Introductions

Duke LifePoint Healthcare

- **Harry Phillips, MD**  
  *Chief Medical Officer, Network Services*

- **Lois Pradka**  
  *Senior Director, Duke Quality Network*

- **Paul Lindia**  
  *Associate Vice President, Network Services*

- **David Ziolkowski**  
  *Senior Director, Hospital Affiliations & Market Development*

- **Bill Carpenter**  
  *Chairman & Chief Executive Officer*

- **Leif Murphy**  
  *EVP & Chief Development Officer*

- **Lanny Copeland, MD**  
  *Chief Medical Officer*

- **Jeff Seraphine**  
  *President, Delta Division*

- **Jess Judy**  
  *Senior Vice President, Provider Relations*

- **Tim Murphy**  
  *Vice President, Physician Practice Development*

- **Farley Reardon**  
  *Vice President, Development*
Agenda

• Duke LifePoint’s Commitment to Marion County Hospital District (“MCHD”) & Munroe Regional Health System (“MRHS”)

• Duke LifePoint Healthcare Overview

• Duke LifePoint Healthcare Principles
  – Dedication to Quality and Service
  – Physician and Provider Collaboration
  – Resources to Achieve Operations Excellence
  – Investing in Our Hospitals and Communities

• Q & A
Duke LifePoint Commits to Meet Each of MRHS’s Affiliation Objectives

✔ Maintain and grow the MRHS facilities as a full service acute care hospital

✔ Fund the completion of MRHS’s facility master plan and provide capital for routine maintenance and replacement costs

✔ Maintain existing community benefit programs and charity care policies

✔ Maintain employment of existing employees for a period of at least one year post closing

✔ Work in good faith with the MRHS Medical Staff and preserve existing membership and privileges of the physicians

✔ Honor the terms of all gifts of property previously made by MRHS

✔ Support existing initiatives and provide additional quality and safety expertise and protocols

✔ Maintain all existing services for a reasonable period of time
Duke LifePoint is Uniquely Positioned to Make the Following Additional Commitments

✓ Complement MRHS’s focus on Quality and Patient Safety with Duke’s recognized Quality Programs

✓ Deliver Duke branded clinical affiliations in Oncology and Heart (at the discretion of MRHS’s medical staff and the Board’s approval)

✓ Execute on MRHS’s physician led clinical integration initiative to build a cohesive integrated primary care service line

✓ Develop an Accountable Care Organization as a component of the clinical integration initiative and as a means of gaining exclusivity around affiliated primary care physicians and their referral patterns

✓ Provide dedicated resources for performance improvement planning and $300 million in minimum capital investments to regain market share and ensure a leading competitive position
## Duke LifePoint Healthcare Proposal

### Financial Consideration

<table>
<thead>
<tr>
<th>(In Millions)</th>
<th>Annual Lease Payments</th>
<th>Prepaid Lease Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lease Payment(s)</td>
<td>$ 299.0</td>
<td>$ 116.5</td>
</tr>
<tr>
<td>Acquired Assets (NWC and PP&amp;E)</td>
<td>33.5</td>
<td>33.5</td>
</tr>
<tr>
<td>Retained Assets (Liabilities) by MCHD</td>
<td>34.7</td>
<td>34.7</td>
</tr>
<tr>
<td>Capital Investment (10 Years)</td>
<td>300.0</td>
<td>300.0</td>
</tr>
<tr>
<td>TOTAL CONSIDERATION</td>
<td>$ 667.2</td>
<td>$ 484.7</td>
</tr>
</tbody>
</table>

### Allocation of Capital Investment to be Defined Following the Strategic Planning Process
- Strategic Growth Projects
- Maintenance Capital
Duke LifePoint Healthcare: Overview

Duke Medicine
- Depth of clinical resources
- Clinical branding & reputation
- Ability to attract specialists
- Development of clinical programs
- Expertise in Clinical Quality and Patient Safety

LifePoint Hospitals
- Long-term financial strength
- Depth of operational and administrative resources
- Practice management
- Access to capital
- Talent development

• Commitment to quality and service excellence
• Physician recruitment and retention
• Commitment to local governance
• Ability to expand services
• Support local economy
• Cultural fit

