



THE McLAREN **MISSION**

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



VALUE-BASED, QUALITY-FOCUSED

Constructing a strategic roadmap for McLaren Health Care is one of the most important initiatives we undertake each year. Steady, well-thought-out work toward defined goals, shaped through our mission and values, is essential to assuring that we deliver high-quality, effective health care to the communities we serve.

In 2019, that sustained effort, attention to detail and investment planning led to achievements that continue to fortify our system and build on our strong foundation. Accomplishments such as integrating MDwise into our system, bringing the Proton Beam Therapy facility online, developing our retail health partnership with Walgreens, and breaking ground on our new Lansing/MSU facility are all part of our long-term vision.

Throughout this report, we share the major milestones that have made 2019 a landmark year for McLaren Health Care.

A YEAR OF PROGRESS AS MAJOR MILESTONES ARE MET

While it is important to mark our milestones at McLaren Health Care, it is also important to note that they are just what the name implies – milestones along the way of a long journey. The process of leading an integrated health care system with 14 hospitals and 90,300 contracted providers to deliver system-wide “high-value care” has no finish line. Even if we could somehow achieve perfection today, the measures we must meet are ever-rising. Excellence in health care today will not be enough tomorrow.

The journey of high-value care is measured less by flashy breakthroughs and more often with many small, hard-won victories. A top-down corporate edict will never deliver the high-value, best-outcome demands of health care today. Rather, it is achieved by employees and providers each making daily decisions (and often going the extra mile) that collectively bend the needle toward doing what’s best.

One example is our progress in achieving the financial benefits of value-based care. McLaren High Performance Network, our accountable care organization (ACO), has seen real success over the past two years. Our quality and financial scores are substantially better than our regional competitors, and this has allowed us to share some of the cost savings with our physician partners under the Medicare Shared Savings Program. The improvement in clinical quality for our ACO is particularly impressive – we’re now in the top decile in the country.

A major story of the past year was our integration of MDwise, the Indiana-based health maintenance organization (HMO) that serves 300,000 Medicaid members in the state. While the acquisition of MDwise doubled the number of lives covered under our health plans, it also brought major challenges. When the deal was finalized, MDwise was losing nearly \$100 million

yearly on services. Rationalizing, reorganizing and bringing MDwise into the McLaren system turned this around sharply in 2019 with continued profitability in fiscal 2020.

The past year also saw structural changes to make us more effective system wide. Our “regionalization” plan groups our hospitals across the state into three regions: southeast, central and northern. One of our hospital presidents from each region serves as the regional CEO. This structure is already showing savings as integration teams help us tap shared efficiencies in human resources, marketing and logistics. Administering our hospital systems in three regional territories shows the unique flexibility the scale of McLaren Health Care provides. Rather than approaching care delivery as 14 separate markets or, conversely, as one big, top-down approach, we can craft a plan that delivers the best of both models.

One of our most visible achievements over the past year has been construction on our new consolidated hospital campus at Michigan State University (MSU). We broke ground late in 2018, and now, a year later, most of the structural steel work is done. The new campus combines the operations of McLaren’s two current aging facilities in the Lansing area. It also joins McLaren Health Care with MSU’s

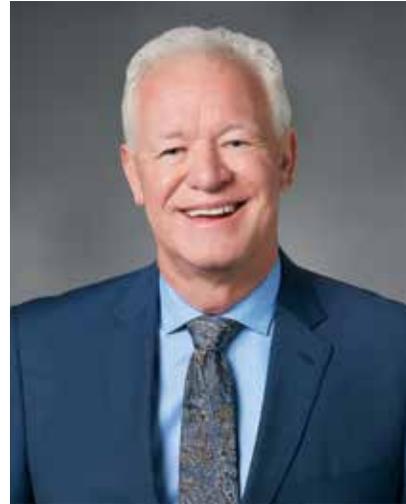
world-class care providers and researchers and expands our clinical trial capabilities. The new McLaren Greater Lansing hospital shows the value of our long-term, patient approach to growth. We've worked with MSU for more than 20 years in bringing this concept to fruition.

