**ADDENDUM 3**

DATE: May 4, 2020

PROJECT: UTHealth Neurosciences Campaign

RFP NO: 744-R2015

OWNER: University of Texas Health Science Center at Houston

TO: Prospective Bidders

This Addendum forms part of and modifies Proposal Documents dated, April 8, 2020, with amendments and additions noted below.

UTHealth Neurosciences is a comprehensive, academic and research based program of aligned providers, all focused on quality and service that can provide the full continuum of neuroscience care in a coordinated and rational manner. We are nationally recognized leaders in all areas of neurological conditions – including the treatment, research for new discovery and teaching the next generation – for neurology, neurosurgery, neuroradiology, neuro-oncology and pain management services.

UTHealth Neurosciences is comprised of the Departments of Neurology and Neurosurgery, the Divisions of Pediatric Neurosurgery (in the Department of Pediatric Surgery) and Pediatric Neurology (in the Department of Pediatrics). Our goal is to become a leading center for Neurosciences; to provide the best patient care, to conduct ground-breaking, transformative research, and to have excellent educational programs for our students, residents, and fellows. Over the next decade, we expect to be a national destination for neuroscience care, and to be among the top research centers in the country. We will provide a fulfilling and enriching environment for our faculty, staff, and trainees, based on values of compassion for our patients and each other, collaboration and teamwork, willingness to work hard, and striving for excellence.

1. What are your top strategic initiatives as an organization? (including being known as a leader in the full spectrum of neuroscience care—locally, nationally, and internationally)?

Strategic Initiatives:

* Define our brand, which will underpin all creative ideas and marketing strategy moving forward and build awareness and preference for UTHealth Neurosciences
* We will be the best neurosciences program, taking the best care of patients, and training the best future physicians
* Be a national destination for neuroscience care, and to be among the top research centers in the country
* Promote our multidisciplinary approach to neuroscience disease states
* Promote physicians and services to drive elective referrals
* Maintain strong tertiary volumes and referral patterns
* Research:
  + More partnerships between clinicians and scientists for increased productivity and synergy
  + More partnerships with non-Departmental UTH Neurosciences faculty
  + Discoveries that change patient care and improve outcomes
* Education:
  + Increase academic involvement of the residents and fellows
  + Because we are a highly innovative group
  + Because we want to improve patient outcomes
  + Because scholarship extends knowledge and expertise

1. How do these align with your campaign goals of:
   * Defining your brand, to underpin all creative and marketing strategy going forward
   * Promoting your multidisciplinary approach to neuroscience disease states
   * Promoting physicians and service to drive elective referrals
   * Maintaining strong tertiary volumes and referral patterns
   * Building awareness and preference for UTHealth Neurosciences

Our brand will represent this focus on excellent patient care, innovative research, and high-caliber education of the next generation of neuroscience experts.

1. What are they key components of your strategic plan for this year?

* Brand Development--campaign to drive awareness and preference
* Exceptional Patient Experiences, including patient communications, physician and staff collaboration, and ultimately providing the best patient care possible
* Physician Support, including publications targeting MDs nationally and CME events, both large and intimate, highlighting key areas of patient care/specialization
* Employee Engagement, which includes all initiatives related to connecting with our employees, such as events, eblasts, reward programs, and more
* Community Outreach, including events, sponsorships, support groups, and patient education seminars
* Digital Marketing, including recent launch of new web site, continued content development, webinars, eblasts, social media, and paid search; generate leads through web forms on site
* Media Outreach, through our PR team at UTHealth, collaboration with Memorial Hermann, etc.
* Physician Liaison Outreach, connecting our physicians with referring MDs to start and grow relationships and foster improved coordination of patient care
* Development/Fundraising, partnering with the UT Office of Development to share patient stories and expand our initiatives as well as theirs to a larger audience

1. How has your strategic plan been impacted by the COVID-19 pandemic?
   * Are you considering shifting more services to virtual/digital/tele options? (i.e. telehealth appointments, digital info sessions) We do offer both phone consults and video consults for patients who prefer a virtual visit.
   * What percentage of your typical procedures would be classified as elective vs. non-elective? 60% elective, 40% urgent/call
   * Are you involved in any clinical research related to COVID-19?

