

THE SERVICE LINE SOLUTION

Consumer-Focused Strategies
for the Accountable Care Era



E. PRESTON GEE

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E. Preston Gee

 HealthLeaders *Media*

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About the Author

E. Preston Gee

E. Preston Gee is the Vice President of Strategic Marketing for CHRISTUS Health in Dallas, Texas. He is a recognized thought leader in the healthcare industry, particularly in the areas of consumer-driven healthcare, service line strategy, and most recently on the topic of health insurance exchanges/marketplaces. His professional experience includes senior executive positions with some of the largest nonprofit and for-profit health systems in the nation.

Over the course of his career, Gee has published numerous articles on planning and strategy for virtually every major publication in the healthcare industry. He is a frequent speaker on consumer-based trends and market-facing strategy. *The Service Line Solution* is Gee's tenth professional book. Gee began his career in the packaged-goods industry with The Quaker Oats Company/Fisher-Price Toys Division. He holds B.S and MBA degrees from Brigham Young University in Provo, Utah, and is a past recipient of the *Modern Healthcare* "Up and Comer's Award."

Foreword

Why Service Lines Are the Solution

The healthcare industry is undergoing what may be the most significant change in more than 40 years. Much of the upheaval is due to the sweeping impact of healthcare reform (especially the implementation of insurance exchanges), but the change is most certainly a result of market momentum as well.

The convergence of government legislation and market dynamics have driven virtually everyone in the industry to rethink and revisit their central business strategy. However, far too few executives recognize that optimizing service line (SL) architecture and strategy is one of the most viable and effective responses to the demands of the Affordable Care Act and the focus on population health.

While some may scoff at the notion that SL strategy is the key to addressing such sweeping changes, even the most ardent skeptics can't ignore market conditions that align with the SL construct. Among these are:

- Increased *financial engagement* on the part of the patient/consumer, in the form of increased copays, deductibles, and percentage of the overall insurance premium.
- Mounting influence of the Internet and the resulting *empowerment of the patient/consumer*, who has unlimited access to disease-specific information and therefore relies less on medical professionals for education.
- Heightened *emphasis on value* of provided services, resulting from greater transparency regarding the costs and correlating quality of those services.
- Rising pressure on traditional providers related to *pricing and convenient access* from consumer-savvy enterprises like big-box stores (e.g., Wal-Mart) and retail pharmacies (e.g., CVS and Walgreens).

Keep in mind that the forces listed above began building prior to the advent of health insurance exchanges, a development that most industry pundits agree will have an accelerating impact on the “consumerization” of healthcare. All of this argues for a renewed emphasis on SL strategy as the solution to meet the current and expected changes in the health sector.

In essence, we are facing a time that industry strategy and marketing experts have long anticipated: when healthcare will begin to look like most other industries in this nation, driven by market forces and consumer interests.

For that reason and others that will be explored in this book, the SL approach is the optimal architecture for effectively meeting the emerging demands of the healthcare/medical marketplace.

Strategists, Marketing Mavens, and Why They Matter

So you might be asking, if an SL strategy overhaul is the best tool for addressing the dramatic changes facing our industry, why don't we hear more about it, and why aren't more organizations moving in that direction?

Allow me a moment of brutal candor: Many healthcare executives in hospital and health system settings do not fully understand the principles of marketing. This rather bold assessment isn't meant to cast aspersions on senior healthcare executives, many of whom have obviously done quite well in the industry, thank you very much. No, the fact is that healthcare from the provider vantage has not required or even lent itself to an understanding of fundamental marketing practices.

The meaning of “market-driven”

No matter what the pundits say, healthcare in this nation has never really been market-driven. How could it be when the vast majority of its consumers (patients) see (and pay) only a small fraction of the total costs of the services rendered? For the private sector (commercial health insurance) as well as the government-financed area (Medicare and Medicaid), total costs are camouflaged in complex billing practices and consequently are not a driving factor for consumers. Therefore, anyone who maintains that we should keep the industry “market driven” is either pushing an agenda or not familiar with market-driven industries.

