of patient eligibility for programs. The health and wellness center will have a separate page for classes and events schedule. There will also be a shopping cart for donations and funder information.

### 5.3.2 Sales Forecast

The month prior to opening, after the conclusion of the tenant finish construction, will be used to get the office in order, set up office protocols and begin marketing activities. The following months Doctors Plus will continue to advertise and expand its market share and patient base. This will lessen the need within two years for outside funding sources namely, contributions from donors and foundations. In year three Doctors Plus market share and patient base will support sufficient revenue and earned income to remain sustainable with utilization of local annual event planning. The following tables basically represent the amount of money that the practice expects to earn.

Note that we list no direct cost of sales. This is standard for the medical office industry, since all medical supplies and waste disposal items including needles, medication etc are handled as monthly supply orders not inventory. These expenses can be found in the projected proposed Budget for Years one to three attached as Exhibit D -1.0

Table: Sales Forecast

Sales Forecast	YEAR 1	YEAR 2	YEAR 3
Sales			

Patient Care	\$1,387,500.00	\$1,492,000.00	\$2,948,000.00
Other	\$ 439,100.00	\$ 263,878.00	\$175,000.00
Grants	\$ 500,000.00	\$ 450,000.00	\$ 00.00
Total Revenue	\$2,326,600.00	\$2,468,878.00	\$3,123,000.00
Direct Cost of Sales Not Applicable-see			
Expense Budget	\$2,250,543.00	\$2,391,642.00	\$3,005,029.00
Balance to Special Programs	\$76,057.00	\$77,236.00	\$117,971.00

#### 5.4 Fundraising Strategy

This topic was covered in the previous marketing sections since these two activities are so intertwined in nonprofit organizations.

insert better info here

##### 5.4.1 Fundraising Forecast

Table: Funding Forecast

<i>Funding Forecast</i>					
	2011	2012	2013	2014	2015
Funding					

Start Up Funding- Local Funders, Donors	\$150,000	\$0	\$0	\$0	\$0
Operating Budget - Grant One	\$300,000	\$300,000	\$0	\$0	\$0
Operating Budget - Other Foundations/Donors	\$200,000	\$200,000	\$0	\$0	\$0
Capital Campaign- Phase I /Funders/Donors	\$836,000	\$0	\$0	\$0	\$0
Capital Campaign- Phase II /Funders/Donors	\$511,000	\$0	\$0	\$0	\$0
Capital Campaign- Asset Acquisition	\$350,000	\$0	\$0	\$0	\$0
Earned Income (8 Months-Year One)	\$1,113,812	\$2,138,000	\$2,948,000	\$2,948,000	\$2,948,000
Fund Raising Annual Event (Net Revenue)	\$0	\$0	\$175,000	\$175,000	\$210,000
<b>Total Funding</b>	<b>\$3,460,812</b>	<b>\$2,638,000</b>	<b>\$3,123,000</b>	<b>\$3,123,000</b>	<b>\$3,158,000</b>
<b>Direct Cost of Funding</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Start Up Costs	\$150,000	\$0	\$0	\$0	\$0
Construction Phase One	\$836,000	\$0	\$0	\$0	\$0
Construction Phase Two	\$511,000	\$0	\$0	\$0	\$0
Asset Acquisition- Equipment/Patient Base	\$350,000	\$0	\$0	\$0	\$0
Operating Expenses (8 Months-Year One)	\$1,506,321	\$2,195,093	\$2,511,722	\$2,511,722	\$2,511,722
Program Expenses (8 Months-Year One)	\$107,491	\$393,307	\$450,000	\$450,000	\$450,000
Capital Reserve (Equip, Maintenance, etc)	\$0	\$49,600	\$61,278	\$61,278	\$61,278
MediFund (Low Interest MediBill Loans)	\$0	\$0	\$100,000	\$100,000	\$100,000
	\$0	\$0	\$0	\$0	\$0
<b>Subtotal Cost of Funding</b>	<b>\$3,460,812</b>	<b>\$2,638,000</b>	<b>\$3,123,000</b>	<b>\$3,123,000</b>	<b>\$3,123,000</b>

## 5.5 Milestones

The following is a summary of the anticipated major focus of activities by goal (in addition to on-going operations) for Doctors Plus for the next three to three years.