Our neuro critical care physicians are supporting the critical care needs of the COVID-19 patients and are participating in all clinical trials and research initiatives.

1. Have you developed a strategic plan for a return to business after the COVID-19 pandemic?

We have continued working through the pandemic, with minimal disruption. Neuroscience patients are unlike many other subspecialties. The diseases, disorders or conditions that impact patient population often cannot be delayed and/or continuous care, such as patients with brain tumors, cerebrovascular disease, spinal injuries/issues, and those with painful conditions such as multiple sclerosis or sleep disorders that require physician intervention. We have taken precautions to ensure the safety of both our patients and staff during this time, including universal daily screening, wearing masks, etc.

1. What are the strategic gaps that led to this discussion?

A large group of providers transition from Memorial Hermann to UTHealth to join the other facets of neuroscience at UT. Together, this group is the largest neuroscience physician group in the Greater Houston area, providing the most care across the region. This campaign will help create a brand around the new combined group UTHealth Neurosciences - to position us as neuroscience leaders locally, nationally, and internationally.

1. Who do you believe are your core competitors?

Locally, our group dominates the market, but there are strong efforts by all major health systems – Methodist, HCA, Baylor, St. Luke’s. In addition, we compete with other large health systems regionally and nationally; this varies depending on condition treated.

1. How do you perceive their brand and marketing strategy efforts?

Not strong, no System/Physician Group differentiated themselves in Houston. They all look the same/say the same messages.

1. How do you segment your target audiences? For patients? For the greater healthcare community?

Our two main target audiences are patients and referring physicians. These could be sub-categorized by condition.

1. Have your target audiences changed since the COVID-19 pandemic? Which audience groups are highest-priority?

No—we still have the same set of target audiences.

1. What data and/or research is available today to inform the project? When was it compiled?

See link for recent (2019) volumes and outcomes data for our group [[click here for the 2019 Outcomes Report](https://med.uth.edu/neuroscience/about-us/publications/) and other past publications]

1. How is your brand perceived in the marketplace and are there changes underway as it relates to brand perception?

We have not built the brand UTHealth Neurosciences. There are segments, UT Neurology, Pedi Neurosciences, UT Neurosurgery. The exercise here is to build the brand.

1. How does the UT Health Neurosciences brand identity relate to the overall UT and UT Health brand?

Our brand is closely tied to the UTHealth brand, as we feel there is great value in the UTHealth (and University of Texas).

1. Please share your thoughts on your new name. How has your name evolved since UT Health Science Center was founded in 1972?

See above.

1. What is your core value proposition? How does it differ by target audience?

See beginning section.

1. What is your brand’s position in the market? What insights and metrics do you look at to measure sentiment and perception?

In the past, we’ve worked with research companies to conduct awareness and preference surveys.

1. We see a high-level timing schedule in section 6.4 Are there other critical timing milestones that are driving this effort? If so, what and when?

No specific events, we are just eager to begin a campaign and want to launch in the fall, with plenty of time before the holidays.

1. How many internal executive stakeholders will it be necessary to interview to gain an informed perspective on the brand and its challenges?

At least two—Dong Kim, MD, and Amanda Spielman, SVP and COO. It would also be helpful to interview the VP of marketing and Public Affairs Director at UTHealth, the UTHN VP of operations and our regional directors, as well as our marketing/web/sales team.

1. How many external stakeholders can we interview—patients, staff, partners, etc.?

No set limit—we’re happy to help facilitate.

1. How many direct competitors need to be audited? What companies, if they suddenly went out of business overnight, would your organization benefit the most? How big is this group?

See competitor question above.

1. Do you already have Voice and Tone Guidelines, or do you need this developed along with the new brand definition?

Need this developed.

1. How much of your brand’s current voice and tone do you want to carry over into this creative? Or are you looking for a total refresh?

We will consider options/recommendations.

1. In terms of brand-building oversight, what’s the current content generation structure within the organization? How distributed is it?