Many other statewide infrastructure developments are underway as well, including a \$71 million addition at McLaren Macomb, \$158 million in expansion and upgrades for McLaren Northern Michigan in Petoskey, and a significant expansion for the Karmanos Weisberg Cancer Treatment Center in Farmington Hills. To finance these major long-term investments, we sold \$650 million in debt in 2019. This debt offering was oversubscribed eight times over, which underscores that the credit markets are impressed with our prospects at McLaren, recognized through our AA debt rating.

Focus in 2019 extended beyond shoring up our infrastructure to building our executive talent pool. Among this new class of McLaren leaders are Todd Burch, president and CEO of McLaren Northern Michigan, and Julie Lepzinski, president and CEO of McLaren Medical Group. Succession planning is vital to a large, diverse organization like McLaren to insure continuity in strategy, operations and culture.



Philip A. Incarnati, *President and CEO*



Daniel Boge, *Chairman, Board of Directors*

Fortunately, McLaren Health Care's growing national (and even global) reputation is making us an "employer of choice" for the best and brightest medical and administrative talents.

Looking ahead, we are embarking on an aggressive revenue cycle program to ensure that we are realizing all revenue due to us. For example, every battle we win to collect payments due from insurers lets us invest more in improving care. We expect no increases in Medicaid funding and project that state funding changes will end up trimming our already tight margins even further. So every care improvement, every penny saved and every bit of waste cut becomes crucial to the McLaren Health Care philosophy of doing what's best for our patients. This annual report details how our approach is winning these daily battles for quality care.

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



5.9%

Reduction in Lab Tests



192,988

Lab Tests Avoided

VALUE-BASED CARE GUIDES SYSTEMWIDE APPROACH TO QUALITY

A relatively new and very specific model of health care delivery, “value-based care” (VBC) is fast tracking as a key systemwide strategic goal for McLaren.

VBC is a demanding, objective approach that reshapes care to improve overall health outcomes, increase patient satisfaction and lower costs. It integrates care quality, outcomes, availability and expenditures into a total scoring system, with all of the elements equally important. More urgently, it is the wave of the future for health care reimbursement.





“VBC is what the government pays us for now, and commercial payers are heading down this path as well,” notes Dr. Michael McKenna, executive vice president and chief medical officer of McLaren Health Care. “Payments will all have significant risk for quality and financial outcomes ... but will reward better outcomes, patient satisfaction and more efficiency.”

Given the emphasis on carefully measured outcomes, it’s not surprising that VBC is driven by data. Examples include the Centers for Medicare and Medicaid Services (CMS) quality scores, based on a wide variety of measures, such as readmissions, infections, screenings and patient harm incidents. The Merit-based Incentive Payment System (MIPS) is another scoring methodology used for physicians. It calculates value-based reimbursement on four measures (quality, cost, improvement activities and promoting interoperability).

While the language and methodology of these

measures get quite technical, CMS and MIPS data overall provide valid rankings of just how well hospitals and physicians come through on quality. At McLaren Health Care, we deliver. In fiscal 2018, our overall MIPS score was 100 out of 100, which placed us in the exceptional category. Our accountable care organization, the McLaren High Performance Network, delivered a 95 percent score on quality metrics. Only 37 percent of accountable care organizations (ACOs) in the U.S. achieve this quality level.

As noted, this scoring has real-world consequences for reimbursement. In the Medicare Shared Savings Plan, for example, we’re responsible for the care of 40,000 Michigan Medicare patients in our ACO, with all payments based on quality care scoring. “If we achieve 100 percent [on quality], we receive 100 percent reimbursement,” observes McKenna.

