

# AMY M. AVERY, M.A.Ed.

Health/Medical/Pharma Writer & MarCom Specialist

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● well-researched ● accurate ● on-time ● within budget ●



**Writing Services** • **B2C Collaterals** • **White Papers** • **Print, Social/Digital Media**  
• **B2B Marketing** • **Fundraising** • **Web Pages & Micro-sites**

## My talent. My experience. Your results.

As an award-winning freelance writer and marketing communications practitioner, I bring to every project strong research, a marketing focus, and practiced attention to ensuring the right messages reach the right audiences in a way they can understand and act on. I support healthcare clients in over 20 states with **one-time projects and on-going copywriting.**

With **30 years' experience in healthcare--** including work within health systems -- I understand that **completing a project on-time and within budget** is not a luxury; it's a necessity. Planning and research are keys for both the simplest article and the most complex report.

If you need a nationally recognized **healthcare marketer** and **strong writer** who pledges **dedication** to your projects, **put me on your team.**

To reach your target markets in the healthcare, medical and pharma arenas, tap into my 20+ years as an industry insider.

## Regional, National Awards & Recognition

- **Judge: eHealthcare Leadership Awards**
- **Silver Quills** for feature & for editorial writing, from the **International Association of Business Communicators**
- **Gold Award** and **Best in Division Award** for writing from a regional communications group.
- **Award of Merit** from the **National Health**

**Information Awards**, in the magazine category

- **Gold Aster Award** for magazine series
- National speaker, **Society for Healthcare Strategy & Market Development**, Chicago
- **National recognition** from the **Public Relations Society of America** for healthcare marketing.
- **Published** in trade, business, professional, state and regional publications

## Providing targeted copy for internal and external audiences: B2B, B2C, B2Clinicians

### Categories:

Hospitals and Healthcare Systems  
B2B Healthcare Consultants  
Pharmaceuticals  
Physician Groups  
National and Regional Insurance Companies

### Client Examples:

Baylor Health System, Texas  
BayCare Health System, Va.  
Geisinger Health System, Penn.  
The Cleveland Clinic, Fla.  
Scripps Health, Calif.  
Atlantic Health, N.J.

### Publications/Media:

*Journal of Healthcare Information Management*, national  
*Pharmaceutical Manufacturing & Packing Sourcing* magazine, London  
Web patient and donor testimonials  
e-Newsletters

## Education & Special Interests

Master's level study in marketing and healthcare management  
Master of arts degree in education, focusing on adult communication and communication theory  
Focus on health literacy and plain language communications  
Industry-related courses, workshops, webinars.

## Professional Involvement

American College of Healthcare Executives  
Association of Healthcare Philanthropy  
Society for Healthcare Strategy & Market Development (Advisory Board; national speaker)  
Center for Health Literacy  
International Association of Business Communicators  
American Marketing Association

Please call for a customized portfolio, or check out my writing samples online: [www.AveryWrites.com](http://www.AveryWrites.com).

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## Public Relations Management Plan Excerpt from PRSA award entry:

### 1. Situational Audit: Trends Near and Far

In addition to national trends showing growth in women's health product lines, Manchester Memorial Hospital's own research substantiated the relevance of these trends to our market area and identified the needs and expectations of our target audiences. . . . Further, a competitor 10 miles away had begun promoting their version of a women's center.

Based on this research and input from an Advisory Group of 18 women, the Center took shape: located within the hospital, which is central to our market base, it offers a myriad of health care services by and for women (mammograms, PAP smears, physical examinations, counseling, etc.)

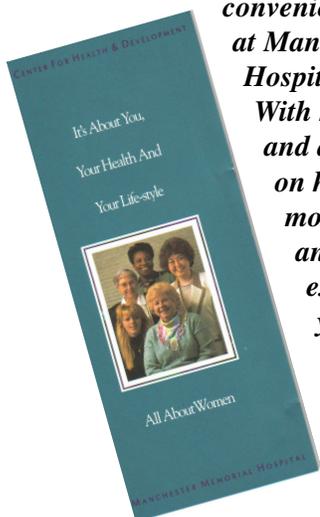
### 2. P.R. Objectives: Seeing is believing

The role of Public Relations became to communicate two main messages about this product: the concept that it offers a convenient, centralized option for health care services and that the V.I.P. membership would be worth the one-time \$10 fee.

## Provider-to-consumer Introductory Brochure (excerpt)

*The concept of All About Women is simple: you asked for a central location for your health and educational needs. We've made sure you get it conveniently and comfortably at Manchester Memorial Hospital.*

*With regular office hours and a nurse practitioner on hand to answer your most intimate questions and provide examinations, we hope you will find that the All About Women center helps you to develop and maintain a healthy life-style.*



Visits to the center became our main strategy for introducing this new concept. . . .

**National Award Winner:  
Public Relations Society of America  
Certificate of Merit  
for Healthcare P.R. Management  
PRSA MacEachern Awards**

### 3. Results of program launch

We were thrilled that our free on-site programs were sell-outs and that we received 1,100 VIP membership applications within two months of campaign launch. . . .

### 4. Measuring the success of marketing

To measure success, we turned to projected expectations of staffing needs based on the previous year's research. The Nurse Practitioner position became full-time by month five, 18 months earlier than expected. Likewise, secretarial and mammography staffing increased about 1/4 of an FTE about 18 months earlier than projected.

### Anecdotes

Women 20 miles outside our market attended the programs and asked if they could join and use the Center's health services. . . . Some of these women drive by three hospitals to reach us.

Hospital staff, including physicians, also joined.

## About Our Staff

The All About Women staff includes a medical director, nurse practitioner, registered dietitians, registered radiology & mammography technologists, mental health professionals, exercise physiologists, massage therapists, and health educators.

## About Our Services

To complement both your personal doctor's care and your own busy schedule, All About Women offers you a variety of health and educational services:

- Breast Examinations & Mammography, accredited by the American College of Radiology
- Routine Gynecological Exams
- Pap Smears
- Contraceptive Counseling
- PMS Counseling
- Menopause Counseling
- Personal Cholesterol & Blood Pressure Screenings
- Fitness Counseling

Copy by Amy@AveryWrites.com

Daily e-newsletter (contract work,  
6 months)

Audience: employees of Blue  
Cross Blue Shield

*The Challenge:*

*Communicate policy without  
relaying a “slap on the  
hand” tone*

**If your computer  
sometimes seems  
sluggish, it’s probably not  
because of the heat**

**If you’re sending or receiving e-mails with personal pictures, audio and video  
attachments, you might be contributing to company-wide computer system outages  
and slowdowns. That affects you and everyone else. Read more to find out about new  
company procedures that will keep things running smoothly.**

What do you do when you receive an e-mail with attachments of pictures of your friend’s adorable baby or a copy of a new music release from your favorite singer? Do you immediately forward it on to 10 of your closest friends? These types of files take up a significant portion of the Company’s e-mail storage capacity. By sending them, you’re clogging the Company’s Groupwise e-mail system and might be keeping coworkers from doing their jobs efficiently.

