Forum for Healthcare Strategists
Hospital & Physician Relations Executive Summit

Organizational Redesign — Using a Service Line Construct to Support Growth and Deliver Value-Based Care

March 3, 2015
Learning Objectives

Today’s presentation will address the following objectives:

• Present a framework for determining the strategic rationale for service line reorganization.
• Learn the analytic tools required to determine the optimal service portfolio and the physician involvement in those services.
• Review the process by which alternative structures should be developed and how to select the preferred service line and leadership structure.
Agenda

I. The Value-Based Enterprise
II. Introduction to Florida Hospital Celebration Health (FHCH)
III. Overview of the Redesign Process
IV. Conceptual Approach to Service Line Management
V. Proposed Organizational Structure
VI. Implementation Considerations
I. The Value-Based Enterprise

The Current Challenge

To properly position for the *evolving* healthcare environment, hospitals and physician groups need to simultaneously evolve — operationally, strategically, financially, and technologically.
I. The Value-Based Enterprise

Making the Transition Work

THE VALUE-BASED ENTERPRISE

INTEGRATED
Dismantle silos to better coordinate care, align resources, and rally providers around a shared goal of high-quality care.

SCALED
Exercise operating leverage, expansion potential, and the ability to achieve economies of scale.

RATIONALIZED
Balance care quality, efficiency, accessibility, and cost in (re)distributing service lines.

INFORMED
Manage and leverage relevant data to make key clinical and organizational decisions.

RESPONSIVE
Harness change and use it to drive organizations forward.
I. The Value-Based Enterprise

*Integrated*

**Key Components**

- **Clinical Integration** — Seamless, standardized, and coordinated care across providers and settings
- **Financial Integration** — Shared financial data, resources, risk, and rewards
I. The Value-Based Enterprise
**Integrated — Best Practices**

**Clinical Integration Needs**
- Control over most of the care continuum
- Strengthened physician-hospital relationships
- Comprehensive network formation

**Clinical Integration Outcomes**
- Seamless, standardized, and coordinated delivery of care across providers and settings
- Improved alignment with ability to enhance scope and quality of services and opportunities to drive referrals
- Expanded geographic reach and market share of covered lives
I. The Value-Based Enterprise

Integrated — Best Practices (continued)

Financial Integration

• Align finances and pool assets to achieve economies of scale and cost reductions.

• Position well with respect to negotiating contracts, reimbursement structures, payment incentives, and vendor contracts to align financial incentives in the best interest of the system as a whole.

• Create the appropriate incentive structure that encourages focusing on doing what is right for patients (and in managing the health of the population) and sustaining multiple missions where applicable for an AMC.
I. The Value-Based Enterprise

Integrated Example: Doylestown Hospital

- Community hospital in suburban Philadelphia
- Strategy for long-term repositioning as a system
- Accelerated pace of change and shift in local market dynamics
- Increased priority on integration
- Need for new competencies
I. The Value-Based Enterprise

*Scaled*

**Key Components**

- Financial scale
- Operating scale
- Covered lives and population health competencies
- Market coverage
I. The Value-Based Enterprise

Scaled — Best Practices

Achieve Economies of Scale

- Strategically and efficiently deploying capital
- Properly defining risk-taking
- Better contracting through investment in clinical integration
- Reducing costs and purchasing services efficiently

Explore New Methods of Achieving Scale

- Looking beyond mergers and acquisitions
- Considering valuable partnerships, affiliations, and network formation
- Participating in contracting networks or other health system collaboratives
In this arrangement, nine independent health systems formed a network that is nesting within an existing clinically integrated network of two independent health systems.
I. The Value-Based Enterprise

**Rationalized**

**Key Components**

- Contained costs
- Enhanced efficiency
- Optimized resource utilization
- High-quality care provided in the most accessible, efficient manner
- Reduced redundancies
I. The Value-Based Enterprise Rationalized — Best Practices

