McLaren
HEALTH CARE

CREATING COMMUNITY

2017 ANNUAL REPORT

THE McLAREN MISSION

McLaren Health Care will be the best value in health care as defined by quality outcomes and cost.

CREATING COMMUNITY

Throughout history, a sense of community has been essential to human achievement. It helped promote shared values and goals and pooled the strengths of each person into a common, greater good.

"Community" has long been our approach at McLaren Health Care. To serve the needs of the many communities in our growing network, we work to make the standards of our own McLaren community the national best. Our mission, to be "the best value in health care as defined by quality outcomes and cost," is both simple and incredibly relevant. It requires us to set rigorous goals for quality and efficiency, attain them … and then push these goals even higher for the next year.

No individual, no matter how committed, can meet this standard alone. It takes a community of care – physicians, nurses, technicians, support staff, administration, management, governance and volunteers – all focused as a team. Our McLaren community is committed to being an integral part of your local communities, and, together, setting new standards for health care.

MESSAGE FROM THE CEO & CHAIRMAN

THE CONCEPT OF "COMMUNITY" IS CENTRAL TO THE MISSION OF McLAREN HEALTH CARE. IT IS IMPORTANT TO NOTE THAT A MODERN HEALTH CARE SYSTEM IS A HUGELY COMPLEX NETWORK OF UNIQUE COMMUNITIES.

There are communities around subsidiary operations, specialties of practice, information technology, quality initiatives, patient satisfaction and employee engagement, to name a few. McLaren constitutes hundreds of such distinct "communities," yet we've woven these into a unified, coherent structure with a shared goal of high-value, high-quality health care.

This sense of "community" extends to all the regions in Michigan where we have a presence. Statewide, we're a major economic engine, but perhaps more importantly, we're integral to each of the markets we serve, often being the largest employer in smaller towns. Schools, local governments, companies and institutions help define McLaren towns and cities throughout the state, but our local hospitals, outpatient clinics and physician offices keep that identity healthy.

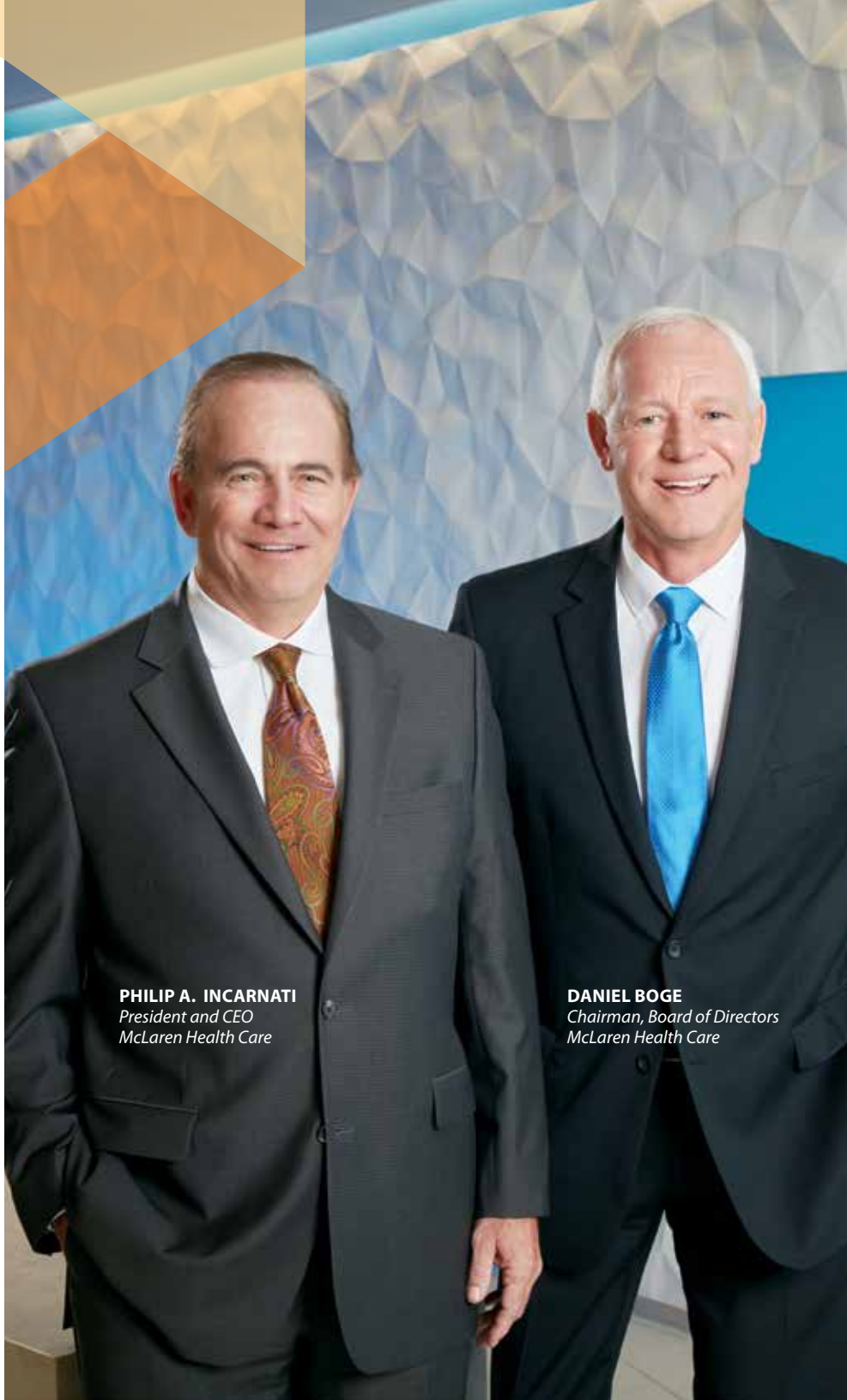
This responsibility charges us with a strong duty to all of our local communities. We provide millions in economic benefits to local economies, far offsetting any of our nonprofit tax benefits. And, we invest millions in building and updating local facilities, which both benefits the communities' economies and assures continuous improvement in health care standards.

The past year has seen us fulfilling these promises to our McLaren communities. New construction projects are underway in our Port Huron, Northern Michigan, Lansing and Macomb hospitals, as well as at the Karmanos Cancer Center. These infrastructure projects require hundreds of millions of dollars and long-term capital planning, but are a must-have commitment to our statewide family.

Expansion plans are in the works, both for Michigan and surrounding states. Our first outstate expansion was accomplished in October with the acquisition of MDwise, a 360,000-member Medicaid health plan with $1.5 billion in annual revenues, based in Indianapolis, Indiana. Along with presenting a platform for future growth in Indiana, the expansion of our health plan operations allows us to create greater economies of scale and new opportunities to share data and best practices, all of which will improve the experience of both members and network providers. With this addition, we have grown into a $6 billion health care system, with 40 percent of revenue coming from insurance operations and 60 percent from hospital and physician operations. This acquisition is the first of several health care deals we expect to complete outside of Michigan in the coming years.

Further, we are looking at expanding our footprint in the Thumb region of Michigan through the acquisition of community hospital facilities that provide the opportunity to strengthen clinical services and access for residents in that region.

We will continue to pursue acquisition opportunities, both large and small, as growth into viable new markets is required to achieve the economies of scale modern health care demands.



