Meeting Women’s Needs Brings Success Downtown

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As a female Mercy doctor once quipped, “It takes more to make a women’s center than pastel wallpaper and flowers on the table.” Baltimore’s Mercy Medical Center has gained a national reputation for its women’s health program, thanks to a combination of careful and innovative planning for the future and commitment to its past.

For example, last year, Mercy received the “2012 Women’s Choice Award” from WomenCertified™ as one of America’s Best 100 Hospitals for Patient Experience — the only national award that focuses on female patient satisfaction using scores derived from the Hospital Consumer Assessment of Healthcare Providers and Systems database.

Since 1874 when the Sisters of Mercy took charge of the Baltimore City Hospital in downtown Baltimore, Mercy’s mission has been to serve those in its urban community. That commitment continued through decades of change as downtown communities eroded, costs rose for charitable and uncompensated care and patients moved to the suburbs.

At the 2013 Catholic Health Assembly in Anaheim, Calif., Sr. Helen Amos, RSM, described in her keynote address how, from a decision to create an array of medical services for women, Mercy had managed to grow, in a competitive city environment, from a struggling single acute care facility to an entity spread over metropolitan Baltimore, while remaining faithful to its central city core. A further challenge to its success was its location in the shadows of two medical giants, the University of Maryland Medical Center and The Johns Hopkins Hospital.

Surveying the situation in 1991, Sr. Amos, newly appointed president of Mercy Medical Center, said, “The question is not whether Mercy should move. The question is, how do we achieve success where we are now?”

Sr. Amos arrived at Mercy at nearly the same time as Thomas R. Mullen, who left the University of Maryland Medical System to become Mercy’s senior vice president in 1992. Working closely with Mercy’s board, which included Walter Sondheim — known nationally for his role in Baltimore’s downtown revival — Mullen, Sr. Amos and the Mercy leadership developed a strategic plan for growth that focused on upgrading hospital facilities and providing specialty care for women.

“We knew we had access to suburban women, working right near the hospital,” Mullen said in a 2003 interview with the Baltimore Sun.¹

The hospital board’s strategic planning committee in 1992 commissioned the Gallup Organization to undertake a women’s services study, surveying Baltimore women’s attitudes ranging from how they perceived Mercy’s standing versus other Baltimore hospitals to what they were looking for in terms of women’s health care.

Mercy also assembled a team that included several Mercy administrators, an OB/GYN specialist and a nurse, and charged them with gathering information about the features and programs other successful urban hospitals offered for women. The Mercy team visited hospitals across the U.S. and conducted dozens of interviews.

Their findings, along with the 324-page Gallup report, indicated that about a third of the women surveyed had no regular source of health care; that young women ages 18-30 were more likely to see an OB/GYN than a general practitioner; and that board certification of physicians was highly prized.

Women also said they would prize such hospital amenities as a “special nursery to care for very small or sick babies”; a 1-800 phone hot line for mothers; having sufficient parking; private rooms with baths; a “new and modern maternity unit with hotel-like surroundings.”
The research made it clear that Baltimore women, particularly those of childbearing age, could be Mercy’s key target market, given their own assorted medical needs in addition to their role as health care gatekeepers for the family.

As a result, by 1994, Mercy had spent approximately $8 million to renovate three floors of the main hospital, including the labor and delivery unit, and — reflecting the fact that heart disease is the No. 1 killer of women — had improved cardiac care by installing a $2 million laboratory to perform cardiac catheterization.

As Sr. Amos noted in her assembly address, Mercy is proud of the fact that more of Baltimore City’s babies are born at Mercy than at any other hospital in the area. “Sixty-seven percent of the mothers are uninsured or underinsured, and approximately 10 percent of the births are premature and of low birth weight,” she said, “health issues that are linked with this population due to poverty, poor nutrition and inadequate prenatal care.” Further, the hospital’s female population, particularly its inpatient population, is diverse. In 2012, for instance, 60.2 percent of women treated as inpatients were non-white (55.9 percent were black).

MARKETING TO WOMEN

After the cardiac lab was complete, the marketing kicked in. Mercy’s highly successful “Dial a Downtown Doctor” radio marketing campaign, launched in September 1994, encouraged women who lived and worked downtown to receive their health care and annual screenings like mammograms and Pap smears at Mercy.