To address the problem, a new procedure will alert employees and their managers when this bandwidth overuse problem occurs. We’re now sending notices to any employees (and their managers) who log excessive personal use of the company e-mail system.

#### **Why is excessive personal e-mail a problem?**

When you forward personal e-mail to a number of people, a copy of that message has to be stored in several places on our computer network. This lessens the ability of the entire network to serve BCBSNC employees and members, especially when large attachments such as photographs, video or music clips are involved. These messages can also cause Groupwise to run slowly and crash.

Both the Code of Conduct ([Responsible Use of BCBSNC Assets](#)) and Human Resource’s (HR’s) [Electronic Communications Policy](#) state that Company assets must be used for valid corporate

purposes only, with the exception of occasional and reasonable personal e-mail and Internet usage.

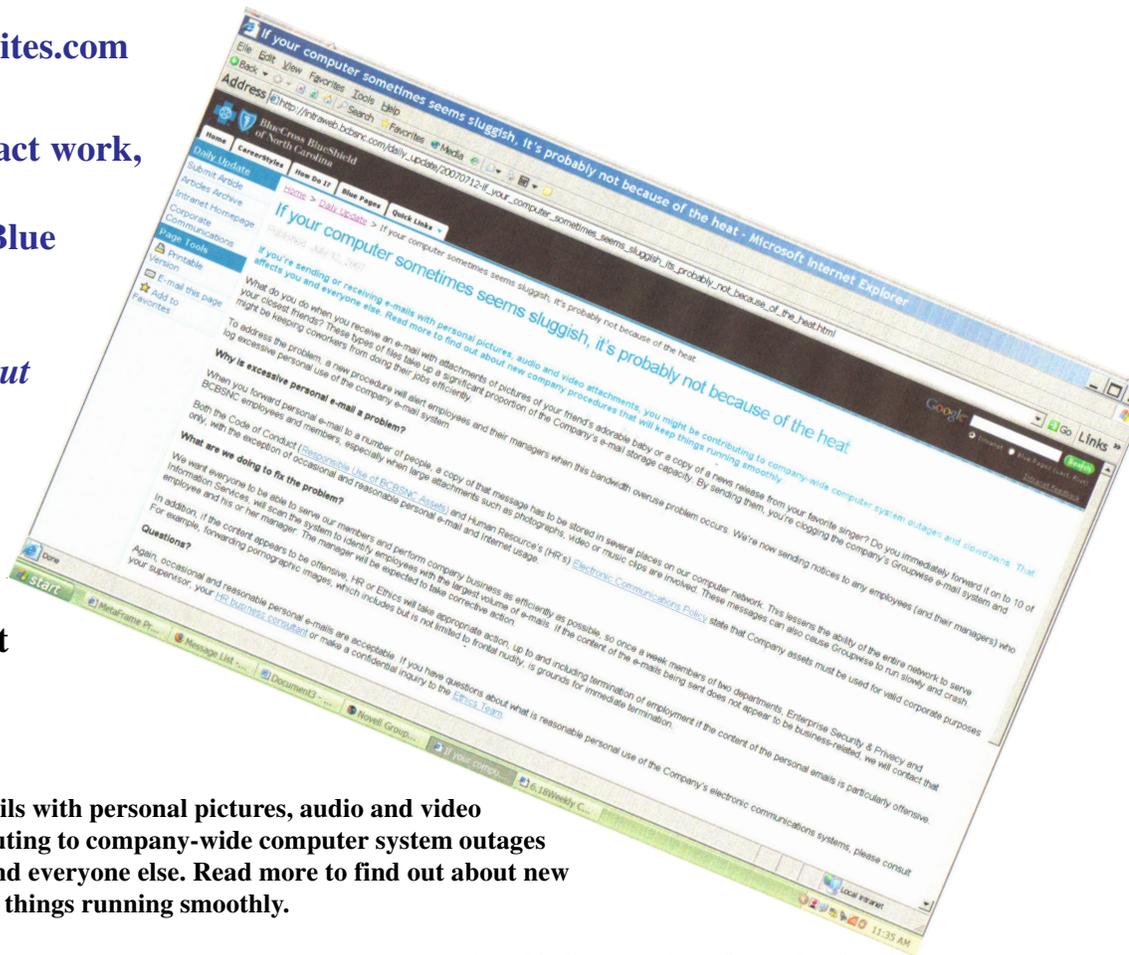
#### **What are we doing to fix the problem?**

We want everyone to be able to serve our members and perform company business as efficiently as possible, so once a week members of two departments, Enterprise Security & Privacy and Information Services, will scan the system to identify employees with the largest volume of e-mails. If the content of the e-mails being sent does not appear to be business-related, we will contact that employee and his or her manager. The manager will be expected to take corrective action.

In addition, if the content appears to be offensive, HR or Ethics will take appropriate action, up to and including termination of employment if the content of the personal emails is particularly offensive.

#### **Questions?**

Again, occasional and reasonable personal e-mails are acceptable. If you have questions about what is reasonable personal use of the Company’s electronic communications systems, please consult your supervisor, your [HR business consultant](#) or make a confidential inquiry to the [Ethics Team](#).



## Media Release: Health/Medical Government Trial

### CapMed Joins with IBM and Leading Community Pharmacies to Provide Patients with Medication History

In a matter of weeks, a select number of people in the United States will begin experiencing healthcare of the future, a future expected to be shared by people nationwide by 2014. In a pilot program beginning December 1, 75 people in North Carolina and New York state will quite literally have in their hands the power to carry their personal medical information from physician to pharmacist to insurer to home, via software and hardware products developed by CapMed, a division of Bio-Imaging Technologies, Inc. (NASDAQ/MNS: BITI).

This project is part of the Nationwide Health Information Network (NHIN) initiative to empower healthcare consumers with easy access to information important to their health and wellness. CapMed has partnered with IBM to facilitate the Consumer Empowerment Use Case, which calls for providing patients with the ability to register with the internet-based network and to download their medication history into a customized Personal Health Record, or PHR.

“It’s often difficult to get important medical documents quickly from one part of a hospital to another, much less from one provider to another,” said Wendy Angst, General Manager of CapMed. “We’ve been offering solutions to this problem to leading healthcare institutions for 10 years, and are excited to partner with IBM to offer the latest generation of our product for this project.”

Patients in this initial project will be volunteers from the Fishkill/Taconic region of New York and from the Research Triangle Park-area and Rockingham County, both in N.C.

