



THE McLAREN MISSION

McLAREN HEALTH CARE WILL BE THE
BEST VALUE IN HEALTH CARE AS DEFINED
BY QUALITY OUTCOMES AND COST.

INTEGRATING FORWARD

McLaren Health Care took several bold steps in 2018 on our path toward “systemness.” This means transcending our identity as a network of separate facilities to become a single, organic health-care system.

Examples include a quality-driven increase in outpatient care and innovative new concepts, such as our agreement with Walgreens to site patient care clinics at their retail pharmacies in Michigan.

Our telemedicine expansion brings advanced treatments and personal consultations to our hospitals in smaller communities, and sometimes right into the patients’ homes. For McLaren, the word “hospital” has become less of a place you go to, and more a portfolio of skills that come to you.

This expansive rethinking of care is taking McLaren outside historic service models, and even beyond the state of Michigan. Our 2018 acquisition of the Indiana-based MDwise HMO more than doubled the number of HMO lives we insure and, for the first time, plants our flag outside the state. Anticipate further linkups that will increase our geographic footprint.

Yet, our expansion and improvement has been internal as well. From record-setting new construction projects in our current communities to value-driven moves on improved quality, 2018 brought both outward and inward growth for McLaren Health Care. The following pages tell this story.

DOING WHAT'S BEST

In 2018, the players in our national health care structure — and even what defines “health care” — were in flux. Very powerful national companies, some we would never associate with health care, are coming together in new coalitions to cut their health care costs and seek new opportunities.

At McLaren Health Care, we've learned that we can either be disrupted ... or do the disrupting ourselves. By seizing first mover initiatives and benchmarking ourselves against not only our region, but the world, we've turned disruption into a strategic tool.

Our new strategic collaboration with Walgreens is one pacesetter example. We're opening a combination of retail health clinics, primary care and urgent care centers at Michigan-area Walgreens stores. This will tremendously expand our presence among an underserved population — nationally, 60 percent of Walgreens pharmacy customers have no primary care physician. Further, Walgreens will be delivering pharmacy benefits to McLaren Health Care's 26,000 employees and their family members, as well as to our patient base.

The acquisition of Indiana-based HMO MDwise pushed us into a new state and new service model with a single bold move. Bringing MDwise's 360,000 clients into the McLaren system (through McLaren Health Plan) more than doubles the number of HMO lives we cover. Over the past year, we've worked hard to integrate MDwise into our system, driving a major financial turnaround in its operations. Better still, this move aims McLaren toward transformative expansion, both in the growing insurance field and outside the boundaries of Michigan.

Still, there is room for growth within Michigan, and our 2018 expansion into the Thumb region points the way. The addition of Caro Community Hospital (now McLaren Caro Region) and Huron Medical Center in Bad Axe (now McLaren Thumb Region) is part of our strategic plan for the area, and we anticipate further growth for McLaren Health Care in that region of the state.

Change within our system is another way we put health care in our communities ahead of the curve. Our centralized Cerner electronic medical record, patient scheduling and billing system went live at McLaren Greater Lansing in June 2018, giving us valuable experience in making the platform effective. This first use of the platform is allowing us to fine tune its features and workflows before we activate it region by region throughout McLaren in the months to come. This is a significant project that not only improves our clinical and patient management systems, but also moves McLaren to less variability while providing the opportunity to improve patient care.

These changes lay a foundation for our next major initiative, a move toward “high value care” (HVC). This is a care discipline that's at once simple and daunting. It requires us to step back and look at the “way we've always done it” in delivering care, and rethink based on fresh best practices and research.

Our blood management program led the way. A couple of years ago, McLaren Health Care launched a corporate blood management program to educate staff on ways to cut unneeded blood usage. The result? Use of blood products is down, complications are fewer, and we reduced costs by \$2.8 million. Now we'll be extending such HVC programs to areas like lab testing and diagnostic imaging.

Internal transformation also includes the thousands of talented people affiliated with McLaren Health Care. McLaren Physician Partners continues its positive growth, both in membership and profitability. We're seeking to acquire more physician practices in the year ahead. This gives us more patient influence in new markets.

We're also using talent to help prepare for future disruptions. We've added some excellent executive leaders over the past year, such as Kirk Ray at McLaren Greater Lansing, Martin Tursky at McLaren Central Michigan, Michael Johnston at McLaren Thumb Region, Marc Augsburg at McLaren Caro Region, and Nancy Jenkins as president of McLaren Health Plan. Aside



from building an all-star administrative team, we're focusing on long-term succession by shaping a pipeline of rising talents.

This approach is aided by McLaren Health Care's growing national reputation as an employer of choice. We've built a national brand as a hot spot for innovation and financial savvy, and talented physicians and health care executives seek that aura. Top search firms tell us they have talents asking about opportunities at McLaren — winners seek other winners.

In 2018, we were shaking up our definitions of a "hospital" system itself. Reimbursement plans

have been nudging us away from the traditional inpatient care model toward more outpatient services. Approximately 60 percent of the care we provide is now outpatient. Even more telling, 45 percent of our total net revenues are provided by our health insurance business.

The past year showed how a forward-thinking, agile health care system can turn disruption into high-value patient care. If McLaren Health Care is not willing to venture outside of its comfort zone, we risk being left behind by the rising tide of health care change. At McLaren, we are not afraid of the future. We live in the future.

A handwritten signature in black ink that reads "Philip A. Incarnati".

PHILIP A. INCARNATI
President and CEO
McLaren Health Care

A handwritten signature in black ink that reads "Daniel Boge".

DANIEL BOGE
Chairman, Board of Directors
McLaren Health Care

INVESTING IN INFRASTRUCTURE

Local health care facilities are the nexus for all the miracles modern medicine performs and are a source of pride and identity for communities.

When McLaren Health Care acquires a community hospital, area residents entrust us to continue and expand the care they depend on. New and renovated structures become part of strategic growth, often building new health care partnerships.

That means maintaining quality, up-to-date hospital facilities. Not only is this central to our health care commitment, it helps our communities grow. Over the next several years, McLaren is committing nearly \$1 billion toward health care construction projects. These projects invest millions into local services and trades. In addition, solid, modern health care facilities are important when attracting new area business investment.

“When we acquire a community hospital, most have been deferring big capital projects, and have aging facilities,” says Dan Medrano, McLaren corporate vice president of facilities. “For hospitals, capital projects mean guaranteeing the next 20 or 30 years of high-quality care.”

A highpoint of 2018 was completion of the new South Tower patient facility at McLaren Port Huron. As part of a \$175 million project, the 174,000 square-foot, four-story tower includes 72 private inpatient rooms, a new emergency center, and four state-of-the-art operating rooms designed for coming OR technology. “We’re building into the 21st Century,” says McLaren Port Huron CEO Jennifer Montgomery. “This will carry our community 40 years into the future.”

The new tower dovetails with major upgrades of Port Huron capabilities, including the Karmanos Cancer Institute facility that opened in 2016 and



ongoing renovation of the current north tower, the latter starting five days after the new South Tower opened.

McLaren construction has been in building mode throughout Michigan over the past year. McLaren Oakland opened the first Karmanos Cancer Institute inpatient unit in Oakland County last summer, part of a \$14 million renovation to the hospital’s West Tower facility. The tower’s Karmanos unit now includes an oncologic surgical center, upgraded CAT scan and MRI equipment, and 21 private patient rooms.

