OUR MISSION

McLaren Health Care will be the best value in health care as defined by quality outcomes and cost.
In recent years, McLaren Health Care has shaped a major institutional change toward value-based care — smart, appropriate care built around reimbursement for delivering quality. This required rethinking of all the structures, drivers, and goals that went into traditional fee-based medicine.

In a year of health care challenges such as those we experienced in 2021, our value-based care model was put to the test. McLaren’s value-based care approach not only stood up to one of the most demanding years in American health care history, it also proved itself in many decisive ways. In this year's annual report, you’ll find out how McLaren Health Care has prepared for the future of medical care by taking the lead in shaping that future.
VALUE-BASED CARE INVESTMENTS HELP US EXCEL

For 2021, our mission to deliver value-based care (VBC) throughout the McLaren system continued to reap countless benefits, with improved patient health, top decile clinical quality scores, and financial strength. That we’ve achieved gains in all these areas during a year of unprecedented health care challenges confirms that our value-based strategy is well placed and executed.

Value-based care represents a fundamental shift in how American health care is delivered. It is care based on patient outcomes, rather than just services delivered, and it is how providers — hospitals and physicians — are increasingly reimbursed. This means we are rewarded not for specific procedures or services, but for helping patients improve their health, combat chronic diseases, and live healthier, longer lives.

VBC demands a total rethinking of how we deliver care. Helping patients get and stay healthy becomes as important as a single treatment. Physicians, hospitals, and after care specialists must craft a team approach to support patients through a long arc of care. Technology to track care, population health measures, and new care delivery techniques becomes crucial. And the terms of reimbursement are based on much tougher, data-driven metrics.
At McLaren, we’ve been committed to value-based care for several years. We recognized early on that it was the way of the future, and means better, healthier lives for the people in our communities. Yet pioneering in VBC comes with costs. Many traditional approaches to care delivery, measures of quality, and organizational structure demand retooling. Our overall reimbursement structure operates between the old fee-for-service model and emerging value-based care systems. That means our services are sometimes graded by the new measures ... but paid for meeting the old ones.

The past year has proven the wisdom of our investment. VBC encourages resiliency and innovation, which are crucial qualities in an era of COVID-19. Despite a year of pandemic surges, shortages, and lockdowns, our overall Accountable Care Organization care quality score increased to 98.13 percent for the year, one of the best ratings in the nation.

The investments we’ve made in technology supporting value-based care also proved invaluable in responding to COVID. Early adoption of telemedicine tools made a huge difference in allowing physicians and staff to interact with patients at remote clinics or in their homes. Our Cerner/One McLaren data platform increasingly brings the various systems used in our subsidiaries together under a single, McLaren-wide structure, easing access, cutting cost, and improving reliability.

Several of our planned retail clinic locations within Walgreens stores were fully operationalized and proved prescient when the past year’s lockdowns saw other hospital systems scrambling to stand up similar sites. The expansion of our insurance products and outreach proved a wise diversification when COVID reduced many inpatient hospital admissions (and related revenue). Financial surpluses generated by McLaren Health Plan in Michigan and MDwise in Indiana helped stabilize and offset much of the negative impact to the provider portion of our business.

McLaren’s value-based care investments are not only showing their worth, but paying off sooner than expected, and in ways we didn’t anticipate. Despite headwinds, we should top $6 billion in net revenue for 2021. Better still, our quality scores have improved to the point where ranking as a top five hospital system in the U.S. for quality is within sight.

Challenges reveal the true measure of both people and institutions. In 2021, McLaren Health Care faced challenges never experienced in its history. But our commitment to value-based, quality care gave us the resources to not only endure, but to excel.

PHILIP A. INCARNATI
President and CEO
McLaren Health Care

DANIEL BOGE
Chairman, Board of Directors
McLaren Health Care
WHERE DID IT COME FROM AND WHAT DOES IT MEAN?

“Value-based care” may sound like a slogan, but in fact it’s an actionable, data-driven platform for reshaping American health care toward a “paying for quality” approach.

The drivers for VBC are not necessarily new. Sharp increases in health care spending, especially for Medicare, prescription drugs, and health insurance claims, pushed funders to contain costs and financial risks for care delivery. But these early efforts failed to deliver. Not only did health spending balloon, but no connection was made with improving overall care quality.

“When I started, everything was done in the traditional model,” recalls Michael McKenna, MD, executive vice president and chief medical officer of McLaren Health Care. “The physician evaluated and took care of the patient, submitted bills, and was then paid by insurers.” The process was simpler, but offered few checks on expanding costs. Further, “there was no evaluation of whether a procedure was necessary, or done well.” That began to change after 2006, when Michael Porter and Elizabeth Teisberg published the book *Redefining Health Care*. They offered a bold take on the failures of modern American medicine. “The problem was less a technology problem or a regulatory problem than a management and organizational problem,” they wrote. Health care
outcomes and reimbursement were based on quantity, not quality, which drove all the wrong incentives.