### YEAR ONE:

#### Service Delivery

- Open the business/construction office: January 2011
- Review and revise Business Plan and Strategic Plan: January 2011
- Organize and complete initial Community Provider Network and and Memorandums of Understanding: January to February 2011
- Complete clinic construction of Phase I; if feasible Phase I & II: April 2011
- Begin clinic operations and medical services: April 2011
- Establish Provider Network for Voucher program: January 2011
- Establish Navigator participation: January 2011
- Establish initial Voucher program and funding: January to June 2011
- Complete construction of Health and Wellness Center as Phase II (unless otherwise completed sooner): July 2011

#### Human Resources

- Continue Board Development of Operating and Advisory members: January to April 2011
- Staff business/construction office with administrative staff 20-30 hours weekly: January 2011
- Hire additional provider staff: April to June 2011
- Increase capacity with additional mid-level provider, medical and administrative staff
- Maximize utilization of Health and Wellness Center for Community healthcare needs with office share providers, staff and volunteers: June to December 2011
- Add meaningful presence of oral and mental health providers and services in Health and Wellness Center: June to December 2011

#### Resource Development

- Review and revise Fundraising plan including revised donor packet: January 2011
- Make community donor contacts and obtain pledges, appeals, commitments and contributions: January to April 2011
- Obtain funding for operations and construction: January to December 2011
- Develop media, communications plan and internet presence: January to April 2011
- Negotiate and execute multi-stakeholder agreements as MOUs forming community provider network: January to April 2011
- Plan and host first Annual Fund Raising Event: March to August 2011
- Apply for and receive PCMH certification from the National Committee for Quality Assurance (NCQA): December 2011
- Evaluate first year goals and outcomes: December 2011

#### YEAR TWO

##### All Goals (Service Delivery, Human Resources and Resource Development)

- Increase capacity by adding pediatrics and obstetrics: January 2012
- Meet fundraising targets for year two: January 2012
- Host Second Annual Fund Raising Event: March to August 2012
- Expand Voucher Program and Navigator System: January to June 2012
- Develop Internet presence for Community Navigator System: July to December 2012

#### YEAR THREE

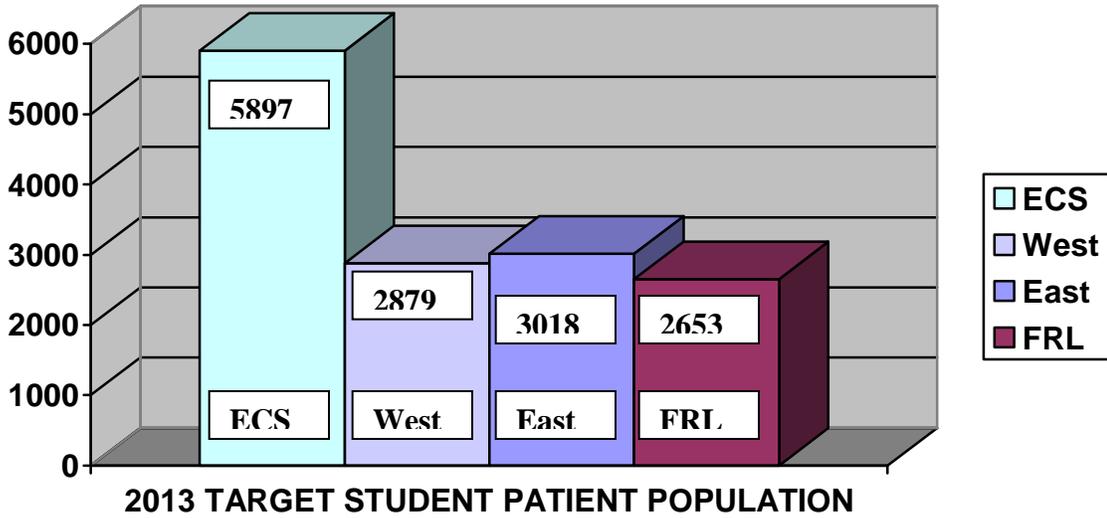
##### All Goals (Service Delivery, Human Resources and Resource Development)

- Host Annual Fund Raising Event and Reach Sustainable Funding: January to June 2013
- Review and revise Strategic Plan, devise New Strategic Plan and implement-Jan 2013