When I moved from the packaged-goods industry to healthcare nearly three decades ago, I was struck by how little this sector applied general marketing practices to its underlying strategies. At first, I was perplexed, then frustrated, and finally irritated. Then I had the epiphany: *Of course* executives in this field don't apply the concepts we learned in business school as related to the marketing function. This industry is an anomaly—and not only from a *financial accountability* standpoint. Healthcare is also the exception with regard to *access* and applicable industry knowledge. What other industry offers its services—by legal mandate—to those who can't pay for them?

In addition, what other industry has fundamentally “protected” the basic understanding of its services with such rigor and effectiveness over the decades?

Let’s face it: The recent movement toward transparency in healthcare, although valuable and welcome, is relatively new—and due in large part to the Internet.

Decades ago, in his seminal book, *The Socialization of American Medicine*, Paul Starr observed that “Not only did physicians become a powerful, prestigious, and wealthy profession, but they succeeded in shaping the basic organization and financial structure of American medicine...” In short, the medical profession’s well-protected complexity and seeming cognitive impenetrability produced a dependent public that relied unquestioningly on the expertise of licensed professionals, specifically on the physicians who treated them. That is not exactly the kind of dynamic that’s conducive to market forces, at least not when compared to virtually every other industry in America, where the consumer has extensive access not only to the nature of goods or services provided but to the design, delivery, and financing process as well.

Given the financial disconnect between patient and the true *cost* of care, and the absence of information providing a *value* measurement (i.e., quality of care provided relative to the cost of the services rendered), no wonder healthcare marketing was discounted or in some cases ignored altogether. Today, the barriers to informed decisions are breaking down, and meaningful change is upon us. The link between accountability and payment is more accessible than ever. Increasingly engaged and knowledgeable consumers/patients finally have the tools to assess “value” and to make healthcare financing decisions accordingly.

Advice from Someone Who’s Been There

One might ask, why another book on service lines, and particularly, why another one from Preston Gee? Good questions, to which the answers are: expertise and timing. As noted above, I migrated from the packaged-goods industry to the health sector nearly three decades ago, just as marketing and strategic planning were starting to emerge in the hospital and health system world. I made an industry-changing move from Quaker Oats/Fisher-Price Toys to Sacred Heart

Hospital in Eugene, Oregon, part of the Sisters of St. Joseph of Peace system, now Peace Health. The fellow who hired me, Jim Folger, had worked for the Heinz Corporation. We were both new to healthcare but familiar with product-line management, thanks to our previous employers. Therein lies the expertise part of the equation.

Jim and I decided to apply some of our background—and *expertise*—in packaged/consumer goods to the managerial structure of marketing and strategy. Eventually, we decided to commit that perspective to paper for a broader audience. We co-authored *Product Management for Hospitals: Organizing for Profitability*, the first book on product-line management for healthcare, which became known as service line management in the early to mid-nineties. At the time, we thought the principles and practices that had worked so well for a vast array of consumer-facing industries would apply to healthcare as well. To a certain extent, they did.

At that time, the conditions for a product/SL structure were not as favorable in the healthcare industry as they had been in more market-driven industries. However, that is about to change—and is already changing—with the advent of insurance exchanges and the sweeping momentum of the market toward a more consumer-based landscape. And that’s where the timing part comes in.

To paraphrase Ralph Waldo Emerson, who famously observed, “This time, like all times, is the best of times,” this time is definitely the best of times for a managerial framework that aligns progressive organizations closely with their most important stakeholder: the consumer. I use the term “consumer” here deliberately, and not consumer/patient (as will be referenced several times throughout the book), to emphasize the shift we are seeing and will continue to see toward a consumer-driven environment.

This dramatic shift will be even more pronounced under accountable care and population health. By necessity, we must shift our focus from the patient who is treated episodically to the consumer who is educated and empowered holistically, hopefully receiving care in the most appropriate and efficient setting ... or not receiving care at all. But much more on that later.