Porter coined a phrase to describe a new approach — value-based care. “The way to transform health care is to realign competition with value for patients. Value in health care is the health outcome per dollar of cost expended. If all system participants have to compete on value, value will improve dramatically,” he said.

Slowly, this concept of value-based care worked its way into the health care industry, driven by government funders battling unsustainable cost of care inflation. In 2010, the U.S. Patient Protection and Affordable Care Act (ACA) spurred innovation in care models through the Centers for Medicare & Medicaid Services (CMS) innovation center. This laid the groundwork for innovation in health care delivery — and more. The Medicare Shared Savings Plan (MSSP) empowered CMS to provide financial incentives for greater quality and efficiency.

A value-based care structure is paramount at McLaren Health Care. It can help stem health cost inflation, improve access and efficiency, and, most importantly, improve quality. But a VBC approach demands major, fundamental changes in how health care is delivered, measured, defined, and paid for, including:

● A shift from treating discrete health care “events” to a focus on long-term population wellness.
● New relationships between physicians and hospitals that make each financially responsible for the overall health of individuals and defined groups.
● Enterprise-wide computer systems that capture data on usage, delivery cost, and efficiency in unprecedented detail and in real time.
● Expertise in collecting and interpreting all that data.
● Increased use of telemedicine “clinics” and in-home support that take health care to people, rather than the other way around.
● Expansion and diversification of our overall business model, in order to “cover all the bases” of care.
● Turning medical research into an innovation nexus and care improvement engine.

BENEFITS OF VALUE-BASED CARE

PATIENTS
Lower Costs & Better Outcomes

PROVIDERS
High Satisfaction Rates & Care Efficiencies

PAYERS
Stronger Cost Controls & Reduced Risks

SUPPLIERS
Alignment of Prices with Patient Outcomes

SOCiETY
Reduced Health Care Spending & Better Overall Health

MICHAEL ZICCARDI, DO
Chief Medical Officer, McLaren Physician Partners
Value-based care means everyone gets the same level of care. Even in smaller communities we serve, in areas like cardiovascular care, we are very consistent. We have the processes in place for continual improvement. Look at our success with Karmanos. We have cancer centers at our hospitals in smaller communities, but even patients who are hours from Detroit get consistent cancer care protocols and clinical research opportunities.

MICHAEL MCKENNA, MD
Executive Vice President and Chief Medical Officer, McLaren Health Care
This begins with a “medical home” approach. Primary, specialty, and acute care are integrated in a delivery model called patient-centered medical homes (PCMH). This coordinated approach to patient care is led by a patient’s primary care physician, who directs the patient’s total clinical care team. Electronic medical records are shared among all providers on the team.

Such medical homes function under the umbrella of an Accountable Care Organization (ACO). Physicians, hospitals, and other health care providers work as a networked team to deliver a continuum of care for patients. Each member shares both risk and rewards, with incentive to improve care access, quality, and outcomes, while reducing costs. Coordination and data sharing across ACO members helps achieve goals for entire patient populations. Transparency is the rule for an ACO — clinical and claims data are shared with payers to demonstrate quality and improvement.

Rounding out the value-based care infrastructure are subsidiaries that help McLaren deliver and insure care. McLaren Health Plan (MHP) is our system-owned health maintenance organization (HMO). MHP was launched in 1998 to serve the Medicaid population in our communities, and is currently one of only three HMOs covering Medicaid patients throughout Michigan. MHP has

**Population Health Services Organization (PHSO)** This centralized entity allows health care organizations, regardless of ownership or affiliation, to purchase shared services under value-based payment arrangements. It’s like a management services organization, but it supports population risk management instead of back-office functions.
since grown to include individuals, employer group coverage, and Medicare products, and delivers care to 304,897 members. Our MDwise subsidiary offers similar coverage in Indiana, with 387,434 members.

**Final Step:** Create provider “building blocks.”

In support of VBC, McLaren has created structures and organizations that focus on specific insured population groups and then connect them with support, data, and incentives. Some of the provider building blocks we use for this in the McLaren system are:

- **McLaren Physician Partners (MPP).** Originally a partnership between McLaren and its medical staff, it has evolved into a Population Health Services Organization, with half ownership by McLaren Health Care and half by the member physicians. MPP now includes more than 2,700 providers responsible for 250,000 managed care lives. It uses physician group incentive program (PGIP), commercial and Medicare Gain Sharing Managed Care contracts.

- **McLaren High Performance Network (MHPN).** An Accountable Care Organization (ACO). A wholly owned subsidiary of McLaren Health Care, MHPN is made up of physicians in group and individual practices. It participates in the Medicare Shared Savings Program (Shared Savings Program) and is reimbursed through downside risk agreements.

- **McLaren Clinically Integrated Network (CIN).** Wholly owned by McLaren, membership includes MPP, health systems, and physician organizations.

