1. Who are your key competitors? Community specialists in large group practices throughout the Dallas Metroplex or who are affiliated with other major healthcare providers, particularly Baylor University Medical Center. We also compete with Baylor around brand positioning because patients think Baylor is an academic medical center affiliated with a University, which it really is not.

2. Where do you most attract patients? Dallas area? Outside Dallas area? We are seeking to draw patients from our primary market counties: Dallas, Collin, Denton, Rockwall, Tarrant, Kaufman, and Ellis.

3. Do you attract physicians from other regional medical centers? Nationally? Not sure about this question. We hire physicians from all over the country. But the physicians who refer to us are usually in our primary and secondary markets. The secondary market includes Central and Eastern New Mexico, Oklahoma, western Louisiana, and West Texas.

4. What media has been successful in the past for attracting patients? Physicians? We have used traditional media to build general awareness to great success. TV, combined with outdoor and radio.

5. Is your preference to award the business to one agency? Not necessarily. We would like to fit the best fit, whether that would involve one or two agencies.

6. Are you open to rebranding? Yes.

7. How has your online and offline integration met or fallen short of your expectations in the past? These two marketing initiatives have not been tightly coordinated enough in the past, not working toward the same clearly defined goals.

8. What service lines under the UTSW umbrella do you anticipate supporting with marketing - oncology, cardiology, neurology, etc.? Our primary service line initiatives will involve cancer, heart, and neuro, although a number of smaller niche clinical services where we truly differentiate ourselves will also be in play.

9. How would you prioritize the service lines in terms of importance to the market and your business objectives? Services lines are important to us but specific specialty services are just as important: Some of our key areas of distinction are in very narrow niches of specialty care: specific techniques and imaging technology for prostate cancer patients, particular expertise in endocrine surgery and vascular surgery, investigator-led clinical trials for kidney cancer. We need the ability to build the brand and drive patient volume into highly specialized areas, at the same time.
10. Will there be marketing efforts to support the residency programs within the scope of this RFP? That is not our primary focus with this RFP. Our primary mission is to build clinical volume where it is needed.

11. Is physician/healthcare professional recruiting part of this proposal? No.

12. What CRM is UTSWMC using? Will you keep it? Is it used across the organization? If not, why? Will it be in the future? We do not currently have an enterprise CRM and that is something we are planning for in the next fiscal year. We will look for agency expertise in this regard as well.

13. In 5.1, question 3, you refer to lifecycle marketing. Since that is a broad term, can you please elaborate on how you are using/meaning the term to apply to this scope of work? Really what we mean is simply the ability to connect with our patients over time, not just episodically. Currently we drive them to the front door and then move on but we are missing a big opportunity to build on their experience with us and to keep them loyal to the institution. We would like them to turn to us throughout their lives, as they need us.

14. How does/will the THR relationship impact marketing at UTSWMC? Good question. It adds another layer of complexity to our clinical branding efforts. And the complexity will play out online so the organization of our digital interface with patients takes on critical importance.

15. Do you still believe there is a need for an umbrella UTSWMC brand campaign? Will the current campaign be extended into the new contract or is it your expectation that a new creative strategy will be developed to guide both the brand and service line marketing efforts? Yes we need to build the larger brand, either through our service line brands, such as cancer and neuro, or simply via big brand efforts. We are open to new thinking around branding, particularly in light of a digital-first strategy.

16. How will you measure success on these marketing initiatives? What are the specific business objectives for the inbound/outbound marketing campaign? We will figure this out together with our agency partner(s). But the larger objective is to drive the patients into the right clinical areas with precision. We are a large specialty and sub-specialty practice with limited primary care opportunities for patients at this point.

17. In 1.3, the goal is defined as “we are seeking a partner with the ability to leverage our emphasis on brand marketing into a more flexible approach focusing specifically on tracing and meeting our customers’ needs.” Can you elaborate on what you mean by tracing? Or do you mean tracking? Yes, Sorry we meant tracking.

18. Are media costs part of the HUB subcontractor goal of 23.7% for professional services? Yes.
19. What is the catalyst for going out for RFP? (Mandatory or voluntary?) Both.

20. What are the top 3 marketing/advertising challenges that your organization is experiencing? In no particular order: 1) Need to build greater brand awareness around the particular advantages we offer our patients 2) the need understand and market the total patient experience, with specific entry points and support where appropriate 3) a increasingly “squeezed” healthcare marketplace.

21. Does your organization already have a working relationship with an advertising or marketing agency capable of fulfilling this scope of services under a single contract? No

22. If yes, have you been satisfied by the work of that agency and do you expect that agency will put forth a response to your RFP?

23. Will any local preference be given to firms in your immediate area? That is not the top consideration.

24. To clarify, The RFP says (on page 3) that you are seeking partnerships with marketing agencies - are you looking for one full service firm to handle all components under one roof preferably, or are you looking to have multiple firms work on various components? It could be either arrangement. We are looking for the best combination of online and offline advertising and marketing expertise.

25. The RFP describes the timing for the RFP due date (Dec 7, 2015) and an award date/agency decision date (early 2016) but does not describe next steps after the RFP is submitted. Can you detail timing and anticipated action items, such as narrowing down to two finalists and formal pitch/presentation before your final selection? Once agency finalists are selected or a partner is awarded the business, what sort of timing do you anticipate for scoping/fee negotiation, and then procurement and onboarding for the selected partner? We will conduct broad due diligence based on the proposals submitted and spend January and February reviewing and interviewing potential partners. Once we select a partner or set of partners we are looking to formalize the relationship in the late spring/early summer of 2016.