According to McLaren Oakland CEO Margaret Dimond, “patients can be offered clinical trials they cannot get at any other hospital in Oakland County.” The Karmanos integration with Oakland’s current





L to R: New Karmanos Cancer Institute inpatient unit at McLaren Oakland; recently completed South Tower at McLaren Port Huron; and the \$450 million McLaren Greater Lansing health care campus.

\$1 BILLION IN HEALTH CARE CONSTRUCTION OVER THE NEXT SEVERAL YEARS

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facilities makes the unit self-contained. The new oncology facility is only one of the major upgrades in the works for McLaren Oakland. The geriatric psychiatric unit, which cares for the growing adult special needs population, is expanding to 40 inpatient beds.

In the center of the state, McLaren is investing in one of its biggest long-term commitments at Lansing. We are consolidating two current McLaren Greater Lansing facilities into a completely new health care complex on the campus of Michigan State University. The new facility will be a partnership between McLaren and MSU, located at the MSU Foundation's University Corporate Research Park on Lansing's south side. The new complex will include a 240-bed hospital, cancer center, research facility and medical services building. Work on this massive project is now underway, with a planned opening in late 2021. Aside from acute care, the Lansing project will include a Karmanos cancer

center, providing medical and radiation oncology treatments and clinical trials in the area.

The new Lansing hospital is McLaren Health Care's biggest project yet, with a budget of over \$450 million and close collaboration with Michigan State University (MSU). "This is an important game changer both for us and MSU," says Medrano. "Michigan State has been one of the only Big 10 schools that does not have a major hospital on its campus."

Along with ongoing construction and renovation projects at McLaren Macomb and McLaren Northern Michigan (and our new corporate headquarters building that opened last year), we are in the middle of a building boom that is reshaping health care in the state. All of this work is an expression of McLaren's long-term strategic planning. We have projects in the works for a decade into the future and a currently approved construction budget of nearly \$1 billion. "These are big numbers," notes Medrano, "but we are also a big, growing health care system."

TALENT & TEAMWORK

Complexity, talent shortages and new medical, technological and financial demands – all of these have become constants in the world McLaren Health Care seeks to master in the 21st Century.

In order to manage these forces and shape them to benefit our diverse patient communities, we need the right people.

Innovation in health care is critical to our mission of being the best value as defined by quality outcomes and costs. Medical specialties in high demand today may not have existed a decade ago. Nursing skill requirements are increasing and the wave of technology that's revolutionizing health care is changing the way we work and creating entirely new job categories.

McLaren Health Care is facing all these talent needs, plus a unique set of demands driven by our strategy and structure. Running a hospital well requires distinct clinical and operational skills. But, a large, integrated health care system also demands system-wide strategic and administrative acumen in order to leverage our best practices, scale and scope.

"We're growing quickly, and we need to have best-in-class talent to fulfill our mission," says Kimberly Keaton Williams, new McLaren vice president for talent acquisition and development. Aiming for the future needs of a fast-growing, multistate health care structure goes far beyond traditional Human Resources hiring systems. "We know there is a shortage of talent and top talent has options of where they want to work," says Williams. "To fill critical positions today and have succession plans for the future, we need robust strategies for identifying and engaging external talent in addition to nurturing, developing and growing internal talent. We want McLaren to be the employer of choice for the best and brightest talent.

"Nurses are the foundation of delivering care to our patients and they will always be in demand," notes Williams (indeed, almost a third of McLaren system employment is in nursing). "And, while the demand will be constant, there is an increasing need for more specialized nursing skills, in such areas as oncology and informatics. We're also seeing a greater use of nurse practitioners and physician assistants to address the primary care physician shortage."

As our physicians constantly work to expand their specialized knowledge and technical expertise, they also understand the importance of strong interpersonal skills. The ability to communicate well, create a rapport with patients and their families, and collaborate effectively with other clinical staff are equally important for successful patient outcomes. To that end, the Leadership Development department has seen an increase in physician requests for leadership training and team-building facilitation.

A successful hospital system also requires strong business professionals in key areas of finance, marketing, supply chain management, human





resources, technology and engineering. One example is the exponential growth in the amount of health care data and information generated. This data must be managed, secured and analyzed to gain the most value. Health care systems are also increasing their use of project managers and six sigma black belts in order to implement large projects and make complex processes more efficient and effective.

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KIMBERLY KEATON WILLIAMS

Vice President, Talent Acquisition and Development

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Williams says, “Greater diversity in McLaren leadership is also being sought to better reflect our community and patient populations. Diversity in all aspects — thought leadership, educational backgrounds, industry experience, ethnicities and cultures — leads to greater innovation, productivity and outcomes.

Such a strategic, system approach to talent is demanding, one reason Williams was hired in 2018. But, she finds McLaren has built some strong assets in the health care talent wars. “Candidates tell us they see McLaren as a great place to pursue career opportunities and growth. They believe their work will be respected here, and that there seems to be less bureaucracy than in other systems. Being an employer of choice is a big asset.”

ADVANCING OUTCOMES THROUGH RESEARCH

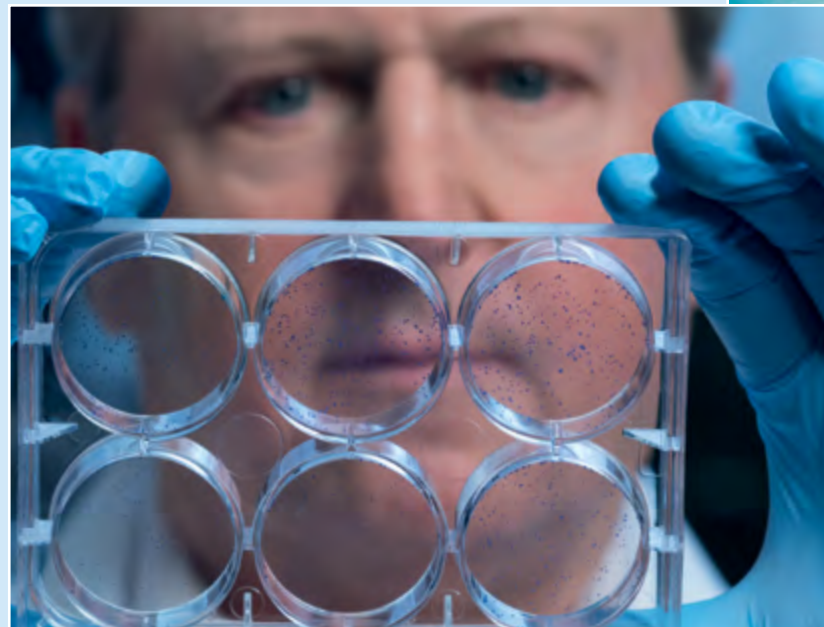
Most of us view health care as a short-term (sometimes even emergency) matter. Yet, medicine overall is something that bends toward the future. Don't we all consider the care we seek today as our personal investment in a longer, healthier tomorrow?