**Match Demand**
Matching the demands of patients with the most appropriate care delivery system

**Regionalize**
Exploring best-fit regionalization strategies/models (i.e., hub-and-spoke model and others)

**Balance Clinical and Academic Components**
Ensuring growth or reorganization in one supports (or at least does not hinder) the other
I. The Value-Based Enterprise

**Informed**

**Key Components**

- Understanding of potential drastic shifts in payment environment
- A strong grasp on local market dynamics
- Well-leveraged data and information sources
I. The Value-Based Enterprise

**Informed — Best Practices**

- Providing ready access to the data resources necessary to manage population health (EHR/EMR-derived data, population health management tools, clinical informatics, utilization data, etc.)
- Building the culture of the organization to become more data driven

### Identify Clinical Targets

#### Summary of EHP Members by Number of Chronic Conditions

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<th>Number of Chronic Conditions</th>
<th>Members</th>
<th>Percentage of Total</th>
<th>Average Annual Spending</th>
<th>Percentage of Total</th>
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#### Average Annual Spending Per Member

- **0**
- **5,000**
- **$10,000**
- **$15,000**

**NOTE:** Figures may not be exact due to rounding.
I. The Value-Based Enterprise

Responsive

Key Components

- Nimble, proactive decision making
- Well-informed leadership
- Effective, contemporary management structure
I. The Value-Based Enterprise
Responsive — Best Practices

Redesign Leadership Structures

- Redesigning of leadership and management structures across the system and among entities or business units (e.g., introduce dyad and matrix reporting models)

Develop Process for Receiving Insight

- Creating ways to obtain a consistent stream of qualitative insight from stakeholders
- Considering the perspective of patients and providers, as well as multiple organizations

Streamline Decision Making

- Creating lean, vertical, and streamlined decision-making frameworks to better position execution on strategic priorities
I. The Value-Based Enterprise

Key Takeaways

THE VALUE-BASED ENTERPRISE

INTEGRATED
Break down clinical silos.
Build traditional insurance-like capabilities.

SCALED
Ensure access to geographic scale and a sufficient population base.

RATIONALIZED
Create sustainable relationships with physicians.
Strategically (re)distribute services.

INFORMED
Cultivate a well-educated and informed leadership group.
Promote a data-driven organization.

RESPONSIVE
Develop lean, vertical, and streamlined decision-making frameworks.
Florida Hospital Celebration Health
A Case Study
II. Introduction to FHCH

Key Characteristics

FHCH is a 175-bed, full service hospital that serves as a showcase for innovation and excellence in healthcare.

It is one of eight hospitals within the Florida Hospital network, operated by the Seventh-day Adventist Church.
II. Introduction to FHCH

Key Characteristics (continued)

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<th>Florida Hospital — 2014 (8 Hospitals)</th>
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<td>(MRI, CT, PET)</td>
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II. Introduction to FHCH

Opportunity Statement

Opportunity
Optimize business strategies around service lines to meet population health needs and gain strategic advantage in a competitive healthcare environment.

Challenges
- Riding an old chassis regarding the definition of service lines and the organizational infrastructure that supported these services
- Increasing complexity of high-end services and acceleration in community/ED growth; paucity of leadership, management, and time for strategic thinking—“tyranny of the urgent”
- Balancing the enhancement of clinical quality, experience, and accessibility with the need to decrease cost of care
The adage “form follows function” and the belief that the strategic intent and direction of the organization should inform its structural requirements were used to initiate the service line redesign process.
II. Introduction to FHCH

**Overall Profile**

- **Outpatient ED**
  - Outpatient ED accounts for 41% of the total EBDIT (44% of overall outpatient volume).
  - Pediatric patients account for 28% of the outpatient ED volume and 15% of the ED EBDIT.

- **Payor-Specific Assessment** — FHCH’s commercially insured patient base is critical to the current EBDIT.
  - In the short term, there is a focus on attracting this patient group for both destination and community hospital services.
  - However, in order to position for long-term success, there is a need for care/cost management as commercial payment levels are reduced and Medicare/Medicaid payment levels become the norm.

