SHSMD26 CONNECTIONS

Health Care Marketing, Strategy & Communications

American Hospital Association Conference

September 27-29 ⚓ Baltimore

"Win the Race to Expand Ambulatory Services: Applications Using an Outpatient Market Growth Model"

- Paul Deeringer, Former Chief Strategy Officer, John Muir Health
- Bob Dickinson, Managing Director, BDC Advisors

AHA Events

Agenda

9:00 am – 11:00 am

- Overview — 10 minutes
  - Agenda
  - Learning and SHSMD Member / Participant Objectives
- Case Study: Context and Rationale — 20 minutes
  - Organization
  - Complications
  - Rationale
  - *Exercise*
- Model: Overview, Tools / Templates — 60 minutes
  - Outpatient Growth Model
  - Cardiovascular Case Study
  - *Break*
  - *Exercise*
- Case Study: Application and Results — 30 minutes
  - Standardization of Data and Processes
  - Use of and Cautions About AI
  - Organizational Preparedness
  - Results
  - Future Applications
  - Monday Morning Value: Key Take-Aways
  - *Q&A Session*

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Workshop

- Session Type
  - **In-person workshop**
  - Expanded from 45 minutes to 2 hours
- Topic Areas
  - **Business Development**
  - Strategic Planning
  - Innovation
  - Cross-Disciplinary Solutions
- Other Topic Areas
  - **Executive Level / Senior Leader Strategies**
  - Market Research, Analytics, Data, Tracking Guidelines
  - Physician Relations / Strategies
  - Managing Financial Pressures
  - Innovative Ideas to Prepare for the Future

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Learning Objectives: Content

- Learning Objective 1: Evaluate rationales for growing outpatient services and consumer-focused access and modalities

- Learning Objective 2: Understand and apply an intentional market-based model for geographic expansion and outpatient growth with a service line case example, including a charter, phased introduction of services, staffing, facility implications, and performance metrics

- Learning Objective 3: Learn how to prepare and transform a health system enterprise to pursue outpatient growth successfully

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SHSMD Member / Participant Objectives: Process

- Engagement = Audience Participation!
  - Roundtables: Small Work Groups
  - Large Group Discussion
  - Interactive Exercises
- Model, Tools, and Templates
- Versatile Applications
  - “One Size Does Not Fit All”
  - Skill Development: How to Apply to Your Organization
- Monday Morning Value: Key Take-Aways

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Case Study Context: John Muir Health

- John Muir Health
  - $2.6B not-for-profit regional integrated health system
  - Affluent suburban county in San Francisco Bay Area
- Macro Industry Complications
  - Shift away from inpatient services
  - Aging payer mixes: volume and reimbursement implications
  - Need for sufficient scale
- Micro Case Study Complications
  - Favorable financial performance historically
  - Selected service lines recognized
  - Aging primary service area
  - Limited focus on attractive adjacent markets
  - Unintentional prioritization of markets and services
  - Mixed results with business development projects
  - Sophisticated competition

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Case Study Context: Rationale

- **JMH's business today fundamentally changed from its business yesterday**
  - **Patients**: Older, sicker, more government payers
  - **Demographics**: 45+ growing, everyone else shrinking
  - **JMH market share**: Strong in our core, much lower in adjacent (younger, more profitable) markets
  - **Operating costs**: Continue to rise (labor, supplies, high-cost treatments)
  - **Capital expenses**: ~$2.5B+ in seismic / end-of-life facility renovations required at acute campuses
  - **Purchasers**: Increasingly individuals vs employers, rising consumerism, decreasing willingness to pay
  - **Physicians**: Increasingly burned out, cutting back, or switching jobs
  - **Broader workforce**: We will not have enough people (doctors, nurses, others) to care for our patients within the next 5-10 years, and we cannot hire our way out of that problem

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Case Study Context: Rationale

- **John Muir Health must adapt and transform to this changed environment to survive and succeed**
  - JMH is a people business, and the people we serve are older and sicker, resulting in **higher volumes and lower margins**, reflecting how we must transform our business to deliver our mission
    - Deeper focus on disciplined operations and management
    - More targeted in what services we offer and how we invest
    - Attract profitable patients from farther away to sustain our excellence
  - JMH's long-range strategy starts with operational excellence, destination clinical programs, and a broader geographic footprint:
    - **Step 1:** Drive core operations excellence, rooted in deploying JMH Management System to support highly consistent and disciplined operations (e.g., throughput / ALOS, profitable growth, IT cost reduction, rev cycle)
    - **Step 2: Strengthen JMH's destination clinical programs**
    - **Step 3: Grow JMH's broader geographic footprint**
- JMH financial targets: 7.5%+ operating EBIDA and 300+ days cash on hand

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Exercise

- At individual roundtables
  - Introduce yourself to your tablemates
  - Identify
    - “What is your enterprise’s rationale for Outpatient Market Growth?”
    - “Do you have an intentional model for pursuing Outpatient Market Growth?”
    - “What constraints do you face in pursuing growth (e.g., capital, authority, resources, alternate priorities, others)?”
- Discussion collectively
  - Share sample rationales and experiences
    - Call-outs
    - Show of hands
- Section synthesis

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Model: Overview, Tools / Templates

- Prioritize geographies and services
  - **Outpatient Market Growth Model**
    - Market Attractiveness
    - Market Feasibility
    - Strategic Fit / Opportunity
- Identify requirements, gaps, tactics, and ROI
  - **Tools / Templates**