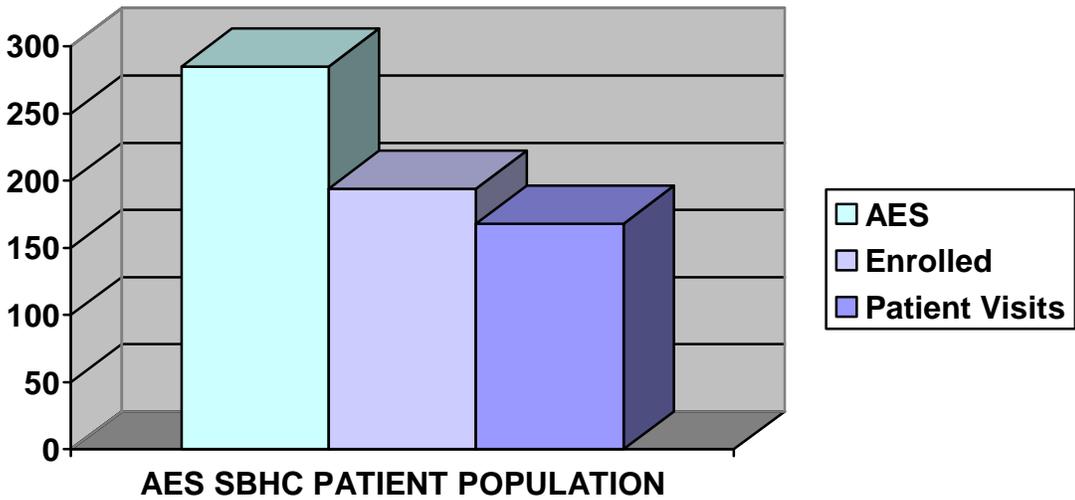
These activities will be tracked in a work plan, documented by staff, and reported in staff and board meetings. Progress on the work plan will also be reported to funders in periodic briefings and to the community through an annual report.

**ECS SCHOOL BASED HEALTH CENTER (SBHC) AT AES**

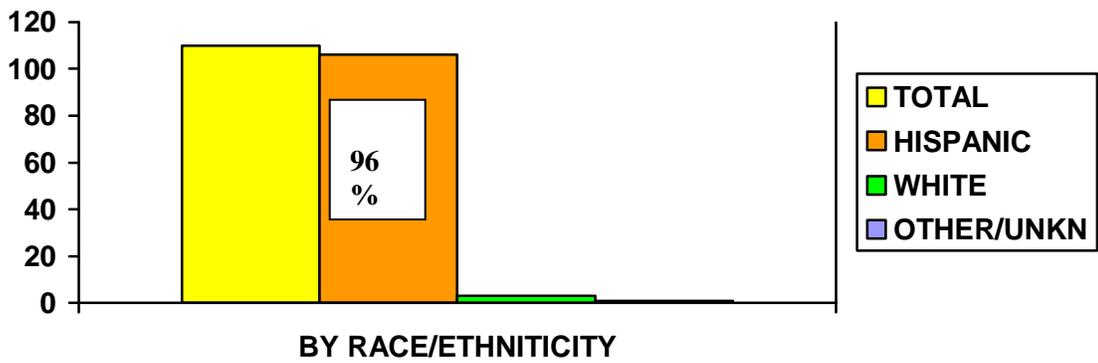
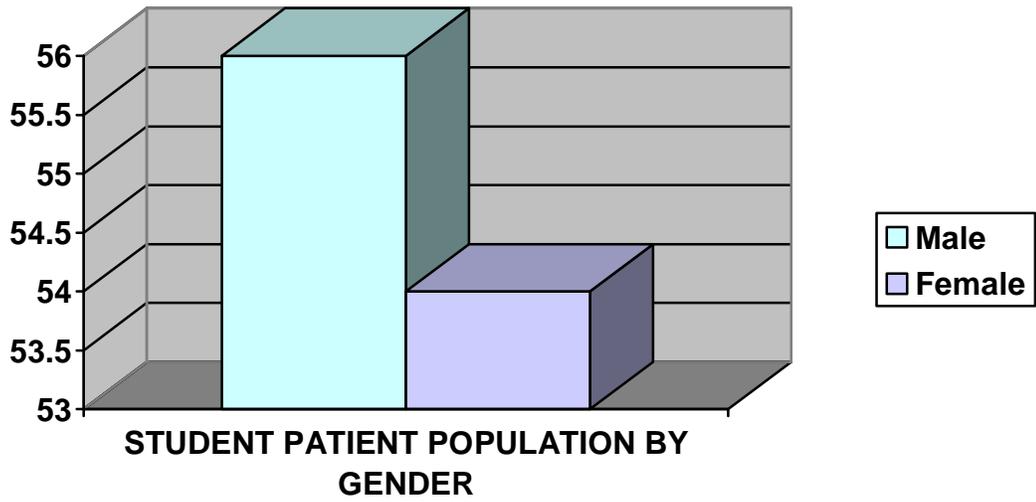
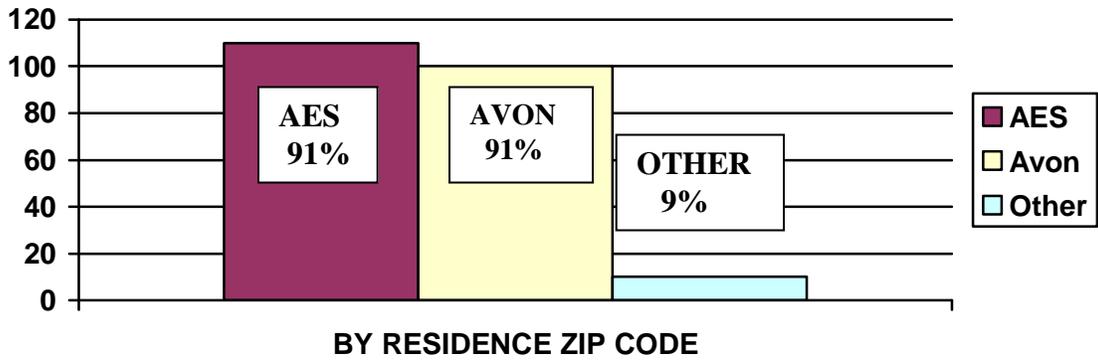
**TARGET AND CURRENT PATIENT UTILIZATION**