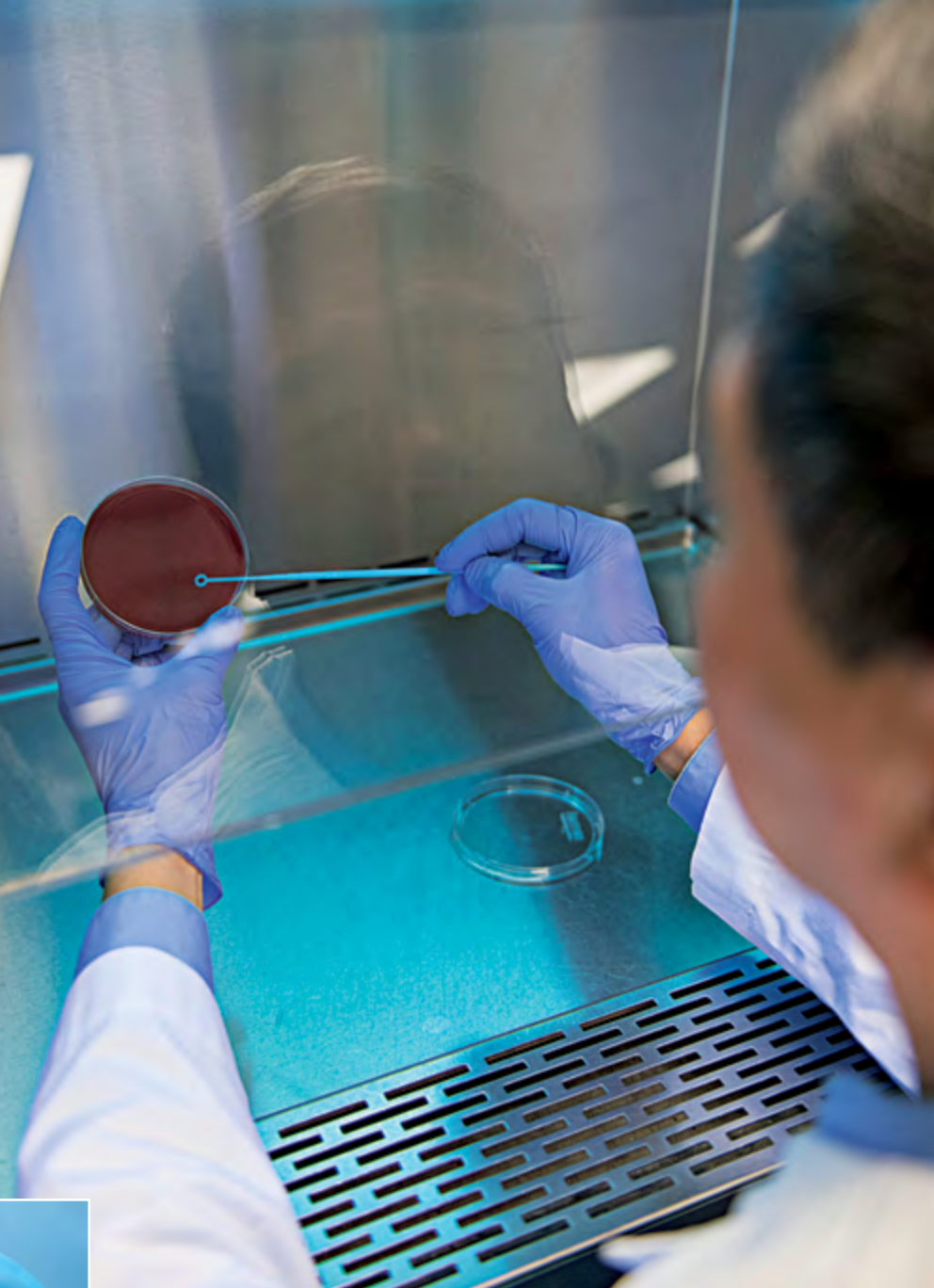
McLaren Health Care's extensive research and clinical trials system is at the heart of this arc of innovation. The drugs, treatments and medical devices that will save lives tomorrow are being researched and tested today. In the past, much of this research was conducted in academic facilities, but the current industry trend is to launch trials in hospital-based settings. This offers a wider, more diverse participant base, and speeds results.

Hospitals and their communities in turn benefit by attracting medical research and trials. New, cutting-edge treatment options become available to local patients. Hospitals and their staffs gain early expertise on new procedures. And, hospitals become magnets both for pharma and device companies seeking research venues, and for top physicians and researchers who wish to team with leaders in the field.

McLaren Health Care has invested heavily in bringing these research benefits to our communities. Over the past several years, we've reconfigured the various fragmented research programs at our subsidiaries into a central McLaren Center for Research and Innovation. "We're bringing different teams together to grow our research and develop strong standards of conduct," notes Chandan Gupta, McLaren vice president of clinical excellence and research.

Medical research is a tightly regulated specialty, with strict protocols and standards, so the office for Clinical Excellence and Research has worked hard to assure the clinical frameworks needed. A benchmark for 2018 was implementation of the IBM clinical trials management system (CTMS) software platform. CTMS streamlines the trial management process by assuring high research standards across the entire McLaren system.





130 RESEARCH STUDIES CURRENTLY UNDERWAY AT McLAREN HEALTH CARE

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Most have been in oncology areas, but increased work is being done in such fields as neuroscience, cardiology, diabetes and kidney disease.

Integrated with the CTMS platform is the Protocol Builder program, software that makes it easier for researchers to write research protocols, and gain review and approvals. This will prove particularly valuable for first-time researchers and medical residents (who face expanded requirements to take part in research as part of their residency).

With infrastructure that nurtures research, McLaren's medical staff and residents are increasingly able to view themselves as researchers and innovate accordingly. There are 130 active research studies and trials currently underway

throughout McLaren. Most have been in oncology areas, but increased work is being done in such fields as neuroscience, cardiology, diabetes and kidney disease. McLaren Bay Region neurosurgeon Sunil Manjila has published four research papers in just the past year.

"Research is important for McLaren and our communities because it brings innovative new drugs and devices to our patients," says Gupta. But, it also "speaks to the culture of this organization. We embrace new techniques and new medicine. If we are not participating in research, we won't be at the cutting edge of medical practice."

NEW WAYS TO DELIVER HEALTH CARE

Population and lifestyle trends are now driving positive disruption in how McLaren delivers health care, enlisting new technology to take care outside the traditional hospital walls.



As McLaren expands our services and facilities, we are implementing innovative initiatives to insure that patients in both urban and rural areas have convenient access to high quality care and physician specialists. People may need urgent care, a medical check-up or a pre-surgery visit, but their availability may not coordinate with things like office hours or holidays. It is often inconvenient (sometimes even unhealthy) to drive long distances for basic care or a consultation.

At McLaren Health Care, we're putting new technology to work to solve these challenges. "Patients have a workflow too — it's called life," says Cheryl Ellegood, vice president of service lines.

Leading off this effort is continued expansion of McLaren Health Care's highly successful telehealth program. This platform uses remote video and online data technology to bring examination and diagnosis capabilities to distant McLaren facilities.

First launched in 2016 as the TeleStroke network, the system has proven itself as a powerful stroke intervention tool, now available at 14 of our sites. In its first two years, the TeleStroke network has assessed 5,320 patients and greatly improved timeliness of diagnoses and specialized care, which leads to better outcomes for patients.

This broadened access is a key reason why telehealth is now being rolled out to many more McLaren facilities and areas of care.

“We’re able to cover a tremendous number of rural sites with specialist care,” notes Ellegood. “The physician is able to treat patients as if they were right in the clinic.”

While telehealth care is valuable for emergencies like stroke and cardiology, it also offers huge potential for non-emergency care. Remote consults for oncology, neuroscience, obstetrics, nephrology, wound care and many other specialties now become practical. Both patients and staff in distant McLaren facilities “can schedule time with a specialty physician as part of their daily workflow,” notes Ellegood. This allows satellite clinics within the McLaren Health Care network to provide better and more timely access for patients who need specialist consults with the added convenience of remaining in their communities.

“As patients increasingly expect access to telehealth services, we are expanding our work within telehealth to provide our patients with more convenient ways to access care, and to give our clinicians a secure and reliable tool to reach patients anywhere,” said Mark S. O’Halla, executive vice president and COO at McLaren Health Care.