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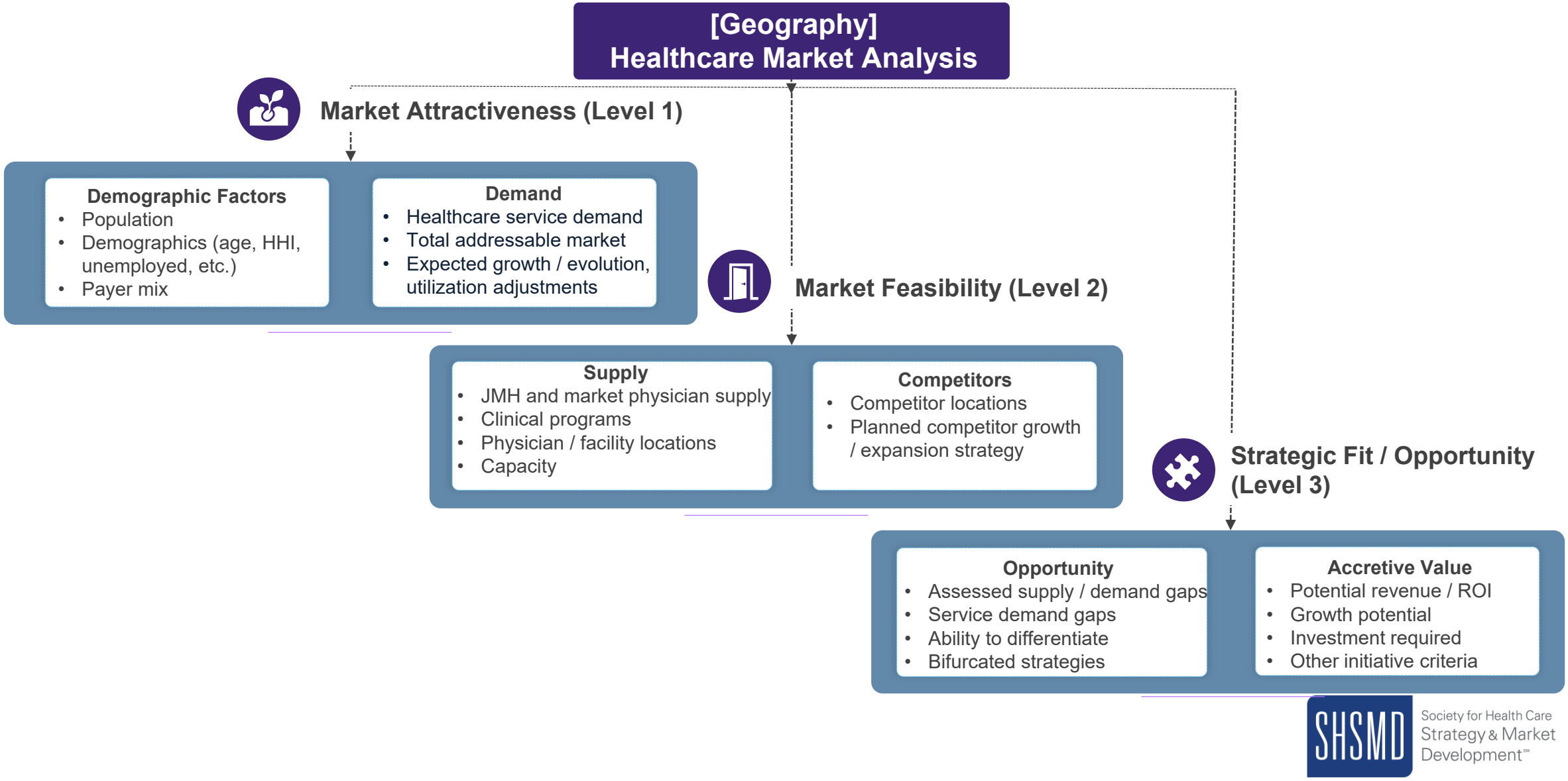
Outpatient Market Growth Model



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Model: Market Attractiveness

	Market			Supply / Competition	
	Population Size	Population Growth	Profitability (Commercial / Avg. Age)	Physician Presence	Competition
Market A	Medium	Medium	High	High	Medium
Market B	High	Medium	High	Medium	Low
Market C	Low	High	Medium	Low	Medium

Opportunity	
Market Opportunities and Priority	
1 *(High)*	• Market A represents immediate opportunity; patients value JMH and will travel to core market hospitals if needed • Securing Market A is most critical in near-term • Invest in acute care and access points in surrounding community, focusing on service lines with supply gaps + market opportunity (PCP, OB, etc.)
2 *(Medium)*	• Market B is an important long-term opportunity • Access is most important barrier to growing volumes • Competition is also the most intense, so expansion efforts need to be deliberate • The local outpatient center is a high-value asset that is underutilized and could be filled with PCPs + specialty suites
3 *(Low)*	• The fastest growing market, and also the most underserved in terms of physician supply / services • Start by marketing to patients who can travel on the local light rail to seek services at underutilized outpatient center • Investigate affiliations w/ market docs + long-term growth

Assessed Attractiveness:

Low	Medium	High

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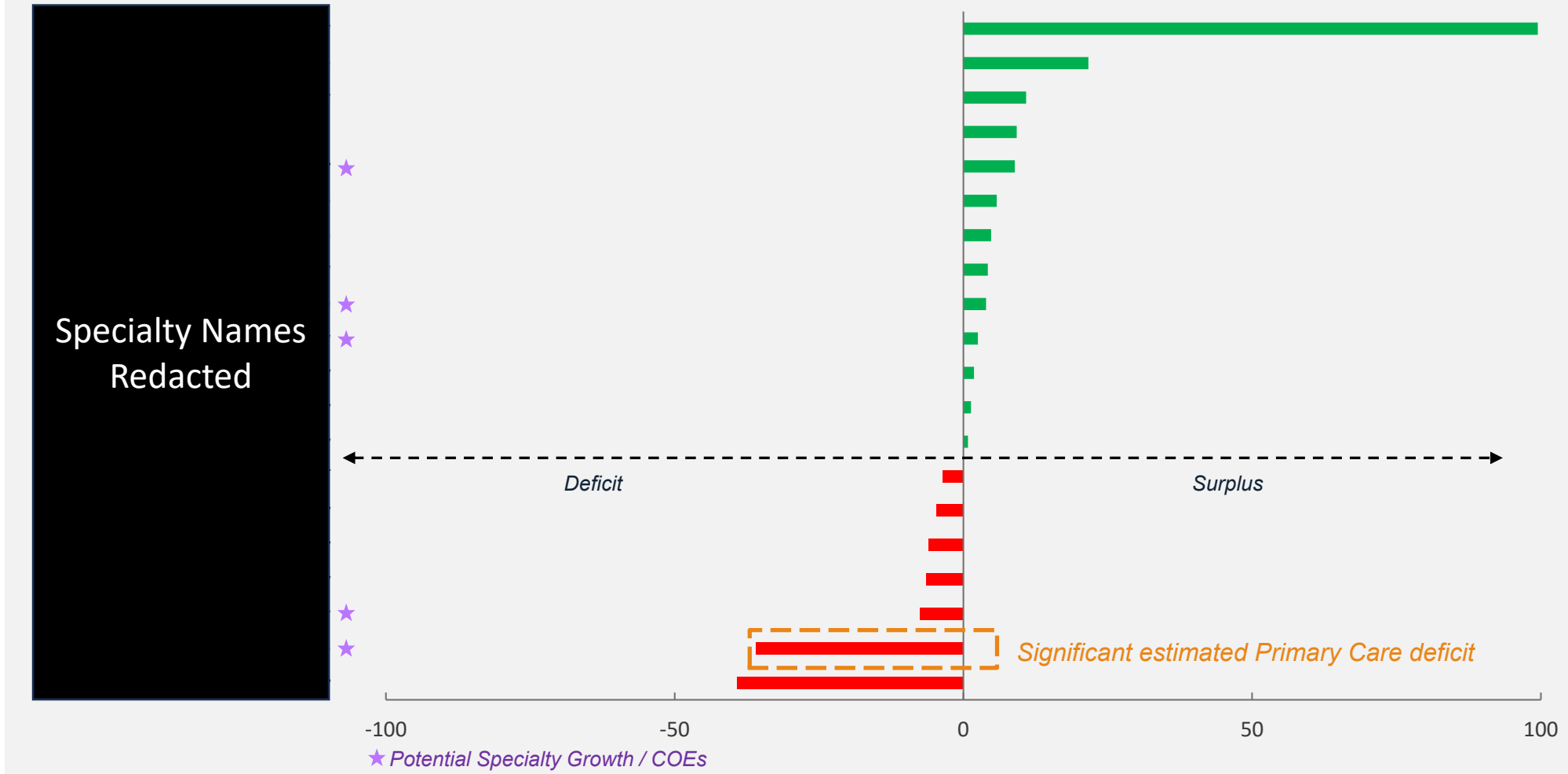
Model: Market Feasibility