Building a Network of Hospitals, Physicians and Healthcare Services that are Quality Driven, Adaptive to Change, and Financially Strong.
### Munroe Regional Health System

**The Munroe Way**

**Mission:**
To improve the health of our community by delivering compassionate innovative care through exceptional people doing extraordinary works

**Vision:**
To be the best choice in healthcare

**Core Values:**
- Quality – An unwavering commitment to superior healthcare
- Compassion – Concern for human welfare and the alleviation of suffering
- Respect – Recognizing the worth of others
- Integrity – Commitment to moral and ethical behavior
- Responsibility – Being accountable for the things we do and say

### Duke LifePoint

**Creating Value by Serving the Healthcare Needs of our Hometowns**

**Mission:**
Together Making Communities Healthier

**Vision:**
To make our hospitals a place where
- People choose to come for healthcare
- Physicians want to practice
- Employees want to work

**Core Values:**
- Honesty, Integrity, Trustworthiness, Compassion, Legal and Ethical Compliance

**High Five Guiding Principles:**
- Delivering high quality patient care
- Supporting physicians to achieve excellence
- Creating excellent workplaces for our employees
- Strengthening our hospital’s role in the community
- Ensuring fiscal responsibility
Duke LifePoint Healthcare Update: Marquette General Health System

- Duke LifePoint recently acquired Marquette General Health System, a 315-bed, tertiary care, regional referral center located in the Upper Peninsula of Michigan
  - Level II Trauma Center (American College of Surgeons Committee on Trauma)
  - Joint Commission Accredited – Gold Seal Primary Stroke Center
  - Leading tertiary partner in the Upper Peninsula – 310,000 population
  - Top 50 Cardiovascular Program (Thomson Reuters), Blue Distinction Spine Surgery (BCBS of MI)

- 13 physician practice clinics located across the UP
  - 110 employed physicians (over 220 total medical staff)

- Telehealth network serving 10+ hospitals and numerous clinics across the region

- Family Practice Residency Program (Michigan State University)

- **Superior Health Partners:** Consortium of Upper Peninsula healthcare providers working with BCBS on shared savings ACO model
Duke and LifePoint: A Shared Vision

- Duke is committed to the Duke LifePoint partnership
- Duke has entrusted its most valuable asset, the Duke name and the Duke brand, to this partnership
- Duke evaluated several different options and found LifePoint to be the ideal partner with a similar operating philosophy

<table>
<thead>
<tr>
<th>Similar Operating Philosophies Between Duke and LifePoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to Patient Safety and Quality Care ✓+</td>
</tr>
<tr>
<td>Patient, Physician and Staff Satisfaction ✓+</td>
</tr>
<tr>
<td>Physician Engagement ✓+</td>
</tr>
<tr>
<td>Charity Care Policies ✓+</td>
</tr>
<tr>
<td>Operational Expertise ✓+</td>
</tr>
<tr>
<td>Commitment to Investment ✓+</td>
</tr>
<tr>
<td>Local Governance ✓+</td>
</tr>
<tr>
<td>Cultural Commitment to Mission and Values ✓+</td>
</tr>
</tbody>
</table>
Founding Principles

Dedication to Quality and Service

Physician and Provider Collaboration

Investing in Our Hospitals and Communities

Resources to Achieve Operations Excellence
Similar to MRHS…A Rich Culture of Quality and Service Recognition

Duke University Health System

- **U.S. News** Best Hospitals, 2012-2013
  - Honor Roll Hospital – 23rd Consecutive Year
  - Ranked #8 Nationally
  - **Top-Ranked in the Southeast**
  - Ranked #1 in Raleigh-Durham, North Carolina
  - Nationally Ranked Hospital in 13 Specialties
  - High Performing in 2 Specialties
  - 159 Physicians Recognized Regionally and Nationally as Top U.S. Doctors in 50 Specialties
- Joint Commission 2011 Top-Performing Hospital
- Level 4 North Carolina Award for Excellence
- Consumer Choice Award
  - 10th Consecutive Year
- Family Friendly Employer
  - 7th Consecutive Year
- Most Wired Hospital
  - 5th Consecutive Year
- AHA-McKesson Quest for Quality Citation of Merit
- Best Doctors Award Winners
- Numerous additional awards for outstanding workplace and exceptional programs