If our technology lets McLaren physicians consult with each other throughout our system, why not take these care innovations directly to the patient? In early 2019, we launched the McLarenNow app, empowering anyone to seek a virtual on-demand telehealth visit with a board certified primary care physician. McLarenNow is available 24/7 from wherever the patient may be – home, work, school or even on the golf course.

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Using a smartphone, laptop, tablet or computer, the user first downloads the McLarenNow app, fills in personal health information and launches a “face time” personal consult with a Board Certified urgent care physician. “The goal is to offer patients an exceptional service experience,” notes Ellegood. The obsession with quality is vital — telehealth must meet all the rigid care and information protocols and regulations demanded of in-office visits. McLarenNow’s convenient virtual visits treat such non-emergent conditions as a cough, cold, rash or sore throat right from the comfort of your home. Consumers do not have to be a current McLaren patient to use the service.

Telehealth is a coming wave of the future for several reasons, notes Irfan Kasumovic, new director of the telehealth service line. First, it allows

MCLAREN NOW AVAILABLE 24/7

for quick access to providers; it fits into patients’ daily schedules; and it can be cost-effective for patients and providers. Kasumovic recalls a past patient who required an emergency room visit for a leg cellulitis inflammation. “The bill for that visit was over \$3,000. When the leg reinfamed later, he went online for a virtual visit and the cost was about \$50.”

“Virtual” health care delivery fits well with McLaren’s philosophy of seeking more effective methods of delivering care that go outside traditional hospital walls.

DELIVERING REMARKABLE OUTCOMES

Telehealth technology means far more than just faster diagnoses, says Dr. Bharath Naravetla, McLaren Health Care telestroke medical director. It might actually reshape every aspect of how we deliver future health care.

Naravetla should know. As an interventional neurologist with McLaren Flint, he has seen the remarkable outcomes our Telestroke Network has achieved since its launch three years ago. Through the use of telestroke technology, stroke patients at remote McLaren facilities have their symptoms reviewed, CT and other testing examined, evaluation and diagnosis made, and treatment prescribed, all at the speed of light.

“Patients get the benefit of extremely quick care,” Naravetla said. “Through our hub sites at McLaren Flint and Macomb, we are able to perform interventional neurologic procedures and open blocked blood vessels much faster. Patients are 65 percent more likely to do better than those who do not receive these procedures.” Naravetla has become one of McLaren’s greatest proponents for the telestroke technology. “When I show physicians at other hospitals our results, they are stunned — they just cannot believe how good they are, but it’s true.”

Rolling these telehealth tools and techniques out to other specialties and through the McLarenNow app lets us build on this telemedical network. For example, soon McLaren oncologists will be able to offer preliminary examinations without patients having to go to a facility, saving time and effort for both cancer patients and physicians.

Naravetla notes that telemedicine will require some new approaches for physicians to make best use of the technology. “A lot of things are easily done at the remote end. We can hear heart sounds, observe all the scans and EKGs, and even check pupil reflexes.” Comfort with the new telehealth assets, and knowledge on using them well, should be part of the training of all future physicians, he believes. The next generation of doctors “will definitely need these skills. Medical professionals should be well versed on this.”



TAKING CARE TO THE CUSTOMER

To most people in Michigan, McLaren Health Care is symbolized by a hospital building in their community. But, the 21st Century is driving a trend to take care outside hospital walls. Our growing outpatient volumes, and innovations such as telemedicine technology, point toward a future care model of taking care to the people, rather than making them come to us.

In 2018, we took another step in this direction, entering into a strategic agreement with Walgreens. Over the next year, we will establish innovative health care centers at various Walgreens outlets throughout Michigan, including retail health care clinics, urgent care centers and primary care sites. In turn, Walgreens will operate onsite pharmacies with the prescription files and pharmacy inventory of the 14 McLaren pharmacies located in Michigan.

McLaren pharmacy patients, McLaren Health Plan members and McLaren employees (over 26,000 in total) will be able to access prescription services at Walgreens-owned pharmacies at McLaren locations, or their neighborhood Walgreens stores. Walgreens will fill prescriptions for McLaren hospital patients at discharge or for those transitioning to nursing home care. Finally, McLaren's accountable care organization, McLaren High Performance Network, and Walgreens will team up to better address chronic disease care in ambulatory settings.

Walgreens makes an impressive partner for this bold new move. One of the nation's largest drugstore chains, Walgreens (a division of Walgreens Boots Alliance) serves approximately eight million customers daily and operates almost 10,000 retail locations in the U.S. The chain also operates about 400 Healthcare Clinic sites at its stores.

"Taking care to the customer positions McLaren well for the changing climate of health care delivery," says McLaren Health Care CEO Phil Incarnati. "Consumers increasingly seek value and convenience when choosing a health care setting."

But, adding targeted Walgreens locations to our network brings more than convenience. Nationwide, 60 percent of customers who utilize Walgreens pharmacy services lack a primary care physician — with all the health danger that entails. Our presence in these retail locations will allow us to make referrals to our local affiliated primary care physicians, and assure prompt follow-up of care delivery and medical records.



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PHIL INCARNATI
McLaren Health Care CEO

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Specific plans for the number of McLaren/Walgreens clinic sites, locations and timelines are still in the works, but a few details have been released. The new joint clinics will roll out over the next several years, with 10 or more planned to open by the end of 2019. Adding Walgreens prescription services for McLaren employees and their families begins in January of 2019.

Massive change in health care markets, funding, services and technology is driving many new, innovative linkups, some between industry players who seem to have little in common — and some who even look like competitors. Yet, if the walls of hospitals are breaking down as we reach out to deliver care, so are walls between payers, providers, suppliers and care managers. Notes Incarnati, “This collaboration will expand access to quality, convenient and affordable health care and pharmacy services throughout the state of Michigan.”

THE BEST CHOICE. YOUR BEST CHANCE.

For McLaren Health Care, expansion and linkages have never just been about scaling up. The pursuit of quality, fresh opportunities and even brilliance are drivers in adding to the value of our McLaren brand.

As part of McLaren since 2014, the Barbara Ann Karmanos Cancer Institute has been at the leading edge of our cancer research and treatment capabilities. Karmanos is the largest cancer care and research network in the state. It is one of only 49 National Cancer Institute-designated “comprehensive cancer centers” in the United States, and the only one located in metro Detroit. With a staff of 1,000 (including almost 300 faculty members), Karmanos’ network includes a long-term partnership with the Wayne State University School of Medicine.

Karmanos has been able to greatly expand its research impact beyond the Detroit area since joining the McLaren system. There are now 15 locations in the state where patients have local access to advanced cancer research and treatments, largely at McLaren Health Care facilities.

Pinpointing the top Karmanos research milestones of 2018 would be “a big question ... a giant question,” observes Dr. Ann Schwartz, Karmanos Cancer Center deputy director of research. Working through the McLaren system, Karmanos set a clinical trial accrual goal of 324 trials for the year ending last September. This goal was shattered with 340 trials, speeding the pace of cancer-care innovation.

“Over the past year, we’ve focused on making more trials available to patients at network sites across the state,” notes Lisa Lange, vice president of the Karmanos Clinical Trials office. A clinical trials “summit” for staff across the system was held in February at McLaren Flint, which brought a rich bounty of ideas for improving the trials process. “About 30 new ideas came out of the summit for ways to reduce barriers to studies, and opening new ones,” says Lange. Along with easing access to launching and participating in

trials, the summit stirred fresh thinking on new trial areas, especially non-interventional options. These include patient management of symptoms related to cancer, and a study on music therapy.