Estimated Physician Surplus / Deficit by Specialty



Specialties under national benchmark population-to-physician ratios likely have more significant patient access issues.

Sources: Komodo Health, Providers with >10 Encounters in 2023 in Identified Target Market Zips; AAMC US Population per Active Physician by Specialty, 2021. Excludes Pediatrics

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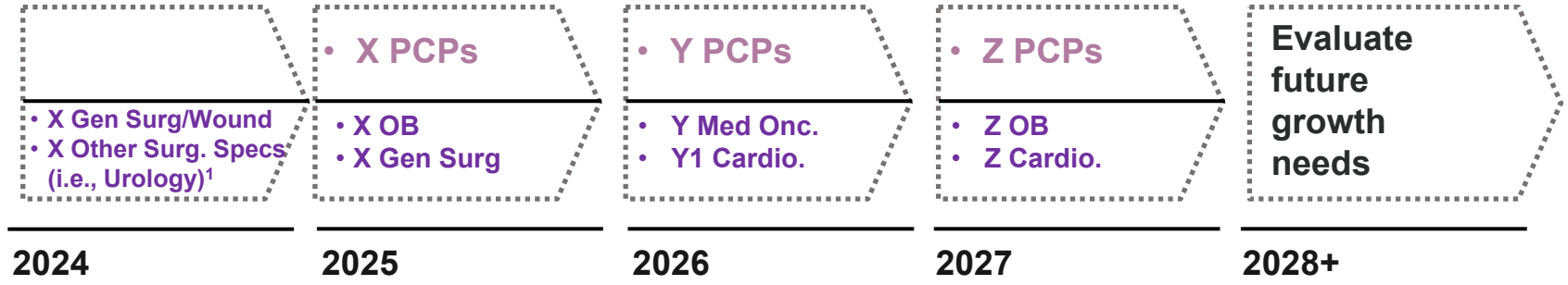
Model: Market Feasibility

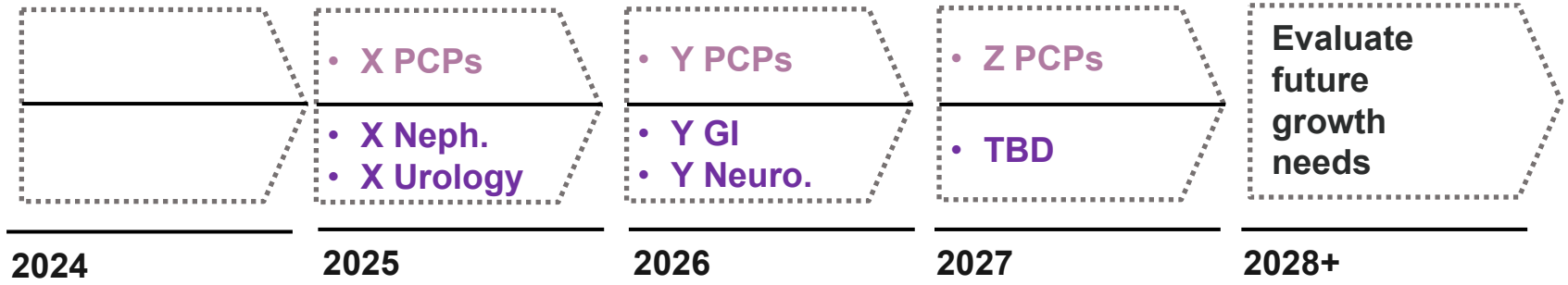
Preliminary Physician Growth Roadmap

Micromarket A



- Incremental Total = AA
- Incremental Total = BB

Micromarket B



- Incremental Total = AA
- Incremental Total = BB

Proposed incremental physicians are above replacement level (i.e., physicians that retire or leave for other reasons)

[1] Additionally, explore supporting recruitment of ENTs or Orthos into the community (independent groups) using hospital-based recruitment incentives. Note: Advanced Practice Providers (APPs) recruitment required in addition to the above.