PHILIP A. INCARNATI
President and CEO
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DANIEL BOGE
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McLaren Health Care

Still we shouldn't view health care delivery as just brick-and-mortar hospitals and buildings. The real miracles of health care happen inside those buildings, and 2017 saw major advances in these less visible aspects of care. "Community" embraces our statewide McLaren sense of identity. This means best practices and high standards, pursuing the most effective quality of care, and then assuring you'll find it at every one of our facilities.

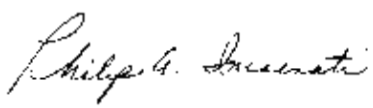
Such savings are vital, because the financial pressure health care faces has been heavy and will grow in the year ahead. Medicare and Medicaid reimbursement continues to erode. Most hospitals and health systems in the United States lose money at current Medicare reimbursement levels. Through focus and hard work, McLaren is able to take care of all our Medicare patients and produce a small positive margin. We expect no increase in this funding, and with the programs (Medicare and Medicaid) totaling about 75 percent of our business, leveraging our scale and finding new efficiencies become crucial.

Our work is paying off – Fiscal 2017 is shaping up to be better than last year, which was a record for McLaren Health Care. But we face a continuing mismatch between health care policy goals and reimbursement. Federal and state support for the Accountable Care Act is a battleground of uncertainty, and could end up with care mandates, but no money to fund them.

The McLaren High Performance Network, our accountable care organization (ACO), continues to grow, with about 1,000 physicians and more than 40,000 covered lives. The ACO model puts the burden on us to provide good outcomes, with a large share of reimbursement at risk unless we deliver. We're shaping our care delivery to excel under such "at risk" payment models, but too often reimbursement structures still reward volume rather than quality, leaving providers stuck in the middle.

Despite this, we've made "quality" of care a priority, and our systemwide performance measures show the results. Our work with the Studer Group in targeting patient satisfaction has brought ongoing progress. HCAHPS scores for our hospitals have shown three years of continuous improvement. Michigan Physician Partners is another quality pacesetter. Their BCBSM PGIP quality ranking among physician organizations jumped from 19th to 13th in just one year.

A year of challenges, for sure, but also one of great achievements. Maintaining a sound financial structure gives us the resources for long-term investments, such as new construction, reshaping our entire digital structure, and seeking growth opportunities. Entering 2018, the McLaren community is as strong as it has ever been.



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2 **JIM PROCTOR**
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Together as One: Creating Synergies at New Corporate Headquarters

MUCH OF THE McLAREN HEALTH CARE NEWS FOR 2017 IS FOCUSED ON HIGH TECH AND OUR DISTRIBUTED CARE CAPABILITIES, SUCH AS THE ONE McLAREN NETWORKING PLATFORM AND REMOTE TELEMEDICINE.

While such digital innovation boosts our ability to extend quality care to McLaren communities throughout the state, an effective "community" must also bring people together.

As McLaren has grown, many of our key system-level, executive and administrative offices were spread across many different facilities. Such scattering of our talents and functions added inefficiency and cost. Further, we were missing out on the chemistry gained when talented people working on their own important projects come into regular contact in offices and meeting spaces where ideas are shared, synergies discovered, and separate agendas that are good in themselves become great when combined.

The new McLaren Health Care Corporate Headquarters, which opened October 30, 2017, at One McLaren Parkway in Grand Blanc, is designed to reflect the corporation's strength, vitality, progressive thinking and vision. The three-story, 66,000 sq. ft. facility houses 178 corporate employees, with capacity for 229. "We wanted to bring our leadership and team together in one location," says Dan Medrano, McLaren vice president of corporate facilities. The design of the offices "brings new thinking to how people interact and collaborate."

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>
> **DAN MEDRANO**
> *Vice President of Corporate Facilities*
> *McLaren Health Care*

The new headquarters' layout acts as an element in making McLaren's strategic plan a reality, stressing interaction, continuous learning and healthy lifestyles. Light infuses all aspects of the building, from the expansive views of nature and woodlands surrounding the campus to the walls of windows framing the entire structure. There are meeting rooms for both large and small groups, a training center on the first level, and the latest AV, IT and data equipment for webinars, meetings and communications. By design, there are also many small gathering areas to nurture informal, face-to-face chats.

However, the headquarters of a major health care system should also support the "health" aspect of its name, and our new Corporate Headquarters delivers. An onsite café offers healthy food choices, and the design includes an employee gym, space for yoga sessions and outside walking paths.

The location chosen for the new headquarters reflects McLaren Health Care's commitment to our corporate roots. We searched for two years seeking a location in our traditional base of Genesee County before finding the perfect site on 23 acres in Grand Blanc at the intersection of Holly Road and I-75. Thirteen of these acres are being preserved as a conservation area, but "there is still space for a potential second building" down the road if needed, says Medrano.

Reinventing the Health Care **Experience**

SOMETIMES, THE PHRASE "REINVENTING HEALTH CARE FROM THE GROUND UP" HAS MORE THAN ONE MEANING.

Announced in December of 2017, McLaren Health Care and Michigan State University are collaborating to consolidate McLaren's two existing Lansing hospitals into one. This new $451 million campus at Michigan State University in East Lansing will expand our partnership with the university and the community on research, education and clinical services.

According to Tom Mee, president and CEO of McLaren Greater Lansing, this collaboration will redesign the traditional hospital approach, and build the safest, most efficient health care campus in the world. "This isn't just about bricks and mortar; this is about reinventing health care delivery," he says. "Our goal is to provide such outstanding health care services that no one needs to seek treatment outside the greater Lansing area."

McLaren has nurtured a strong culture in the Lansing community when it comes to patient care, and we plan to continue this culture with this new facility. The future of health care will see hospitals that are smaller, with a greater focus on outpatient care. Information technologies will play a huge role in these hospitals of tomorrow, and McLaren is taking this into consideration, using it as an opportunity to build a hospital from the ground up. New technologies like tablets will not only give caregivers a way to enter patient information, but will give patients a new way to communicate with staff ("the days of patients pulling on a call light switch to ring the nurse are over," says Mee).

These advancing technologies will actually strengthen the human element of medical care. It becomes far simpler for inpatients to contact hospital staff. A patient crisis can be more accurately simulated with virtual technologies, but describing a difficult

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5 **LOU ANNA K. SIMON**
President
Michigan State University

6 **DAVID WASHBURN**
Executive Director
Michigan State University Foundation

> OUR GOAL IS TO PROVIDE SUCH OUTSTANDING HEALTH CARE SERVICES THAT NO ONE NEEDS TO SEEK TREATMENT OUTSIDE THE GREATER LANSING AREA.
>
> **TOM MEE**
> *President and CEO, McLaren Greater Lansing*

procedure or diagnosis to a patient also becomes easier, something technology will never be able to replace. "The human element in training is crucial," notes Mee. "No piece of technology ever trains you on how to tell a patient he has cancer."

The new health care campus will be located at the MSU Foundation's University Corporate Park. The campus will host a state-of-the-art 240-bed hospital, cancer center, ambulatory care center and facilities to support health care delivery, educational opportunities and medical research. Such a project demands long-term planning – the full campus will not be ready to open until late 2021. "In designing for the future, we still don't know what we don't know," says Mee, so flexibility in adding new technologies, techniques and unit structures are part of the design.

Such innovation investments benefit not only our patients, but our local McLaren communities and the state overall. "Not only will it become the research house for our organization, but it becomes a driving force for supplying new physicians for our system," Mee observes.

Michigan State University also sees the partnership as an opportunity to attract top researchers and physicians to the region. "This new facility will help us recruit top physicians and researchers to our region by providing access to tools and data that will build a healthier society and develop new lifesaving therapies and treatments," says MSU president Lou Anna K. Simon.