Integration of Karmanos’ skills in cancer research and trials through the McLaren system is also ongoing. “We continue to work toward standardization of policies across the system through a centralized clinical trials office,” says Lange. “We’re working to develop clinical treatment options across the state.” Building stronger linkages with McLaren medical staff and broader outreach to patients are among initiatives going into 2019.

Yet, Karmanos is more than just its research abilities. “There’s a lot going on at Karmanos,” says Chris Graunstadt, Karmanos vice president of operations. “We’re more like a three-legged stool.” The Karmanos Cancer Institute (KCI), headed by Dr. Gerold





Bepler, serves as an overall organization for the Karmanos Cancer Center (KCC), based at the Detroit Medical Center and led by Dr. Justin Klamerus. The Karmanos Cancer Network (KCN) is the Institute's system of 14 remote sites throughout Michigan. Lauren Lawrence is the KCN vice president.

Expansion and renovation during 2018 are among the ways Karmanos has kept up with its growing mandate. The Lawrence and Idell Weisberg Cancer Treatment Center in Farmington Hills is expanding into a full-service outpatient oncology center. The \$47.5 million dollar project will nearly quadruple the Weisberg Center's size, from 17,700 to

69,100 square feet, and will proceed in two phases. The first phase expands the radiation treatment facilities, allowing more radiation oncology and research. Phase two will update the infusion, laboratory, pharmacy and clinical care areas. The Weisberg project will continue into 2021.

Such broad-based approaches to cancer care have driven the use of multidisciplinary teams (MDTs) in treatment. There are 13 of these teams at Karmanos, each designed and staffed to ensure that patients get their cancer diagnoses and treatment right the first time. "We organize around specific patient needs, not just clinical functions," notes Graunstadt. Multiple

disciplines, such as diagnostic, medical and surgical oncology; radiation oncology; pathology; radiology; oncology nursing; and supportive care all work together as a team, led by a care coordinator.

Among these dedicated Karmanos multidisciplinary teams are ones focused on bone marrow and stem cell transplants. This includes specialists in medical hematology and oncology, infectious disease, immunotherapy, pediatrics and internal medicine. This MDT supports intense clinical research, including the Karmanos Institute Bone Marrow Transplantation Program. The latter is one of only a few such programs nationwide, and offers some of the best stem cell transplantation survival outcomes in the U.S.

The Karmanos gastrointestinal oncology MDT gathers surgical, medical and radiation oncologist, interventional radiologists, pathologists, pharmacists, specialized nurse practitioners, dietitians, social workers, research personnel and genetic counselors to research and treat GI cancers. The MDT shapes an intensive, personalized care plan, which can include everything from the DaVinci surgical system, to minimally invasive procedures, to cryotherapy.

The specialty of head and neck oncology has its own Karmanos multidisciplinary team, which includes the disciplines noted above, as well as endocrinologists, facial and reconstructive surgeons, oral/dental oncologists, prosthodontists, speech therapists, social workers and genetic counselors. Along with care delivery, this team conducts cutting-edge research on head and neck oncology, and is a member of such research groups as the Southwest Oncology Group and the Radiation Therapy Oncology Group.

Neuro-oncology is an incredibly delicate, complex practice area, focused on the treatment of brain and spinal cord tumors. Its Karmanos MDT draws on such specialties as neurosurgery, neurology, radiation oncology and otolaryngology. Neuro-oncology demands some of Karmanos' most high-tech treatments, including computer-assisted neurosurgery, micro-neurosurgery and gamma knife radiosurgery.

Karmanos has also assembled a number of other multidisciplinary teams for research and treatment in specialized fields.

The Karmanos team approach brings enormous benefits to the speed and customization of cancer



KARMANOS CANCER INSTITUTE TREATMENT LOCATIONS

- | | |
|---|---|
| 1. DETROIT
Main Campus | 9. FLINT
McLaren Flint |
| 2. FARMINGTON HILLS
Weisberg Center | 10. LAPEER
McLaren Lapeer Region |
| 3. MOUNT CLEMENS
McLaren Macomb | 11. PORT HURON
McLaren Port Huron |
| 4. BLOOMFIELD HILLS | 12. MOUNT PLEASANT
McLaren Central Michigan |
| 5. CLARKSTON
McLaren Clarkston | 13. BAY CITY
McLaren Bay Region |
| 6. PONTIAC
McLaren Oakland | 14. GAYLORD |
| 7. LANSING
McLaren Greater Lansing | 15. PETOSKEY
McLaren Northern Michigan |
| 8. LANSING
2901 Stabler St. | |

HEROES OF CANCER

For people who are battling cancer, Karmanos Cancer Institute offers more than advanced technology, scientific research and specialized care. It offers compassionate caregivers and expert physician specialists who have dedicated their careers to finding new and innovative ways to treat cancer. And, it can provide patients with their best hope in fighting this disease.

As one example, patients with diffuse large B-cell lymphoma (DLBCL) face a particularly aggressive, fast-growing form of cancer, the most common type of non-Hodgkin lymphoma (NHL). Typical treatment involves chemotherapy, but still, the five-year survival rate is only about 58 percent.

Karmanos implemented a new approach over the past year with “chimeric antigen receptor” (CAR) T-cell therapy. CAR-T therapy is an advance in the new field of immunotherapy. A patient’s own white blood cells are genetically modified to recognize and attack particular cancer cells. DLBCL patients who have not responded to the standard treatments, or have relapsed, may be eligible for this trial CAR-T therapy.

Karmanos Cancer Institute in Detroit is the first center in Michigan approved to treat adult patients with diffuse large B-cell non-Hodgkin lymphoma, or DLBCL, with the commercially approved chimeric antigen receptor (CAR) T-cell therapy. Karmanos Cancer Institute took part in the CAR-T clinical trials that led to the U.S. Food and Drug Administration approval of the therapy for this type of lymphoma in 2017.

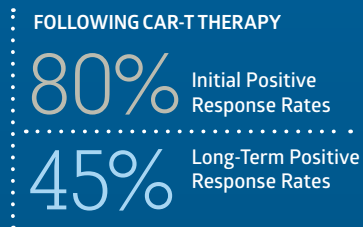
CAR-T treatment is still experimental, but the potential is enormous. Essentially, some of the body’s own cells are modified into super-soldiers. These multiply after re-infusion, and recognize and attack DLBCL cells. The goal is long-term remission for patients, many of whom have faced setbacks through previous relapses.

“In the field of oncology, this is a big breakthrough,” says Dr. Abhinav Deol, a medical oncologist with the Karmanos Cancer Institute and an associate professor at Wayne State University School of Medicine. “Following CAR-T therapy, we’re

seeing initial positive response rates in the range of 80 percent, and long-term response rates, approximately one year or longer, up to 45 percent. As more data becomes available, we hope to see an even longer time in remission.”

Dr. Joseph Uberti, another member of the team, is Karmanos division chief of hematology. He notes that Karmanos’ transplant experience and expertise was a factor in their selection as Michigan’s first approved CAR-T site for DLBCL. “Karmanos is one of the largest and best centers in the country for stem cell transplantation, with some of the best survival outcomes for related and unrelated stem cell transplantation.”

These achievements were marked by Karmanos Cancer Institute awarding the CAR-T team the Karmanos “Heroes of Cancer” award for 2018.



treatment. By unifying the arc of care, “a patient won’t have to first go to a specialist, then a radiation oncologist, and then a surgeon,” notes Graunstadt. “Patient care works better if everyone functions as a team.” The multidisciplinary team system is currently in use at the Karmanos facilities in Detroit and Farmington Hills, with future expansion potential.