LifePoint Hospitals

- 8 Hospitals awarded the Joint Commission 2011 “Top Performer on Key Quality Measures”
- 6 Hospitals received the HealthStream® Research 2010 and 2011 Excellence through Insight Awards
- 2 Hospitals included on Thomson Reuters Top 100 Hospitals List
- 4 Hospitals received the 2011 Louisiana Hospital Capstone Quality Awards
- Danville Regional Medical Center Silver Award for the AHA/ASA 2011 Get with the Guidelines Program
- Only investor owned company selected by CMS for Partnership for Patients Hospital Engagement Network (HEN)
- Numerous additional awards for outstanding workplace and exceptional programs

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  - 159 Physicians Recognized Regionally and Nationally as Top U.S. Doctors in 50 Specialties
- Joint Commission 2011 Top-Performing Hospital
- Level 4 North Carolina Award for Excellence
- Consumer Choice Award
  - 10th Consecutive Year
- Family Friendly Employer
  - 7th Consecutive Year
- Most Wired Hospital
  - 5th Consecutive Year
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Building Upon MRHS’s Success with Quality and Patient Safety: DLP Quality Program

• Each Hospital Board maintains its responsibility for oversight of the safety of patients and quality of care

• The DLP Quality Oversight Committee (QOC):
  – Guides and supports Hospital leadership
  – Links Hospitals to Duke and LifePoint quality and patient safety resources
  – Promotes evidence-based interventions for clinical, performance improvement, and culture of safety practices
  – Focuses on achievement of VBP incentives
Founding Principles

- Dedication to Quality and Service
- Physician and Provider Collaboration
- Investing in Our Hospitals and Communities
- Resources to Achieve Operations Excellence
Duke LifePoint's aligned vision is to clearly articulate, communicate and implement a sustainable primary care strategy:

1. Execute on MRHS’s physician led clinical integration initiative to build a cohesive integrated primary care service line
2. Resource the implementation of information technology
   a) Greenway Medical Technologies electronic health record
   b) Covisint clinical registry applications
3. Develop actionable data to proactively manage primary care and specialty affiliations
   a) Crimson Market Advantage
   b) Scorecards
   c) Incentives
4. Provide a physician led, professionally managed physician enterprise to complement independent practice
   a) Communicate and support the advantages of a mixed medical staff
Sustainability Will Require Integration

Duke LifePoint will enhance MRHS’s primary care strategy in the following ways to drive long-term sustainability:

1. Utilize the clinically integrated physician network as a means of developing a defined primary care service line structure affording employed and independent physician engagement

2. Facilitate a cohesive primary care network to focus on care delivery issues collaboratively with physician leadership
   a) Primary care access, the patient experience, patient centered medical homes, continue technology deployment and innovation

3. Develop an Accountable Care Organization as a component of the clinical integration initiative and as a means of gaining exclusivity around affiliated primary care physicians and their referral patterns

4. Pursue bundled payment initiatives
   a) Cardiovascular Surgery
   b) Orthopedics
The Future We Will Create

Physician Integration More Essential Now Than Ever

Steps to an Optimal Outcome

1. Select the right physician partners
2. Promote cultural integration
3. Adequately invest in physician infrastructure
4. Act on performance improvement opportunities
5. Leverage financial incentives
6. Create a viable partnership platform
7. Achieve shared accountability

Clinical Integration
Physician Collaboration

<table>
<thead>
<tr>
<th>Year</th>
<th>2008</th>
<th>2010</th>
<th>2012E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted New MDs</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Retention</td>
<td>95%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Employed MDs</td>
<td>231</td>
<td>311</td>
<td>520+</td>
</tr>
</tbody>
</table>

**Physician Satisfaction (% Positive)**

- 2005: 72.3%
- 2008: 83.1%
- 2011: 85.2%

**Strengthen Physician Relations/Retention**

- Needs-Based Medical Staff Development Planning
- Dedicated Recruitment Support
- Comprehensive Physician Onboarding Program
- Structured Efforts Related to Communication and Responsiveness
- Practice Management Specialists