We currently generate content within the marketing department with input from key stakeholders like our executives and physicians. The content is put together directly by our team, or with help from offsite contractors, and then edited/approved by those stakeholders. The final step is legal review and proofing.

1. What are the pain-points of the current identity?

No pain points; no identity developed to date.

1. We understand some of the colors will be kept to align with UT. What else do you intend on keeping? (Logo, typography, iconography, photography, illustration)

When we had our logo created, they gave us a few branding guidelines, including our own colors & typography.

               Our **primary colors** include: Burnt Orange (167U), Cool Gray 9 C

**Logos:** [Google Folder of logo color variations](https://drive.google.com/open?id=10zHqErTqknR3FVF3vt8nmDILLNcYwm74)

**Typography:** We are using the same typography as suggested in the [UTHealth Brand Standards (page 18 lists font family)](https://drive.google.com/open?id=11FhbppP5tZTMN2g2JOK2NDVNuFyPY7C4).

The “UTHealth” portion of our logo is a direct tie over to The University of Texas Health Science Center (UTHealth) logo. An important piece to note is the ligatures between the “a” and the “l” and the “t” and the “h”.

It’s important to have UTHealth Neurosciences stay connected to The University of Texas Health Science Center at Houston brand—that’s why this text is very small under our logo—for better or worse. The UT name carries a lot of brand equity, and also, UTHealth is also an entity in Tennessee so we must differentiate ourselves for legal reasons.

1. Please provide existing visual brand guidelines.

See previous question

1. What other collateral do you need? (letterhead, business cards, ppt template etc.)

We currently have templates [for all of these items](https://drive.google.com/open?id=1b1jTPkiAezkDYWGCs2E6RJsXzO-ixRU5), but are not thrilled with the current business/appointment card templates. We would like to revisit these once a concept is chosen.

1. Please describe any sub-brands we need to account for. Do we need to incorporate these into a visual system?

None

1. Who currently provides creative (internal team or external?) If external, can you provide the name of your vendor/agency?

Various groups. Will be considered moving forward.

1. Who are the key people developing creative and what are their roles?

See previous answer

1. Can you detail your current process flow and timeframes for developing creative?

Currently, new collateral items are requested by either our leadership team or a physician, or they are part of an overarching marketing campaign that we’ve created a strategy for. Our marketing team then works on developing content based on the request (sometimes we hire a copywriter to help with this process). We then provide the designer our content and ask him to put into layout using our newly developed look & feel. Depending on the length, complexity of the content, involvement of the requesting physician, the timeline can range from 1 business week to 1-2 months.

1. What tools are currently leveraged for creative design?

Our designers use InDesign, the web site is in WordPress (not our choice), and we use products like Canva when needed for internal communications.

1. Is your creative integrated across channels?

Yes.

1. What is the goal of the campaign? What problem are you trying to solve? (Brand awareness, performance, lead gen, etc)

See questions 1 through 3.

1. Does the campaign have to follow strict branding guidelines, or can it have a custom look?

This campaign can have a custom look but it must follow the branding guidelines we’ve created to date and would likely continue creating with this RFP. In fact, this campaign should set the tone for who we are as an organization. We’ve been trying to keep all of our materials that use the new name/logo very clean, modern, and sophisticated.

1. Is there any previous work related to this project we should be aware of? Or other collateral this campaign needs to match?

You could review items in this [Google Folder](https://drive.google.com/open?id=1gZh7_XMjhOOu0NwzWz6nx5qyycPAE4jF) for creative work/materials that we’ve had produced with our new name/logo. This campaign doesn’t necessarily need to match these materials, but they may help to give some direction for who we are trying to present ourselves as. Also, our web site is <https://med.uth.edu/neuroscience/> .

1. Do you have a photo library? Will stock photography need to be purchased?

We do have a photo library that we’ve been building since we transitioned to UTHealth last summer (photos of physicians in clinic, research labs, Neurocritical Care Unit, and the Operating Room). We always prefer to schedule photoshoots of our actual team members, patients and research (candid shots, not posed) rather than use stock photography.