Sources: Network Leadership Team Dashboard (JMH Epic); JMH SB 137 Provider Rosters

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Model: Strategic Fit / Opportunity

Target Service Line Growth Criteria

	Market Supply Gaps* (Market Total)	Available Prospects by Clinical Propensity	CM % (Market-Level, All Payers)	Expected 5-Year Market-Level CAGR	Differentiation and Opportunities
Primary Care	XX.Y Estimated Physician Headcount Deficit	N/A	N/A facility CM	N/A from Advisory Board	• Large and respected Primary Care Group • Productive / high utilization • Specialty growth requires strong PCP base and strong referral network
Women's Services	X.Y Estimated Physician Headcount Deficit	XX% Of potential commercial market of ~56K patients as prospects	XX% IP CM YY% OP CM	-1.8% IP -0.9% OP	• Widely identified as major regional need • Women's Services growth is shrinking in aggregate, but digging into details shows demand for specialized care (i.e., antepartum care / high-risk pregnancy and neonates w/ major problem) is expected to remain stable
GI	X.Y Estimated Physician Headcount Surplus	XX% Of potential commercial market of ~35K patients as prospects	XX% IP CM YY% OP CM	N/A IP 0.7% OP	• Health system recently added a 5 provider local GI practice • There is expected to be low but stable growth in high-volume OP GI procedures like Colonoscopies and EGDs
Cardiology	X.Y Estimated Physician Headcount Surplus	XX% Of potential commercial market of ~51K patients as prospects	XX% IP CM YY% OP CM	0.7% IP 2.4% OP	• Widely recognized in the market as having outstanding excellence • Blue Distinction Center Designation and multiple Healthgrades awards • OP sub-service demand will be robust, and IP demand in the Northern region will also be relatively strong, especially for Cardiac EP / Cardiac Cath
Oncology	X.Y Estimated Physician Headcount Surplus	XX% Of potential commercial market of ~100K patients as prospects	XX% IP CM YY% OP CM	-0.1% IP 1.1% OP	• Effectively growing via UCSF-John Muir Health Cancer Network • Community Hospital Comprehensive Cancer Program (COMP) and multiple national accreditations • OP Oncology demand, particularly Chemotherapy, expected to be high
Neuro & Spine	X.Y Estimated Physician Headcount Surplus	XX% Of potential commercial market of ~55K patients as prospects	XX% IP CM YY% OP CM	0.1% IP 1.2% OP	• Level II Trauma Center; Joint Commission Stroke Center Certification • Volumes for IP Spine and Neuro procedures are mostly declining, other than degenerative disorders • OP Neurology (particularly functional neuro) main area with large growth
Orthopedics	X.Y Estimated Physician Headcount Surplus	XX% Of potential commercial market of ~130K patients as prospects	XX% IP CM YY% OP CM	-0.5% IP 2.0% OP	• Blue Distinction Centers for Hip, Knee, and Spine • Healthgrades: Excellence Awards (2024): Joint Replacement: CMC/WCMC • Service demand growth for almost all OP Orthopedic services is expected to be strong

* Assessed deficit varies by micromarket. For example, Oncology and Orthopedics have deficits in Micromarket A.

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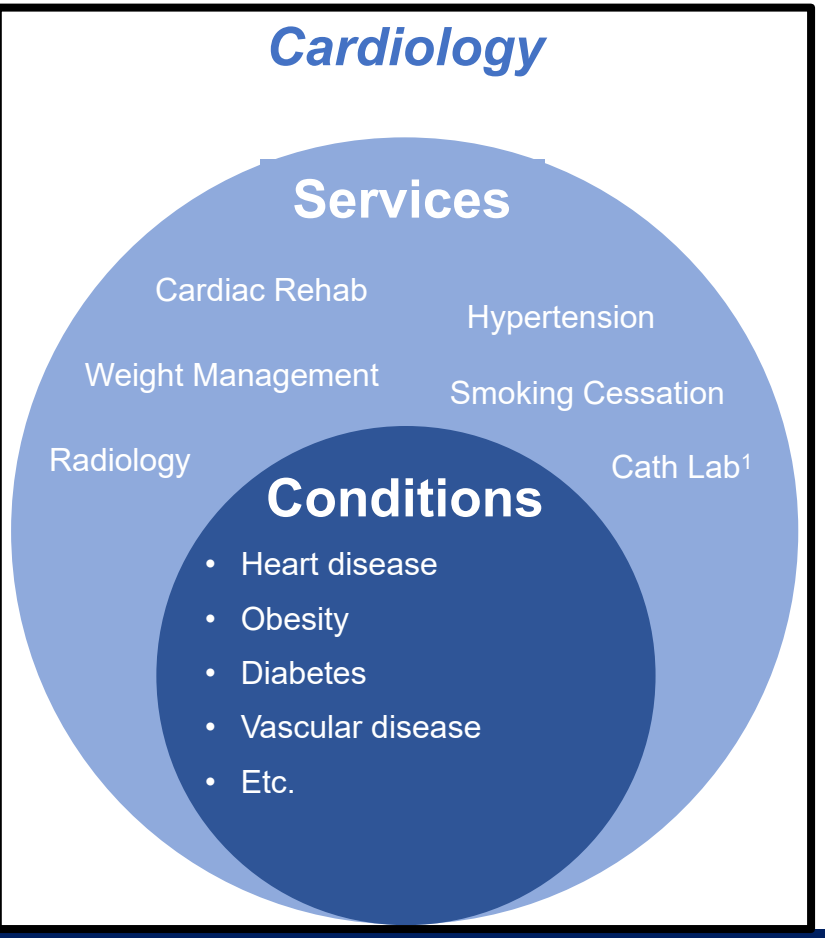
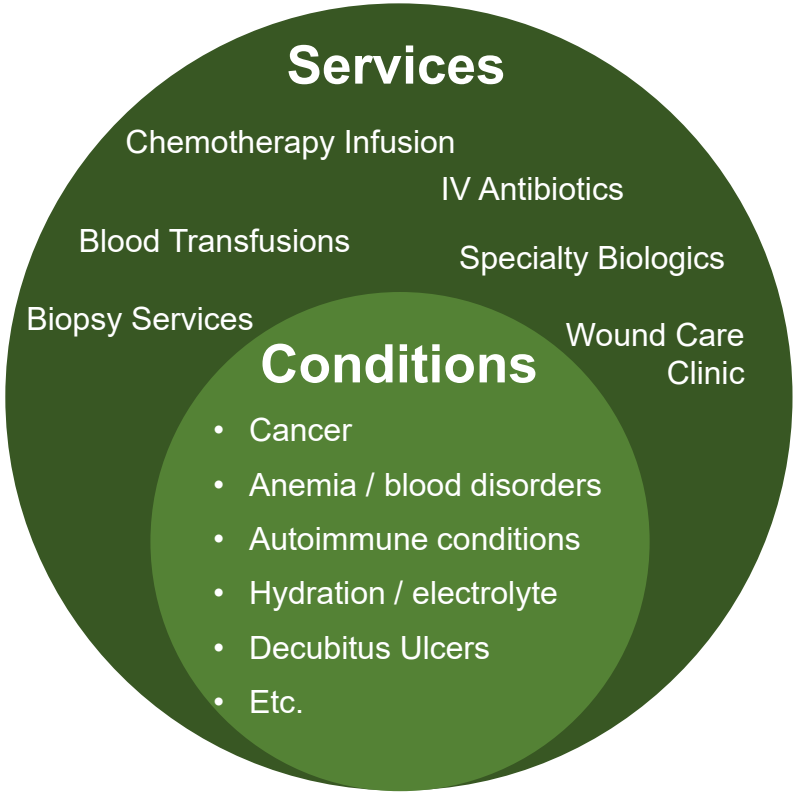
Model: Scope of Services