*FHCH is equally defined by its high production of specialized, destination surgical services as well as its large volume of “bread and butter” community hospital services.*
II. Introduction to FHCH
Market Characteristics

ECG analyzed 2012 data for adult volumes by patient origin and stratified by geographic market definitions.

For all inpatient and outpatient surgery volume, 64% originates within the PSA/TSA; however, this ranges from 12% for Global Robotics Institute (GRI) prostate surgery to 86% within OB/GYN services.
II. Introduction to FHCH

Oncology

• **Cancer Diagnosis** — Approximately 8% of FHCH’s volumes are associated with patients who have a cancer diagnosis.
  – These patients are estimated to account for approximately 15% of non-outpatient ED EBDIT.
  – However, the vast majority of these cases and EBDIT are associated with the GRI/Urologic Oncology Division.
  – FHCH experienced 12% growth in cancer cases during the first quarter of 2013 compared to the first quarter of 2012; the majority of this growth has been in the GRI/Head and Neck Program.
III. Overview of the Redesign Process

Formulating a service line structure that reflects FHCH’s strategic goals and positions the organization for future growth required an iterative process.
III. Overview of the Redesign Process

Project Objectives

- Develop an implementation pathway for the FHCH executive team that will:
  - Maximize effectiveness and efficiency in relation to the exponential growth FHCH has experienced while minimizing waste.
  - Position the organization for future market and strategic growth.
  - Serve as a conduit for internal resource development and career progression.

- Design a service line structure that will maximize:
  - Efficiency and waste reduction.
  - Clinical effectiveness (outcomes, research, and innovation).
  - Physician and staff engagement and effectiveness.
  - Additional program capacity and volume growth.
  - Marketing and brand strength.

The overall objective of the service line redesign process was to create a structure and leadership model that will position FHCH and its service lines for future success.
III. Overview of the Redesign Process

Project Objectives (continued)

• Provide recommendations related to key FHCH strategic and operational issues, including:
  – Aligning the emphasis on the clinical components of the service lines to include the business and financial aspects (in support of strategic planning/business development efforts).
  – Redefining the role and span of control for key senior leadership positions, as the current model is creating inefficiencies and barriers to success.
  – Clarifying the physician, nursing, and business development roles for each of the key service lines at FHCH and integrating those roles within the hospital’s overall organizational structure.
  – Nurturing corporate alliances that are critical to the future success of FHCH’s key service lines.
As part of the project dialogue among the FHCH executive and physician leaders, the different approaches to defining and managing service lines were discussed.

The service line continuum ranges from a distinction in “name only” (i.e., used entirely for marketing purposes) to a fully integrated model that defines how the hospital’s operations are organized.

The hospital’s desired positioning along this continuum impacts how its service lines are defined and how its organization needs to be structured to support service line growth and development.
IV. Conceptual Approach to Service Line Management

Criteria Used for the FHCH Redesign

- Demonstrate and elevate FHCH’s focus on its clinical programs, with service lines broadly defined and encompassing all of FHCH’s patients/clients.
  - *Maintain support for existing clinical programs* — Outpatient emergency treatment, women’s and children’s services, general/GI surgery, bariatrics, orthopedic/spine surgery, advanced gynecologic surgery, and oncologic surgery.
  - *Enhance support for developing clinical programs* — Community lifestyle medicine, comprehensive oncology services, and others to be identified over time.

Key criteria to serve as guiding principles for the service line redesign were developed through the synthesis of stakeholder interview results and dialogue with FHCH executive and physician leaders.
IV. Conceptual Approach to Service Line Management

Criteria Used for the FHCH Redesign (continued)

• Distribute service line responsibilities to specific leaders based on:
  – Similarities of patient conditions, physician specialties, and/or types of hospital resources required.
  – Overall level of activity (EBDIT, volumes, FTEs/staffing expense).