1. Is there the opportunity to do a custom photoshoot?

Yes

1. Does the current brand have an established icon library and/or icon style? Will custom icon development be needed?

We currently have an icon library, no development needed.

1. Does the brand have a specific licensed font? Do you have a license for web usage?

No, we do not have a licensed font.

1. What types of assets will be needed and how many? Sounds like this question is digital only, so:
   * Email – possibly, if we want to create an email banner/layout to match the campaign for patient, physician, and/or employee emails
   * Landing Page – no
   * Banner Ads – no; we don’t really do display ads unless they’re part of a media buy—we don’t get very qualified leads that way
   * Social – if part of a campaign, yes
   * Other
2. Will the campaign need web support for landing pages, design, etc? No.
3. Will a web guidelines/styleguide be required? Does this need to be HTML or PDF? No.
4. Does the website design need to support sub-brands, location specific landing pages/microsites? No.
5. Will we be working with any other agencies? Will they need to be part of the review cycle? Will we need to collaborate? Most likely no, unless you want to work with freelancers we use.
6. R2i offers two levels of SEO support for website projects: advanced and best practices. Advanced support includes benchmarking, keyword analysis, and on-page recommendations (title tags, metadescriptions, etc) in addition to implementation. Best practices includes technical optimization and launch testing efforts only. Do you have a sense of which level of support you may need?

None

1. What kind of assets are you looking for? Including but not limited to: Direct Mail, Tradeshow/Event Graphics, Sales Collateral, Meeting Makers

* Direct Mail – If it works for this campaign, we could include letters to patients and referring physicians, DMers for awareness of services, etc.
* Tradeshow/Event Graphics – not for this campaign
* Sales Collateral – we already create fact sheets, bio sheets, etc.
* Out of Home Graphics – Billboards, Airport signage, etc.

1. Do you have a Printer/Vendor you would like to use?

Not necessarily

1. Do you have specs you can provide or do we need to get those from the vendor?

No specs for campaign

1. Are we limited to a certain number of colors? (offset) or full color? (could be offset or digital)

We’re open to either—PMS usually not necessary; would depend on pricing. Burnt orange needs to be consistent, so if that can be done with digital that’s fine.

1. Are you looking for something standard, or upgrades like spot varnish/die cuts etc?

Not as part of the brand campaign

1. Will there be an online component paired with this piece? (Ex: landing page for more info)

Possibly; our internal web team would create but agency could suggest content for landing page to match theme of campaign

1. Will content creation be managed through your existing agencies or internally or will you need R2i to manage the development of content as well as marketing copy?

Vendor might be asked to develop content for any specific strategies it develops outside of our current content efforts. In general, though, content will be created, edited and managed internally.

1. How many pages of content will need to be developed?

N/A

1. How many internal stakeholders will be involved in reviewing copy? Do you anticipate requiring R2i to support multiple rounds of edits or will your team handle edits following an initial revision cycle?

For a creative campaign, including billboards and print ads, for example, we’d rely on the agency to craft headlines/body copy, following our direction to make edits.

In the event that a vendor is asked to develop digital content, we would only require an initial revision cycle. We would make any additional edits.

1. What do you feel that your website is doing well right now from a copy standpoint? What areas is it struggling in from a copy standpoint?

We’re happy with our copy and our content areas; we focus on ongoing development of our web content.

1. Are there certain words or tones that you always look to avoid? (This is more of an execution question, but we want to document)

We try to keep a sophisticated tone, compassionate when the audience is patients; not casual.

1. Do you have any examples of writing styles that you have felt were close to what you’re looking for? Either your own previous work on another brand’s creative? (This is more of an execution question, but we want to document)

Our current web site, our [Outcomes Report](https://med.uth.edu/neuroscience/about-us/publications/)

1. What is your organizations current process around ensuring digital accessibility?

All web properties undergo a rigorous accessibility scan and are not launched without compliance. After launch, siteimprove is implemented to ensure ongoing compliance.

1. Who is leading the accessibility effort at your organization?

UT Web developers.