Note: Figures are for LifePoint Hospitals
Founding Principles

Dedication to Quality and Service

Physician & Provider Collaboration

Investing in Our Hospitals and Communities

Resources to Achieve Operations Excellence
## Munroe Regional Health System

### Strengths
- Recognized as a distinguished provider of high-quality healthcare
  - Most Preferred Hospital
  - Top 100 Best Hospitals for Overall Cardiac Services
  - America’s 50 Best Hospitals
- Experienced management team
- Leading position in a competitive market
- Attractive physical plant and updated equipment
- Broad service offering
- Strategic alignment through clinical integration
- System of experienced and supportive physicians

### Challenges
- Outmigration in prominent service lines
- Increasing presence of quaternary providers in the region
- Changes in the competitive landscape (i.e., HCA’s physician recruitment and employment strategy)
- Medical Staff development
- Access to capital
- Unfavorable payor mix trends
- Limited population growth
- Economic headwinds

### Opportunities
- Solidify position as a premier regional system
- Ensure physician retention and accelerate recruitment
- Clinical integration
- Service line expansion and enhancement
- Leverage Duke LifePoint’s purchasing scale and Support Center resources
- Invest heavily in facilities and services
- Emphasize and market Duke’s clinical reputation
- Become a leader in the next generation of Patient Safety and Culture innovation
- Regain market share and secure competitive position
Munroe Regional has experienced declining market share over the past two years, with Shands and The Villages being the main beneficiaries. While HCA has not shown growth in overall market share, it has been taking share in selective service lines.

Source: FL Hospital Association
While commercial utilization is declining, Munroe is also losing market share within this payor segment, which provides opportunity for the clinical integration network, given that 40% is self-insured.

Source: FL Hospital Association
Marion County Inpatient Commercial Market Share Trend (Medical & Surgical)
Marion County Inpatient Payor Mix by Hospital Trend *(Medical & Surgical)*

### Marion Cnty IP Payor Mix by Hospital Trend (S Only)

<table>
<thead>
<tr>
<th></th>
<th>Commercial</th>
<th>M'Care</th>
<th>M'Caid</th>
<th>Self Pay</th>
<th>Commercial</th>
<th>M'Care</th>
<th>M'Caid</th>
<th>Self Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>5,665</td>
<td>10,516</td>
<td>3,854</td>
<td>921</td>
<td>4,818</td>
<td>12,339</td>
<td>3,359</td>
<td>2,092</td>
</tr>
<tr>
<td>2009</td>
<td>6,131</td>
<td>10,313</td>
<td>4,072</td>
<td>1,138</td>
<td>4,638</td>
<td>12,973</td>
<td>3,930</td>
<td>1,954</td>
</tr>
<tr>
<td>2010</td>
<td>5,145</td>
<td>10,548</td>
<td>3,707</td>
<td>1,270</td>
<td>4,431</td>
<td>12,849</td>
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<td>1,692</td>
</tr>
<tr>
<td>2011</td>
<td>4,466</td>
<td>10,146</td>
<td>3,785</td>
<td>1,151</td>
<td>4,274</td>
<td>13,417</td>
<td>3,674</td>
<td>1,695</td>
</tr>
</tbody>
</table>

**Payor**

- Commercial
- M'Care
- M'Caid
- Self Pay

**Inpatient Cases (Med & Surg)**

<table>
<thead>
<tr>
<th>Payor</th>
<th>2008</th>
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<td>1,270</td>
<td>1,151</td>
</tr>
</tbody>
</table>

**'08-'11 Growth Variance**

<table>
<thead>
<tr>
<th>Payor</th>
<th>Growth</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>(21.2%)</td>
<td>(1,199)</td>
</tr>
<tr>
<td>M'Care</td>
<td>(3.5%)</td>
<td>(370)</td>
</tr>
<tr>
<td>M'Caid</td>
<td>(1.8%)</td>
<td>(69)</td>
</tr>
<tr>
<td>Self Pay</td>
<td>25.0%</td>
<td>230</td>
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</tbody>
</table>

**Outmigration**

<table>
<thead>
<tr>
<th>Payor</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
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<td>4,638</td>
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</tr>
</tbody>
</table>