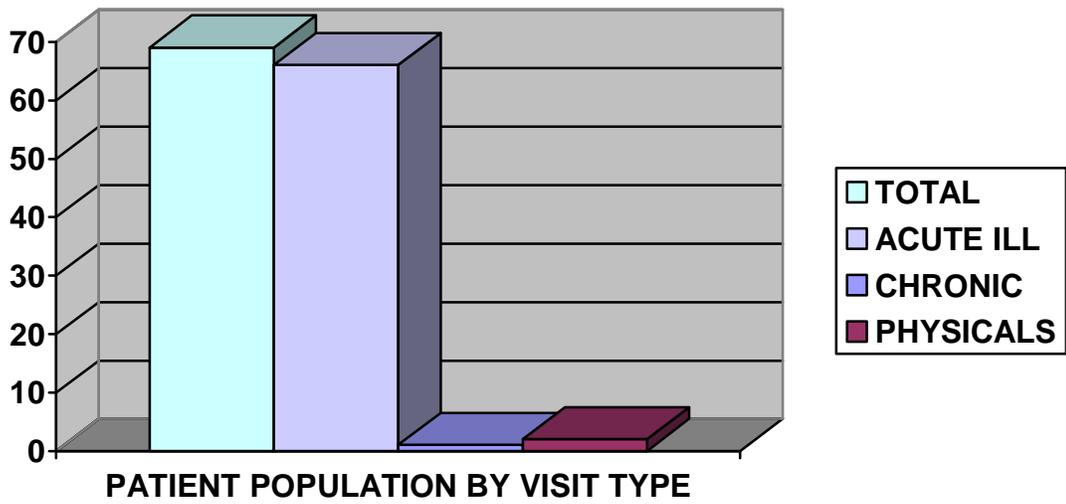
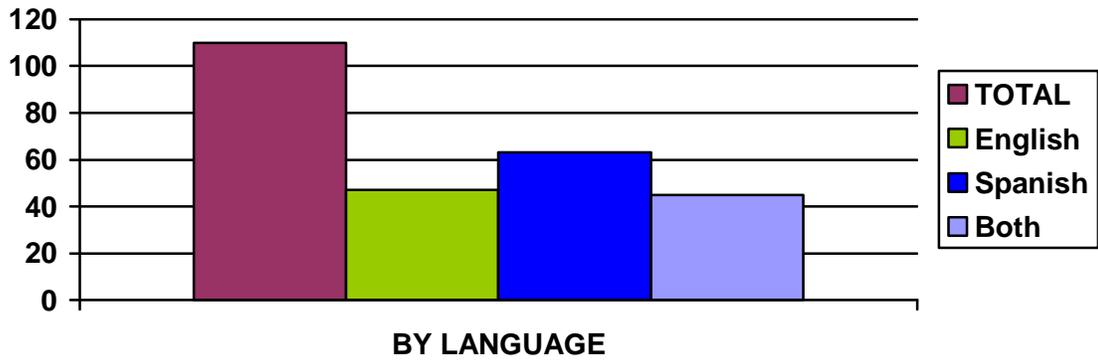