26. The RFP describes the marketing investment in this engagement over the next 3-5 years to be $4-6 million. Is this the budget for agency time/work, or is this budget range intended to also include the hard costs for any production and media buys? The latter. It includes all costs.

27. Do you have existing assets to leverage for this campaign? Not sure what this question means.

28. Are you happy with the current brand or are you considering a re-brand? That’s a complicated question. Our key challenge moving forward will be the clinical face of our brand – is it making sense to our patients.

29. Does the budget include hard costs (such as media)? Yes
30. What is the radius of the geography where customers come from? They come largely from the Dallas Metroplex, see answer on primary and secondary markets.

31. What is your current CRM system? We don’t have one at an enterprise level.

32. Does the scope of work include planning and tactical execution or just planning? It includes planning and execution.

33. How far does the scope of work stretch across all platforms: advertising to PR? This does not include PR.

34. What are your KPIs? TBD based on this new integrated advertising initiative.

35. To what extent is the Integrated Network a part of this scope of work? It is a key component of our clinical brand.

36. How important is the new Integrated Network in this campaign? See answer above.

37. For the Pricing Schedule in Section 6, will supplying hourly rates by position be sufficient? Or, are you looking for a proposed monthly agency service fee structure? We are looking for transparency in pricing. All costs should be able to broken down to hours of effort and billable rates, as well as hard costs.

38. In terms of paid media, can you elaborate on what ideal geography UTSW plans to reach? Would it be the Dallas MSA, or even beyond that? Dallas MSA.

39. As a second part to the previous question, can you elaborate on what types of media UTSW has been running recently. What’s been successful, and what hasn’t? We have run largely in the Dallas Metroplex and we know that these advertising efforts have moved the needle in terms of awareness.

40. What CRM system does UTSW use at this time? Answered above.

41. What is your process in terms of hiring an agency? Will an agency be sourced from the RFP only, or will there be a short list with in person presentations? Answered above.

42. On page 3 (1.1) you mention the creation of an integrated regional health network that includes UTSW Medical Center and Texas Health. Is the work outline in this RFP for UTSW medical center only or the entire regional network? This RFP is primarily for the UT Southwestern clinical enterprise but to the extent that the clinical care is linked with THR there will be overlap.

43. On page 4 (1.2) you suggest that you will award this work to multiple agencies. Is it to our advantage to be able to provide the complete suite of
products and services so that you can consolidate your efforts into one agency provider? *It could be.*

44. **Is the impetus behind this RFP due to required state mandates to review your agency relationship?** And is the incumbent agency included in this process? *The impetus is based on a desire to organize tighter integration between our offline and online marketing and advertising efforts. The current agency under contract has been included in this process.*

45. **Is there a preference to work with an agency located in Texas?** *Only to the extent that this cuts down on travel costs. If that obstacle can be removed, then location is not significant.*

46. **Is the marketing function supported and directly connected with senior leadership at the system?** Yes.

47. You mention a desire to work with an agency that can provide both inbound and outbound marketing. Historically, have these two efforts not been coordinated, or is it that one or the other is lacking? *They have not been adequately coordinated.*

48. **Can you give us perspective on your primary marketing communications challenges and/or goals for the next 3 years?** *So earlier answer to this question.*

49. Given the competitive marketplace, will we have access to consumer preference/awareness studies to better gauge the issues you are facing? Yes.

50. **Will you allow bids from companies utilizing partner agencies to deploy both online and offline services?** Yes.

51. **What type of offline marketing efforts are you interested in?** *Content marketing and strong SEO strategies, paid search and paid social where appropriate. We also want to ensure simple, coordinated, trackable conversions online via digital landing pages and our website.*

52. Extractable is a digital strategy and design agency that works with health systems to plan and design user-centered experiences for the communities they serve. Our work centers on content-driven experiences like public websites and authenticated, transactional experiences like mobile applications and patient portals. We are not an agency who focuses on digital and/or healthcare marketing & advertising production, content marketing, television ads, media planning, etc. We view these services as complementary to the services we offer. From our review, we believe this RFP to be more focused on these types of marketing and advertising services, and are not sure if what we would offer is aligned with what UT Southwestern is seeking to retain, at least at this time.

53. **Does UT Southwestern envision comprehensively rethinking and redesigning its digital experiences (websites, apps) as part of the services program being solicited for?** Or might this be a separate effort to be contemplated in the future?
This type of work is squarely our focus, and if there is a to be a separate RFP focusing on UT Southwestern’s digital experience, we will show much more strongly in that future response. This RFP is as much about rethinking and rebranding the digital experience as it is about offline efforts. We anticipate this engagement to be for a three-year period, during which time we will shift to a much stronger emphasis on digital marketing. Creating state of the art user experiences will be a central part of our marketing efforts.

54. Thank you for further clarification on these points. We have reviewed the UT Southwestern website and believe there is significant gain to be realized by a rethinking of the website experience, especially considering the merger with Texas Health Resources. This is certainly a very strong and relevant point.