The payoff of all these efforts has been to extend Karmanos’ world-class cancer research and treatments out to the broader McLaren Health Care system statewide. “There’s been a big push to get trials out into the network,” says Kelley Wilson, Karmanos’ phase one clinical trials coordinator. “If we can get people referred, we can often add several lines of therapy and improve length of survival.”

Results are impressive. Cancer care and research is a matter of building on incremental advances, so statistical wins, even small ones, are important. *U.S. News and World Report’s* 2018 rankings of best hospitals for cancer care placed Karmanos in the top 10 percent of almost 900 hospitals analyzed. Karmanos was ranked as “high performing in adult cancer,” and placed second in the state of Michigan.

More trials of more treatments to a far broader patient base speeds innovation and offer new, serendipitous treatments. “I’d like to see even more options available,” notes Wilson. Immunotherapy combination trials, for example, uncover treatments that in isolation were ineffective. “But, in combination, we find that some treatments that shouldn’t work, do. We’re able to think outside the box.”

KARMANOS CANCER INSTITUTE TEAMWORK IN ACTION

It takes dedicated teams to deliver the best outcomes in cancer care. Karmanos Cancer Institute's research and patient care teams work tirelessly to explore and provide some of the best cancer treatment in the nation – and the world. Meet a few of the clinical leaders who are involved in developing the next generation of cancer therapies.

BONE MARROW & STEM CELL TRANSPLANTATION MULTIDISCIPLINARY TEAM

Joseph Uberti, MD, PhD, Co-Team Leader

The Karmanos Bone Marrow & Stem Cell Transplant (BMT) Multidisciplinary Team is one of the largest programs of its kind in the United States. In addition to performing transplants, Karmanos clinical and basic scientific researchers are conducting research into hematologic malignancies every day – blazing new therapeutic paths such as CAR-T therapy.



GASTROINTESTINAL AND NEUROENDOCRINE TUMORS MULTIDISCIPLINARY TEAM

Philip A. Philip, MD, PhD, FRCP, Team Leader

The Karmanos Gastrointestinal & Neuroendocrine Tumors Multidisciplinary Team is entirely focused on treating gastrointestinal cancers, as well as clinical research revolving around gastrointestinal malignancies. It shares its collective expertise to create a customized treatment plan for each patient.



HEAD & NECK MULTIDISCIPLINARY TEAM

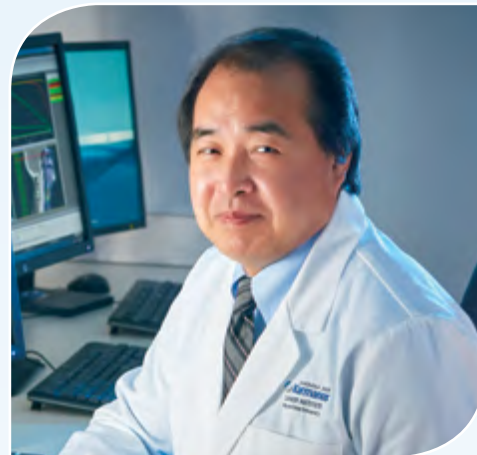
Ammar Sukari, MD, Team Leader

The Karmanos Head and Neck Multidisciplinary Team is entirely focused on treating head and neck cancers and shares its collective expertise to create a customized treatment plan for each patient. They are leaders in gene therapy and rehabilitation for head and neck cancers, while also being actively involved in clinical research targeted at head and neck malignancies.

RADIATION ONCOLOGY

Harold Kim, MD, Division Chief

The Karmanos Radiation Oncology program supports all multidisciplinary teams and includes radiation oncologists, physicists, radiobiologists, dosimetrists, nurses, radiation therapists and other technical staff. This interdisciplinary and highly trained team of specialists creates a personalized radiotherapy treatment plan for each patient. The team treats all types of tumors and is well known for its expertise and innovative approaches to cancer therapy.



RESEARCH

Ann Schwartz, PhD, MPH, Executive VP for Research and Academic Affairs

As a leader in cancer research, Karmanos is able to offer patients access to innovative treatments and clinical trials that are not available anywhere else. Each year, Karmanos invests in cancer research with a level of commitment and expertise that cannot be duplicated at local hospitals. This total focus on cancer ensures that Karmanos will always be the best in developing and applying maximally effective treatment options.



CANCER INSTITUTE

Wayne State University

KARMANOS CANCER INSTITUTE: THE TEAM FOR YOUR BEST CHANCE

BREAST CANCER MULTIDISCIPLINARY TEAM

The Breast Cancer Multidisciplinary Team is completely devoted to offering every patient the best treatment options that lead to the best possible outcome. The team is entirely focused on treating breast cancer and shares its collective expertise to create a customized treatment plan for each patient. Our highly-trained radiologists meet rigorous standards and are focused solely on detecting cancer when reading mammograms.

GENITOURINARY ONCOLOGY MULTIDISCIPLINARY TEAM

Our team of specialists make the Karmanos Genitourinary Oncology Multidisciplinary Team one of the best in the nation. The experience of this team includes internationally-recognized leaders in prostate, bladder, kidney and testis cancer. These scientific leaders work to move promising cancer research from the lab to the clinic, enhancing the patient's overall treatment experience.

GYNECOLOGIC ONCOLOGY MULTIDISCIPLINARY TEAM

The team is entirely focused on treating gynecologic cancers and shares its collective expertise to create a customized treatment plan for each patient. They design and conduct clinical trials and translational research, as well as contribute to publications on the surgical and medical management of gynecologic tumors. In addition, several team members are included among the nation's "Best Doctors" and "Who's Who in Medicine." The team uses the latest technologies, including the da Vinci® Si™ Surgical System, cryotherapy and immunotherapy, to achieve optimum success for our patients.

MALIGNANT HEMATOLOGY ONCOLOGY MULTIDISCIPLINARY TEAM

The Malignant Hematology Multidisciplinary Team treats patients with cancers or disorders of the blood, solid organs or soft tissues. Depending on the diagnosis, our Malignant Hematology team may discuss cases with our Bone Marrow and Stem Cell Transplant Team. Patients benefit from the collaboration of both programs ensuring the proper diagnosis and treatment plan is determined.

MELANOMA PROGRAM MULTIDISCIPLINARY TEAM

The team is entirely focused on treating melanoma and other skin cancers and shares its collective expertise to create a customized treatment plan for each patient. Our team of melanoma and skin cancer specialists have authored and edited articles and book chapters on melanoma and skin cancers. They are actively involved in clinical research in melanoma as part of our National Cancer Institute-designated Comprehensive Cancer Center designation. This team has revolutionized the way melanoma is treated through immunotherapy. Karmanos researchers work closely with the Melanoma team continually to refine and improve new treatments for advanced-stage melanoma to extend the lives of patients.



Research Expands Throughout Karmanos Cancer Network

The Karmanos Cancer Network (KCN) has made a significant investment into radiation oncology research that is translating into new treatments for our patients. Through a systematic program to coordinate resources and access, a robust array of clinical trials are being offered at 10 radiation oncology centers (Bay Region, Central, Clarkston, Flint, Greater Lansing, Lapeer, Macomb, Northern, Owosso and Port Huron). The current portfolio includes 15 trials for patients with anal, breast, liver, lung, metastatic, prostate, rectal or uterine cancers. Another four radiation oncology trials are currently in the activation process, and there is always active engagement to identify more.