To hit such high quality levels (and the baseline measures are always rising), we have had to install

fresh approaches and new thinking. "When you look at the metrics, everyone is improving," notes McKenna. "The 50th percentile this year might be the 40th next year. You not only have to always be getting better, you have to also be better than your competitors." To fall behind in quality measures means falling behind in reimbursement – which makes it even harder to improve system quality.

One tool we're using to constantly up the quality/value equation is our High Value Care (HVC) Task Force. Formed in 2018, the HVC task force is chaired by McKenna and gathers leaders from throughout the McLaren system – from hospitals, to clinics, to testing services, to our ACO – to develop practices and procedures that both improve quality and build efficiency.

Changing "we've always done it that way" approaches to more thoughtful, effective best practices can be a challenge across a statewide system, but the HVC team is working to craft uniform, effective procedures at the granular level. Education, research and outreach are all vital. Working with staff, we've refined new methodologies for such things as testing procedures, usage of whole blood transfusions, lab



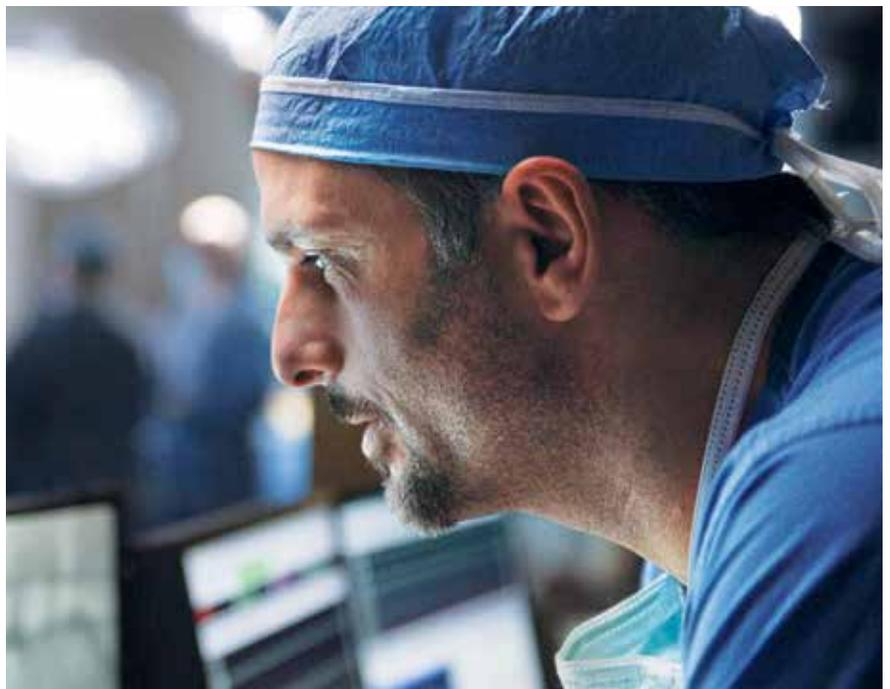
work, post-discharge follow up, and infection control.

While a systemwide transformation toward value-based care cuts costs, experience has shown that saving dollars is a side benefit of VBC, not its primary driver. "The important thing is not for us to make a million more dollars, but to intervene for our patients," says McKenna. "If we dramatically improve the level of our care, we're not only transforming McLaren, but transforming our patients' lives."



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DR. MICHAEL MCKENNA
*Executive Vice President and
Chief Medical Officer
McLaren Health Care*





Regional CEOs (seated l. to r.) Chad Grant, central region; Clarence Sevillian, northern region; and Tom Brisse, southeast region, discuss strategic initiatives with Philip Incarnati (standing), president and CEO of McLaren Health Care.

REGIONAL CHIEF EXECUTIVES CONSOLIDATE LEADERSHIP AND FACILITATE SHARED RESOURCES

The scale and scope of McLaren Health Care allow us to seek value, quality and economies that are out of reach for smaller systems.

The benefits of scale in finance, broader care options, purchasing and becoming an employer of choice are found in building a solid, single corporate identity. But a rigid, top-down organization structure also conflicts with the geographic and population diversity of such a statewide footprint.