COE Target Conditions and Aligned Services

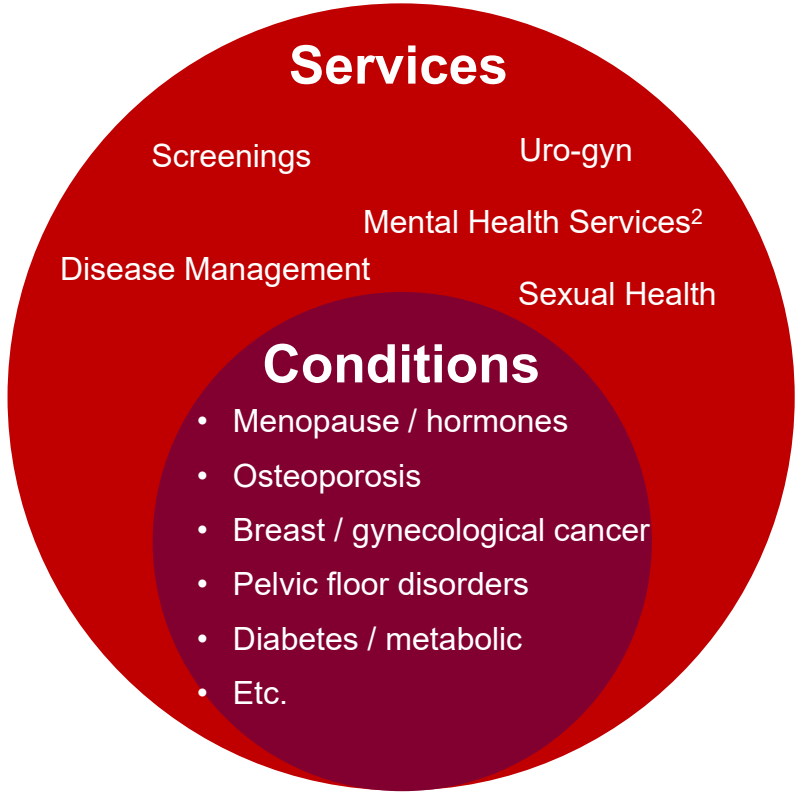
Cardiology



Oncology / Infusion / Wound Care



Mid-life Women's Care



Clinical care for these conditions are increasingly multidisciplinary. The COEs will focus on aligning the delivery structure to be multidisciplinary as well.

[1] Additional analysis about the market demand / regulations for Cath Lab services and ability to execute may need to be performed before implementing.
[2] Reevaluate potential to add mental health services during Phase 2 of service line development.

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Tools / Templates: Tactical Plans

- Charter / Project Description
- Objectives
- Location / Operational Considerations
- Services / Sub-services
- Regulatory Landscape
- Staffing
- Facilities
- Projected Financials
- Performance Metrics (tied to Strategic Plan)
- Timeline

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18

Center for Cardiovascular Excellence: Description

Project Description

The Center for Cardiovascular Excellence will offer comprehensive cardiovascular services, delivering best-in-class OP cardiovascular services in a consumer-centric settings, while coordinating care at services at our hospitals. Potential services include:

1. **Clinics**
   - Cardiology
   - EP
   - Diabetes / Nutrition
   - Hypertension
   - Heart Failure
   - Weight Management / Smoking Cessation
   - Mental Health Services (Social Work / Dietary)
   - Echocardiograms
2. **Radiology**
   - Cardiac CTs
   - Calcium Score
   - PET CT
   - Duplex Ultrasounds / Venous Insufficiency
3. **Cath Lab**
   - Vascular Intervention
   - Heart Caths and Stents*
   - Device Implantation*

**Highest risk procedures or current limitations may be omitted.*

Objectives

Utilizing a phased approach, the system will deploy a Center for Cardiovascular Excellence that improves the cardiovascular health of the communities in target growth markets and also serves to support access to system hospitals for more acute services, as needed.

Location / Operational Considerations

- Suggested location: [address redacted], combination of current planned space plus additional shelled space
- Located in or near a facility with an OR and inpatient services (in case of emergencies)
- A Central Fill mechanism / drug distribution system would be beneficial for access to drugs and supplies
- Less capital requirements to retrofit an existing space, but requires review of code
- Recommended sq ft: ~X,000 – YY,000 sq ft

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Center for Cardiovascular Excellence: Services

Center for Cardiovascular Excellence: Phasing of Potential Services

Phase 1 Services

- Clinics
  - Diabetes / Nutrition
  - Hypertension
  - CHF
  - Weight Management
  - Smoking Cessation
  - Mental Health Services (Social Work / Dietary)
  - Echocardiograms
- Radiology
  - CTs
  - PET CT
  - Duplex Ultrasounds / Venous Insufficiency

Phase 2 Services

- Cath Lab (ASC)
  - Vascular Intervention
  - Heart Caths and Stents[1]
  - Device Implantation[1]

Outpatient Cardiovascular Services in this target market are expected to grow X.Y% per year over the next five years. Coupled with high contribution margin, a best-in-class Cardiovascular Excellence Center will set the health system apart from competitors and ensure long-term financial health.

[1] Complex interventions require additional compliance with regulatory and safety requirements, facility capabilities, and staff expertise. If a Cath Lab is owned by and near a hospital, it may be allowed to perform a wider range of procedures than a fully independent freestanding Cath Lab, though approval will depend upon review from the CDPH. Sources: Advisory Board and BDC Analysis

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Center for Cardiovascular Excellence: Landscape

National Trends

Nationally, outpatient Cath Labs are increasing popular to improve access to cardiovascular care, enhance patient outcomes, and reduce healthcare costs.

California Regulations

In California, in addition to the requirements of hospital-based Cath Labs and based on state-specific regulations, outpatient Cath Labs must:

- Obtain a separate license from the California Department of Public Health (CDPH)
- Independently meet specific design, equipment, safety standards set by state regulations. This may include development of an “enclosed all-weather passageway that connects the general acute care hospital and the structure in which the expanded cardiac catheterization space is located.” Have formal agreements with nearby hospitals for the transfer of patients in case of complications
- Comply with guidelines and standards set by professional bodies (e.g., ACC, SCAI)

Allowed Services / Procedures

The following core procedures may be permitted:

- Diagnostic Cardiac Catheterization: Coronary artery disease, heart valve problems, and other cardiac conditions.
- Peripheral Vascular Interventions: Procedures involving arteries outside of the heart.