Through November 2018, there have been over 50 accruals onto therapeutic trials through radiation oncology. Contributions have been made from all participating sites, demonstrating an increased engagement throughout the system. Due to this, for the third year in a row, the high and consistent number of accruals allowed for the Karmanos Cancer Institute to be ranked in the top 5 out of Lead Academic Participating Sites (LAPS) within the NRG, a national research organization that represents the merger of the National Surgical Adjuvant Breast and Bowel Project (NSABP), the Radiation Therapy Oncology Group (RTOG), and the Gynecologic Oncology Group (GOG).

NEURO-ONCOLOGY MULTIDISCIPLINARY TEAM

The Karmanos Neuro-Oncology Multidisciplinary Team is entirely focused on treating tumors of the brain and spinal cord — sharing its collective expertise to create a customized treatment plan for each patient. Often, these specialists use the genetic characteristics of individual patient's tumors to help define the best treatment for their disease.

PHASE I CLINICAL-PHARMACOLOGY MULTIDISCIPLINARY TEAM

The Eisenberg Center for Translational Therapeutics houses the Phase I Clinical Trials Program at the Karmanos Cancer Center. The program is one of only 14 National Cancer Institute-funded Phase I programs in the country, and the only one of its kind in Michigan. Members of Karmanos' Phase I Clinical-Pharmacology Multidisciplinary Team conduct clinical research studies with new investigational cancer drugs. Phase 1 trials are the first stage of clinical trials in the careful process of developing new cancer treatments. Because this team works with new drugs, most Phase I trials only enroll a small number of patients.

SARCOMA ONCOLOGY MULTIDISCIPLINARY TEAM

Karmanos offers an expert team dedicated to the diagnosis and treatment of patients with benign and malignant tumors of the bone and soft tissue. Our sarcoma specialists include radiologists, orthopedic surgeons, surgical oncologists, pathologists,

pharmacists, dietitians, social workers and genetic counselors. These sarcoma specialists are experienced in the care of these uncommon tumors.

SUPPORTIVE ONCOLOGY MULTIDISCIPLINARY TEAM

The Supportive Oncology Multidisciplinary Team works with each of our multidisciplinary teams to provide patients expert support for patients' physical and emotional needs. The team goal is to improve the quality of life for cancer patients and their families. These services are available from the time of diagnosis throughout all phases of treatment and care.

THORACIC ONCOLOGY MULTIDISCIPLINARY TEAM

Thoracic Oncology team members include national leaders in chest malignancies and recognized experts in the treatment of lung (small cell and non-small cell), esophagus, mesothelioma and thymus gland cancers among national cooperative groups. The team has been involved in the development of recently approved novel drugs for the treatment of chest cancers and continues to be involved in clinical trials evaluating novel drugs. In addition, our team devotes time to research investigations including screening and early detection of lung cancer and mesothelioma, detection and treatment intervention in precancerous cells from the sputum of smokers, combined treatments for locally advanced cancers of the chest and clinical trials of combined chemotherapy and radiation therapy.



EDUCATING TOMORROW'S LEADERS

How does health care prepare for the future in an era of accelerating, turbulent change for medicine? One of the best tools is by innovative training of tomorrow's physicians.

McLaren Health Care's graduate medical education (GME) program currently operates at five of our hospitals: McLaren Bay Region, McLaren Flint, McLaren Greater Lansing, McLaren Macomb and McLaren Oakland. Our teaching hospitals are a valuable resource for both our communities and the physician residents in training. GME programs consistently attract higher-quality medical staffs and assure 24-hour, in-house physician coverage.

Perhaps most crucially for the future of health care in our communities, residents who train in an area are more likely to stay there and build careers. "Train them well, and then keep them here," says Dr. Robert Flora, chief academic officer for McLaren Health Care. There are currently about 450 residents training in our system, and we are a teaching campus for three state medical schools, including Michigan State University's colleges of Human Medicine and Osteopathic Medicine and Wayne State University.

McLaren's "grow your own" approach has long been important to our strategy, but the past year has brought fresh innovations making it more effective. McLaren centralized its GME programs under a corporate structure.

"This makes us work better as a system in terms of education, lets us improve the program and gain economies of scale — anyone trained in a McLaren hospital can easily go to any other McLaren hospital."

This centralized GME structure teams well with McLaren's newly integrated medical research program. "We now have the full infrastructure in place to help residents do research," says Flora. "This matters because new certification requirements mandate that residents take part in research projects as part of their training."

Residency programs and specialties at McLaren are also expanding into new fields to position both physicians and the care we provide for the future. Breast surgery and cardiology training programs have been added at McLaren Flint, and expanded dental and podiatric residencies are also in the works.

Medical education is also evolving to shift with our demographics. McLaren Health Care has expanded its footprint into more rural areas in recent years,

Medical education is also evolving to shift with our demographics. McLaren Health Care has expanded its footprint into more rural areas in recent years, particularly in the Thumb and northern Michigan.

particularly in the Thumb and northern Michigan. "We're starting a rural-track family medicine residency in Petoskey and looking to expand other rural medical programs," notes Flora, "which should help address the shortage of primary care physicians in rural areas."

Our GME program is also working to meet future regulatory demands on medical training. Of the five McLaren hospitals that offer residency programs, four have osteopathic programs accredited under American Osteopathic Association (AOA) guidelines. Government regulatory changes, however, now require that all GME training must meet the Accreditation Council for Graduate Medical Education (ACGME) standards by 2020. The process of upgrading and modifying all McLaren GME locations for the new ACGME standards has been a major effort.

"The government basically said that graduate medical education was not meeting society's needs, so we have transitioned all campuses to ACGME," Flora said. We closed some programs and merged others. At the end of the year, 33 out of our 35 GME programs were compliant, with the last two expected to meet standards well ahead of schedule."

Training good doctors — and keeping them — is proving an effective strategic tool for McLaren Health Care. "GME represents a significant contribution to McLaren's mission," observes Flora. "We retain about 30 percent of our resident physicians, which is a good rate, but our goal is to keep even more."

HIGH VALUE CARE

What would you think of an approach to health care that boosts quality, gives new power to physicians, frees up scarce resources, builds in best practices, and makes patients happier? That sums up McLaren Health Care's new High Value Care initiative.

High Value Care (HVC) may be a complex structure to implement, but is breathtaking in the simplicity of its goals — transparent, high-quality, common sense health care.

HVC starts when the latest research on health care quality and efficiency is continually assessed, shared and integrated. Best practices become the default care mode when prescribing or writing orders. "We've found that more effective care not only doesn't cost more," observes Dr. Michael McKenna, McLaren Health Care executive vice president and chief medical officer. "It actually lowers costs — while reducing clinical variability."

Upgrading to HVC will shake up the ways things have been done, often for years.

At McLaren Health Care, we launched a corporate Blood Management Program throughout our system a few years ago. The focus was on training and engagement through physician champions at each hospital, and assessing blood needs for each individual patient, rather than relying on standard assumptions. Within two years, blood usage was down, complications were fewer, and the \$2.8 million in savings was available system wide for other bedside needs.

McLaren's HVC initiative builds on this success by expanding such innovation to other areas. Step by step, we'll seek HVC wins in such fields as laboratory testing and diagnostic imaging. Traditional clinical practices encourage inertia — why change the way we've always done things? Whether it's units of blood, an X-ray or a test, it always seemed safer to do too much instead of being accused of doing too little.