The best model is neither a top-down pyramid nor a confederation of 14 hospitals, but a smart combination. That is the driver behind a new plan for 2019 that taps the strengths of both models. "Regionalization" organizes the McLaren Health Care system into three geographic

zones: southeast, central and northern regions. "This allows better allocation of capital and less duplication in markets," notes McLaren Health Care President and CEO Phil Incarnati. "There is also more sharing of senior management and services such as HR, marketing, planning and IT."

CEOs at lead hospitals in each region will now also serve as regional chief executives. Clarence Sevillian, CEO at McLaren Bay Region, heads the northern region, which also includes McLaren Northern Michigan, McLaren Central Michigan, McLaren Caro Region and McLaren

Thumb Region. Chad Grant, CEO at McLaren Flint, leads the central region, which includes McLaren Greater Lansing and McLaren Lapeer Region. The southeast region is led by Tom Brisse, CEO of McLaren Macomb, and includes McLaren Port Huron and McLaren Oakland.

Smart integration of the McLaren system's ongoing acquisitions is one driver of the regional plan, says Sevillian. "Everyone was doing best practices that worked for them – but not necessarily overall," he notes. "The health care model is changing." Grant observes that "our intent was to drive more coordination, collaboration and integration across the entire system. We also needed to accelerate the pace." Brisse sees smarter integration as "necessary going forward to let us standardize across the system and identify best practices. We have to leverage economies of scale to take advantage of being a \$6 billion company."

McLaren's regional oversight plan tempers this scale with sensitivity to the varying needs and identities within our statewide footprint. "Instead of one top-down model, this lets us be more agile and responsive to needs," notes Sevillian.

The northern region, for example, covers more square mileage than the other two regions combined, but with a fraction of their population. Rural hospitals, with wide distances between facilities, make transportation and staff recruiting more crucial concerns than for the central and southeast's urban areas.

The regional plan fosters each region assessing its strengths and weaknesses, inventorying its assets, and scoping out consolidation opportunities. Each region is forming integration teams to coordinate service lines

and shape and share best practices. Teams are currently working on clinical needs, such as imaging and inpatient rehabilitation.

"The integration teams are an informal structure that brings people together across the system," says Brisse. "They identify opportunities for improvement and share successes with others across the organization."

Though the reorganization plan and teams only jelled in mid 2019, synergies are already being discovered. In the southeast region, for example, McLaren Port Huron was in need of greater vascular surgery coverage. A group practice in Macomb expanded coverage to the area by adding a partner to the practice. The northern region sought stronger backup hospitalist coverage. McLaren Bay Region extended its services to fill the need. Lansing wanted more coverage for cardiovascular surgery in the area, and McLaren Flint was able to help. New collaborations are being realized every day.



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TOM BRISSE
Southeast Region CEO



POPULATION HEALTH MANAGEMENT TRANSFORMS RELATIONSHIPS

Successfully managing the health of a defined population is critical in today's American health care model.

McLaren's approach begins with a strategic operational plan developed by local management with the support of corporate resources. Input from the community, local physicians and the organization's governance is also sought. The plan uses the significant scale and resources of McLaren, including its managed care products, physician integration models, clinical quality improvement successes, physician recruitment, information technology and payor relationships. This is the foundation of the McLaren model – community-based care that is defined by the needs of the populations to be served and supported by the resources of a clinically-diverse, financially-sound integrated delivery system.

Today, national health policies seek (and reimbursement rules demand) that health care providers support long-term quality outcomes. The time horizon

for outcomes is extending further and further, and physicians and hospitals are increasingly responsible. An example is readmission penalties. Despite appropriate care for the patient's condition being provided during the original admission, if a patient returns within 30 days, for any reason, hospitals are penalized.

One key tenant of Population Health Management is transforming the patient/health care provider relationship. Providers can no longer wait for patients to come to them and must ensure active engagement by providing frequent communication and outreach to them.