The project is one of the largest investments ever in the Lansing region, and "will bring hundreds and hundreds of jobs to Lansing area residents," says Lansing mayor Virg Bernero.

"This is truly a defining moment in McLaren's growth," adds McLaren Health Care CEO Phil Incarnati. The partnership with MSU will "revolutionize health care delivery, invest in infrastructure that supports a world-class medical experience, and advance pioneering medical research.

Investing in the **Future of Health Care**

WHEN A LOCAL HOSPITAL AGREES TO JOIN THE McLAREN HEALTH CARE SYSTEM, THERE MAY BE SOME QUESTIONS IN THE COMMUNITY.

How much local control will we have? Is McLaren serious about improving our facilities? Will there be investment in the future?

When bringing our McLaren community into the local community, we take these commitments seriously and have backed them up with infrastructure dollars over the past year.

Though most of us view our area health care facilities as sort of timeless landmarks, in truth they wear out and become outmoded like any other buildings. Maintenance costs climb, new regulations push old structures out of compliance, and health care and population shifts leave yesterday's facilities outmoded.

Addressing these infrastructure needs for communities throughout the wide McLaren area demands not just multi-year, but also multi-decade planning, and hundreds of millions in capital investment – but that's what we've promised, and that's what we deliver.

A key example of this commitment in action is McLaren Port Huron. There, we are in the midst of a massive five-year, $162 million construction project to expand and improve every aspect of local care. Phase one was the opening of a new Karmanos Cancer Institute facility in 2016, bringing state-of-the-art cancer treatments to the Port Huron area. The new cancer center is already seeing 80 patients a day.

Phase two, now underway, includes a new four-story patient tower that features fully private patient rooms, a new emergency center, ICU and an expanded OR. The final phase will bring renovations to the current Port Huron hospital.

"When I talk with people in the community, they are excited about the improvements, and when I meet with staff, you can feel the energy in the air," says Jennifer Montgomery, president and CEO of McLaren Port Huron.

She notes that input from local citizens and hospital staff played a major role in the layout and priorities of the new facilities. Also, "we built two 'mock' patient rooms for the ICU and medical-surgical unit so the staff could visually experience and provide feedback on the layout and function. We have definitely taken their feedback into consideration."

Such input is crucial, says Jack Belyea, Port Huron's director of facilities. "We had an aging building, dating to 1938, but the new facility will be state-of-the-art." A hospital is a business that is open 24/7/365, so even seemingly minor tech upgrades bring a major impact on cost and quality of care. Belyea notes that building designs will stress energy efficiency, including all LED lighting. Even floors and countertop surfaces are planned to meet tough hygiene and care standards. "With 174,000 sq. ft. of flooring, going to no-wax surfaces alone is a huge cost saver," he adds. HVAC, data technology, security and communications needs of the present and future are among factors built into the design.

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>
> **JENNIFER MONTGOMERY**
> *President and CEO, McLaren Port Huron*

Changes in health care delivery itself are also incorporated into the new Port Huron structure. Patient and service mixes are shifting, with less inpatient care (but more acute care for fewer, but sicker, patients), more telemedicine, and the need for more technical equipment in the OR and ICU.

Construction and change have become constants at McLaren Port Huron, and will remain so for the next few years. However, people in the community are already seeing benefits well worth the investment. For one thing, the project is the largest construction undertaking Port Huron has seen in years, involving 65 companies and 700 workers, approximately 42 percent of whom live in the community.

Further, Port Huron and its residents view McLaren's major capital investment as a vote of confidence in their town and its future, and are willing to accept some short-term inconveniences. "We were concerned that the construction might cause people to look elsewhere, but patient volume has actually increased, says Montgomery. "Everyone is behind the project, and feels like they are part of it."

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Chief Nursing Officer
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McLaren Port Huron

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Chief Financial Officer
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Crafting New Health Care **Delivery Models**

PHYSICIANS PLAY A KEY ROLE IN McLAREN HEALTH CARE'S BROAD "COMMUNITY OF CARE." YET, THE PHYSICIANS WHO MAKE OUR HEALTH CARE POSSIBLE ARE ALSO FACING COMPOUNDING CHALLENGES.

Demands of regulators and reimbursement providers require expensive, complex recordkeeping, billing technology and expertise. Care is moving toward payment based on long-term quality and patient satisfaction measures. This means that even the finest physician loses out if anyone in the overall arc of care is dropping the ball, or if any element along the way is ineffective.

To meet these challenges, physicians aligned with McLaren Health Care have been working to reshape their role, joining forces and crafting innovative new health care models. "We look at ourselves as a population health service organization," says Gary Wentzloff, president and CEO of McLaren Physician Partners (MPP).

MPP, a partnership between McLaren Health Care and its physicians, forms a clinically integrated network. The past year saw MPP membership jump 14 percent, to 2,200 member physicians. Additionally, our HEDIS (Healthcare Effectiveness Data and Information Set) measures of quality performance improved to 13th among 46 physician organizations measured, with our composite quality score rising to 78 percent.

The biggest MPP news for 2017, however, was the launch of our new accountable care organization (ACO), the McLaren High Performance Network (MHPN). In less than a year, MHPN has grown to more than 1,000 health care providers and 40,000 members.

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4 **MICHAEL ZICCARDI, DO**
Chief Medical Officer
McLaren Physician Partners

5 **GARY WENTZLOFF**
President and CEO
McLaren Physician Partners

6 **LAWRENCE COWSILL, DO**
Senior Medical Director
McLaren Physician Partners

Our agreement with CMS has us covering Medicare patients in our area, as well as shared contracts for Medicare Advantage.

These contracts put the "accountability" in being an accountable care organization, says Wentzloff. "We're involved in the strategy of care, including coordination, transitions of care and post-acute care." For example, primary care physicians in MHPN act as a patient's "medical home," reaching out to specialists and other care professionals to coordinate end-to-end care support.

The goal is to avoid relapses, care gaps and hospital readmissions that damage health and add to health care costs. MPP this year implemented a care coordination program for its ACO patients, including a post-acute care strategy. Providers share responsibility for delivering primary preventive services, chronic disease management and acute care to patients with multiple chronic conditions. "We're also adding technology to the people processes," notes Wentzloff. For example, software can now send alerts to patients on needed checkups and medical tests.

The efforts are paying off. Best practice is for post-discharge patients to visit their primary care physician within 14 days of discharge. MPHN's achievement level here is 76 percent, exceeding national benchmarks.

Another crucial MPP initiative for 2017 has been training and support for providers and their staffs on making the transition to accountable care a success. The change is a demanding one. "It's really difficult for physicians to practice a new style of medicine that's team based, with the physician as captain of the ship," says Dr. Michael Ziccardi, chief medical officer for McLaren Physician Partners. "We're asking physicians to change from process to outcomes – that's the essence of value-based care." New MPP quality teams will fan out to member offices in 2018 to aid in training and process improvement.

The payoff of all this change will be worth it, however, for physicians and covered patients in the McLaren communities. Incentives for cost and quality benchmarks are now integrated into reimbursement contracts through ACOs, and will grow stronger with time. Payers now reward physicians whose patients show better outcomes and lower costs … and will soon penalize those who fall behind. The standards are also rising. This year's median for quality standards will be next year's minimum.

"Before, we had unmanaged, uncoordinated care," Wentzloff observes. Everyone was doing their best, but they practiced in silos. That's a very expensive way of doing things. An integrated, holistic approach is the direction in which health care is going."