1. Have you been contacted by anyone about non-compliance to ADA or other accessibility issues on your website?

No.

1. Do you have standards or internal guidelines you are currently targeting? Yes.
2. Are your team members trained/training in accessibility? Are they familiar with accessibility guidelines relevant to their roles?

Yes.

1. Have you discussed accessibility with other vendors you are currently working with, including products and services you subscribe to?

No—we do our own web design/development.

1. Have you been in contact with your organization’s legal department about accessibility laws and guidelines?

See above—the risk department is involved and oversees an accessibility scan for all web properties.

1. What is the media budget and does that include agency fees?
   * Are there different budgets allotted for different geographies (Texas, National, International)?

TBD – this depends on the strength of the brand campaign.

1. Will R2i be planning and running all media including traditional and digital? If not, who are the other stakeholders and what are their roles?

We are looking for an agency to manage our traditional media buy. Digital will stay in-house.

1. What media campaigns do you currently have in market and what channels/partners/tactics do those include?

None other than paid search for web.

1. What media channels and tactics have been successful historically? What has not been?

More successful: Airport advertising (both HOU and IAH), in-flight magazines, regional publications, local higher-end print publications, outreach/educational events, community partnerships, paid TV spots like Great Day Houston, billboards (for awareness, not lead gen).

Less successful: display ads

1. Are there any restrictions or regulations we should be aware of (i.e. HIPAA regulations)?

Yes, HIPAA and related patient privacy concerns, consent for photography of patients, etc., as well as UT system-related restrictions depending on activity, such as events (HOOP policies available on uth.edu web site).

1. Are there any paid media tools currently contracted that we should be aware of (i.e. Adobe Ad Cloud, DoubleClick, Marin, etc.)?

None that we know of.

1. Are we able to access existing media platforms to audit account structures and performance?

No media is running currently, so no existing platforms

1. Do you have any restrictions on channels/partners with whom we can run?

No

1. Please tell us about your brand awareness efforts. What channels have worked in the past?

See #69

1. What are the KPIs you measure for brand awareness? (i.e. brand awareness, preference, loyalty)

In the past—preference, market share, monthly web forms, paid search performance, web traffic, calls from smart phones

1. How are you currently measuring brand awareness?

Digital tactics listed in previous question

1. Please tell us about your current demand generation efforts. What channels have worked in the past?

One thing we do very well is our work with b2b marketing. Our business relies on referrals from other clinics, and there are successful efforts in place (ongoing) to bring physical information to outside referring clinics, as well as efforts to ease the referral process and to collaborate on each case referred to us. Paid search to generate web leads is another area of focus that’s worked well.

1. What are the KPIs you measure for lead generation? (i.e. driving patient volume and elective referrals)

Clinic patient volumes, event attendance, online forms submitted, calls from smart phones.

1. Do you have a goal cost per lead?

Depends on the lead type. Much lower for some treatments.

1. How are you currently tracking your tertiary volumes and referral patterns?

We track referrals internally through our EMR/Billing system.

1. Please confirm the current technology systems in place across all channels.
   * Website? Yes. Responsive.
   * Analytics? Yes.
   * Marketing Automation? No.
2. What other digital/web/marketing systems are currently in place we should take into consideration?

Google Ads, Google Places, Constant Contact email platform, our patient portal and Cvent.

1. What systems are currently integrated and how is that data turned into intelligence for the business?

EMR, Billing, Physician documentation platform, Analytics, Quality & Outcomes reporting, financial – all integrated and managed internally.

1. Please provide a high-level overview of your corporate organizational structure.

UTHealth President🡪Dyad leadership structure—physician Chiefs of Service and SVP/COO

SVP/COO oversees all locations, physicians, and operations; direct reports include operations, finance, quality, revenue cycle, and marketing

1. Who is the executive leadership team responsible for the success of this project? What is their reporting structure?

SVP/COO, who reports to UTHealth president

Marketing Director, who reports to SVP/COO

1. Please confirm all UT Health stakeholders influencing the decision of this initiative.

Members of the evaluation team. The members will not be disclosed.