"It's about reaching out now and guiding the patient to support transitions among providers," notes Gary Wentzloff, president and CEO of McLaren Physician Partners (MPP). "Health insurers want us to accept downside risk, and to do that, we have to transition patients to the most cost effective next provider.

He explained that one of the biggest drivers of readmissions is patients not seeing a primary care physician within seven days after discharge.

"Our care managers are contacting patients within two days of discharge and are performing a complete medication reconciliation, ensuring the patient has a follow-up appointment with their primary care physician, and educating the patient in self-management of their chronic conditions," says Wentzloff. Patients have the option to enroll in ongoing care management for 30-days or longer, as needed.

This is one example of how MPP and our accountable care organization (ACO), McLaren High Performance Network, are transforming how we deliver care. We've launched multiple chronic care management and post-acute care management pilot programs across the state to explore what new ideas work best, and, when best practices are identified, we roll them out across the entire McLaren network. For example, at McLaren Macomb, we've contracted to provide select high-risk patients with 24/7 information access, home visits and even transportation to follow-up appointments, if needed.

This long-term population health plan not only improves care but also benefits the underserved in our



communities. This coordination of care through our ACO model starts bending the needle toward overall health improvement.

If you're thinking that such high-touch, personalized care costs more than the traditional, "silo" approach, you might be surprised. With tomorrow's reimbursement models based on high-quality and high-value care, the overall health improvements this new model delivers can actually increase reimbursement.

The numbers tell the story. For 2018, our McLaren High Performance Network hit a Merit-based Incentive Payment System quality score of 100 out of 100 and achieved almost \$14 million in savings. Two-thirds of MPP specialists and three-quarters of our primary care physicians are now receiving value-based reimbursement. When our physicians have financial incentives to improve quality while also increasing value, everyone wins.

This approach is also driving internal change in how McLaren physicians and their staffs function. Our high-value care committees and "Choosing Wisely" programs are shaping better, more efficient techniques for everything from clinical care to office procedures, and then sharing them throughout the McLaren system.

Fundamentals of documentation and coding for procedures demand new processes to align them with high-value care priorities. "Proper documentation is required to relay the patients' burden of illness and to ensure the payors provide the appropriate amount of funding required to care for these complex patients. "Change is hard, but we're taking on little chunks of it year by year. When the physicians see that it's improving care, they get behind it," Wentzloff observes.



INVESTING IN OUR FACILITIES FOR THE FUTURE OF HEALTH CARE

When it comes to facilities, our investment in the future of health care is on display in every McLaren community.

“We always have five or six major projects in the works for our system,” says Dan Medrano, vice president of facilities for McLaren Health Care, adding that almost a billion dollars in construction and renovation projects is presently in progress system wide.

but also allows a design that offers best-practice usage. At 520,000 square feet, the new Lansing project will be among the largest of McLaren’s facilities, with 272 private inpatient beds and 17 operating rooms.

The new hospital is actually a full health care community in itself, with a state-of-the-art acute care hospital, cancer center, medical services building and facilities for health care delivery, education and medical research. The total projected investment will come to over \$479 million. Our first patients should be visiting this new mid-state landmark by 2022.

“Work is ahead of schedule,” noted Medrano, adding that such a pace is a vital part of McLaren’s financial approach. “The cost of interest on this much debt is significant, so it’s important to move fast,” Medrano stated. He pointed out that early completion can save up to \$1.5 million a month in financing charges.

Savings through construction efficiency bring another benefit – freeing up funding and credit for the many other construction and renovation projects in McLaren’s master plan. This is crucial for the local community hospitals who have joined with McLaren Health Care over the past decade. One motivator for these hospitals was the needed capital improvements that modern health care increasingly demands – but which their limited size and funding resources made impossible. “The hospitals we acquired were usually community-based and, often, under financial constraints,” notes Medrano. “If they don’t have the money to update facilities, they end up not being competitive.”