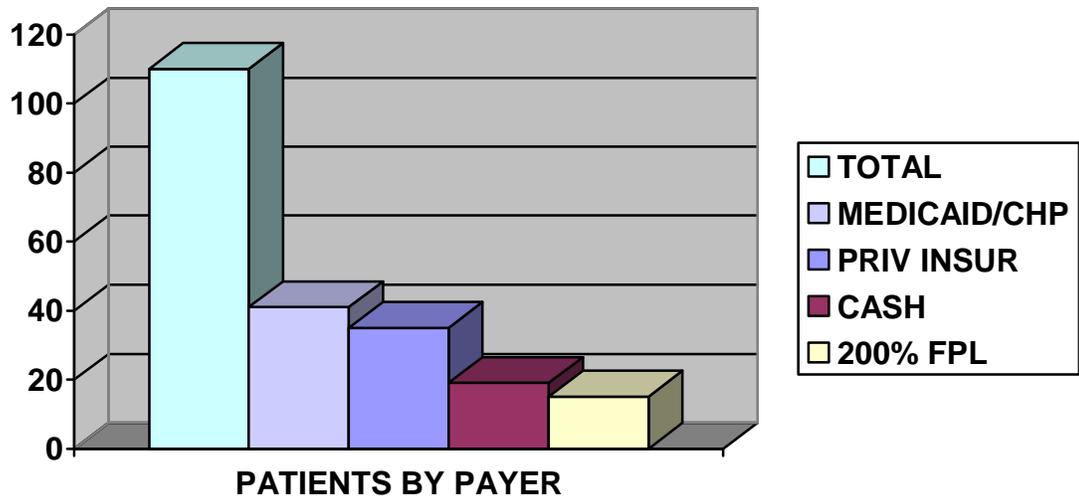
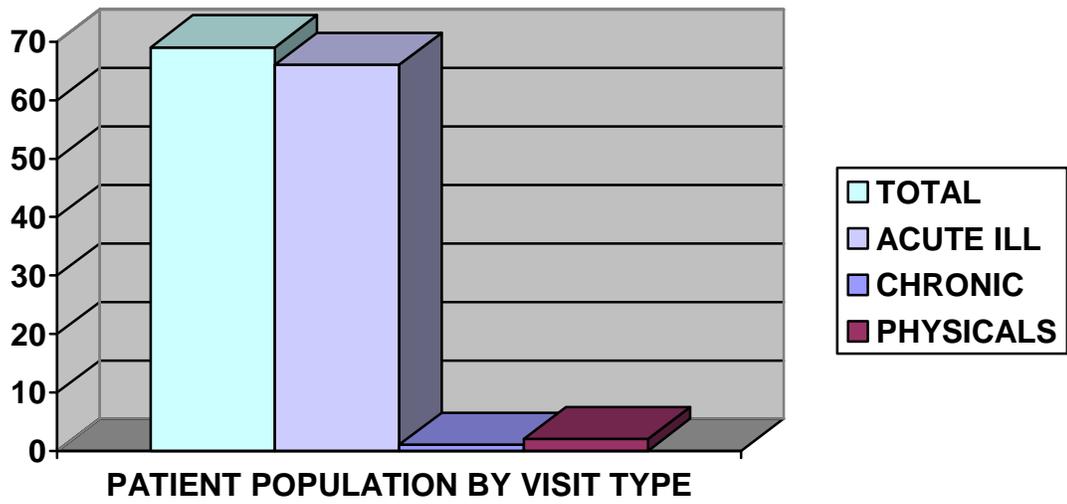
**ACTUAL UTILIZATION**