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Patient Safety Data Analysis **Improves Quality**

THINK OF HOW GREAT HEALTH CARE WOULD BE IF SOMEONE AT THE TOP OF AN ORGANIZATION COULD SIMPLY SEND OUT A MEMO ORDERING QUALITY TO IMPROVE BY A CERTAIN PERCENTAGE.

Simple, direct … and futile. As we've learned through experience, a drive toward improved health care, while requiring solid leadership, actually happens through commitment by the thousands of people throughout our community of care.

The past year has brought solid progress in improving both quality and patient safety at our facilities. "We started on this journey several years ago to get where we wanted to be on safety and quality," recalls Dr. Mike McKenna, McLaren Health Care executive vice president and chief medical officer. "Now, we can clearly see that we're moving down that path, with significant improvements in quality, service and patient safety."

This path has not been an easy one. Systemwide improvement demands new tools, new systems, endless training and lots of self-examination. Since "you can't improve what you can't measure," a first step has been reinventing our data capture and analysis of care quality. The pending One McLaren information technology network will integrate with our current Safety First online system for logging and analyzing any patient care incidents.

The Safety First reporting tool has proven highly effective in part through its ease of use and ubiquity. There is a Safety First icon on every computer screen throughout the McLaren system, and clicking on it allows anyone to raise a patient safety issue, no matter how small. "Safety First helped us collect information on more than 50,000 events over the past two years, most being near misses or minor matters," says Dr. McKenna.

All safety "events" are analyzed for trends, linkages and underlying causes by several structures within the McLaren family. A systemwide committee draws from McLaren senior leadership and representatives from all acute care facilities, labs, home health care, and the chiefs of nursing and quality departments. The group meets monthly to review concerns and results. "We examine the event, think about fixes and look at the overall system," says Dr. McKenna.

Another systemwide group, the Clinical Validation Committee, is also in place to assist physicians and nurses with accurate documentation. Rule sets were created for coding and validation so that documentation errors can be eliminated.

Gathering information on safety events and documenting them are only two legs of a McLaren quality triad. The third element is use of patient safety dashboards. By presenting detailed information on safety issues in a graphic format, all the players in McLaren's safety and quality systems gain an instant read on number of incidents, trends, factors involved and remediation steps. Solid measurements give everyone in the McLaren community yardsticks for performance and fast feedback on results. Safety – and our work to improve it – becomes transparent throughout the system, and is everyone's responsibility.

Patient safety data also has funding and certification impacts for McLaren. The Centers for Medicare & Medicaid Services uses these same measures to set reimbursement. Measures above the median bring added payments – and lagging indicators result in penalties. Since all hospitals nationwide are working to improve their quality measures as well, the median will increase year by year – as must the quality of care McLaren provides.

When it comes to quality defects, "It requires more and more commitment from our organization as we try to get to zero," Dr. McKenna observes. But, the result is an overall change in the way everyone in McLaren Health Care views quality. "We're becoming an organization that is intolerant of patient safety issues."

Sepsis-Reduction Program

Assuring patient safety is a systemwide mandate, but one made up of many smaller victories. The past year saw one example of this in the success of our sepsis-reduction program.

Sepsis – infection by bacteria, viruses or parasites that floods the body's immune system – is a focus for both our inpatient and outpatient care. "Sepsis is as life threatening as heart attack and stroke, and also the most expensive hospital condition, with a high rate of readmission," says Cairn Ruhumuliza, sepsis special projects coordinator at McLaren Northern Michigan. Statistics show that sepsis claims more than a quarter million lives annually in the U.S.

McLaren facilities launched a targeted quality campaign against sepsis infection this year. "We've taken best practice infection control ideas from everywhere in the system," says Ruhumuliza. "We need everyone engaged; [sepsis] is not just a nursing or physician problem. One outcome has been a much tighter approach to identifying sepsis early in patients, and launching aggressive, standardized treatments. Sepsis was also added to the patient safety dashboard as a distinct median.

Results have been impressive. Between October 2015 and early 2017, an estimated 17 lives were saved and 66 patient complications prevented at Northern Michigan.

But quality is a moving target, and McLaren Northern Michigan is expanding its sepsis-reduction program outside the hospital walls. "We're working to increase patient and family awareness of sepsis prevention and treatment," says Ruhumuliza, with public info materials and outreach to senior centers and other potential hotspots.

Shaping these processes demands a team approach to be effective. Kimberly Longendyke, quality data specialist at McLaren Lapeer Region, notes that the hospital has shown strong results in preventing sepsis in 2017. Lapeer went from 69 percent compliance with best-practice anti-sepsis norms to an impressive 91 percent by the end of the year. "The procedures are very complex and specific, so we formed an interdisciplinary group of nursing staff, physicians, pharmacy and labs – all the related departments are involved in this initiative, and it is bringing good results."

Service Line Integration **Leads to Greater Consistency**

WHAT DO HIGHLY CRITICAL, PRECISE ACTIONS LIKE FLYING A JETLINER AND PERFORMING SURGERY HAVE IN COMMON? CHECKLISTS.

There is no place for making it up as you go along, winging it or improvising. When lives are at stake during a hugely complex procedure, you make a religion of doing it the right way, the same way … every time.

Over the past several years, McLaren Health Care has worked to integrate this precision and consistency throughout our various facilities and service lines. Last year we launched this effort with the McLaren Stroke Network. Through use of remote telemedicine technology, a single interventional neurologist is able to examine and treat stroke patients at nine distinct McLaren hospitals. Symptoms can be assessed, CT scans and other tests examined, and care protocols provided to staff at the hospitals.

This combination of best-practice procedures and use of "tele-stroke" technology has shown impressive results. Time to properly diagnose and implement lifesaving tPA (tissue plasminogen activator) IV treatments for ischemic stroke dropped from an average of 64 minutes in 2015 to 53 minutes in 2017. Complications also fell. Patients undergoing single vessel thrombectomy procedures now have significantly few complications, with 69 percent of patients showing little or no deficits after 90 days. Fewer stroke patients entering rural McLaren facilities now need transfer outside the system for treatment.

The McLaren program "has now become the largest tele-stroke network in Michigan, and it has been doing wonderful things," says Cheryl Ellegood, McLaren corporate vice president of service line development. Further, "it has laid the foundation for service line development throughout the system."

The next step in integration is our system's cardiovascular service lines. This larger implementation has been in process throughout 2017, says Dr. Daniel Lee, a cardiologist from McLaren Bay Region and medical director for the cardiovascular service line initiative. "We cover a lot of geography with a lot of patients. It's important to standardize care so it's consistent."

The first step was creation of a McLaren-wide cardiovascular committee early in 2017, which included cardiologists, cardiac surgeons, hospital executives and nursing staff.

An early priority was shaping a McLaren cardiovascular network that provided targeted care facilities within McLaren's statewide footprint. McLaren hospitals in Bay City, Flint and Petoskey were designated as Level I sites, providing the most highly advanced, interventional cardiac care. Level II locations include Lansing, Port Huron and Macomb; and McLaren Central Michigan, Lapeer and Oakland handle Level III services.

This structure assures the least distance for the most appropriate care, while boosting standards at all locations. "We're building bridges between the hub sites and the spoke sites, and retaining patients within our network," states Ellegood.

But, a smarter design for McLaren's cardiovascular services won't work without smarter practices, and the integration process has improved care in ways big and small. "Here in [McLaren] Bay Region, we thought we were doing quite well," observes Dr. Lee. "But, when we hashed out the data, we found areas for improvement, some quite significant." For example, half of post-cardiac bypass readmissions to ERs are for chest pain, but it turned out most were prompted by standard pain that's noncritical and common after the procedure. Better discharge counseling for patients, greater awareness among ER staff, and wiser use of pain medication are now making a big difference.