This project will be a first-ever implementation in which a patient can electronically, via the internet, receive their prescription history directly from participating pharmacies. Participating patients can download medication history data directly into their CapMed PHR from SureScripts, the nation’s largest provider of electronic prescribing services.

According to IBM, CapMed was chosen for this project because of its leadership in standards-based data exchange, coupled with PHR expertise garnered from a 10-year history of providing personal health records for over 600,000 people nationwide.



*Appeared via  
Business Wire:  
GEN--Genetic  
Engineering &  
Biotechnology  
News*

“IBM has a long history of selecting highly qualified partners that add significant value in our programs, said Ginny Wagner, Certified Executive Project Manager at IBM. “CapMed has demonstrated leadership with supporting the import and export of standards-based data . . .”

“Electronic Personal Health Records have the power to transform the healthcare system, saving the valuable time of physicians and other providers, and helping patients manage their health,” Angst said. “When patients cannot easily share up-to-date medical histories, it can lead to costly repetition of examinations and testing. At worst, it can lead to delayed diagnoses and even death.”

For this project, CapMed will be using a combination of the HealthKey and Online Personal Health Records to enable patients to manage medications, as well as medical conditions, test results, physician and emergency contact information and related data.

“An underlying theme for the NHIN initiative is that empowered and informed consumers will be better able to manage their own healthcare,” Angst said. “So we’ve designed a product that has been proven to be easy to use, to encourage widespread adoption within this initial trial, and ultimately to support widespread adoption and usage of health management tools.”

Components of CapMed’s system, which was designed specifically for the NHIN initiative, includes an internet-based software application for use on home computers as well as a USB-port key-fob that patients carry with them. As a leader in developing standards by which such information can be shared among diverse stakeholders—from clinicians to family members to payers and even schools or employers—CapMed’s product gives the patient full control to authorize who has access to what information.

“The patient’s active role in this initiative is key, so we have used our experience to make the software compatible not only with software used by the clinician or other providers, but also with a variety of home medical devices, such as blood glucose monitors,” Angst said.

## Knees, don't fail me now

*Want to play tennis in 10 years? Go skiing in 30? Jog around the track when you are an octogenarian?*

Orthopaedic specialists at The Cleveland Clinic say you have considerable control over keeping your knees in shape now—and into your 80s and 90s. Additionally, advanced technologies offer new options to repair injured or damaged joints for athletes young and old.

That is promising news, since a recent study shows that almost half of all adults will have painful arthritis of the knee by age 85.

“As a large medical center, we're afforded the opportunity to provide our patients with cutting-edge techniques and equipment,” says Brian Leo, MD, orthopaedic surgeon, researcher, and sports medicine specialist at The Cleveland Clinic. “Our goal with any treatment is to help people get to the highest levels of activity possible—to get them back on the field or back on the job.”

### The whole person

With each patient, The Cleveland Clinic's orthopaedic surgeons discuss:

- Overall health
- Risk factors
- Surgical and non-surgical treatments
- Realistic goals
- Importance of rehabilitation

“We focus on the whole person, not just on the knee joint,” Dr. Leo says.

### Overweight at 45?

When people understand the causes of knee problems, they can better prevent problems now and in the future. For example, high contact sports such as soccer and football, as well as running and tennis, can lead to osteoarthritis of the knee later in life, in addition to injuries at any age.

“Also, the heavier you are, the more likely you are to develop knee problems,” Dr. Leo says.

In fact, people who are obese at age 45 are 60 percent more likely than people at a healthy weight to have osteoarthritis of the knee in their 80s, according to a recently published study funded by the Centers for Disease Control.

### Innovative, targeted treatment

Not every patient is an appropriate candidate for every procedure, Dr. Leo notes, but physicians at the The Cleveland Clinic offer a variety of innovative treatments, including:

*“Partial” joint replacements:* “Bone is like ‘precious metal’,” Dr. Leo says. “We use techniques that will keep as much bone in place as possible, and for as long as possible.” This includes replacing only part of the knee joint.

*Two ACL options:* Reconstruction of the anterior cruciate ligament (ACL) requires replacement of the torn ligament in the knee with a new one. When the ligament comes from the person's own leg muscle, it is an “autograft” procedure.

Surgeons at Cleveland Clinic also offer a second option, called an “allograft,” in which the new ligament has been donated by an organ donor.

“Both procedures are very successful,” Dr. Leo says.

*Arthroscopy:* This is one of the most common treatment procedures nationally because it requires only a very small incision.

“Arthroscopic technology and equipment—including new implants, sutures and techniques—continue to improve,” Dr. Leo says. “We're able to do more advanced knee surgeries this way today, because we're taking advantage of innovations in the field.”

*Non-surgical options:* Some patients simply do not want or cannot have surgery, so The Cleveland Clinic's orthopaedic surgeons offer a range of nonsurgical treatments:

- Anti-inflammatory medication
- Physical therapy
- Injections of cortisone artificial joint fluid

Many patients get significant benefit with these treatments. Some can return to playing football, for example, or to daily walks without pain.

“Our goal is to treat athletic types of injuries in people of all ages,” Dr. Leo says. “As much as I enjoy seeing the collegiate football player return to the field, I also get a kick out of the 80-year-old athlete who gets back on the court to play doubles [tennis] with friends.”

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### Sidebar

#### Game. Set. Match.

Growing up, Marshall Goldstein always enjoyed playing sports, including football and running up to 30 miles a week. Now at age 53, tennis is his game.

But sharp knee pain ended his doubles match one day last summer. The pain did not subside even after weeks of rest.

“That's when I found Dr. Brian Leo, an orthopaedic surgeon, using The Cleveland Clinic website,” Mr. Goldstein says. Tests confirmed a torn meniscus, the knee's shock absorber. Ten days later, Dr. Leo performed surgery.

“I chose him in part because he specializes in sports medicine,” he says. “He even treated arthritis in my hip, as well.”

Today, Mr. Goldstein is on the tennis courts, playing doubles twice weekly, as usual.

“My knee is so much better than it was even before the injury,” says Mr. Goldstein. “That first game back was great! I loved it.”

**Copywriting by Amy@AveryWrites.com**  
**Cleveland Clinic “eHealthLines”**  
**a quarterly e-newsletter;**  
**target: “highly educated” audience**  
**Surgical Advances in Brain Tumor Treatment**

Treating brain tumors effectively takes a team of physicians who have a high level of expertise in different areas of medicine. Cleveland Clinic Florida has such a team. Highly skilled neurosurgeons offering new surgical techniques are able to remove brain tumors that physicians elsewhere have deemed inoperable.

“With our surgical techniques and the expertise of our physicians, there really are few ‘inoperable’ brain tumors anymore,” says Badih Adada, MD, a neurosurgeon with Cleveland Clinic Florida. “And technology has evolved so much that our patients can expect great outcomes following brain surgery.”