A High Value Care approach to these issues makes a real difference. Physicians can assure patients that avoiding another round of repetitive tests or feel-good treatments is actually best-practice medicine — and offer statistics to prove

it. Rather than prolong patient uncertainty, adding sometimes-unpleasant test procedures or increasing their deductibles, HVC provides reassurance to patients that they're receiving the most effective care. "All of our areas of care have items they perform well at," notes McKenna. "Now, they'll be working actively to maintain that edge, and make sure best practices become hard-wired processes."

As McLaren Health Care moves down the HVC path, there will no doubt be challenges. But, as with most challenges, mastering them will improve the outcome. Reimbursement models for too long have rewarded volume rather than quality, giving practitioners too little time for patient discussion and explanation. HVC means we'll be pushing back on this to assure both the time and information needed to discuss best practices with patients. "Year after year, we're accelerating toward top-decile performance," says McKenna. "Every goal we set becomes a step toward higher goals."





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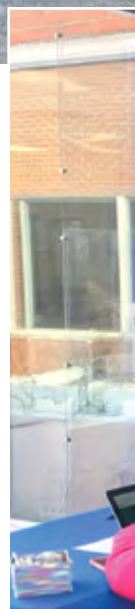
TRANSFORMATIVE EXPANSION

Mclaren Health Plan, our system's own health maintenance organization (HMO), has proven one of the strongest members of the McLaren family. Although the health plan accounts for a fairly small part of McLaren Health Care's overall footprint in personnel and facilities, McLaren Health Plan, along with newly acquired MDwise, contributed 45 percent of system revenues for the year.

These are the drivers behind one of the biggest, most exciting acquisitions in McLaren history. At the end of 2017, we signed an agreement to acquire MDwise, an Indiana-based HMO that serves 360,000 clients in the state, and generates over \$1.5

billion in revenues. The deal was a defining moment for McLaren Health Care. Not only is it the system's first major acquisition outside the state of Michigan, it's a huge one — adding the MDwise membership more than doubled the number of lives covered by our health plans.

"This has been the story of the year for us, full of challenges and opportunities," observes Kathy Kendall, president and CEO of the McLaren Integrated HMO Group, which includes McLaren Health Plan and MDwise. "We have spent the past year integrating systems with an out-of-state insurer with very different contracts, a unique



360,000

INDIANA CLIENTS
SERVED BY MDWISE

\$1.5

BILLION+ REVENUE
GENERATED BY MDWISE

1st

MAJOR ACQUISITION
OUTSIDE MICHIGAN

client base, and their own physicians, service providers and administrative systems. Altogether, the new mega-insurer services about nine million claims and works with 85,000 contracted providers.”

Still, the MDwise acquisition has brought positive disruption through a “clean sheet of paper” approach to integration. “One of the exciting parts of adding a second health plan is that there are so many synergies to be found in both,” says Kendall.

For example, all health plans must adjudicate provider claims to pay them for services they provided. MDwise had always outsourced this adjudication process, but McLaren Health Plan has built up the internal expertise to do it itself and is in the process of converting MDwise to that platform. The savings on each transaction may be modest, but will rapidly snowball over tens of thousands of claims.

Further, McLaren Health Care has learned to avoid a “not invented here” prejudice when combining systems. Those we acquire can often teach us a few things. Pharmacy Benefit Managers (PBMs) are vital to health plans in negotiating the best prescription drug rates. MDwise and McLaren were using two different PBMs at the merger. “We put out an RFP to both of our PBMs, and told them the winner takes all,” recalls Kendall. “Each PBM could re-bid to gain a combined \$500 million contract.”

The MDwise PBM contractor was awarded the bid, with anticipated savings for both health plans of about \$20 million over the next two years.

Outside the box (or outside the state) growth opportunities such as MDwise point to the future for McLaren Health Care. “This is the world we live in today,” notes Kendall. “We’ll be looking to grow strategic market share and all of our lines of business. This is an exciting time!”

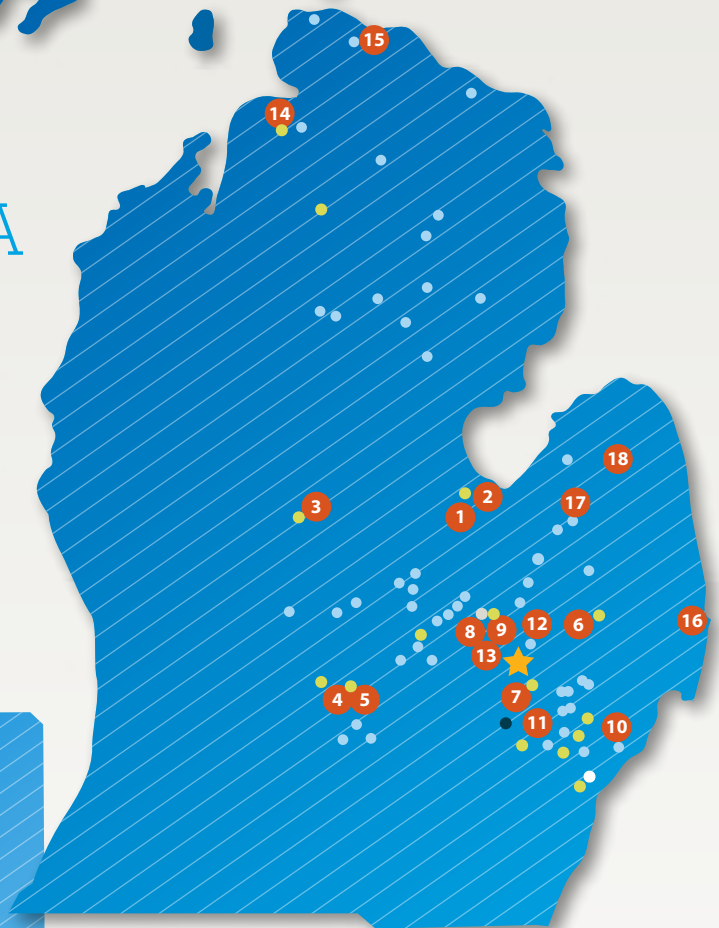
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MHC SERVICE AREA

- 1 McLaren Bay Region
 - 2 McLaren Bay Special Care
 - 3 McLaren Central Michigan
 - 4 McLaren Greater Lansing
 - 5 McLaren Orthopedic Hospital
 - 6 McLaren Lapeer Region
 - 7 McLaren Clarkston
 - 8 McLaren Health Plan
 - 9 McLaren Flint
 - 10 McLaren Macomb
 - 11 McLaren Oakland
 - 12 McLaren Homecare Group
 - 13 McLaren Insurance Company, Ltd.
 - 14 McLaren Northern Michigan
 - 15 McLaren Northern Michigan at Cheboygan
 - 16 McLaren Port Huron
 - 17 McLaren Caro Region
 - 18 McLaren Thumb Region
- Karmanos Cancer Institute
 - Karmanos Cancer Hospital
 - ★ McLaren Health Care Headquarters
 - McLaren Medical Group
 - Proton Therapy Center
 - McLaren Physician Partners
 - ▨ McLaren Health Plan



BY THE NUMBERS

Discharges	101,051
Observation Stays	29,099
ER Visits	413,927
Surgeries	158,964
Births	5,896
Ambulatory Visits	3,914,701
<i>Includes Home Care Visits</i>	
Home Care Visits	213,928
Hospice Days	122,300
Licensed Beds	3,154
Days of Inpatient Care	601,051
<i>Includes Hospice Days</i>	
Community Benefit	\$ 248,182,584
Employees	26,001
Contracted Providers	58,474
Annual Payroll	\$ 1.42 billion
Net Revenue	\$ 5.0 billion

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