McLaren's cardiac physicians and staff put months into identifying and codifying such best practices into a strategic plan, along with tools for measuring progress. "We identified the quality metrics to monitor, and created a dashboard for information," notes Ellegood.

This "dashboard" approach is a proven tool for quality improvement. Key measures are identified for a procedure, closely tracked for each McLaren location, and compared to medians for benchmark U.S. hospitals. Such dashboards are information-rich, but new digital technology makes the data easy to capture and interpret. "We share the information across the system and drill down to find performance improvements," Ellegood emphasizes.

Such standardized dashboard measures are also the new currency for health care funding and quality rankings. "These quality metrics are going to be used in ranking hospitals, and if we're in the lower tier, it's going to hurt us," Dr. Lee observes.

Seeking and implementing best practices across service lines has only begun, but is delivering benefits across the McLaren system in some unexpected ways. While some may assume physicians would resist a push toward consistency in their practice, they are proving to be service line integration's strongest boosters. "When I have conversations with our physicians, they're very motivated to work together as a system and get information on quality outcomes," says Ellegood. "They like working as a group toward solutions."

CARDIOVASCULAR SERVICE LINE STEERING COMMITTEE

1 **REHAN MAHMUD, MD**
Cardiologist/ Electrophysiologist

2 **JASON WHITE, MD**
Chief Medical Officer McLaren Bay Region

3 **MAJED NOUNOU, MD**
Interventional Cardiologist

4 **MAGEN SAMYN**
Vice President of Marketing and Business Development McLaren Bay Region

5 **MIKE MCKENNA, MD**
Executive Vice President and Chief Medical Officer McLaren Health Care

6 **MOHAN MADALA, MD**
Interventional Cardiologist

7 **ELLEN TALBOT**
Chief Nursing Officer McLaren Bay Region

8 **CLARENCE SEVILLIAN**
President and CEO McLaren Bay Region

9 **JAMES CHAMBERS, DO**
Cardiologist

10 **BROOKE HAYES**
Program Manager, Service Lines McLaren Health Care

11 **CHERYL ELLEGOOD**
Vice President of Service Line Development McLaren Health Care

12 **MARK O'HALLA**
Executive Vice President and Chief Operating Officer McLaren Health Care

13 **SANJAY BATRA, MD**
Cardiothoracic Surgeon

14 **AHMAD MUNIR, MD**
Interventional Cardiologist

The committee also includes Dr. Abdul Alawwa, Cardiologist/Electrophysiologist; Dr. Frederick Armenti, Cardiothoracic Surgeon; Dr. Louis Cannon, Cardiologist; Dr. Ajay Krishen, Cardiologist/Electrophysiologist; Dr. Dan Lee, Cardiologist; Dr. Timothy Logan, Cardiologist; Dr. Kristijan Minanov, Cardiothoracic Surgeon; Jennifer Montgomery, President and CEO, McLaren Port Huron; Dr. John Talbott, Cardiologist; Dr. Michael Willoughby, Electrophysiologist; and David Zechman, President and CEO, McLaren Northern Michigan

Engaged, Empowered Employees **Provide World-Class Care**

ALL OF MODERN HEALTH CARE'S INCREDIBLE INNOVATIONS AND EQUIPMENT WOULD BE USELESS WITHOUT THE PROFESSIONAL STAFF AND EMPLOYEES WHO MAKE CARE A REALITY.

At McLaren, we realize that it is no longer enough simply to assure that qualified people are on the job at all levels. To "bend the needle" on higher quality, better value and lower costs, we need employees who not only do their jobs and are skilled, but bring a final, added quality – engagement in their role and commitment to patients.

Employee engagement is a highly valuable asset for health care excellence, but is both difficult to define and challenging to create. It involves a work environment where employees feel respected, valued and able to personally make a positive difference. In the health care sector, where frontline employees face daily stress and literal life-and-death choices, burnout and disillusionment are constant dangers without this sense of engagement.

Decades of experience have shown that if you engage your people around your mission and your strategy, results will fall into place. Leaders at our subsidiaries have taken this concept of nurturing employee engagement to heart, with solid successes that show solid results.

Careful assessment of how staff and employees view their work environment is a first step toward engaging employees, notes Senior Vice President of Human Resources Bill Peterson. Standardized, confidential surveys dig into employee

1 **MATT MEEUWSE**
Supervisor of Volunteer Services McLaren Hospice

5 **BARTON BUXTON**
President and CEO McLaren Homecare Group

9 **MICHAEL LEHR**
Director McLaren Home Infusion

2 **TAMMY HEMPFLING**
Regional Director
McLaren Homecare Group

3 **AMY KACZMAREK**
Bereavement Coordinator
McLaren Hospice Bay City

4 **MEDINA HAUSBECK**
Account Executive
McLaren Long-Term Care Pharmacy

6 **KAREN KIRK**
McLaren Hospice Lansing

7 **MAUREEN MAYS**
Account Representative
McLaren Homecare Group

8 **STACY LANTRIP**
Manager
McLaren Hospice Lansing

10 **LYNN MACKENZIE**
Manager
McLaren Hospice Bay City

11 **AMIE HUGHSON**
Director
McLaren Medical Lab

12 **EMILY TRIBBLE**
Customer Service Manager
McLaren Medical Lab

attitudes and job satisfaction. These surveys, completed throughout McLaren since 2014, gauge input on issues like "career development, communication, compensation, customer focus, diversity, engagement, management, quality and safety," says Peterson.

Scores are shared among subsidiary team leaders, and action items for improvement are identified. The leaders and their teams craft their own strategies for change. Though there is variation among subsidiaries and departments, McLaren's overall engagement scores have steadily risen since 2014, currently standing at 4.22 out of a possible 5.

This approach, both simple and empowering, is taking root throughout the McLaren system, with employee-driven improvements in everything from patient communication to staff procedures. In McLaren's hospitals, for example, managers hold quick "huddles" at the start of each shift to discuss updates and priorities of the day and ensure timely and consistent communication.

The benefits of greater employee engagement extend outside of McLaren's hospital settings, as well. Our Homecare Group workers are literally the patients' guests, visiting clients at their homes. To seek improvements, "we drove the process of engagement back down to the employees," notes McLaren Homecare Group CEO Bart Buxton. Through regular assessments of care and town hall meetings with employees, Homecare workers "tell us what's important for them to do their jobs well, and then put their own fingerprints on plans for change."

One example: Homecare workers raised concerns that the mobile technology they used at home sites was not functioning as efficiently as it could. "The employees came to us and said their data intake platforms weren't working," Buxton said. "We gave them authorization to find a fix themselves, and they did, with their managers just facilitating the process."

Buxton has seen worker engagement scores rise, to the point that the Homecare Group had the highest engagement score of any McLaren subsidiary in 2017. He finds the improvement drives a virtuous circle of quality change. "As we see the engagement scores go up, we also see patient satisfaction scores rise," he says. "And, as the employees and patients both grow more engaged, they say more positive things about McLaren Homecare to friends and peers. We gain more customers and also potential employees."

"Data shows that organizations that are high-performing also have a highly engaged workforce," concludes Peterson. "If you build a workplace where employees feel engaged and valued, like what they do and have mechanisms for feedback, they go the extra mile to do their jobs."