**Delicate Precision**

Because of their location and their relation to delicate structures, brain tumors can be extremely challenging to treat. “Removing a brain tumor in its entirety and preserving the patient’s functions and quality of life are the ultimate treatment goals,” Dr. Adada says. Physicians at Cleveland Clinic Florida use a combination of surgery, radiation therapy and chemotherapy to reach this goal.

“Until 10 to 15 years ago, brain surgery could result in neurological deficits like poor motor function, cognitive function and speech,” says Richard Roski, MD, Cleveland Clinic Florida neurosurgeon. “But with the development of microsurgery, imaging tools and other techniques, those types of results are extremely rare.”

**New Techniques to Target Tumors**

In removing a tumor, Cleveland Clinic Florida neurosurgeons rely on their vascular expertise to preserve the intricate blood vessels and nerves of the brain. And their experience in “skull base surgery”—which involves surgery using highly advanced tools, cameras and training to operate through the nasal passages to reach the brain—gives them options to effectively remove tumors without causing dramatic scarring and requiring a long recovery.

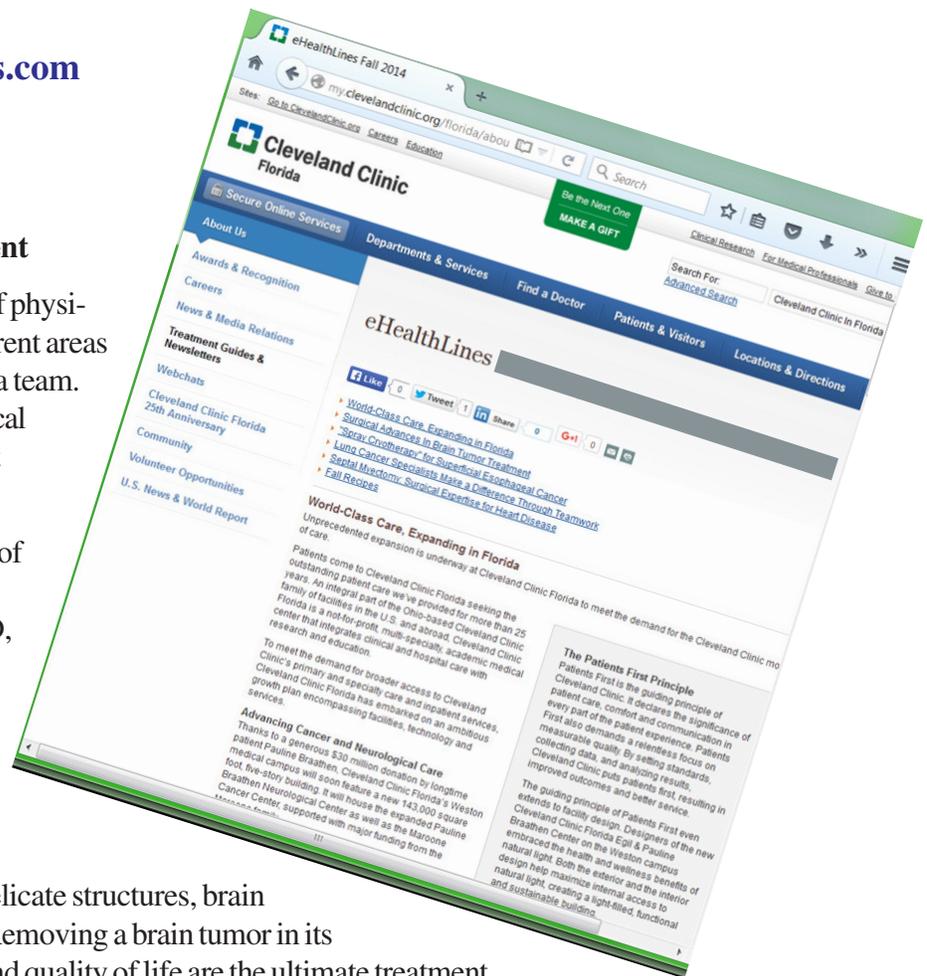
“Our ability to navigate inside the skull and brain has been another of the big breakthroughs to make tumor removal safer,” Dr. Roski says. For example, before surgery, neurosurgeons at Cleveland Clinic Florida use advanced, navigation software and imaging to clearly locate the tumor and plan a safe path to reach it. During surgery, they use ultrasound images to ensure they remain on the right path.

“Our physicians bring a combination of experience and expertise in brain surgery that is unique to our region of the country,” Dr. Adada says. “What that means for our patients is that, though having a brain tumor is a stressful diagnosis, we can offer them hope that our treatment will be successful and that we expect results to be superb.”

**Other stories in this issue:**

**“Spray Cryotherapy” for superficial esophageal cancer**

**Lung cancer specialists make a difference through teamwork**



Copy by Amy@AveryWrites.com  
Webpages: “Sioux City Stories of 5-star care”  
Patient Vignettes for Health System Service Lines

Siouxland’s best,  
meet one of  
Siouxland’s best

Penny Fee, 64, used to run two to three miles each day—on concrete. It was no real surprise to her, then, that her joints suffered mightily for the wear.

“I had two bad knees for a long time,” she said. “I kept putting off knee replacement surgery; but eventually, just standing became difficult. And I need to stand a lot,” she says with a laugh.

But she’s not joking. Once named Siouxland Woman of the Year, Penny heads out on any given day either to teach a college class, run a board meeting or take her spot as volunteer at the museum or library. Along the way, she gathers up organic foods for her catering business, checks in with the non-profit she founded or delivers a rescued pet to his new home.

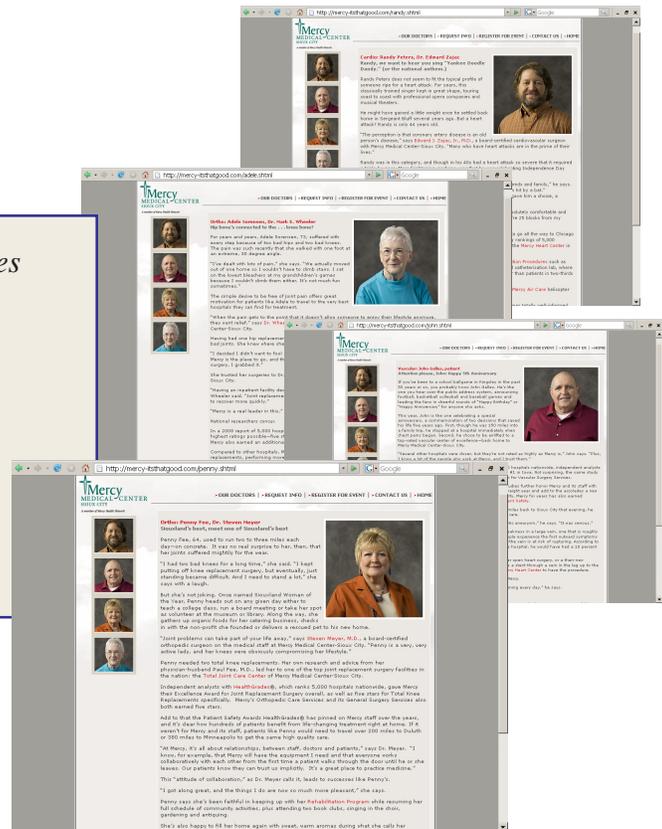
“Joint problems can take part of your life away,” says Steven Meyer, M.D., a board-certified orthopedic surgeon on the medical staff at Mercy Medical Center-Sioux City. “Penny is a very, very active lady, and her knees were obviously compromising her lifestyle.”