For now, the important thing to keep in mind is that your retooled SL strategy will be a requirement of the post-ACA environment; the market will demand it, and consumers will embrace it. And who better to guide you and your organization through these uncharted waters than a former consumer-goods guy, who has been advocating for and writing about SL structure and strategy for nearly three decades?

As they say, timing—*and experience*—are everything.

Preston Gee

Introduction

The Service Line Solution is intended to provide a comprehensive guide to the key elements of service line management (SLM) in a rapidly changing healthcare industry. The strategies in this book are sharply trained on the convergence of two key market factors: a move toward a more consumer-focused orientation, and the emergence of population health management as the means to effectively manage defined populations. In this book, you'll find the key steps necessary to develop an effective SL architecture for hospitals and health systems, presented in sequence and designed with the idea that the new environment we face will require not only a modified structure but also a dramatically different approach to this consumer-empowered world.

In that regard, the first four chapters of the book provide background on the SL structure and the rationale for this approach, which has been so effectively utilized in virtually all other industries in America, is more applicable and germane to healthcare than ever before. This part of the book also addresses

significant changes that have occurred in SLM since the precursor to this book, *Service Line Execution 2.0*, was written seven years ago.

These early chapters speak definitively to the migration to a consumer-driven landscape and why that seismic shift requires a different mind-set on the part of hospital and health system leaders. This shift is significant, since healthcare in the United States has not experienced the kind of market-oriented dynamics that most other sectors of the national economy have witnessed. However, few leading organizations in the field are effectively transitioning to a model that is more retail than wholesale oriented.

Chapter 3 specifically provides background and thematic rationale for why the industry is in its most serious state of flux in several decades; namely the advent and actualization of insurance exchanges. As this chapter points out, irrespective of the political implications of exchanges, the undeniable reality is that this emerging market force—either in the public or private sector—engages the patient/consumer to a much greater degree and empowers them in a way that has not existed in healthcare since its inception. The purpose of this chapter is to provide context and the conceptual framework for addressing these shifting dynamics. Chapter 4 looks at the impact of population health on the SL application and specifically speaks to why an SL structure is invaluable for implementing an effective population health model.

Chapters 5 through 11 outline the basic framework of an SL structure and the steps to either developing or enhancing SL architecture. Included in this group of chapters are elements such as the need for data-based definitions, the value of using quantifiable metrics as the basis for assessing performance, the imperative to narrow the number of SLs down to a manageable core (no more than four at the outset), and the role of the SL manager in effectively marshaling the resources and focus of the organization to achieve competitive differentiation. Chapter 11 focuses on the inherent value of disciplined business planning and includes a discussion regarding the value of market research in gauging consumer perception and competitive advantage.

The final two chapters, Chapter 12 and Chapter 13, delve into execution and explore the need to manage SLs much like strategic business units, with extensive analytics and a competitive thrust. This section also addresses second-stage implementation of an SL structure, by adding additional SLs to the mix once the organization has effectively implemented the original two to four core SLs.

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The Service Line Moment

Retooling Our Service Line Strategies for New Realities

As we move from patient-centered healthcare to the consumer-based model triggered by health insurance exchanges, the locus of control is shifting to individual consumers, away from professional practitioners and the institutions that support them. And that is nothing short of a seismic shift.

Yet few healthcare organizations have taken critical steps to retool their service line management (SLM) models for the post-Affordable Care Act (ACA) world. Only the most progressive have rethought the SLM construct to address the convergence of two sweeping movements in our industry: population health management and rising consumer engagement.

While many industry advisors have recognized the individual impact that each movement will have on the healthcare landscape, only a small percentage have

grasped the significance of the junction of these powerful market dynamics. The two major movements, in fact, are rarely discussed in the same conversation.

Although the “imminent rise of the consumer” has been predicted for a couple of decades, what makes this time different is the impact of exchanges (or marketplaces, as they are sometimes called) coupled with the individual consumer’s economic responsibility. In addition, the goal under an accountable care model will often be to keep the consumer/patient out of the hospital and directed to more appropriate and less-expensive care venues.

These critical factors will finally engage the gears of the market in a way we’ve only dreamed of in the past.