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### McLAREN’S FULLY INTEGRATED HEALTH CARE NETWORK

| Acute Care Delivery Network | • 15 hospital facilities  
| | • 350+ ambulatory sites  
| | • National Cancer Institute-designated comprehensive cancer center |
| | • Employed physician network  
| | • Risk-bearing Physician-Hospital Organization with 2,700 physician partners  
| | • Accountable Care Organization  
| | • Clinically Integrated Network |
| Aligned Physician Partners | McLaren Medical Group  
| | McLaren Physician Partners  
| | McLaren High Performance Network |
| | • 680,000+ covered lives  
| | • 85,200 provider network  
| | • Multi-state coverage  
| | • History of profitability (MHP) |
| Insurance Group | McLaren Health Plan (Michigan)  
| | MDwise (Indiana) |
| | • Home Care/ Hospice  
| | • Specialty Pharmacy  
| | • Home Infusion Therapy  
| | • Medical Laboratory  
| | • Nursing and Rehab |
Innovation is crucial to an effective value-based care system. In health care, the standards are always changing. Fresh knowledge and advancement in health care are processes that know no end. Best treatments in 2021 may prove outmoded by 2025. “The way it’s always been done” should not necessarily be the way it is done tomorrow.

Research leads to new treatments, medications, procedures, and devices. New tools and techniques are carefully developed that save lives. In other cases, when data are examined carefully, standard approaches prove less effective and wasteful of resources.

“People might think of high-value care as it relates to financials,” notes Chandan Gupte, vice president of clinical excellence and research. “But we think of it as clinical excellence and improved patient outcomes.”

Research, testing new care hypotheses, and endless learning pay off in many ways at McLaren Health Care. One example: Patients being treated for pneumonia in intensive care units received daily chest X-rays and daily blood work. “Then,” says Gupte, “we asked, what is the value ... is that really the best care? “ She noted changes are not uncovered through daily X-rays (which also increase patient radiation exposure). Daily blood draws were also less revealing than necessary ... and who wants to be poked with needles when it isn’t essential? Careful study of data showed that neither practice improved outcomes but added risks and expenditures. “Why do that when your goal is to keep people safe?”

Throughout the McLaren Health Care system, a VBC approach drives us to ask “Why?” — and endlessly seek better, more effective techniques. Dietitians have long recommended peripheral parenteral nutrition (PPN) IV treatment for patients who aren’t eating a standard diet. But studies showed that “standard” diets were not appropriate for everyone, and that added PPN often was unneeded.

Overuse of antibiotics is another classic case where smart value-based care can avoid problems. Disease resistance to many standard antibiotics has increased over the years, primarily as a direct result of overprescribing, and there can always be adverse reactions. Now, notes Gupte, “we talk with residents on the orders they put in and emphasize not ordering things just because that’s the way it’s always been done.” Better care, better overall health, and more health care dollars available for smart usage are the benefits.
IMPROVING HEALTH THROUGH CLINICAL RESEARCH

That clinical research is necessary for improving health care seems obvious. The astonishing speed with which the world’s governments and pharma companies developed effective COVID vaccines in 2020 proves that. But at the local level, a strong, comprehensive clinical research program also delivers many community benefits. The newest therapies and treatments become available first through trials — sometimes to patients who would have otherwise been without hope.

Value-based care sometimes means more care and focus for the patients who really need it.

“Patients who participate in research trials get treatment options not available through standard care,” notes Pamela Wills-Mertz, corporate director of the McLaren Center for Research and Innovation. “There’s also an added layer of quality care. Besides the patient’s core set of physicians, research has a dedicated team, with added monitoring such as lab work or radiology studies. There is much more focus on the patient.”

The broad geographic footprint of McLaren Health Care adds to this research bonus. Clinical trial locations are selected in part based on the large diversity of test patients who can meet the criteria. With a scope that covers most of Michigan, and millions of potential patients, the McLaren system helps trial sponsors customize just the demographics they require.

This further benefits McLaren communities by distributing trial treatment options outside traditional urban areas. “We’re pushing trials out to the subsidiaries,” Wills-Mertz observes. “We have six sites around the state, with a seventh coming in 2022.” Plus, our reputation as a system that leads in clinical research is self-reinforcing. More top researchers seek to affiliate with McLaren to do more innovative work, which leads to more trial activity, which leads to a stronger reputation for research ... and on and on.

The numbers show how successful this element of value-based care has become. System-wide, patient enrollment in trials jumped 34 percent from 2019 to 2020, and another 23 percent for 2021. McLaren-based clinical research has delivered global advances in such fields as care for congestive heart failure and post-stent anticoagulation treatment.

These and many other medical advances are saving lives, improving the quality of life, and trimming wasteful health care spending — and our research focus means McLaren patients will be first in line.
MEANS HEALTHIER PATIENTS

Improving quality and outcomes for patients are primary focus areas at the system and subsidiary level at McLaren Health Care.