The following complex interventions are currently restricted by California regulations:

- Heart Caths and Stents
- Device Implantation

Benefits

Freestanding Cath Labs offer several benefits compared to hospital-based Cath Labs, including:

- Lower operational costs
- Greater patient convenience
- Focused specialized services in a patient-centered environment
- Streamlined operational efficiency with high quality of care

Sources: Cal. Code Regs. Tit. 22, § 70438.2 - Cardiac Catheterization Laboratory Service - Expanded

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Center for Cardiovascular Excellence: Staffing

Proposed Staffing Structure: Center for Cardiovascular Excellence

	Provider	FTEs
PHASE 1 (Years 1 & 2)	Cardiologist[1]	X – Y
	APP	X – Y
	Nursing	X – Y
	Support Staff	
	Leadership[2]	Z
	Technician	X – Y
	Therapist[3]	X – Y
	Admin Staff[4]	X – Y
	Other Support Staff[5]	X – Y
	PHASE 1 Total	XX –YY
PHASE 2 (Years 3 & 4)	Provider	FTEs
	Cardiologist	Z
	Nursing	X – Y
	Support Staff	
	Technician	X – Y
	PHASE 2 Total	XX – YY
	PHASE 1 & 2 Total	AA - BB

Notes:

The exact number of FTEs is dependent on volumes.

[1] There are currently [X] health system Cardiologists at the local practice. Ideally in Phase 1, these Cardiologists, or others at the system, transition to the COE.

[2] Leadership includes a Service Line Director.

[3] Therapists includes Respiratory, Occupational, and Physical Therapists.

[4] Admin Staff includes Billing / Coding, Front Desk, and Other Admin Staff.

[5] Other Support Staff includes Medical Assistants, Mental Health Counselor(s), and Dietitian / Nutritionist(s).

Sources: Medical Group Management Association, American Medical Group Association, Merritt Hawkins, and BDC Analysis

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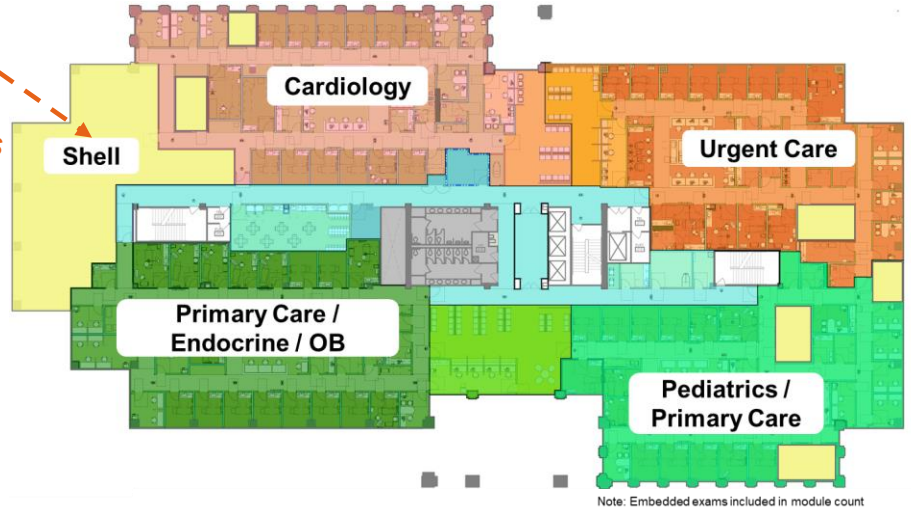
Center for Cardiovascular Excellence: Facilities

Lease Details (Current Approved)

- Area: ~XXk RSF (option to expand within YYYk sq sf[2] building)
- Rental Rate: $X.YY / RSF (full-service gross)
- Annual Escalations: Z%
- Operating Expenses: included with 2025 base year
- Lease Term: AAA months / BB years

2nd Floor - Summary Department Plan

Recommendation: Take adjacent available space for expanded COE services[1] + providers

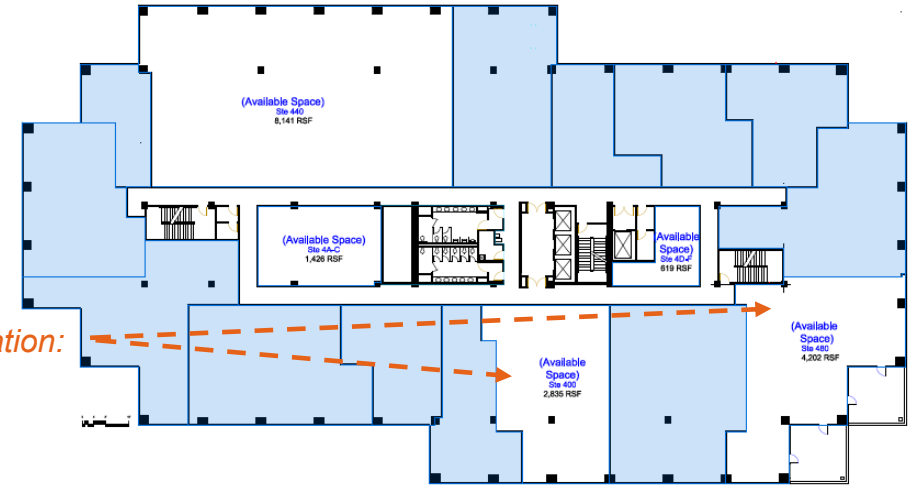


MODULE 5 SHELL	6 EXAM	
SHARED SPACES		
MODULE 1&2 SHARED WAITING		
PEDIATRICS & PRIMARY CARE	17 EXAM	1 PROCEDURE
PRIMARY CARE, ENDOCRINE, OB	16 EXAM	2 PROCEDURE
URGENT CARE	11 EXAM	3 PROCEDURE
CARDIOLOGY	13 EXAM	3 STRESS/ECHO
TOTAL EXAM / PROCEDURE	72	