Penny needed two total knee replacements. Her own research and advice from her physician-husband Paul Fee, M.D., led her to one of the top joint replacement surgery facilities in the nation: the Total Joint Care Center of Mercy Medical. . . .

Considering the awards HealthGrades has pinned on Mercy staff over the years, it’s clear how hundreds of patients benefit from life-changing treatment right at home. If it weren’t for Mercy and its staff, patients like Penny would need to travel over 200 miles to Duluth or 380 miles to Minneapolis to get the same high quality care.

*Web-based series: patient vignettes promoting service lines:*

- orthopedic surgery: knee (excerpt shown here)
- orthopedic surgery: hip
- vascular surgery
- cardiovascular: bypass surgery
- cardiovascular: emergency balloon angioplasty



“At Mercy, it’s all about relationships, relationships between staff, doctors and patients,” says Dr. Meyer. “I know, for example, that Mercy will have the equipment I need and that everyone works collaboratively from the first time a patient walks through the door until he or she leaves. Our patients know they can trust us implicitly. It’s a great place to practice medicine.”

This attitude of collaboration leads to successes like Penny’s.

“I got along great, and the things I do are now so much more pleasant,” she says.

Penny says she’s been faithful in keeping up with her Rehabilitation Program while resuming her full schedule of community activities, plus attending two book clubs, singing in the choir and gardening.

She’s also happy to fill her home again with the sweet, warm aromas from “marathon baking” sessions, which require several trips between her kitchen and the basement pantry.

“Before, my knees just slowed me down too much. Now, I don’t even think about it,” she says. “I now have my life back.”

## Understanding the Total Cost of Ownership: IS in the healthcare setting

*In an industry with slimming margins and increasing demands for quantifiable results in every business and clinical area, we find it increasingly important for healthcare organizations—and the internal “owners” of budget line items—to identify in a compelling way:*

- *the total cost of ownership of specific investments and*
- *the benefits expected over the life of the application.*

*Healthcare IS investments deserve such detailed analysis. Healthcare organizations are currently embarking upon multi-year technology investments, often exceeding the \$100 million mark. However, the “out of the box” cost of IS investments does not reflect the true cost of any system.*

For any IS purchase, determining all associated costs—the total cost of ownership (TCO)—can be critical on many fronts. First and possibly most obvious, IS investments deserve a stringent and encompassing due diligence review, especially because they easily account for a significant percentage of an organization’s bottom line. In addition, TCO can help internal champions of an application to gain both internal and external stakeholder support for budgeting, for purchase, for upgrades and for replacement.

The good news: proven TCO methodologies can capture hard and soft, confirmed and expected costs. With solid TCO information, healthcare professionals can evaluate IS investments to ensure the measurement, realization and optimization of benefits.

This paper provides an overview of the TCO model, including the components of a TCO analysis, the process and key considerations for use of a TCO report

### **The goal: measure, then manage**

The purpose of the TCO model is to provide an organization’s executive leadership with financial projections with which it can make informed IS business decisions related to a specific project, such as purchase or upgrade of an electronic health record (EHR) system, health informatics systems, or clinical information portals, for example.

Rather than being a stand-alone or one-stop tool for analysis, the TCO model is one of many management tools to be used in concert to evaluate a specific project. A Benefits Assessment, discussed here briefly as well, is another such tool.

A TCO is based upon the premise that an organization cannot *manage* IS if it does not *measure* IS.

### **The TCO process: an overview**

TCO has become an industry standard for measuring and managing project-related costs over time. It looks beyond a one-year budget cycle. Based on the experiences of Healthcare IS Consulting, LLC, the report is a fluid, or living document that changes as an organization finalizes purchasing contracts, determines feasibility of various

components of the project, and adapts to new opportunities (in products or technologies that become available, for example). The “final” TCO therefore evolves as planning and discussions progress. In reviewing the cross-organizational scope of this analysis, it becomes clear that the TCO is driven by processes, people, technology and tools and comprises all costs expected in a defined timeframe. The timeframe might cover three, five, seven or even 10 years for some projects. It bears repeating that many related costs will be found outside of the IS department.

### **Five steps for creating a TCO analysis for an IS project:**

**Step 1: Project Initiation.** During this phase we determine: the scope of the project, client expectations, basic facts and a foundational context concerning the client environment.

**Step 2: Cost Modeling. . . .**

**Step 3: Cost Collection. . . .**

**Step 4: Evaluation / Final Report.** This phase in the TCO project is a client deliverable: the final evaluation and interrelation of all results, the deduction of recommendations, as well as the communication of findings to all stakeholders.

The TCO presented in this deliverable should be considered a snapshot in time, and it may or may not change substantially from this point forward. It is important that all stakeholders understand this fact.

**Step 5: Ongoing Refinement of the TCO Model. . .**

### **Conclusions**

The Total Cost of Ownership analysis helps to make IS costs transparent across the organization, create hard data for pricing and accounting purposes, and reveal opportunities for increased savings and efficiencies. . . . Personnel who have a background in healthcare operations, are familiar with internal and external stakeholders, are experienced in financial areas and have hands-on TCO experience can help a single hospital or an entire system to maximize efficiencies, improve the bottom line and provide better and more efficient healthcare for the patients they serve.

[Landing page:]

## Every child is special.

For the full range of your child's care—from before birth and up to adulthood—we offer an extraordinary devotion to children. And an extraordinary range of expert medical care.

Our physicians bring expertise in over 40 children's specialties and subspecialties. Our staff devote their time and training to advancements in care for the most fragile of infants and for the toughest of teens. And from bright decorations to child-sized equipment, we've designed our hospital around your child's needs.



Medical expertise. Advanced treatments. Extraordinary dedication. We bring all this into your community and throughout central and northeastern Pennsylvania. Welcome to The Children's Hospital.