“...if we are going to drive value and continuously improve outcomes in the areas of quality, safety, and patient experience, we need to understand how we are currently performing,” says Danette Hayman, senior director of clinical excellence. “The Patient Safety Dashboard is one of the tools that supports our ability to do this.”

The Patient Safety Dashboard (PSD) includes metrics (inpatient and ambulatory) selected annually by a planning group that includes representatives from across the system and approved by our Board of Directors.

Acute & Ambulatory FY21 13 Metrics
- Mortality Index
- Complications Index
- Harm Events (Improvement)
- Zero Harm (Achievement)
- 30-Day Readmission Rate (Improvement)
- 30-Day Readmission Index (Achievement)
- Sepsis Mortality Index
- Sepsis Bundle Compliance
- Lab Utilization
- McLaren Patient Experience Percentile Composite
- PCI Radial Access Site
- MPP Value-Based Performance Score
- MMG Overall Patient Experience

Metrics with risk-adjusted national benchmarks are selected when available. Two examples of this type of metric on the FY21 Patient Safety Dashboard are the Complications Index and the Percutaneous Coronary Intervention (PCI) Radial Access Site. The Complications Index compares our actual complications to an expected complication based on like patients in an external database. The PCI Radial Access Site was a new metric in FY21. Peripheral coronary intervention (PCI) is a surgical procedure that inserts a catheter into an artery to deal with an arterial blockage. Traditionally, the catheter was inserted through the groin and up into the heart. A newer, transradial access (TRA) approach has been developed, and interventionalists using radial artery access rather than femoral access report this technique significantly cuts bleeding complications, infection rates, and readmissions while aiding patient comfort and ambulation. Clinical teams tested both procedures, and data was carefully reviewed, showing noticeably fewer complications with the TRA method. It’s now the new standard, and use of this evidence-based practice realized a 13% increase in FY21 over FY20.
“It’s continuous improvement toward top-decile performance,” says Hayman. “Our sites are constantly learning from each other.”

Each fiscal year, metrics are selected and performance targets are established, weighted, displayed, scored, and translated into an overall Clinical Outcomes Performance score. The Patient Safety Dashboard is displayed transparently at the system, regional, and subsidiary level with the goal of reducing variation and driving improvement in patient outcomes. This methodology has been very effective at driving and sustaining improvement. The System Clinical Outcomes Performance Score in FY21 improved from a baseline of 94 points to 109. This represents a 16% increase for the 12-month period ending September 2021, with the upward trend sustaining momentum into FY22. This is particularly significant given the impact of the pandemic.

In addition to driving performance on the Patient Safety Dashboard, many of these metrics are included in a CMS Value-Based Program (Hospital Value-Based Purchasing, Hospital Acquired Condition Reduction Program, Hospital Readmission Reduction Program) that includes reimbursement penalties or incentives, with performance compared to facilities across the nation. The graph below demonstrates the MHC year-over-year improvement in CMS Value-Based Programs.

The transparency surrounding this process has resulted in significant improvement in our system Performance Percentile and Improvement Percentile as reported in the 2021 Watson Health 15 Top Health System report. These numbers reflect the most recent (2019) data, with further improvement projected.

<table>
<thead>
<tr>
<th>Year</th>
<th>Performance Percentile</th>
<th>Improvement Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>18</td>
<td>31.2</td>
</tr>
<tr>
<td>2019</td>
<td>56.3</td>
<td>83.7</td>
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</table>

Source: Watson Health Top 15 Health Systems 2021
MINING DATA FOR HIDDEN HEALTH CARE VALUE

Modern health care generates vast amounts of health care data. Basic patient charts alone accumulate terabytes of data, tracking every aspect of care. McLaren Health Care, with more than 95,000 inpatient discharges, 391,000 emergency visits, 3.9 million ambulatory visits, 113,000 contracted providers, and 692,331 insured lives to care for, is central to this growing flood of health care data.

“We generate over 10 billion lines of data every year,” notes Lisa Vismara, McLaren vice president of business intelligence.

The quest has been to turn that plethora of health care data into usable insights, particularly as value-based care continues to expand our need to access data across the care continuum. McLaren’s VBC approach, combined with a smart information technology program, turns utilization data into a value resource to be tapped. Two of the more significant sources are the data warehouse and One McLaren Cerner Electronic Health Record. The One McLaren Cerner digital platform, now rolling out across all subsidiaries, is shaping a universal language for our health care records. This is compiled into a “data warehouse,” says Vismara, “a single source of truth where we can transform and make sense of the data.”

By ensuring that data on procedures, safety, charts, services, and costs all read the same, we’re building a rich database of clues to better care.

The next step is to mine this data. For example, Tableau, a powerful analytics tool, helps make sense of the numbers, presents valuable data visualizations, and calculates trends. CareFusion MedMined data mining software, another tool, crunches info from 10 unique health records used across the McLaren system for insights on pharmacy efficacy and value. Data feeds from all those health records are standardized, translated, and turned into meaningful, actionable, clinical intel for improving pharmacy usage.