**'08-'11 Growth Variance**

<table>
<thead>
<tr>
<th>Payor</th>
<th>Growth</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>(11.3%)</td>
<td>(544)</td>
</tr>
<tr>
<td>M'Care</td>
<td>8.7%</td>
<td>1,078</td>
</tr>
<tr>
<td>M'Caid</td>
<td>9.4%</td>
<td>315</td>
</tr>
<tr>
<td>Self Pay</td>
<td>(19.0%)</td>
<td>(397)</td>
</tr>
</tbody>
</table>
Munroe Regional Health System: Key Service Line Observations

- HCA’s facilities have not gained overall market share within Marion County, but …

- … they have been picking up notable market share in prominent service lines where Munroe is losing the most ground

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Munroe Mkt Share 2009</th>
<th>Munroe Mkt Share 2011</th>
<th>Variance</th>
<th>HCA Mkt Share 2009</th>
<th>HCA Mkt Share 2011</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurosurgery</td>
<td>56.6%</td>
<td>42.0%</td>
<td>(14.6%)</td>
<td>20.4%</td>
<td>32.7%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>55.1%</td>
<td>40.8%</td>
<td>(14.3%)</td>
<td>25.7%</td>
<td>38.2%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Cardiac Cath</td>
<td>59.1%</td>
<td>46.5%</td>
<td>(12.6%)</td>
<td>29.6%</td>
<td>39.2%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Cardiovascular Surgery</td>
<td>62.6%</td>
<td>54.3%</td>
<td>(8.2%)</td>
<td>16.7%</td>
<td>22.2%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>49.2%</td>
<td>42.1%</td>
<td>(7.0%)</td>
<td>35.0%</td>
<td>40.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Spine</td>
<td>34.9%</td>
<td>29.3%</td>
<td>(5.5%)</td>
<td>45.1%</td>
<td>50.5%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>59.0%</td>
<td>55.9%</td>
<td>(3.1%)</td>
<td>20.0%</td>
<td>23.9%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

HCA: Ocala Regional and West Marion

- MRHS’s market position in Oncology is a distant second to HCA’s
  - Considerable revenue prospects through market share gains
  - Opportunity to leverage resources of the Duke Oncology Network
Duke LifePoint Will Provide the Support and Resources to Regain Market Share

**Operations Leadership & Support**
Division Presidents, CFOs, CNOs and Controllers

**Operations & Support Resources/Experts**
- Strategic Planning & Growth
- Physician Resources
- HR & Talent Development
- Reimbursement & Regulatory
- HIT Systems and Services
- Group Purchasing & Supply Chain
- Managed Care & Revenue Cycle
- Construction & Facilities Mgmt
- Risk Management
- Legal & Compliance
- Government Relations
- And many more

**Quality & Patient Safety**
- Performance Services Expertise
- Duke Patient Safety Center
- Duke Quality Network
- DUHS Medical Staff Support
- TJ C Readiness
- Decision Support
- Risk & Compliance
- IT Support

**Peer Group Support**
Best Practice Sharing and Collaboration with 57 Hospitals

Munroe Regional Health System
Organized for Success: Analyze, Plan, Transition and Grow

LifePoint Delta Division
Dedicated Leadership, Support & Resources

Pre-Acquisition
- Market Analysis
- Due Diligence
- Planning with Key Stakeholders

Transition Plan
- Orientation
- Integration
- Connect to “Best Practices”

Strategic Plan
- Quality Assessment & Plan
- Growth Initiatives
- Medical Staff Development Plan
- Resource Needs

Growth & Success
- Quality & Service
- Service-line Growth
- Physician Recruitment
- Capital Investments
- Future Delivery System
Founding Principles

- Dedication to Quality and Service
- Physician and Provider Collaboration
- Investing in Our Hospitals and Communities
- Resources to Achieve Operations Excellence
Duke LifePoint Will Invest in MRHS and the Ocala Community

Facilities and Equipment
- Expand, Remodel and Reconfigure ED
- Expand and Enhance OB and ORs
- Convert Semi-Private Patient Rooms
- Ongoing Maintenance

Employees
- Leadership Academy
- Professional Development
- Health Professionals Education
- Safety Culture
- Tuition Reimbursement

Physicians
- Recruitment and Retention
- Clinical Integration; ACO/Primary Care Development
- Safety Culture
- Facilities and Equipment
- CPOE/EHR