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Women and Children's
Clinical Nurse Manager
McLaren Northern Michigan

2 **BRIAN DENHOFF**
Manager, Facilities, Environmental
Services and Laundry
McLaren Northern Michigan

3 **MICHELLE RUSHING, BSN, CCRN**
ICU Clinical Nurse Manager
McLaren Northern Michigan

4 **MARIBETH HEMSTREET**
Patient Relations Representative
McLaren Northern Michigan

5 **KATHI ST. PIERRE, RN, BSN**
Progressive Pool, IVT, Transport
Clinical Nurse Manager
McLaren Northern Michigan

6 **TAMARA K. FIRMAN, BHS, RT (R)(QM)(BD), CBDT**
Imaging Supervisor
McLaren Lapeer Region

7 **SHELLY GERMAIN, BSN, RN, CNML**
Clinical Nurse Manager, 2South
McLaren Northern Michigan

8 **ROSS WITHERBEE, MSN, RN**
Clinical Nurse Manager,
Cardiovascular Unit
McLaren Northern Michigan

Patient Satisfaction Leads to **Greater Quality** and **Reimbursement**

THE DEFINITION OF "QUALITY" HEALTH CARE IN AMERICA TODAY IS A BUSY FIELD OF DEBATE. HEALTH CARE PROVIDERS, LEGISLATORS, REGULATORS AND PAYERS ALL WANT A SAY.

But ultimately, just one person determines how well he or she was cared for during an experience with our health care system. It is the person in the hospital bed, visiting a clinic, in rehabilitation, or at a doctor's office who is the real judge of their health care.

Patient satisfaction has become a crucial part of our health care system, and not just for the obvious reason that every business wants happy customers. Patient satisfaction scoring is now a key part of setting health care reimbursement levels. The Centers of Medicare & Medicaid Services withholds Medicare reimbursement to providers who do not perform to the medians on patient satisfaction scoring. Half of this funding is now based on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey of patient satisfaction.

"We knew we needed to sharpen our focus on this because patient satisfaction now relates to value-based purchasing," notes Mark O'Halla, McLaren Health Care executive vice president and chief operating officer. This goal led McLaren to contract with the Studer Group health care consultants three years ago to help drive the systemwide changes to improve quality as viewed by our customers.

"Achieving quality is a McLaren objective, and we're delighted to be a part of that," says Lisa Reich, a Studer consultant.

Crafting the thousands of small wins that add up to major improvements has been an all-encompassing effort, but rising HCAHPS scores show the work is paying off. McLaren Health Care measures various care "domains" for improving patient satisfaction, and O'Halla notes that five of these domains have shown continued improvement over the past three years.

"Three of our facilities in particular – Karmanos, Lansing and Northern Michigan – have really done a spectacular job, with some of their domains actually above the 80th percentile," he points out.

A look at how such success was achieved at one of our facilities, McLaren Northern Michigan, is instructive.

> WE KNEW WE NEEDED TO SHARPEN OUR FOCUS ON THIS BECAUSE PATIENT SATISFACTION NOW RELATES TO VALUE-BASED PURCHASING.
>
> **MARK O'HALLA**
> *Executive Vice President and Chief Operating Officer, McLaren Health Care*

"We have worked closely with Studer to really focus on patient satisfaction," says Maribeth Hemstreet, who leads the McLaren Excellence Program at Northern Michigan. For example, inpatient bedside shift reporting was improved to not only do safety checks on patients, but also to find out what they have questions about. In setting standards for "rounding" with patients, nurse managers achieved a goal of visiting each patient daily.

Outpatient care is also measured in determining patient satisfaction, and Northern Michigan has been up to the task there as well, starting with a goal of 30 percent rounding for outpatients. "We noticed a positive shift in patient satisfaction scoring at that time," recalls Hemstreet. "There is not a lot of time to make contact in the outpatient world, so this makes a big difference."

The changes taken to boost satisfaction are subtle, but important, and all add up. Every unit now holds a five- to ten-minute "team huddle" at the start of each shift to compare notes and items for the day. Every quarter the nursing division convenes a two-day strategic policy planning session. "The nurses talk about ideas, go out into the units to share them with staff, and then bring back their ideas for the group, so we have triple the idea sharing," Hemstreet relates.

McLaren's patient satisfaction program is paying off, but everyone involved knows that satisfaction, like quality, is a never-ending journey. McLaren as a whole is outperforming in our pace of change, but we still need to improve faster than our peers, says O'Halla. "In this market, if you're not improving faster, you're falling behind."

"One by One" **Health Care Population Management** Outreach Program

McLAREN HEALTH PLAN (MHP) OFFERS HEALTH CARE BENEFITS TO MORE THAN 260,000 BENEFICIARIES IN MICHIGAN.

With the recent acquisition of MDwise, an Indiana-based health plan, McLaren is serving an additional 360,000 members in Indiana. Yet, the success of the Health Plan has never been based just on numbers covered, but also on meeting the unique health needs of each individual life.

This commitment brings benefits all around, not only for the people we cover, but also for the quality and effectiveness of care for everyone else who is served by MHP, regardless of the plan type. We've seen that over the past year with the Health Plan's One by One outreach program.

One by One is a health care population management program for Medicaid members facing a tricky health issue – too much of the wrong type of care, but too little of the care that would most benefit them. MariLynn Clark, MHP director of medical management, notes that this small percentage of Medicaid patients have tremendous needs, but Medicaid resources are not delivering the best outcomes for them.

There are many potential reasons for this shortfall, but MHP groups them together under the term "social determinants of health" (SDOH). Problems with housing, education, mobility, social connections, food, income and access to care are among the SDOH factors. Combined with underlying or chronic health conditions, they can have a devastating impact, not only harming health, but also driving waste of limited Medicaid dollars.

Clark cites one example. A patient may have a chronic condition, but no transportation, poor knowledge of self-treatment, limited mobility and little contact with her primary care physician. As a result, she repeatedly calls for transport to our emergency room facilities, a costly, resource-intensive form of care that likely is not needed. "One of our members logged more than 200 ER visits in just one year," Clark recalls.

Everyone loses in such situations. The patient feels isolated and frightened, emergency resources are strained and funding dollars are misspent. The One by One solution: intensive personal attention to remedy the gaps and failures that trigger such breakdowns.

It starts with data mining and analysis of Health Plan Medicaid to identify members with such care issues. While the woman with 200 emergency room visits will pop up on anyone's radar, there are others with more subtle concerns, such as someone with diabetes who has had four related inpatient visits within the last six months. "This is not a huge population," notes Clark. "We're looking at those in the top percentile of usage."

Once the "outliers" are identified, MHP staff goes to work with local social services to seek causes and map out solutions. "We try to determine members' needs and reach out to them," Clark explains. "They don't need less of us, but more – more help, more contacts, more care, more referrals to community resources."

Patients may lack the social or family contacts needed to monitor their care, check in on them or drive them to doctor visits. MHP workers then assist with counseling, home visits and referrals to transportation or other local social service supports. They also assess potential nutrition problems (particularly a concern with diabetes). The MHP team makes contact with local food pantries and support services. Although all members have an assigned primary care physician, some delay regular visits. If so, the Health Plan's outreach staff helps meet this need, and starts patients out with two monthly visits.

Such concierge care may seem expensive and intense, but the payback in improved patient health and lower costs accrues rapidly. Medicaid spending is closely tracked by the state, and in the first year, this intensive outreach actually saved more than $686,000 in avoided costs. In the case of the overactive ER visitor, One by One outreach cut her emergency visits by 37 percent within a couple of months, and she is now receiving better, more consistent care.