[Sample specialty page:]

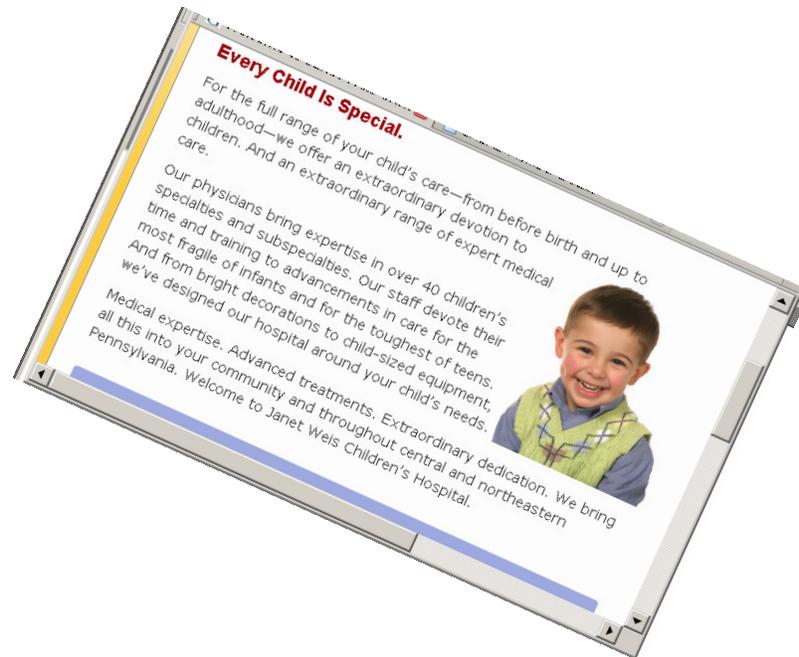
## Nephrology

### Enjoy dry clothes and carefree sleepovers.

Kidney stones and bedwetting need not be a part of your child's daily life. We work with pediatricians and other specialists across Pennsylvania to help children put those experiences in the past. Our goal, like yours, is to help your child to replace the real discomforts of kidney conditions with pleasant times—with simple joys like a carefree sleepover with friends.

Leading your child's team is a pediatric nephrologist. This is a physician focused on children with conditions of the kidneys and urinary system. We work with hundreds of children every year to get kidney disorders under control.

From bedwetting to care before or after a kidney transplant, our entire staff offers expertise in evaluation and treatment of a range of disorders. >more



### [sample children's website page] Just for Kids!

When you're in the hospital, we do everything with you — a kid — in mind. Every person you see is here to help you get better. We make sure that you have everything you need. We even have some things you don't need, just because they're fun!

If you're under age 12 or so, explore this website. Like our children's hospital, it's made just for you.

Check out the boxes below for more information about your room, visitors, meals, and more. You can even watch a video about a boy who came here for an operation. >more



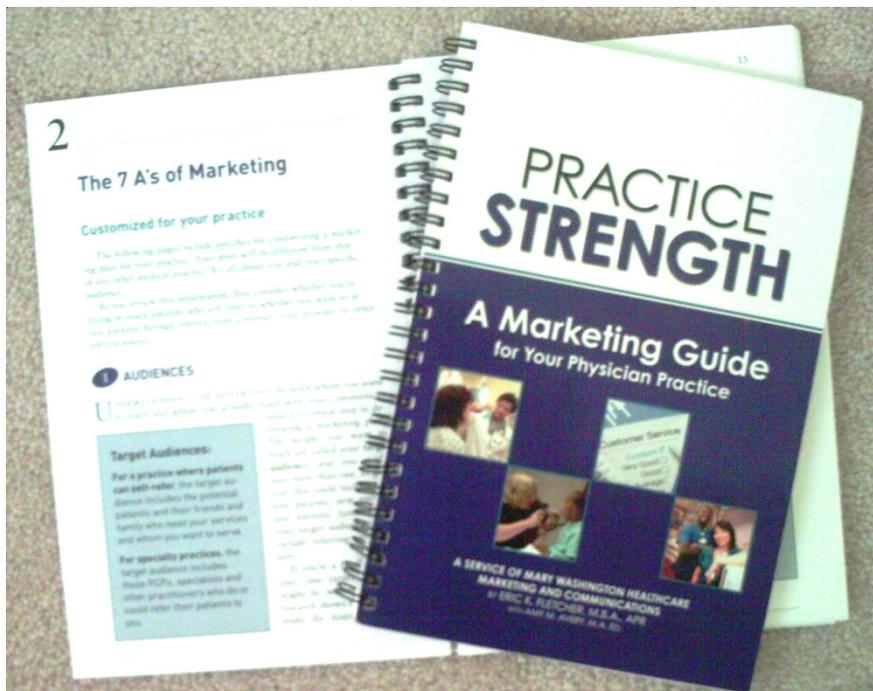
**Physician Practice “how-to” marketing book**  
**120 pages, including worksheets**  
**co-researched**  
**written by Amy@AveryWrites.com**

**Audiences for this publication:**

- ◆ physicians
- ◆ practice managers
- ◆ hospital marketers
- ◆ hospital physician liaisons

**Summary of Topics:**

- ◆ How to define a practice’s key audiences--for primary care and specialty practices.
- ◆ Identifying the practice’s abilities or capabilities that are most relevant to their audiences.
- ◆ What ‘accessible’ means to the practice’s audiences.
- ◆ Extraordinary service--how to provide it and how to market it.
- ◆ Creating awareness of the practice among key audiences, using the foundation of the information above.
- ◆ Funding, planning and measuring



**Copy by Amy@AveryWrites.com**  
**Physician-to-Physician**  
**e-newsletter (and print newsletter)**  
**UNC Health System**

**My services for this project:**

- start-up consultations, including options for tone/style, graphic design, target audiences, publication schedule, etc.
- editorial schedule
- interviews with subject matter experts
- writing
- client review
- design
- e-distribution oversight
- print options and distribution

*Graphic shown here is of the print version.*

**UNC DEPARTMENT OF NEUROSURGERY**

VOL. 2 | ISSUE 1

**SPOTLIGHT ON: PEDIATRIC NEUROSURGERY**

**FROM THE UNC DEPARTMENT OF NEUROSURGERY TO REFERRING PHYSICIANS AND SPECIALISTS**

Welcome to the quarterly issue of the UNC Neurosurgery newsletter. Our focus for this edition is pediatric neurosurgery and how we can support referring physicians and specialists. Closely related to that focus is the concept of teams and teamwork.

Caring for a child or fetus with a serious brain or spine condition often begins with a pediatrician or even obstetrician, who then consults with other highly trained, experienced specialists here at UNC. We work as a part of a team to care for the tiniest of children – in utero or newborn – and as they grow older. We value and rely on the expertise of every member of this team. It is amazing work, and we are proud to be a part of it.

Tracking a child's development and neurosurgical procedures is part of their, v... made it part of a word to re... cour...