Service-Line Expansion
- Obstetrics
- Pediatrics
- Cancer/Oncology
- Cardiology

Technology
- HIT Systems and Services
- IT Support
- Meaningful Use Support
Marion County Inpatient Market Share by Key Service Line

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurosurgery</td>
<td>1.3%</td>
<td>56.6%</td>
<td>43.5%</td>
<td>42.0%</td>
<td>(111)</td>
<td>(14.6%)</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>0.9%</td>
<td>55.1%</td>
<td>45.7%</td>
<td>40.8%</td>
<td>(91)</td>
<td>(14.3%)</td>
</tr>
<tr>
<td>Cardiac Cath</td>
<td>4.8%</td>
<td>59.1%</td>
<td>55.3%</td>
<td>46.5%</td>
<td>(805)</td>
<td>(12.6%)</td>
</tr>
<tr>
<td>Cardiovascular Surgery</td>
<td>2.1%</td>
<td>62.6%</td>
<td>58.3%</td>
<td>54.3%</td>
<td>(37)</td>
<td>(8.2%)</td>
</tr>
<tr>
<td>ENT</td>
<td>0.5%</td>
<td>34.3%</td>
<td>32.9%</td>
<td>26.3%</td>
<td>(65)</td>
<td>(8.0%)</td>
</tr>
<tr>
<td>Cardiology</td>
<td>8.4%</td>
<td>49.2%</td>
<td>50.0%</td>
<td>42.1%</td>
<td>(809)</td>
<td>(7.0%)</td>
</tr>
<tr>
<td>Spine</td>
<td>1.9%</td>
<td>34.9%</td>
<td>32.4%</td>
<td>29.3%</td>
<td>(103)</td>
<td>(5.5%)</td>
</tr>
<tr>
<td>Oncology</td>
<td>0.9%</td>
<td>30.1%</td>
<td>31.8%</td>
<td>24.7%</td>
<td>(72)</td>
<td>(5.4%)</td>
</tr>
<tr>
<td>GI</td>
<td>7.3%</td>
<td>43.7%</td>
<td>39.9%</td>
<td>39.6%</td>
<td>(166)</td>
<td>(4.1%)</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>1.2%</td>
<td>59.0%</td>
<td>57.1%</td>
<td>55.9%</td>
<td>(31)</td>
<td>(3.1%)</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>0.5%</td>
<td>6.2%</td>
<td>5.4%</td>
<td>4.3%</td>
<td>(36)</td>
<td>(1.9%)</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>0.1%</td>
<td>30.6%</td>
<td>29.7%</td>
<td>29.1%</td>
<td>1</td>
<td>(1.5%)</td>
</tr>
<tr>
<td>Urology</td>
<td>2.0%</td>
<td>57.9%</td>
<td>56.3%</td>
<td>56.4%</td>
<td>13</td>
<td>(1.5%)</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>11.1%</td>
<td>48.9%</td>
<td>50.0%</td>
<td>47.8%</td>
<td>(15)</td>
<td>(1.0%)</td>
</tr>
<tr>
<td>OB</td>
<td>13.3%</td>
<td>75.3%</td>
<td>73.9%</td>
<td>74.3%</td>
<td>(257)</td>
<td>(1.0%)</td>
</tr>
<tr>
<td>Nephrology</td>
<td>3.3%</td>
<td>50.5%</td>
<td>51.6%</td>
<td>50.1%</td>
<td>108</td>
<td>(0.4%)</td>
</tr>
<tr>
<td>Neurology</td>
<td>5.4%</td>
<td>44.4%</td>
<td>46.8%</td>
<td>44.3%</td>
<td>(69)</td>
<td>(0.1%)</td>
</tr>
<tr>
<td>All Others</td>
<td>34.9%</td>
<td>40.5%</td>
<td>41.9%</td>
<td>42.6%</td>
<td>408</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>45.9%</strong></td>
<td><strong>45.2%</strong></td>
<td><strong>43.5%</strong></td>
<td>(2,137)</td>
<td>(2.5%)</td>
</tr>
</tbody>
</table>

- Service line market share trending negative and worse than overall average
- Service line market share trending negative but better than overall average
- Service line market share trending positive

Source: FL Hospital Association