Old thinking—the passive patient

The reasons that so many fail to see the strategic linkage between population health and consumer empowerment are many, but, fundamentally, it comes down to old thinking. The traditional mind-set in healthcare—that the patient is basically a “receiver” of services provided—is deeply entrenched and is still a predominant perception.

The consumer as a passive recipient of services is unheard of in virtually every other industry in America. Usually, consumers are acknowledged to be the driving factor in the development and design of those services. The role of the healthcare consumer is changing, and that shift will play a pivotal role in altering our industry.

The move to population health alone won’t reshape the image of patients as simple service receivers, however. Population health (which is somewhat of a misnomer, but more on that later) is primarily being interpreted from the traditional view of healthcare design and delivery; many experts have not yet put the proactive consumer at the center of their strategies for addressing population health and delivery of accountable care.

That is an unfortunate and arguably provincial view.

New reality—the active consumer

Healthcare in America is changing more rapidly than it ever has in the history of the industry. Costs continue to rise at a rapid clip, but more important than the overall cost index figures is the cost impact on the individual. People at all stages of life and in all sectors of the work force are paying more for their share of the healthcare pie through increased deductibles, copayments and monthly premiums—that is if they're fortunate to have an employer that offers health insurance.

Those without health insurance know first-hand the sharp sting of medical bills, an often-untenable financial burden at the core of more than half of the personal bankruptcies in the country. The clamor for a solution to this nationwide dilemma was a primary factor in the successful passage of the Affordable Care Act (ACA), colloquially termed “Obamacare.” The cornerstone of the ACA was actualized in 2014 with the implementation of health insurance exchanges, following an infamously rugged enrollment ramp-up due to technical glitches.

Regardless of one's political views, however, the reality is that the ACA shifts control away from the traditional power brokers and influential stakeholders. It shifts power to a newly engaged consumer, who is more economically responsible and therefore a more conscientious purchaser of the services offered.

The Service Line Advantage

The underlying promise of this book is simple: By executing on a consumer-optimized SL strategy, you will successfully meet the complex demands of an accountable care environment **and** streamline your approach for a world in which the engaged consumer is—as the adage goes—always right!

This adage should be your guiding light, for it marks a tectonic shift in the way leaders and managers in the industry must view their most significant stakeholder: the empowered **consumer**, not the disempowered **patient**.

Over the next few years, we will see a dramatic shift in the way healthcare is considered, promoted, configured, and purchased. We will hear extensive debate on the merits of this new approach, and whether it will really come to fruition, or if it's just a passing fad.

Much as we've seen in the financial sector with employee pensions (migrating from defined benefit to defined contribution), this is a movement whose time has come and whose impact is enormous.

Avoiding the fiscal fallout

Those who debate the merits of a consumer-centric plan but do not act will not only miss the movement but will be left in the proverbial dust, trying to apply yesterday's model to tomorrow's reality. Unfortunately, those who debate the merits of a consumer-oriented approach may include a significant number of individuals and enterprises, but the size of that group will not mitigate the immensity of their miscalculation or the competitively disadvantaged state in which they will find themselves.

Let's look at the factors that support the move to an optimized SL model.

Micro, not macro

Health executives may be tempted to believe that these seismic shifts could best be addressed at the full organizational level. However, logic dictates that to the extent that an organization is divided effectively into market-focused segments, major transitions are actually better assessed and accomplished under an optimized SL structure.

In essence, the rise of the healthcare consumer could also be aptly labeled "the emergence of the individual." SLM gets the enterprise closer to the individual than any other managerial model, which is why it is the mainstay of competitive consumer-oriented industries and organizations throughout the United States. Just ask the leaders at consumer goods firms, organizations known for their acumen in

SLM (or what they term product or product line management) how far they will go to know their customers' needs intimately.

And the focus on intimate consumer knowledge has only accelerated with the advent of the Internet. Savvy consumer-focused firms from Amazon to Starbucks have nearly perfected the art/science of individual interests and buying behavior with sophisticated real-time tracking mechanisms, predictive models, and economic behavior algorithms.