• Address both needs and opportunities, with specific emphasis on:
  – Growth (with attention to overall strategy, as well as the pursuit of specific business development opportunities).
  – Physician relationships, including recruitment, retention, alignment, and engagement.
  – Transitions required by evolving payor and consumer requirements (e.g., value-based payment, population health management, patient experience expectations).
Other Criteria

- Provide both administrative and physician leadership for the service lines.
- Create roles that attract experienced, high-performing individuals.
- Maintain a lean overall management structure for FHCH and redeploy existing personnel to new roles.
- Maintain flexibility over time as stakeholder needs, market dynamics, and internal capabilities change.
  - Provide developmental support for clinical programs that are new to the FHCH campus.
  - Exploit market opportunities and defend against competitor initiatives.
  - Continue to adapt to evolving payor/payment model requirements.
  - Consider assigning direct-line reporting responsibilities to service line executives in the future.

As FHCH’s needs and circumstances evolve over time, these criteria should be used as a reference point in determining any necessary changes to the service line structure.
IV. Conceptual Approach to Service Line Management

Proposed Service Line Management Framework

Service Line Management Model

Executive Leaders and Chief Medical Officer
- Strategic Plan Development
- Physician Relationships/Alignment
- Budget Approval
- Operational Planning
- Outcomes Performance

Management and Medical Directors
- Strategic Plan Execution
- Physician Engagement
- Budget Process
- Operational Oversight
- Outcomes Management

Operations and Patient Care
- Care Delivery and Support
- Care Coordination
- Marketing
- Physician Relations
- Process Improvement

Data Analytics/Decision Support
Five groupings of clinical programs have been defined based on patient condition/needs, with most physicians being included in only one service line group. These service line groups are:

- **Hospital medicine**, including ED, outpatient ancillary, and general inpatient medical services.
- **Advanced surgical services**, including general surgical and musculoskeletal services, as well as surgical subspecialties new to the FHCH campus.
- **Women and children’s health**.
- **Community lifestyle medicine**, including weight management, primary care, and fitness.
- **Oncology**, including key oncologic surgical subspecialties, medical oncology, and coordination with radiation oncology services on the Florida Hospital Kissimmee (FHK) campus.

The patient care and business operational support for the service line groups will continue to be provided largely by hospital-wide (as opposed to service line-specific) departments.
V. Proposed Organizational Structure

Service Line Overview (continued)

Senior Leadership

Advanced Surgical Services
- Hospital Medicine
  - ED (Inpatient/Outpatient)
  - GI Medical
  - Cardiac
  - Neuro
  - General Medicine
  - Pulmonary
  - Other Medical
  - Hospitalists
  - Critical Care
  - General Outpatient
- Surgical Services
  - Advanced MIS
  - Hernia
  - CAPPS
  - Urology
  - Colorectal
  - General Surgery
  - GI Surgical
  - Other Surgical Areas of Focus
- Musculoskeletal
  - Joint Replacement
  - Sports Medicine
  - Spine (Ortho/Neuro)
  - General Orthopedics

Women’s and Children’s Health
- General OB/GYN
- Advanced GYN Subspecialties
- Pediatrics
- Neonatology
- Maternal-Fetal Medicine
- Infertility
- Breast Health

Community Lifestyle Medicine
- Bariatrics
- Obesity Medicine
- Primary Care
- Fitness/Spa
- Healthy100
- CHA
- Genetics

Oncology
- Prostate
- Head and Neck
- Medical Oncology
- Coordination With FHK Services

Service Line Support
- Marketing
- Physician Relations
- Data Analytics/Decision Support
- Care Coordination

Global Robotics Institute (GRI)

Medical Staff

Nicholson Center

Patient Care Support Services, Including Anesthesiology, Pathology, and Radiology

Business/Operations Support Services
V. Proposed Organizational Structure

Advanced Surgical Services

- Director, Advanced Surgical Services (TBD)
- Medical Director, Surgical Services
- Medical Director, MSK Services
- Executive Leader
- CMO