Next came a concerted effort to seek out medical talent noted for their expertise in women’s care and wellness. What came to be known as Mercy’s “Magnet Doc” philosophy was a simple strategy. As reporter M. William Salganik noted in 2003 in the *Baltimore Sun*, Mercy would seek out “established doctors who could not only draw patients — and revenue — but also generate business for hospital labs and radiologists and, over time, ‘overflow’ work for younger physicians who joined their practices.”

Mercy’s marquee Magnet Doc recruit was Neil B. Rosenshein, MD, director of gynecologic oncology at nearby Johns Hopkins Hospital and author of the *Manual of Gynecologic Oncology*. Rosenshein, recognized as one of the nation’s leading authorities in ovarian cancer, was impressed by Mercy’s commitment to women’s health and joined the medical center in 1995. He was named medical director for the hospital’s new Center for Women’s Health and Medicine.

Mullen, who is now Mercy president and CEO, called the Rosenshein signing “the cornerstone of it all. It validated Mercy’s vision for women’s services and gave us credibility around town. When he came on board, it was a market-changing event for this hospital.”

In addition to drawing patients, magnet physicians like Rosenshein attracted such specialists as noted breast cancer surgeon Neil B. Friedman, MD, now director of Mercy’s Hoffberger Breast Center; Bernard W. Chang, MD, a leader in autologous tissue breast reconstruction; Mark Myerson, MD, a renowned foot/ankle surgeon whose list of patients reads like a “Who’s Who” in professional sports; Armando Sardi, MD, a surgical oncologist and pioneer in the field of HIPEC (hyperthermic intraperitoneal chemotherapy for abdominal cancers).

Mercy was the first hospital in Maryland to offer both a sexual assault center and a family violence response program for victims of domestic abuse. In 1994, Mercy launched the SAFE — Sexual Assault Forensic Examination — program and has treated more than 8,000 victims of sexual assault since it was implemented. Mercy has 30 specially trained forensic nurse examiners available 24 hours a day to care for victims of sexual assault (ages 13 and older), victims of domestic violence and victims of the abuse, neglect and maltreatment of elder/institutional and vulnerable populations. Mercy also partners with Maryland’s Department of Human Resources victim services to identify the symptoms of domestic violence at an early stage and to offer support and intervention.

WINNING RECOGNITION

A key to Mercy’s success has been pairing innovative, creative and consistent marketing techniques to the promotion of Mercy’s women’s programs. Mullen, Sr. Amos and Rosenshein approved branding Mercy as “The Woman’s Doctor,” a concept made manifest in a weekly medical segment airing on Baltimore’s NBC affiliate and regularly the top-rated station in the region, WBAL-TV.

“The Woman’s Doctor,” which will celebrate its 20th anniversary in 2014 as the longest-running on-air health news segment of its type in the region, features a Mercy physician and patient exploring topics of interest to women — everything from hair loss to knee replacement to chronic pelvic pain.

Mercy first received national recognition for its efforts to address women’s health issues when the May 1997 issue of *Self* magazine selected Mercy as one of “the 10 Best Hospitals for Women’s Care in the U.S.” for providing the “most progressive, innovative care for women.” The magazine focused on Mercy’s Heart Program for Women, further highlighted in a national “CBS This Morning” telecast. At that time, research was just starting to reveal that women in the U.S. were not being
treated as aggressively for heart disease as their male counterparts: Mercy was singled out for being ahead of the curve in its treatment of women with cardiovascular disease.

But Mercy’s push to establish its niche as a leader in women’s health wasn’t finished. The “Center for Women’s Health and Medicine” was a bit of a misnomer, for its assorted departments were scattered across Mercy’s Baltimore city campus. By 1999, it was clear that Mercy needed to enhance its development efforts in order to build a facility to house all key women’s programs. Mercy sought to raise $40 million — a bold goal, especially for an urban hospital that had never raised more than $5 million in any single capital campaign.

Not only was the campaign successful; in November 2001 the hospital secured what was, at that time, the largest gift in the its history: $10 million from the Harry and Jeanette Weinberg Foundation. Plans proceeded to build the 118,000-square-foot, six-floor Weinberg Center, a state-of-the-art facility designed to incorporate the input and ideas of the women it would serve.

Mercy created a women’s advisory board and Rosenshein reached out to his patient base, thousands of women, for he intended the building to reflect his patient base, thousands of women, for he intended the building to reflect ideas of the women it would serve.

Mercy’s leadership, including Amos — who is now executive chair of Mercy — worked with lay staff, helping to define the model of care that Mercy would deliver. With sisters religious like Sr. Mary Wickham, RSM — a state-of-the-art hospital to replace Mercy’s aging inpatient tower.