Working collaboratively with Business Intelligence, McLaren’s Quality & Clinical Excellence team is significantly expanding its...
Andrew Staricco, MD, vice president of medical affairs and chief medical officer for McLaren Macomb, cites this as a driver for McLaren’s High Value Care Steering Committee, which incorporates staff from across the McLaren system.

“The committee came about because we were looking at where we can get the biggest bang for the buck in quality, safety, and efficiency,” says Dr. Staricco, who co-chairs this group’s critical care subcommittee.

He cited one of the committee’s initiatives where smart data mining has improved value.

“We looked at the practice of ordering daily chest X-rays for patients in intensive care,” says Staricco. “We asked if we really need to do a daily X-ray, or if it just tells us what we expected” — while adding to patient radiation loads and cost. Data on safety, patient outcomes, and usage across the system were mined and closely examined. “It took us six months to get the data out,” he recalls. But the analysis was revealing — daily X-rays brought no added benefit to patients.

He noted a simple change in treatment orders was made. Instead of calling for daily X-ray imaging at the start of treatment, physicians now had to toggle a request each day. This small modification is paying off. A couple of years ago, the X-ray utilization rate for McLaren Macomb intensive care units was 93 per 100 patient days. That has declined to 65.4, while cutting costs and improving outcomes.
MEANS AN ENTIRE HEALTH SYSTEM THAT SPEAKS THE SAME LANGUAGE

America’s health care providers were technology leaders in adopting computer networks and electronic health records years ago. But that’s proven a mixed blessing as digital capabilities exploded, and demands for new functions and security soared. Further, a fast-growing health care system like McLaren acquired an array of platforms as it added new hospitals, and many of those platforms were not compatible with each other. To improve quality and lower costs, McLaren recognized that an efficient, universal data platform is crucial to delivering value-based health care.

Over the past several years, McLaren Health Care has invested in a centralized networking platform from the Cerner Corporation. Cerner Millennium is a Java and cloud-based electronic health record (EHR) system designed for hospitals. Robust, adaptable, and scalable, the Cerner platform is ideal for allowing all the facilities, departments, and personnel across the McLaren system to share information.

In 2021, McLaren Central Michigan, McLaren Oakland, McLaren Bay Region, and McLaren Macomb were among the facilities that went live with the Cerner network. Given the complexity of a system-wide EHR platform, and the stakes involved in getting it right, the rollout of Cerner to McLaren subsidiaries has been a methodical,
Electronic medical records have been around for decades, but now we can link records to track claims data and use artificial intelligence to monitor trends. If you have a particular group of patients getting worse, for example, the care team will know and can then engage with them to close care gaps. We’re learning how to make the data we capture actionable and relatable.

GARY WENTZLOFF
President and CEO, McLaren Physician Partners

multi-year process. “It was tough in the beginning, but as time went on, we found the process a lot easier to navigate,” recalls Preston Thomas, MD, associate medical director for McLaren Oakland.

Experience has helped the clinical and tech teams to bring hospitals online quickly with Cerner. Michael Schafer, MD, chief medical information officer for McLaren Medical Group, shares the Cerner implementation timeline:

● Three months before launch: The medical group meets with management and leadership to discuss what’s in store, and to get everyone prepared. IT staff get equipment in place and work on testing and assurance.

● Six weeks before launch: The education process begins, especially with those who need early access for clinical and scheduling information.

● One month before launch: Training sessions are held with providers and their staff.

● Final days before launch: The implementation team works closely with providers to help them get efficient with the system, so everyone is ready to care for patients from Day One.

Once Cerner is implemented at every site across the McLaren system, every member of Team McLaren will be able to share data seamlessly, quickly, accurately, and securely. Errors, oversights, and delays will be sharply reduced. Physicians can spend less time tracking down patient charts and more time delivering care. Transitions of care, such as from inpatient to home, or to a nursing facility, will be more efficient, with fewer “data drops.” Electronic coding of procedures and treatments, which is vital for correct reimbursement, will be highly accurate. Lastly, population health trends become much more easily trackable and actionable.

PHYSICIAN’S PERSPECTIVE

Real-Time Access to Information
“I remember last February, the first weekend we were on the [Cerner] system, late on a Saturday,” recalled David Pinelli, DO Assistant Chief Medical Officer, Primary Care, McLaren Medical Group. “I got a call from an inpatient family member. The patient had a severe sepsis infection, and the family was very worried. My first thought was that I’d need to make a lot of phone calls to track down the hospitalist and the nursing staff for info. Then I realized we have this new EHR system. I logged in, pulled up the patient’s records, and there were all the surgeon’s notes, med changes, and the treatment plan for the next day. I was able to communicate that immediately to the family on the same phone call. I could even check vitals from half an hour ago. They were beyond grateful to have this assurance. As a provider, I had real-time access to notes and the treatment plan. Previously there would have been multiple calls, with variable success, and me acting as the middleman. Patients are now safer, and there’s greater patient satisfaction ... it’s wonderful!”
The continuing global COVID pandemic remained the big news story of 2021, bringing with it consequences beyond the clinical aspects involved. Staff shortages, shutdowns, shifting demands, remote work arrangements, and inflation have all hit our daily lives and present serious challenges to health care.