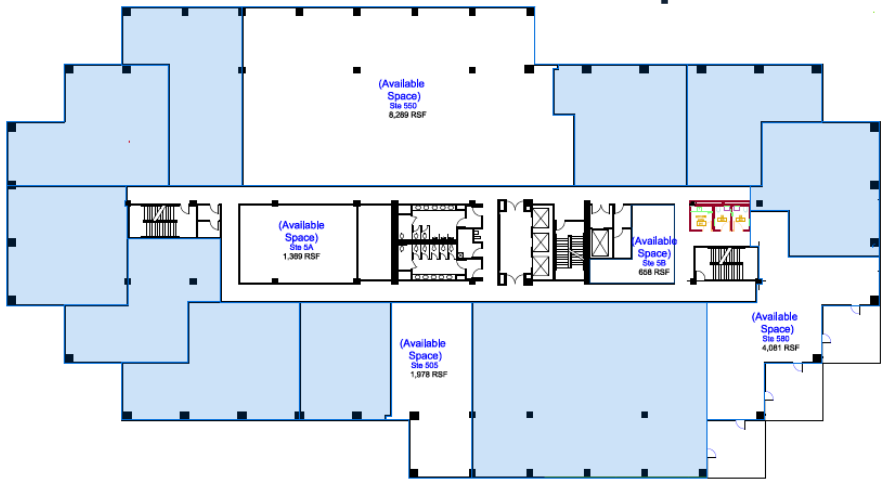
[1]COE services (outlined in Charter), X Cardiologists, Y APPs, Imaging: PET CT / Duplex Ultrasound.

4th Floor – Available Space

Recommendation: Take one of the available suites on the 4th floor to expand Cardiology COE services (Cath Lab, procedure space, etc.)



5th Floor – Available Space



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Center for Cardiovascular Excellence: Value Proposition

Recommended Incremental Components (Cardiovascular COE) Incremental Annual Impact (Full Capacity – Year 5)

	Primary Care Practice	Center for Cardiovascular Excellence	Other Rotating Specialists	ASC	Imaging	Infusion	Pharmacy	Lab
SCALE	-	Yes X physicians[1] Y APPs[1]	-	-	Yes X Duplex Ultrasound, Y CT	-	-	-
PROJECTED REVENUE	-	~$XXM	-	-	~$YYM	-	-	-
ANNUAL NET PATIENT REVENUE	**~$XXM**							
SIZE	**~XX,000 – YY,000 sq. ft.** *(Incremental to current plan)*							
CAPEX	**~$AAM**							
OPERATING MARGIN	**~BB%**							

[1] The proposed plan calls for launching the Cardiovascular COE across 2 phases. Launch associated services as part of the upcoming site consolidation strategy. Phase 1 calls for expanding upon the existing Cardiology plan, utilizing adjacent available space for expanded COE services and imaging. Phase 2 calls for developing COE differentiation, with includes the development of a Cath Lab and recruiting XX incremental new Cardiologists. All APPs identified are also incremental new.

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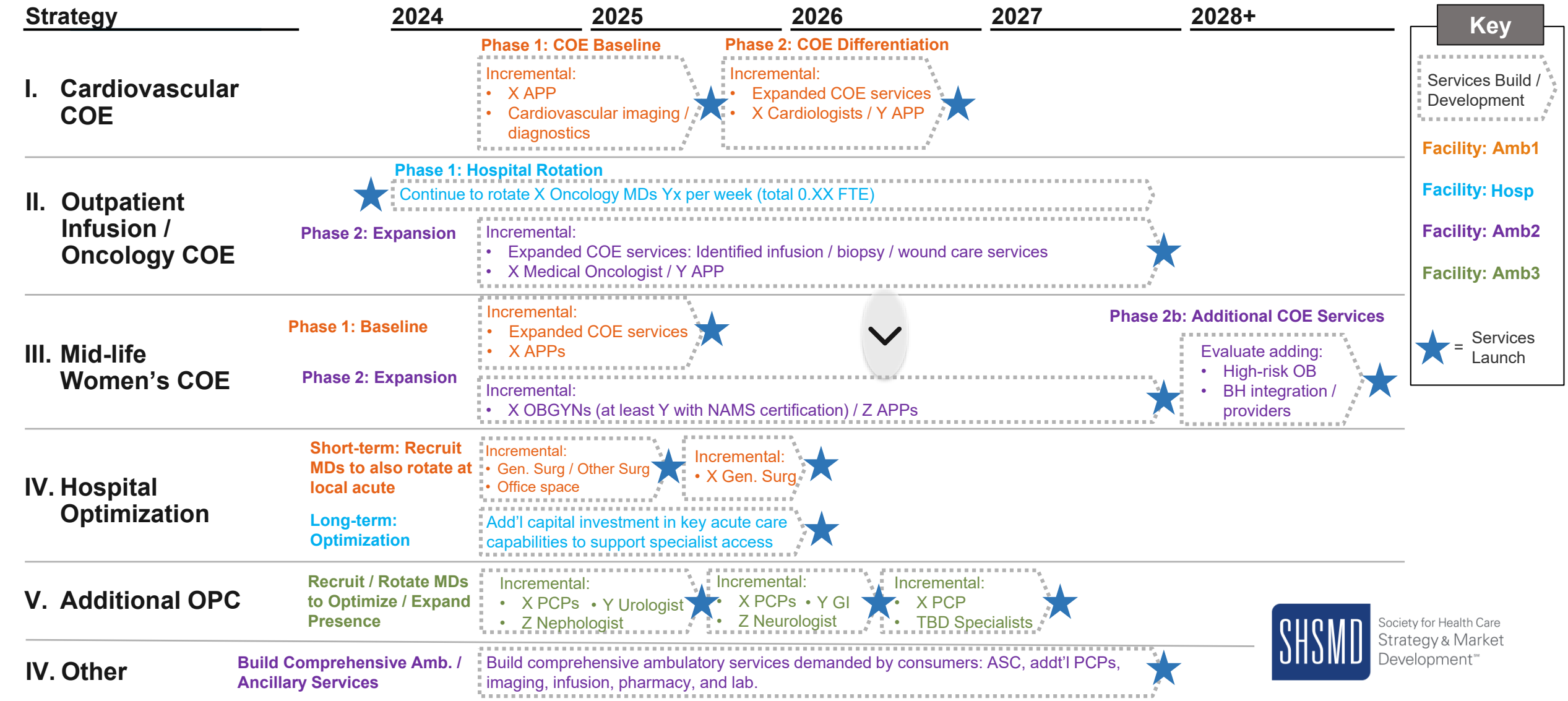
Tools / Templates: Performance Metrics