**NEW PEDIATRIC & ADULT MONITORING UNITS**  
**Epilepsy Treatments at UNC**

**NEW PATIENT REFERRALS**  
 Contact: Shana Tomsett  
 Direct Line: (919) 843-4609  
 Fax: (919) 946-6827

**RETURNS/FOLLOW-UP APPOINTMENTS**

**ADULT CLINIC**  
 1300 Raleigh Road/1101 1/4  
 Chapel Hill, NC 27517  
 Direct Line: (919) 957-6800  
 Fax: (919) 843-4620

**PEDIATRIC CLINIC**  
 N.C. Children's Hospital  
 101 Manning Drive  
 Chapel Hill, NC 27514  
 Direct Line: (919) 946-1401  
 Fax: (919) 843-4620

**FOR CONSULTATIONS AND REFERRALS WITH PHYSICIANS AT PINEHURST/FAYETTEVILLE LOCATIONS:**

**Pinehurst Clinic**  
 5 First Village Drive  
 Pinehurst, NC 28374  
 Tel: (910) 295-0215  
 Fax: (910) 215-2649

**Fayetteville Clinic**  
 3650 Cape Center Drive  
 Fayetteville, NC 28304  
 Tel: (910) 484-9802  
 Fax: (910) 484-2342

**Administrative Office**  
 170 Manning Drive  
 Campus Box 7050  
 Chapel Hill, NC 27599  
 Phone: (919) 966-1374

**“The majority of patients with epilepsy who do, we offer a variety of surgical treatments,” says Eilat Hadar, MD, Vice Program Director and Section Chief of Functional Neurosurgery. “If the condition is medically intractable, there’s usually no reason to withhold surgery.”**

Neurosurgeons are part of each patient’s Epilepsy Monitoring Team at UNC. They evaluate patients during a two to five day stay in one of two new Epilepsy Monitoring Units that accommodate five inpatients and children. The new adult unit has beds for up to five patients.

The team’s first step is to evaluate whether epilepsy is the cause of seizures, then determine what part of the brain is affected. In addition to an EEG, Phase I evaluation might include an ictal

and interictal SPECT (Single Photon Emission Computed Tomography) scans, interictal PET scans, neuropsychology testing, psychiatric evaluation, and the Wada test to evaluate the patient’s brain hemispheres for memory and language.

**MEDICALLY INTRACTABLE EPILEPSY**

If medicines or other treatments don’t control symptoms of epilepsy, neurosurgeons participate in a surgical team that includes adult or pediatric neurologist, neuropsychologist and other specialists.

For medically intractable epilepsy, we offer two categories of surgery. The first is a Phase II evaluation, which involves surgically implanting monitoring electrodes that locate the source of the

seizures. This is followed by therapeutic surgery to treat the seizures. As a team, we evaluate their main surgical option to stop or control seizures:

- **Resective procedures**, where neurosurgeons remove the area of the brain involved
- **Vagus nerve stimulation**, to stop seizures by sending mild electrical pulses to the brain via the vagus nerve
- **Disconnective procedures** (such as corpus callosotomy) to disrupt nerve pathways – which is the least common

“With our new monitoring units, which are less than a year old, and our multidisciplinary team, we have the tools and expertise to look at all possible causes of seizures, and evaluate all acceptable treatments,” Dr. Hadar says.

**RUNDED BY THE NORTH CAROLINA EYE BANK**  
**Simulation Training Facility Opens**

Residents and surgeons at UNC can now try hundreds of simulation training lessons and master their craft in a new skills laboratory, thanks to a \$1 million gift from The North Carolina Eye Bank, Inc. The donation has funded the start-up costs of a new surgical simulation training lab, the only one of its kind in the region.

Located on the UNC campus, the 3,500 square-foot lab focuses on skills training in ophthalmology, ophthalmology and otolaryngology – three disciplines that often work closely together. The North Carolina Eye Bank Multidisciplinary Surgical Skills Laboratory at UNC, includes:

- An 800-square-foot simulation lab with robotic and computer stations
- Three full-body surgical stations
- 16 cadaveric head stations
- High-definition video and audio telecommunications for interactive evaluation and tracking
- Capabilities for distance education and web-based surgical simulation

“This gift represents the future of surgical training for the future physicians we do. It’s a transformative investment that will benefit physicians and patients across the state,” says Matthew Everett, M.D.

**INNOVATIVE TRAINING FOR NEUROSURGERY, OPHTHALMOLOGY, AND OTOLARYNGOLOGY (ENT)**

Page 3

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**Direct Mail Brochure, “Age of Miracles”** *(excerpt)*  
**Audience: Potential Financial Donors**

**For your family, friends and neighbors, you can make this an age of miracles.**

For the newborn infant who arrived weeks too early.  
For the school child enjoying sports despite his asthma.

For the baby-sitter on the phone with The Poison Control Center.

For the father in rehabilitation therapy after knee replacement surgery.

For the woman learning to manage newly-diagnosed diabetes.

For the grandparent who remains close to family at our impressive skilled nursing center.

And even for the family physician learning the latest procedures to care for you and your neighbors.

**For all of these, and for many more, you can make this an age of miracles.**

Give to the Fund Development Council of Southeastern Medical Center.

*[Inside panels, body copy:]*

**Every giver counts**

Wealth is not the key to philanthropy. The key is a kind and generous heart.

At Southeastern Medical Center, every gift, large or small, builds upon the next. Each brings miracle-making and life-changing healthcare to people of every age.

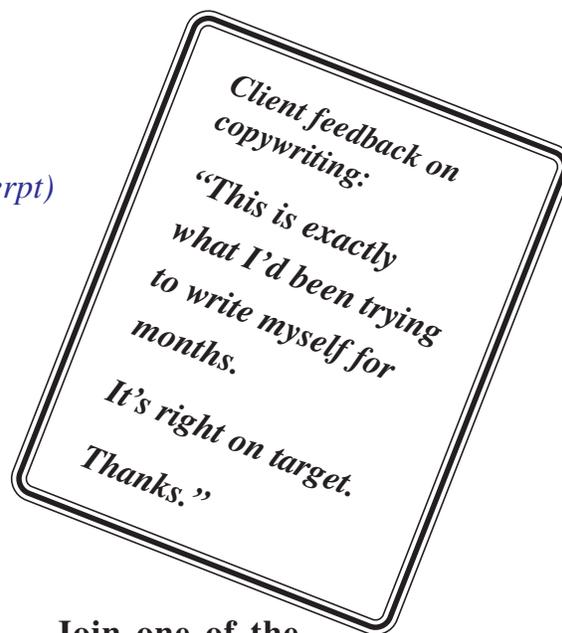
And so, every giver counts.

**Participate in the miracle.**

Generations depend on both the long-standing and the latest healthcare services at Southeastern Medical Center. Join your community in a commitment to ensure that the highest levels of care will continue.