Thus, part of McLaren’s commitment to our communities has been willingness to invest in their futures. Among such projects is major renovation at McLaren Port Huron. “We’re in Year Four of a \$160



MSU mascot Sparty monitors progress of the new McLaren Greater Lansing hospital being constructed on the campus of Michigan State University in East Lansing.

The biggest facilities story for 2019 has been the rapid progress on the Lansing-area replacement hospital on the Michigan State University campus. The two current McLaren hospitals in Lansing are nearing the end of their useful life spans, so starting fresh with a new combined project not only aims toward the future,

million new addition and renovation cycle at Port Huron, which includes such milestones as the new South Patient Tower, the James C. Acheson Heart and Vascular Center, and renovation of existing patient rooms," Medrano said.

At McLaren Macomb, construction is near conclusion on a new five-story, \$71 million Northwest Tower, which will open for patients in early 2020. Surgical Center updates are also underway.

McLaren Northern Michigan in Petoskey is preparing for the future with a massive, \$158 million building project encompassing 180,000 square feet in new construction and 82,000 square feet of renovations, slated to open in 2021.

A \$27 million medical office building for McLaren Lapeer Region will be complete by 2021, and new



With hospital campus property a premium, the new helipad at McLaren Macomb has been constructed above the Clinton River.

emergency centers and medical office facilities recently opened for McLaren Bay Region in West Branch and in Midland. A major project is also underway at Karmanos Cancer Institute's Weisberg Cancer Treatment Center.



SAVING MONEY. SAVING TIME. SAVING LIVES.

Dan Medrano, vice president of facilities for McLaren Health Care, tells about speeding progress on the new McLaren MSU project.

"For the new McLaren hospital in Lansing, we are using a technique called 'Design Build with Design Assist' as well as prefabrication to speed things along.

One of the first things we had to do at the site was relocate some MSU fiber optic lines, but we couldn't start until we had actually closed on the property. This wait would delay us, so we constructed rows of prefabricated concrete conduit that we could drop into the ground. We had this conduit all built in a local warehouse and then staged in a parking lot on site, waiting for the official deal closing. The day after the groundbreaking ceremony, we had dirt movers on site, and 10 days after we closed on the land, we had the conduit in place.

We are doing this [prefabricating] with walls too, prefabbing them at a warehouse by the site. People in the industry are amazed that we are able to prefab on this scale, but in the end, this should save us four months on this project. This will also save us a million and a half dollars per month on interest."



BRIDGET CAPLOW
Nurse
Nursing Unit

TELEHEALTH CAPABILITIES EXPAND ACCESS TO SPECIALIZED CARE

Talented people. A focus on quality and value in health care. Good facilities. All are hallmarks of McLaren Health Care. Yet, they still won't be enough if we're not able to reach all the patients in our communities who need care.

With McLaren Health Care's expanding telehealth capabilities, the care these patients require is often just down the road – and sometimes as near as their smart phone.

"Telehealth technology is a powerful, effective tool for delivering care to our patients with access issues, and it is exploding for McLaren now," says Cheryl Ellegood, Vice President of Service Lines for McLaren Health Care.

Telehealth at McLaren first rolled out in 2016 with the development of the tele-stroke network. It has steadily expanded to 14 McLaren sites statewide with further locations in the Mackinac and West Branch areas pending. The results have been outstanding. As of late 2019, 8,245 patients had received telehealth stroke consults, resulting in almost 400 thrombectomies, 831 IV tissue plasminogen activator (TPA) treatments and 272 aneurysm repair procedures. The immediate care stroke requires is being delivered and stroke damage prevented.

Now, says Ellegood, "we're building out our network services in telehealth to other areas." Our Karmanos Cancer Institute is using telehealth for remote genetics counseling, and consults for bone marrow transplant, phase one clinical studies and general oncology are underway. Cardiology, neurology, psychiatry, endocrinology and pulmonology are among other McLaren specialties utilizing telehealth delivery. More than 3,200 specialty consults were recorded in 2019 through the "clinic-to-clinic" telehealth program, with the service ramping up to 450 patient consults per month by the end of the year.