A key asset of McLaren’s value-based care philosophy is flexibility. Quality, speed, lower costs, and less waste demand a system able to innovate, to quickly develop workarounds for problems. In 2021, this was put to the test, and proved its worth.

We all remember the sudden run on personal protective equipment (PPE) in early 2020 — items like face masks, sanitizers, and surgical gloves. At McLaren, we moved early to battle shortages, investing in domestic PPE maker Prestige Ameritech through health care logistics and advisory firm Premier. Through 2021, this investment proved wise. Not only does it give us a crucial PPE backstop, but “we earned our investment back in just one year,” notes McLaren CEO Phil Incarnati.

McLaren Health Care has built a reputation for smart supply chain and inventory controls, and this has paid off as we leveraged our system size and shuttled inventory around to beat shortages. Yet the past two years’ COVID turmoil means that for each challenge solved, a new one arises. While basic items were tight in 2020, in 2021 new supply chain headaches continued to flare up, often in surprising ways.

A global pinch in aluminum production has worked its way into manufacture of items like crutches, walkers, and hospital beds. The computer chip shortage hammering makers of autos, computers, and appliances is an even greater peril when it comes to high-tech medical equipment. Prescription drugs are also slowed down in the production pipeline. “We’re finding a lag time or a ‘no’ time because we don’t have a delivery date,” says David Bueby, vice president of supply chain management for McLaren Health Care.

Perhaps the toughest challenge facing McLaren Health Care in 2021 has been in personnel shortages and turnover. “Staffing is a huge issue,” observes Michael McKenna, MD, executive vice president and chief medical officer, McLaren Health Care. A late 2021 survey by the Michigan Health and Hospital Association found 80 percent of nursing leaders nationwide reported an increase in turnover, while the U.S. Department of Labor cites 1.4 million health care jobs open across the U.S.

McLaren brings several strengths to these material and manpower shortages. With 15 hospitals distributed in two states, we have the depth and agility to shift resources on short notice. A surge of COVID patients at one location, or inventory shortfalls at another, can be accommodated through rapid transfer of supplies. While we face the same talent pinch as other hospital systems, McLaren’s reputation as a growing venue for top talent gives us an edge in recruiting.

Building a lean, value-based health care system does more than improve care quality and save funding. It breeds a talent base that’s flexible, innovative, and able to confront fast-moving events by moving just a bit faster.
VALUE-BASED CARE

MEETING CONSUMERS WHERE THEY ARE

In 2021, COVID-19 continued to overwhelm emergency rooms and medical offices, cause staffing and supply shortages, and greatly reduce traditional care access when the world needed increased access more than ever.

Fortunately, because of forward-thinking, consumer-focused strategic decisions made years earlier, McLaren Health Management Group supported patients’ needs in 2021 with the realized investment in and development of virtual and retail care programs.

While coronavirus kept a stressed, vulnerable population from their traditional sources of care, McLaren’s consumer-centric care offerings — McLarenNow Virtual Care and McLaren CareNow at Walgreens — buoyed the McLaren Health Care system through 11 added clinic locations and 24/7/365 on-demand access to board-certified providers anywhere in the U.S.

McLaren CareNow retail clinics, located in Bad Axe, Davison, Fenton, Lake Orion, Lansing, Midland, Mt. Pleasant, O kemos, Petoskey, and Rochester Hills, offer high-quality, efficient, and cost-effective care for minor illnesses, injuries, wellness physicals, health screenings, vaccinations, rapid PCR COVID/flu tests, and a full array of laboratory testing. McLarenNow offers patients provider visits via secure video anytime, anywhere by smartphone, tablet, or computer for urgent care situations such as coronavirus screening, cold, flu, minor injuries, illness, or skin conditions. This service is also a covered benefit for most McLaren Health Plan and MDwise members.

“COVID-19 symptoms, treatment, and testing drove a preponderance of visits to McLarenNow and McLaren CareNow in 2021,” said Bart Buxton, EdD, president and chief executive officer of McLaren Health Management Group. “McLarenNow is a safe, effective tool for the

HISTORY OF VIRTUAL CARE GROWTH

- Stroke 2015
- Remote Patient Monitoring 2015
- Clinic-to-Clinic 2018
- Direct-to-Consumer 2018
- Strategic Partnerships 2018
- Retail 2020
Our [McLaren CareNow] nurses are top notch, with two nominated by staff as McLaren Safety Champions. All are board-certified nurse practitioners. You never know what will be coming through the door — in one case, a patient came in for a COVID check because he was feeling short of breath. The nurse identified a dangerously high heart rate and called an ambulance immediately. The patient ended up needing a pacemaker.