1. How is your marketing team organized (making decisions, setting priorities, etc)?

Marketing Director reports directly to SVP/COO, who signs off on plans/priorities

1. How do your marketing and IT teams connect and create strategies together?

IT supports the technology needs of marketing.

1. How do you define success of this project?

A measurable increase in brand awareness, preference, patient volume, web clicks and web leads

1. Please confirm if the budget mentioned on the pre-proposal call includes purchasing media as well. Please provide an estimated breakdown of % budget by services or channel. Or, is the expectation that the selected partner would determine final budget allocation?

TBD

1. To confirm, per our discussion during the Pre-Proposal Conference on April 16, you are not expecting any creative concepts (previously referred to as A. B. C.) as part of this RFP, correct?

Correct

1. *RFP 2.3.2 Criteria for Selection, Scored Criteria*

*2.3.1.1              Background and Objectives*

*2.3.1.2              Creative Proposal*

*2.3.1.3              Target Audience*

*2.3.1.4              Company Fit*

*2.3.1.5              Pricing and Value*

Have you assigned a value to each of the scored criteria, and if yes, can you please provide?

We have but we will not disclose the values.

1. *RFP 5.3.12 Include a plan for the development of at least three creative concepts, of which UTHealth Neurosciences* *will choose one concept to launch, and also include high-level summary of advertising mediums that would* *be considered for a media plan. Concepts should include the following phases: research, strategic planning,* *design and launch, creative/media purchasing, and ongoing strategy.*

Are you looking for one plan for how we would accomplish research, strategic planning, three concept options for creative approach, execution of chosen concept, media planning and buying, and ongoing strategy? (There would not be a different approach for each of the three creative concepts when it comes to research and strategic planning.)

Yes

1. *Addendum, RFP 5.3.13 Based on your response to Section 5.3.12, on a separate sheet, provide an estimated budget FOR EACH PHASE (Phase A, Phase B, and Phase C) that includes categories and subcontractors’ expenses, and any travel expenses.  (Note:  A total cost for each phase will also be required in Section 6 Pricing and Delivery Schedule.)*

*Addendum, RFP 5.6.2. Pricing and Delivery Schedule, Phases:*

*A.*      *Research                                                          Total:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*B.*     *Strategy/Planning                                          Total:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*C.*    *Design/Launch                                                 Total:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Based on the above…

1. Do you see cost of agency time for media planning (along with strategic planning) falling within “B. Strategy/Planning?”

Yes

1. Do you see cost of agency time for three creative concepts (as well as agency time for execution of chosen concept) falling within “C. Design/Launch?”

Yes

1. Do you see cost of agency time for media buying falling within “C. Design/Launch?

 Yes

1. Do you see outside media hard costs falling within “C. Design/Launch?”

Yes

1. Do you see outside production hard costs (such as cost of illustration, photography, videos, talent payments, etc.) falling within “C. Design/Launch?”

 Yes

1. Since the Research will drive what the concepts are, and the three concept options would most likely vary in cost to produce and could also dictate different media choices, are you comfortable with us providing a range for outside production and media hard costs? Or, would you prefer a single "average" budgetary number for these costs?

A range is acceptable

1. *RFP 5.4.1 Research—such as interviewing patients and potential patients, interviewing staff, sending out surveys,*

*etc., and providing feedback based on their responses*

Do you have existing market research you will be able to share once contract is awarded? If yes, what kind?

Please see outcomes report for existing data. [[click here for the 2019 Outcomes Report](https://med.uth.edu/neuroscience/about-us/publications/) and other past publications]

1. Can you clarify the Submittal Deadline on page 5 it lists a date of May 5th,

SECTION 2

2.1 Submittal Deadline  
University will accept proposals until 2:00 p.m. Central Time, on May 5, 2020 (Submittal Deadline).

But on the following page, it shows a later date.

2.4 Key Events Schedule

Submittal Deadline 2:00 p.m. CST on May 7, 2020 (ref. Section 2.1)

There has been an extension given for the submittal date to be May 12th.

1. Does UTHSC Houston have an incumbent agency?

No

1. If so are they in good standing?

n/a