Our financial donors give cash gifts, and some pledge over time. They also give through trusts, wills, insurance policies, and other financial planning methods.

**As an individual, as part of a group, or as a business,** you can ensure that medical miracles are part of every age, every stage of life in and around our county.



**Join one of the giving clubs for Southeastern Medical Center.**

...[giving levels described] ...

**The Ella Fitzsimmons Heritage Society** reflects some of the highest levels of dedication to the services of Southeastern Medical Center.

Following the example of hospital founder Ella Fitzsimmons, members of this Society gift funds through a variety of financial planning vehicles, including:

- wills
- life insurance
- real estate, and
- estate planning, including charitable gift annuities and charitable remainder trusts

Such gifts can offer both significant tax benefits to the giver as well as significant growth potential for the Fund. Ella Fitzsimmon's own gift, established in her will in 1918, created the original 18-bed hospital on Haynes Street downtown.

This inspiring gift has grown miraculously to our present award-winning 157-bed hospital, outpatient facilities and long-term care center—which are in turn networked with a regional 17-hospital system.

Your gift, like that of Ella Fitzsimmons, can have a far-reaching impact on this and future generations. . . .

**Many commonplace medical treatments were called “miracles” a generation ago. And a generation hence will marvel at new “miracles” as well.**

**Be a part of that exciting tradition with your gift to benefit Southeastern Medical Center.**

**Contribute today and help bring forth the next age of miracles.**

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## The Duke Endowment/Foundation UNC-Chapel Hill School of Medicine Annual Report Feature (excerpt)

In church sanctuaries throughout the country every week, parents stand alongside their children, singing hymns. It's routine, maybe even mundane for many.

For parents like David and Shell Keim, however, hearing all six children sing with them was not something they even imagined to hope for. Their fourth child, Micah, is hearing impaired.

"Probably one of the toughest things someone can tell you is that there's something wrong with your child," said David Keim, of Cary, N.C. . . .

The Keims dove immediately into research, and what they learned added urgency. Speech and language delays can permanently limit learning, especially in young children.

"Early intervention is a one-way track," said Craig Buchman, M.D., professor of otolaryngology at the University of North Carolina School of Medicine in Chapel Hill and Medical Director of a unique early intervention program. "If a child doesn't get help early on, the brain gets trained in a way so that it can no longer use sound signals." . . .

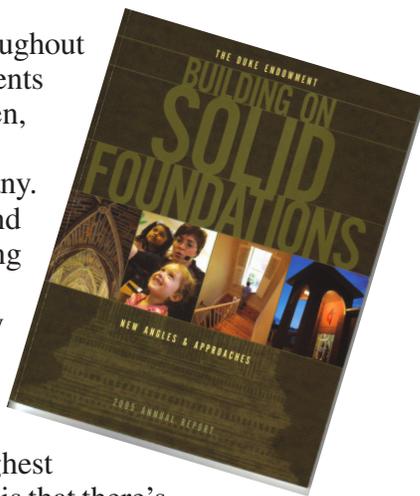
### Learning to hear is hard work

A team of professionals who specialize in hearing and speech for the deaf embraced Micah and his family. Staff provided focused, intense therapy to help him first with hearing aids and later with a cochlear implant, a permanent device that electronically translates sound into digital information that the brain can understand.

"It's hard work to interpret sounds heard through 'electronic hearing,'" said Carolyn Brown, Program Coordinator for the Carolina Children's Communicative Disorders Program (CCCPD), an affiliate of CASTLE.

CASTLE's on-site educator, three speech-language pathologists, a teacher for the deaf, and assistant teacher all help preschoolers understand the meaning of sounds they've never before heard, and to speak in ways past generations could not.

"Deaf kids can talk," Brown said. "When we blend the new technology with advanced teaching interventions, it really does happen." . . .



Teachers  
become  
students

North Carolina is on the cutting edge of speech-language programs, and CASTLE and its affiliate CCCPD, both part of the UNC School of Medicine, support professionals across the state.

"We have a two-fold approach," Brown explained. "We provide services directly to children who are deaf and hard of hearing and also provide professional training to those working in the schools."

Said one 24-year veteran teacher, "What CASTLE has done for me is raise the bar for what my students can accomplish through listening. When I left the Center [after training], I had really gained customized skills that I could take back to my schools and my students." . . .

### New sounds, this time for the family

From Micah's initial evaluation, to finding support and information, to his learning to listen and then to speak, the Keims give credit to CASTLE for bringing great changes to their lives.

Even for an untrained observer, the impact is clear.

Micah, now 7, busies himself with a drawing, but stops to delight in the click, click, click, click of the spring-loaded button on an ink pen. His speech, too, comes more and more easily.

"I'm going to be a pediatrician," he told an observer, nimbly and clearly pronouncing the complex name of the profession.

Watching his son, happy and drawing intently, Keim said, "I don't know what we would have done without the people there.

"It's hard to find . . .," he started slowly, then hesitated to find the right words.

"A CASTLE," Micah finished for him, never looking up from his drawing.

Micah's practice at preschool has given him a confidence that anyone can hear, and about a month after he began using the cochlear implant, it was his family's turn to hear something new. During church services with the entire family, they were caught by one of the most exciting sounds ever to resonate through the sanctuary.

"Micah was singing along," his father said. "I don't think I've ever heard a more beautiful sound."

**Top Award Winner:**  
**Silver Quill for feature writing**  
International Association of Business  
Communicators, Southern Region

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● *well-researched* ● *accurate* ● *on-time* ● *within budget* ●

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## **Unsolicited comments about my work:**

**Someone asked who was doing our marcom [marketing communications], and I hesitated to tell him--I don't want you to get too busy and forget me! But I did, and I told him you are a bargain, worth every dime.**

*-- County Economic Development Director*

**Excellent. Well written and well researched. A very practical article and a valuable piece for our journal.**

*-- Reviewer for a national industry publication, for a ghostwritten journal-length article*

**This is one of the best-written case studies I've ever read. Well done.**

*-- Marketing V.P., B2B healthcare*

**Wow! You did such a great job! Thanks for making me sound so amazing. No wonder they hire professional writers for these things! --interview subject for a branding campaign**

**I just wanted to call to say 'job well done.' You took a complicated topic and made it easy to understand.**

*--Professional interviewed for a feature*

**I am glad we have you to support our efforts. We just can't do it all ourselves, and I appreciate your help.**

*--From a client's boss, for on-going contract work*

**YES!!! This is what I was envisioning. Excellent job!**

*--From a client regarding fundraising collateral*

**The client was very pleased. I can't tell you how happy we are. Thank you for all your hard work!!!!**

*--From a national agency representative*

**Amy, these are WONDERFUL stories. You're a great addition to our magazine team. . . . Hope you'll be interested in an assignment for the next issue.**

*--Corporate Magazine Editor*