Although these may be different industries, the same reasoning holds true for healthcare: An organizational model that more closely aligns the operating units with the customer base is more strategically positioned to adapt to major market changes.

The need for flexibility

The current configuration of many hospitals does not allow for the market flexibility required by insurance exchanges and the implementation of the ACA, with a push for accountable care and population health. For comparison, consider why so many facilities suffered financially following the first few years of diagnosis-related group (DRG) implementation back in the mid-eighties, as well as the difficulty that enterprises had adjusting to the Balanced Budget Act (BBA) of 1997. The financial, operational, and accountability structure of most hospitals simply does not allow for timely and successful adaptation of a new delivery overlay.

It is clear that our healthcare system (including its hospitals and health systems) does not adjust well to sweeping change. Industry observers have noted that healthcare systems (and, to a lesser extent, hospitals) are about as maneuverable as supertankers. When faced with the need to change course—as a result of external forces or internal considerations—it takes extensive time and considerable effort to do so. This is understandable; however, it is not sustainable.

Responding to a competitive market

SLM enables an organization to assess its vulnerable areas rapidly and make necessary adjustments. It forces the organization to institute a discipline of measurement and accountability that exists in nearly every other industrial sector of American enterprise. Yet some healthcare leaders have balked at the need for such a structure, arguing that hospitals and health systems aren't actually selling products or offering consumer-oriented services. Yet that model is one that is shifting as the consumer becomes more economically engaged and cognitively empowered, as noted in the Foreword, and, as the competition shifts to market-facing organizations (e.g., retail chains) that do understand consumers, since that is their world.

At its most rudimentary level, SLM is merely a subdividing of the organization into manageable, measurable, and accountable components. That ability will be more important in the near future than ever before.

In part, that's because we face an onslaught of new and notable competitors. And although SLM is not a silver bullet for the threat of emerging competition, its organizational structure can improve the ability of a hospital or health system to preempt competition, compete effectively against them, or pursue a middle ground of partnership with potential competitors in the market.

In fundamental terms, SLM provides the focus on the core services or areas that are most important to the hospital: It assigns distinct and direct accountability to an individual or individuals to monitor the dynamics of the market and ensures that the organization is optimally positioned to protect, defend, and expand in those areas that are mission critical.

Conclusion

In summary, this book is designed to outline the framework for SL execution in a rapidly shifting market. These fundamentals, while not necessarily rudimentary, also are not rocket science. The basic principles are an outgrowth of my experience with SLM over the course of 25 years in the healthcare field, with the

benefit of having applied these tenets and tactics in the packaged goods industry prior to my migration to healthcare. Here at the cusp of the emergence of the consumer, these principles offer a more timely application than ever before in the history of the healthcare industry.

THE SERVICE LINE SOLUTION

Consumer-Focused Strategies for the Accountable Care Era

By E. Preston Gee

The Service Line Solution: Consumer-Focused Strategies for the Accountable Care Era offers healthcare executives proven best practices for developing the consumer-oriented service lines they need to succeed in a world of new market realities, including the shift from fee-for-service and the migration to a retail medicine model.

The Service Line Solution reveals the strategic advantages of optimizing service lines to address the impact of the Affordable Care Act. In this update to Preston Gee's *Service Line Execution 2.0*, senior hospital executives, directors, and managers will find the essential road map to developing effective service lines for the era of accountable care.

This resource will help you:

- Create a competitive mind-set that focuses sharply on newly empowered healthcare consumers
- Optimize the service line construct in your hospital or healthcare system to meet the challenges of consumer-driven healthcare
- Decide the best managerial structure for your service lines
- Determine the value of having dedicated service line managers in your organization

E. Preston Gee is a recognized thought leader in the healthcare industry, currently serving as the VP of strategic marketing for CHRISTUS Health in Irving, Texas. He has held senior leadership positions at some of the largest nonprofit and for-profit health systems in the nation.

The author of 10 books and numerous articles on healthcare strategy and trends, Gee is a frequent speaker at leading conferences on topics ranging from healthcare reform to consumer-focused strategies.

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