Metrics (Outcome Alignment)	Measure	Y0 Target (FYE 25)	Y1 Target (FYE 26)	Y3 Target (FYE 28)	Y5 Target (FYE 30)	Owner(s)	SME(s)
Best Place to Work							
Employee Engagement *	PG avg. score	Redacted					
Culture of Belonging	PG avg. score						
Employee Retention	employee voluntary turnover %						
Best Place to Practice Medicine							
Physician Engagement Survey *	PG avg. score / %ile						
Physician Retention	contract and ntwk physician turnover %						
NP / PA Support	NP/PA to FPO CFTE ratio						
Zero Harm and Quality Care							
System Quality: Zero Harm *	harm events trend						
Length of Stay Improvement	CMS GMLOS O/E						
Clinic Access – Primary Care	FPO TNAA (days)						
Clinic Access – Specialty Care	FPO TNAA (days)						
World-Class Patient Experience							
PG Likelihood to Recommend *	PG avg. score / %ile						
PG Overall Rating of Care	PG avg. score / %ile						
Appointments Scheduled Online	% scheduled of all available online						
Financial Sustainability							
Operating EBIDA % *	operational EBIDA						
Margin Improvement	$ saved through MIP						
New Cancer Patient Growth %	% growth in cancer new pts						
FPO New Patient %	% of new pt slots						
340B Savings	$ saved through MIP						
IT Cost Reductions	% of total revenue						
Cash Collections	% cash collections						
Days Cash on Hand	# of days						
Growth in Commercial Business	% growth in commercial NPR						
Outpatient Revenue Growth	OP rev as % of total NPR (w/ and w/o FPO)						
Target Market Growth	NPR by patient origin in Target Market						
Foundation Investment / Physician	$ and MGMA %ile						
JMHF Capital Transfers	$ contributed						
Bond Ratings and Outlook	rating and outlook (S&P and Fitch)						

Tools / Templates: Timeline

JMH South County Strategy: High-Level Timeline



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Break

10 minutes

Exercise

- At individual roundtables
  - “Share your own variations on Outpatient Market Growth activities.”
  - “How do you prioritize Outpatient Services and Growth opportunities?”
  - “What details from the Model and John Muir Health example will you incorporate into your process?”
- Discussion collectively
  - Share
    - Call-outs: Model, Tools, Templates to incorporate
    - Show of hands
- Section synthesis

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Case Study: Application and Results

- Standardization of Data and Processes
- Use of and Cautions About AI
- Organizational Preparedness and Readiness
- Results

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Case Study: Standardization of Data and Processes

- **Definition**
  - Data process standardization is the practice of converting data from various sources into a consistent, uniform format to ensure accuracy, interoperability, and reliable analysis.
- **Why It Matters**
  - Improved Data Quality
  - Interoperability
  - Reliable Analytics
  - Operational Efficiency
  - Regulatory Compliance
- **How It Works**
  - Defining Standards
  - Data Cleaning
  - Transformation
  - Ongoing Governance

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Case Study: Use of and Cautions About AI

- **When to Use**
  - Automating repetitive tasks
  - Analyzing large data sets
  - Drafting content
  - Detecting early issues (e.g., performance trends)
- **When to Avoid**
  - Context-sensitive judgment
  - Creativity, emotional depth
  - Ethical decisions
  - Privacy-sensitive data
- **Practical Realities**
  - Misinformation: over 50% of all AI information is wrong
    - Investigate sources
    - Validate results
  - Use AI to save time, improve analyses, enhance productivity
  - Streamline time-intensive standard data collection processes so you can focus on
    - “So what”
    - Implementation to achieve results

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Case Study: Organizational Preparedness

- Crafting audience-specific communications
- Cascading information throughout the organization
- Aligning day jobs and resources to fulfill outpatient market growth
- Clarifying roles, responsibilities, and accountabilities
- Checking-in with direct reports on a routine basis
- Tying performance metrics to strategic plan

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Case Study: Results

- In one target growth market, projected to achieve:
  - **EBIDA: $23M annually**
  - **IRR: 22%**
  - **NPV: $308M**

- As a result of outpatient business development initiatives at a clinical campus coupled with hospital downstream revenues, the Model and initiatives have produced the **highest-performing Foundation physician site** throughout the entire health system.

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Case Study: Future Applications

- John Muir Health is successfully applying the Outpatient Market Growth Model in two adjacent markets. Additional markets will be pursued.

- Business development initiatives are underway to recruit physicians and expand services in adjacent markets.

- Lessons learned from the Connections Conference session will be applied to additional markets within the health system's expanded geography.

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Monday Morning Value: Key Take-Aways

- Bring intentionality to business planning with a model, tools, and templates
- Source and validate data from multiple sources
- Use discipline in making business decisions
- Ensure organizational readiness to implement decisions
- Others

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Q&A Session

- Please be sure to complete the session evaluation on the mobile app!

AHA Events

Speaker Biography

Bob Dickinson

Shareholder and Managing Director

BDC Advisors

- Bob, a Shareholder and Managing Director at BDC Advisors, has created $2.8 billion in financial growth for leading health systems, AMCs, physician organizations, and payers.
- Bob led a health system in earning the first Malcolm Baldrige National Quality Award in healthcare. He designed and implemented the industry's first-known clinically integrated value-based care network. Bob transformed a $127 billion integrated health plan's approach to care delivery through a medical foundation. He served as the lead expert witness involving the largest bankruptcy in healthcare.
- Bob received his MBA with honors from Harvard Business School and his bachelor's degree with honors from Stanford University.

Speaker Biography

Paul Deeringer

Former Chief Strategy Officer, John Muir Health

Partner, Hooper Lundy Bookman

- Paul currently serves as a Partner in the San Francisco office of Hooper, Lundy & Bookman, the country's largest law firm dedicated exclusively to serving healthcare provider and suppliers. Paul's practice focuses on healthcare transactions and regulatory counseling and advising.
- Paul formerly served as John Muir Health's Chief Strategy Officer, also serving as executive sponsor and/or board member for numerous JMH partnerships and affiliations. Paul previously served as SVP of Strategy and Emerging Business with overall responsibility for ambulatory physician strategy and operational accountability for physician-facing business functions.
- Before joining John Muir Health, Paul practiced as a healthcare regulatory and transactional attorney at Hooper Lundy and worked as a management consultant with McKinsey & Company, focused on payor and provider growth strategy.
- Paul received his bachelor's degree from Princeton University and his law degree from Georgetown University.

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