- Program Coordinator, Sports Medicine (Kevin Costin)
- Program Coordinator, Sports Medicine (Dyan Perewicz)
- Care Coordinator, Surgical Services (TBD)
- Care Coordinator, MSK Services (TBD)
- General Surgeons
- Urologists
- Orthopedic Surgeons
- Spine Surgeons (Ortho/Neuro)

Legend

- New Reporting
- New Reporting, Elevated Position
- New Position, New Reporting
- Change in Scope
V. Proposed Organizational Structure
Community Lifestyle Medicine

Legend
- New Reporting
- New Position, New Reporting
- Change in Scope
V. Proposed Organizational Structure

Oncology

- Executive Leader
- Director, Oncology (TBD)
  - Marketing/Physician Relations
  - Care Coordinator, Surgical Oncology (Terri Collard)
  - Care Coordinator, Medical Oncology (Kathina Wilson)
- Coordination With FHK
- Fellows (Clinical and Research)
- Urologists
- Medical Director, ProstateGRI
- Medical Director, Oncology
  - Head and Neck
  - Other Surgeons
  - Medical Oncology
  - Radiation Oncology

Legend:
- New Reporting
- New Reporting, Elevated Position
- New Position, New Reporting
- Change in Scope
V. Proposed Organizational Structure
Women’s and Children’s Health

- CNO
  - Director, Women's and Children's (Shezel O'Neal)
    - Assistant Nurse Managers
    - Clinical Educator
    - Care Coordinator, Advanced GYN Subspecialties (0.5 FTEs) (TBD)

- Executive Leaders
  - Marketing/Physician Relations

- CMO
  - Medical Director(s), Women's and Children's Health
    - OBGYN Physicians
    - Women's and Children's Specialists
    - Pediatricians

Legend:
- New Reporting
- New Reporting, Elevated Position
- New Position, New Reporting
- Change in Scope

Specialties:
- GYN MedSurg Unit
- NICU
- Pediatric CDU
- L&D Unit
- Nursery Unit
- Women's and Children's Unit
- Lactation
- Baby Photography
To assist FHCH leadership in planning for implementation of the redesigned approach to and structure of service line management, ECG identified key considerations in each of the following two areas:

- Incremental Personnel
- Care Coordination Requirements
VI. Implementation Considerations

Incremental Personnel

Based on preliminary discussions, it appears that the proposed service line management model can be implemented with no net new positions.

- Four administrative roles will have a substantively enhanced scope and may require an elevation in position title/compensation.
- Seven medical directors are proposed to support the service line focus. These roles are likely to have more substantive requirements and/or a broader scope than current medical director positions.
- Four care coordinator positions are expanded to have different clinical program assignments.
- An analyst is proposed to be added to support the enhanced service line data analytics/decision support function.
- During discussions with FHCH leadership, questions were raised regarding the adequacy of selected support services for the service lines. Specifically mentioned were administrative/clerical, social work, and nutrition services.

The specific personnel requirements and the associated financial impact need to be finalized as part of preparing for the launch of the redesigned service line management structure.
VI. Implementation Considerations

Care Coordination Requirements

Care coordinator roles are recommended to continue in the proposed service line management model.

- To ensure there is organizational consistency in the deployment of care coordinators, ECG recommends that criteria be used to assess whether the patients in a particular service line require care coordination support.

- Based on the FHCH stakeholder interviews and ECG’s experience, criteria were developed and “tested” against selected FHCH clinical programs. The criteria and their example application are presented on the following page.

- The executive leader of a service line would be responsible for ensuring these criteria were applied prior to care coordinator positions being added.

- The service line directors, working with the service line medical directors, would be responsible for tailoring the care coordinator roles to the specific needs of the patients and physicians in their designated service lines.
### VI. Implementation Considerations

#### Care Coordination Requirements (continued)

**Proposed Requirements for Care Coordination Support**
*(Including Example Application to Selected Clinical Programs)*

<table>
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<th>Criteria/Requirements</th>
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<th>Breast</th>
<th>CAPPS</th>
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Questions & Answers