The McLaren Health Plan One by One program is drawing notice for its success, winning a 2017 Pinnacle Award from the Michigan Association of Health Plans Foundation for its impact in improving care and lowering costs. Clark also plans to expand the effort to other high-impact health concerns, such as asthma, cardiac care and anti-smoking support. "There is time and effort involved, but it's worth the investment," notes Clark.

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4 **TAMMIE GOLIDY, RN**
Case Manager
McLaren Health Plan

5 **AARON ALMASSY, MSN, RN**
Case Manager
McLaren Health Plan

New Office of Academic Affairs **Fosters Continuing Education**

IF WE SAY THE WORDS "LEARNING" AND "HOSPITAL" TOGETHER, MOST PEOPLE THINK OF GRADUATE MEDICAL EDUCATION (GME) RESIDENCY PROGRAMS.

Important … but too limited for a health care institution reshaping itself into a community of people and resources aiming for excellence. At McLaren Health Care, ever-higher levels of quality and value can only be achieved through systemwide, continuous improvement. And for that, we need a systemwide structure where everyone is constantly learning and constantly teaching.

Step one in this evolution is to move "education" beyond the GME mindset. "We're not just GME anymore, so we've actually changed the name," says Dr. Robert Flora, chief academic officer for McLaren Health Care. "Now, we're the Department of Academic Affairs, with a mission statement to oversee all education programs at McLaren."

The change demands much more than a new name. Residencies, medical students, continuing education and all other related activities throughout the McLaren community will now be guided by the new office. "The Joint Commission [the accrediting organization for U.S. hospitals] wants hospitals to be learning organizations, but we didn't have the infrastructure," notes Dr. Flora. "We found all our education programs were siloed throughout the system."

These "silos" were doing good work; for example, training 580 GME residents at five McLaren facilities throughout the state. But, too many synergies were going untapped,

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Corporate Director of Scholarly Inquiry McLaren Health Care

2 **ROBERT FLORA, MD**
Chief Academic Officer McLaren Health Care

3 **EMAAD BASITH, MD**
Family Medicine Residency, PGYII McLaren Flint

4 **ERIN REIS**
Director of Medical Education McLaren Flint

5 **BINESH PATEL, MD**
Chief Medical Officer McLaren Flint

and opportunities were unrealized. Yet, a top-down approach to centralizing education at McLaren would stifle the "community" value of differing local needs and talents. Dr. Flora and his team implemented a "triad" approach for the Department of Academic Affairs that combines central oversight with local implementation. There is a director of medical education and chief medical officer at each facility, and Dr. Flora serves as the central chief academic officer. About 20 percent of education programming is specific to each facility and its needs.

This approach plays to another strength of a large, integrated health care system such as McLaren – the close ties between education and medical research. Residents have long been important to health care research programs, and the Department of Academic Affairs is linked to another vital part of our community, the McLaren Center for Research and Innovation. Dr. Flora's department includes a new division of Scholarly Inquiry to build up the talent bench needed for joint success. "We're trying to make it easier for faculty and residents to learn how to conduct research by hiring highly qualified PhDs to help teach them." This effort dovetails well with rollout of the One McLaren digital platforms, which will include several modules that support education and research integration.

As the "academic" part of the title suggests, education at McLaren extends beyond hospital walls, and the new department is strengthening ties to the state's noted medical schools and universities. New collaboration with Michigan State University's colleges of medicine, Central Michigan University, Eastern Michigan University and other institutions is underway.

The coming year will see further progress in building continuous learning into the overall McLaren structure. The Academic Affairs office is housed in the new McLaren Corporate Headquarters in Grand Blanc. "Academic Affairs, offices for clinical excellence, risk and patient safety are all in one place," notes Flora. "Academic Affairs is becoming one more arm in the system."

Expansion of residency programs is also in the works for dental, podiatry and psychiatry specialties, plus a new physician assistant resident system, and a family medicine residency project. For the latter, "we hope to have residencies in Petoskey, Central Michigan, Port Huron and Lapeer by 2020."

A stronger, more broadly based residency system fits well with the new mandate to turn McLaren into a statewide learning and talent development nexus. "We're working toward a 'grow your own' approach to health care talent," Flora concludes. "If we train residents in McLaren throughout Michigan, it's more likely they'll choose to stay in Michigan – and hopefully with us."

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Contract and Budget Specialist
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2 **TANYA GARDNER-MOSLEY**
Regulatory Specialist
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3 **LANA GEVORKYAN**
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4 **JODI REETZ**
IRB Analyst
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5 **PATRICIA IVERY**
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6 **RACHEL DICK**
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7 **CHANDAN GUPTE**
Vice President Office of Clinical Excellence and Research
McLaren Health Care

8 **JILL GEORGE**
Corporate Research Manager
McLaren Health Care

9 **KATHERINE PITTEL**
IRB Analyst
McLaren Health Care

Convergence of Research **Highlights Best Practices**

NEWS TRAVELS FAST WITHIN A COMMUNITY. THIS REAL-TIME NETWORKING ALLOWS THOSE WHO ARE PART OF THE GROUP TO POOL KNOWLEDGE, OPPORTUNITIES AND SUPPORT, RESULTING IN VALUABLE SHARED BENEFITS.

One of the most striking examples of this at McLaren is the integrated community of research professionals and functions.

Medical research has long been important to our facilities. But, as our system grew, these research activities remained centered within hospitals, limited and little known either to potential patients or researchers outside the system. Starting several years ago, however, a plan was launched to bring all these dispersed research efforts together into a unified McLaren Center for Research and Innovation. This effort made great strides in 2017, gaining both the infrastructure and tools needed to excel.

"We had always been in silos, and it was very noncollegial," recalls Chandan Gupte, vice president of clinical excellence and research. But, "the last year has seen a huge change in how we work … I really see the research community coming together."

The goal of integrating medical research at McLaren requires far more than printing new letterheads. Modern research must meet the highest regulatory and administrative standards, which is an expensive, complex process. However, attaining these certifications starts a virtuous circle. More research sponsors consider McLaren, noted researchers in the U.S. and overseas pay us more attention (and join our team) and, ultimately, more medications and devices become available for clinical trials here first.

As part of the expanded infrastructure, a Human Research Protections Program has been established, and offices for research protocols and feasibility, contracts and budgets, and research fund management have been organized. Physician research councils for overseeing cardiology, neuroscience and other services lines are being convened. A Clinical Research Advisory Counsel has just launched as a forum for all research staff to share notes and findings.

> "MOST OF THE TIME, PATIENTS ARE NOT AWARE OF SUCH DRUG TRIALS, SO CONDUCTING THESE STUDIES SPREADS AWARENESS TO PHYSICIANS, WHO THEN ADVISE THEIR PATIENTS.
>
> **DR. MAJID MUGHAL**
> *McLaren Health Care Institutional Review Board Member, Cardiologist*

Crucial to world-class research is excellence in data management. The McLaren team is implementing a new clinical trials management software platform that "moves us from spreadsheets to electronic budgeting, contracts and other elements," says Gupte. The One McLaren project, linking all our facilities through shared data networks and platforms, will benefit research as well, she notes. The administrative platform used has a dedicated research module that aids with "identifying subjects, billing and all the common processes."

Among research trials underway at McLaren facilities is a study of a human acellular vessel for treatment of peripheral arterial disease, and a study of the safety and efficacy of inhaled Treprostinil in treating several forms of pulmonary hypertension. McLaren Health Care Institutional Review Board member and cardiologist Dr. Majid Mughal leads the latter study, and notes that a centralized team not only advances the science involved, but spreads knowledge of its potential throughout the McLaren community. "Most of the time, patients are not aware of such drug trials, so conducting these studies spreads awareness to physicians, who then advise their patients."