DEBRA CONLON
Vice President of Retail Clinic Operations, McLaren Health Management
This is part of the consumerization of health care, with telehealth and the Walgreens clinics. Value-based care requires us to provide better care and take risks — telehealth can keep people out of emergency rooms and offer them less wait time for appointments.

MICHAEL MCKENNA, MD
Executive Vice President and Chief Medical Officer, McLaren Health Care

Conventionally modeled to treat patients of a younger generation, CareNow has treated patients of all ages, with equal age and gender distribution.

“COVID is the great equalizer, and we’ve discovered the right blend of access, convenience, cost-effectiveness, and appropriate urgency matter significantly to consumers of all backgrounds,” said Dr. Buxton. “Providing fast, exceptional, low-cost health services is the value for which our patients keep returning.”

CARENOW PERFORMANCE VOLUME
HISTORY OF STRATEGIC GROWTH

1990
Subsidiaries recognized under McLaren corporate structure: McLaren General Hospital, Women's Hospital Association, McLaren Services Corporation

1992
McLaren Lapeer Region

1997
• McLaren Greater Lansing
• McLaren Orthopedic Hospital

1998
Started McLaren Health Plan

2001
• McLaren Bay Region
• McLaren Bay Region West
• McLaren Bay Special Care

HEALTH CARE

HEALTH PLAN
Over the past several decades, McLaren Health Care has engaged in a measured and intentional approach to strategic growth. Our driving motivation is to build an integrated health system with the scale and service lines required to compete and deliver on our mission of providing the best value in health care.
## Service Area Key

<table>
<thead>
<tr>
<th>Number</th>
<th>Location</th>
</tr>
</thead>
<tbody>
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## By the Numbers 2021

- **391,370** ER Visits
- **733,173** Days of Inpatient Care (Includes Hospice Days)
- **95,112** Discharges
- **259,658** Home Care Visits
- **113,267** Contracted Providers
- **3,979,785** Ambulatory Visits (Includes Home Care Visits)
- **3,497** Licensed Beds
- **86,817** Surgeries
- **115,741** Telehealth Visits
- **5,773** Births
- **232,283** Hospice Days
- **$1,715,656** Annual Payroll in Thousands
- **$6,022,237** Net Revenue in Thousands
- **$418.6 million** Community Benefit
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- **$6,022,237** Net Revenue in Thousands
McLaren Northern Michigan Board of Trustees
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Practitioner Excellence Committee Chair
Brad Blaker, DO
Quality Council Chair
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Utilization and Record Management Committee Chair
Valluru Reddy, MD
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<table>
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<th>Department</th>
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<tr>
<td>Anesthesia</td>
<td>Paul Urbanowski, DO</td>
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<td>Mohamed Ali, M D</td>
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<td>Reza Latif, M D</td>
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<td>Youseff Aoun, DPM</td>
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### McLaren Central Michigan

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### McLaren Flint

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<tr>
<td>Allergy</td>
<td>Fikria Hassan, M D</td>
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<td>Hameem Changezi, M D</td>
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<td>Jamal Hammoud, M D</td>
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<td>Mustafa Alnourou, M D</td>
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<td>General Internal Medicine</td>
<td>Shady Megala, M D</td>
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<td>Madar Arora, M D</td>
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<td>Gregory Forstall, M D</td>
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<tr>
<td>Nephrology</td>
<td>Nabil Zaki, M D</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>Anesthesiology</td>
<td>Kyle Gilde, M D</td>
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<td>Ambulatory Care</td>
<td>Daniel Wilkerson, M D</td>
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<tr>
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<td>Abraham Krepostman, M D</td>
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<td>Nirpendra Devanath, M D</td>
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<tr>
<td>Internal Medicine/Family Practice</td>
<td>Ashok Vashishta, M D</td>
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<td>Obstetrics-Gynecology</td>
<td>Jerry Elliott, M D</td>
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<td>Pediatrics</td>
<td>Rumana Barodawalla, M D</td>
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<tr>
<td>Surgery</td>
<td>Perjojan Persson, M D</td>
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### McLaren Flint

<table>
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<td>Michael Moutsatson, DO</td>
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<td>Chief of Staff</td>
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<td>Michael Muller, MD</td>
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<td>Secretary/Treasurer</td>
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<td>Devinder Bhrany, M D</td>
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<td>Member at Large</td>
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<td>Vice Chief of Staff</td>
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<td>Raymond Rudoni, M D</td>
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### Department Chairs

- Secretary-Treasurer: Venkat Rao, MD
- Members at Large: Sunita Tummala, M.D., Frazier Waindorster, M.D., Veena Kalra, M.D.