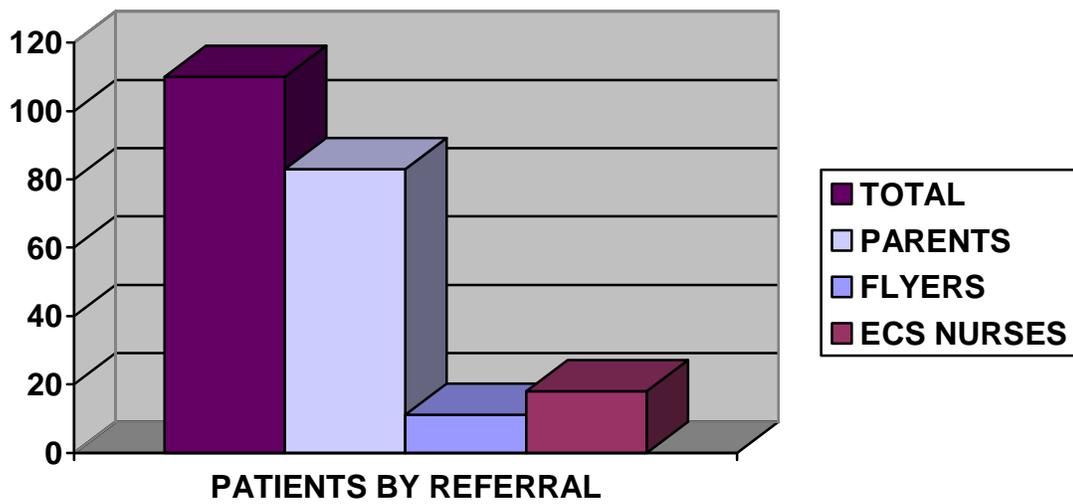


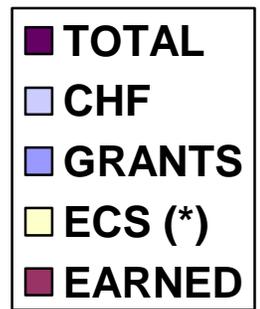
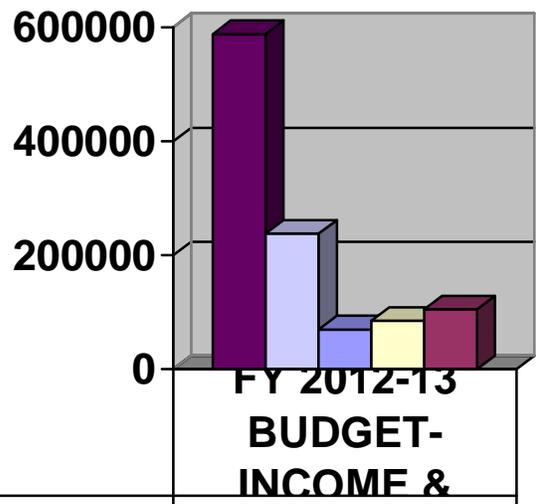
**UTILIZATION BY DEMOGRAPHICS**



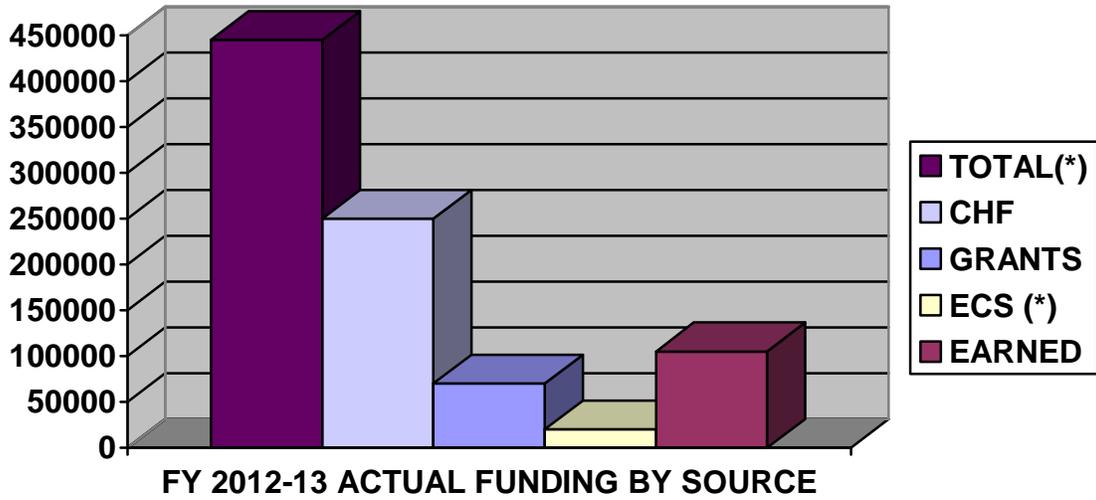








<b>TOTAL</b>	<b>588000</b>
<b>CHF</b>	<b>238000</b>
<b>GRANTS</b>	<b>70000</b>
<b>ECS (*)</b>	<b>84900</b>
<b>EARNED</b>	<b>105000</b>



Total projected budget and funding reduced for FY 2012-13 by reduction in ECS in-kind and grants actually obtained as needed. Budget and funding projected for FY 2013-14 estimated in line with and as projected.