Integrating **Clinical Practice** and **Research** into Community

"COMMUNITY" IS A WORD WITH DOUBLE MEANINGS WHEN IT COMES TO McLAREN HEALTH CARE. WHILE IT REFERS TO THE INTEGRAL ROLE WE PLAY IN OUR NEIGHBORHOODS THROUGHOUT MICHIGAN, IT ALSO EXPRESSES McLAREN'S OWN PROFESSIONAL COMMUNITY OF PEOPLE, FACILITIES AND TALENTS.

Our growth and diversity help us bring the most specialized, cutting-edge care to markets that would otherwise be far too small to support such technology and expertise. A prime example is the Karmanos Cancer Institute (KCI), which has built its research capabilities to become the largest cancer researcher in Michigan, and one of the most respected in America. Since joining McLaren, KCI's statewide impact has grown exponentially.

"Part of the goal when Karmanos Cancer Institute joined McLaren was to integrate clinical practice and research into the community," says Lisa Lange, vice president of the clinical trials office at KCI.

Cancer treatment trials that were once available only through the main KCI facility in Detroit are now offered at 10 statewide locations throughout the McLaren network. This vastly expands the pool of cancer patients for KCI's innovative cancer trials. In 2011, the number of patients enrolled in interventional studies through KCI totaled just 19. "In 2017, we've increased that to more than 300 patients," says Lange. At the end of 2017, 21 interventional trials were open across the KCI network.

How does this expansion both in numbers and geography benefit our McLaren communities? Try asking cancer patients who thought their condition was past hope, or families forced to travel hundreds of miles to take part in a trial – assuming they could take part at all. KCI's philosophy is that every patient should be offered a clinical trial.

"Now, we are able to offer trials throughout the state; our physicians, research nurses and staff are working together; and care is closer to home for patients," Lange emphasizes.

> "PART OF THE GOAL WHEN KARMANOS CANCER INSTITUTE JOINED McLAREN WAS TO INTEGRATE CLINICAL PRACTICE AND RESEARCH INTO THE COMMUNITY."
>
> **LISA LANGE**
> *Vice President of Clinical Trials*
> *Karmanos Cancer Institute*

The past year saw the launch of one of the nation's most innovative clinical trials for a new CAR-T cell treatment. This highly complex, experimental procedure harvests patient T cells, which are then genetically modified to attack specific cancers, multiplied and reintroduced to the patient. Three people are now undergoing CAR-T experimental treatment for certain lymphomas. KCI is one of only 18 facilities worldwide that received approval to conduct this trial.

Adding KCI innovations to the McLaren network of care brings many more benefits. The mass and depth of the McLaren patient base makes us more appealing for medical researchers and opens up new areas of trials. Interventional studies focus on counseling and outreach strategies. For example, a study of smoking risk and screening procedures is now underway at six McLaren sites.

In cancer research, such success breeds more success. Karmanos Cancer Institute is designated as an official National Cancer Institute Comprehensive Cancer Center, which is their highest level of research facility. This is a competitive designation, which we must seek every five years, and gaining it draws further research projects, funding and talent.

The ultimate benefit of bringing KCI specialists and research expertise to the wider McLaren community is that it also brings hope and possibilities to cancer patients too often left behind the curve of medical progress. In fact, many can now even jump ahead of this timeline. As Lange notes, "we have access to treatments here that are 10 years ahead of other hospitals."

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Research Nurse, Clinical Trials
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3 **MOHAMMAD MUHSIN CHISTI, MD, FACP**
Medical Director of Medical Oncology Research of Community Based Programs
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4 **ANN G. SCHWARTZ, PhD, MPH**
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5 **JOANNE MANCINI, RN, CCRP**
Education and Research Nurse Manager, Clinical Trials
Karmanos Cancer Institute

6 **ARTHUR FRAZIER, MD, FACRO**
Radiation Oncologist and Medical Director
Karmanos Cancer Institute at McLaren Macomb

Acquisition Expands **Insurance Footprint** and **Products**

TRUE COMMUNITIES ARE NEVER STATIC. THEY EVOLVE, MATURE AND, MOST IMPORTANTLY, GROW. SUCH GROWTH ADDS TO THEIR DIVERSITY AND STRENGTH IN NUMBERS.

McLaren Health Care is one such community. Continual expansion is crucial to gain increased economies of scale in a time of ever-tightening reimbursement.

Late in 2017, this expansion strategy took McLaren Health Care in an exciting new direction with our system's first acquisition outside the state of Michigan. In November, we acquired MDwise, an Indianapolis-based HMO (health maintenance organization) that covers more than 360,000 members in Indiana and generates $1.5 billion in annual revenues. This is the second HMO to become part of the McLaren system, which has long operated McLaren Health Plan, a Michigan HMO that provides health care benefits to more than 260,000 commercial, Medicaid and Medicare beneficiaries in Michigan. MDwise and McLaren Health Plan now collectively serve more than 620,000 individuals, making it one of the region's largest provider-sponsored health plans.

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Chief Information Officer
MDwise

5 **KATHY KENDALL**
President and CEO
McLaren Health Plan

2 **LINDSEY LUX**
Chief Operating Officer
MDwise

3 **ROBERT KOMULA**
Chief Financial Officer
MDwise

4 **PATRICIA HEBENSTREIT**
General Counsel
MDwise

6 **PHILIP A. INCARNATI**
President and CEO
McLaren Health Care

7 **JIM PARKER**
President and CEO
MDwise

8 **TY SULLIVAN, MD**
Chief Medical Officer
MDwise

McLaren has been seeking partners outside the state for some time, and the MDwise deal brings multiple benefits, says McLaren Health Care CEO Phil Incarnati. "In addition to providing a platform for future growth in Indiana, expanding our health plan operations allows us to create greater economies of scale and new opportunities to share data and best practices."

McLaren Health Care was among several competitors seeking to expand into the Indiana market by acquiring MDwise, but the unique strengths that we brought to the table gave us the edge. According to MDwise CEO Jim Parker, McLaren's "strong track record operating a successful health plan in Michigan brings the expertise needed for MDwise to succeed in a rapidly changing health care market." From the McLaren side, Incarnati notes that provider reimbursement rates tend to be higher in Indiana, while competition is not as tight (there are only four Medicaid plans competing there, versus 11 in Michigan).

MDwise members should expect seamless integration for their care coverage, says McLaren Health Plan CEO Kathy Kendall. "We have very similar lines of business, culture and sense of dedication … they're very much aligned with what we find important." While McLaren will bring economies of scale, expanded networks and best-practice administration to the new team, Kendall says the benefits will flow both ways. "I'm excited to have another health plan in the system. MDwise has some best practices that we want to share. They'll be teaching us so we both become stronger."

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>
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- McLaren Medical Group
- McLaren Proton Therapy Center
- McLaren Health Plan

BY THE NUMBERS

Discharges	102,877	Licensed Beds	3,100
Observations	27,735	Days of Inpatient Care	573,573
ER Visits	414,725	Community Benefit	$267,282,041
Surgeries	93,548	Employees	26,000
Births	6,001	Contracted Providers	52,500
Ambulatory Visits	3,764,328	Annual Payroll	$1.36 Billion
Home Care Visits	203,479	Net Revenue	$3.82 Billion
Hospice Days	104,279		

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