### Department Chairs

- Anesthesiology: Konstantin Rusin, M.D.
- Emergency Medicine: Raymond Rudoni, M.D.
- Family Medicine: Uzma Khan, M.D.
- Internal Medicine: Venkat Rao, M.D.
- Obstetrics & Gynecology: Theodore Fellenbaum, M.D.
- Orthopedic Surgery: Matthew Sardelli, M.D.
- Pathology: Baraa Alosh, M.D.
- Physical Medicine and Rehabilitation: Rebecca Wyatt, DO
- Psychiatry: Jamal Saleh, M.D.
- Radiation Oncology: Hesham Gayar, M.D.
- Radiology: Christopher Conlin, M.D.
- Surgery: Robert Molnar, M.D.

### Division Chiefs Internal Medicine Department

- Allergy: Fikria Hassan, M.D.
- Cardiology: Hameem Changezi, M.D.
- Endocrinology: Jamal Hammoud, M.D.
- Gastroenterology: Mustafa Alnourou, M.D.
- General Internal Medicine: Shady Megala, M.D.
- Hematology/Oncology: Madar Arora, M.D.
- Infectious Diseases: Gregory Forstall, M.D.
- Nephrology: Nabil Zaki, M.D.
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Medicine
Luke McCrone, MD
Surgery
Melissa Somers, MD

McLaren Oakland
President of Professional Staff
Harrison Tong, DO

Department Chairs
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Ali Sabbagh, MD
Cardiology
J. Quen Dickey, DO
Credentials
Stephen Clynne, DO
Critical Care
Mazen Sabbaq, MD
Medicine
Jeffrey Mason, DO
Orthopedic Surgery
Shivajee Nallamothu, DO
Otolaryngology
Gary Kwartowitz, DO
Pathology
Yilan Li, MD
Radiology
Kevin Carter, DO
Surgery
Fred Nichols, DO
Trauma
Jason Pasley, DO
Utilization Review
Harrison Tong, DO

McLaren Port Huron
Chief of Staff
Edward Mauch, MD
Chief Elect
Jon Lensmeyer, MD
Secretary-Treasurer
Reid Stromberg, MD

Department Chairs
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Harpreet Singh, MD
Cardiothoracic Surgery
James Martin, MD

Emergency Medicine
Christopher Hunt, MD
Family Medicine
David Sabbagh, DO
Internal Medicine
Viswanadh Vegensana, MD
Obstetrics-Gynecology
Kathleen Fabian, DO
Orthopedics
Leonard Karadimas, DO
Pathology
Aaron Goldfarb, MD
Pediatrics
Hitesh Vashi, MD
Psychiatry
Daniel Goyes, MD
Radiology
David Tracy, MD
Surgery
Kimberley Clark-Paul, MD
MEC Members at Large
Suheb Gandhi, MD
Erica DiCicco, MD

McLaren Port Huron
Marwood Nursing & Rehab
Medical Director
John Jarad, MD

McLaren St. Luke’s
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Nizar Daboul, MD
Vice Chief of Staff
Mohammad El Sayyad, MD
Past Chief of Staff
Adam Rettig, MD

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Surgery
Elizabeth Fowler, MD
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Andrew Jeffrey, DO
Diagnostic Services
Bruce Siders, DO
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Nancy Arquette, MD
Arjun Das, MD
Heshem El Gamal, MD
Michael Retholtz, MD
Beth Wite, MD

McLaren Thumb Region
Chief of Staff
Gassan Alouie, DO
Vice Chief of Staff
Scott Shisler, DO

Immediate Past
Chief of Staff
Michael Remley, DO
Emergency Services
Brad Blaker, DO
Medicine
Scott Shisler, DO
Surgery
Lindsay Straight, MD
Medical Staff Meeting
Gassan Alouie, DO
Medical Executive Meeting
Gassan Alouie, DO
Medical Staff Quality Assurance Committee
Scott Shisler, DO
Credentials Committee
Shirley Jakubec, MD

34 2021 ANNUAL REPORT
COVID-19 VACCINES CAN HELP MITIGATE THE SPREAD AND KEEP YOU HEALTHY

Getting vaccinated against COVID-19 is one of the best ways to protect yourself and those around you. The more people who get vaccinated against COVID-19, the better it is for everyone.

Viruses are constantly changing, including the virus that causes COVID-19. These changes occur over time and can lead to the emergence of variants that may have new characteristics. Vaccines continue to reduce a person's risk of contracting the virus that causes COVID-19. And, when these infections occur among vaccinated people, they tend to be mild. Vaccines are highly effective against severe illness.

WHERE CAN PEOPLE GET A COVID-19 VACCINE?

COVID-19 vaccines are widely accessible in the United States. Many doctors’ offices, retail pharmacies, hospitals, and clinics offer COVID-19 vaccinations. To find locations that are offering vaccines, visit vaccines.gov.