Linking McLaren specialists with on-site staff and patients in remote locations is only Step One in our telehealth revolution. In 2019, we launched our McLarenNow online and smart phone app for consumers. "Our direct-to-consumers program lets patients access



primary care through an app on their phones, tablets or desktop," notes Ellegood.

McLarenNow connects the patient to a one-on-one consult with a board-certified family practice physician. This offers a fast, convenient initial exam for urgent-care health needs, such as allergies, flu, minor injuries, coughs and such. A patient can access McLarenNow from anywhere, with no appointment needed, and the average "virtual visit" takes only nine minutes. The online provider can quickly refer the patient for any further care required, and all visit notes are electronically shared with the patient's primary care provider.

These McLaren telehealth innovations fit well with both the demographics of our statewide service area, and shifts in health care and consumer demands. Access through services like McLarenNow are predicted to become a primary source for individual primary care, notes Ellegood. In-clinic telehealth service also addresses the need to provide specialty care in communities that find it hard to attract physicians. "In rural areas, it's tough to recruit in some fields. With the opioid epidemic, we see an increased need for psychiatry providers, but we have seven sites that don't have an active psychiatrist at their hospitals. Telehealth now provides that support."

Through the newly launched telepsychiatry program, behavioral health patients can connect remotely with board certified psychiatrists for immediate access.

INSURANCE PLAN INTEGRATION LOWERS COSTS, IMPROVES EFFICIENCY

Indiana's MDwise was at a crossroads when McLaren Health Care acquired the Medicaid HMO in 2018. Though MDwise served over 360,000 state Medicaid clients and had revenues of \$1.5 billion, it was showing cumulative losses of approximately \$100 million, cutting employees and services, and was in real danger of failure. The potential impact would be grim, as almost 30 percent of Indiana's eligible Medicaid population depended on MDwise for services.

McLaren Health Care knew it would face a challenge. Purchasing MDwise and integrating it with our Michigan HMO management operations would more than double the current Medicaid population we were serving, and demand fast, intensive change to stop the bleeding.

But, that's why a crisis not only brings out the best in a team, but builds valuable turnaround skills, says Kathy Kendall, President and CEO of McLaren Integrated HMO Group. "Everybody was boots on the

ground and focused on executing right now," she recalls of the MDwise turnaround project. The goal set was audacious – "90 in 90." That is, map 90 percent of the MDwise business processes, set milestones and metrics, and integrate their systems – all in just 90 days.

Step One was leveraging the newly combined scale of MDwise and McLaren Health Plan to restructure operations and renegotiate contracts. Willingness to shake up some early assumptions made this surprisingly helpful.

One example – McLaren Health Plan had long contracted its pharmacy benefit management (PBM) services through provider Magellan. MDwise had used another provider, MedImpact.

"We sought a 'winner takes all' contract from both providers," recalls Kendall. When the proposals came in, it turned out that MedImpact offered a "better financial arrangement and better customer service," so starting January 1, 2019, the company was contracted to administer all pharmacy programs for both McLaren Health Plan and MDwise. The benefit – a \$16.4 million expense reduction.

As the McLaren staff kept digging, they uncovered even more synergies that trimmed costs and improved service. MDwise had always subcontracted the costly, complex process of Medicaid claims adjudication. McLaren Health Plan, for its part, has built a sophisticated system for this function internally and was able to bring MDwise's claim processing in house to Michigan. "This saves us at least \$10 million per year," notes Kendall.

One aspect of claims adjudication that burns money is manual processing. McLaren Health Plan's





The new MDwise location in Indiana features prominent branding and expanded space for employee collaboration.

system focuses on automating the process. “An electronic data file comes in, it’s read by the system automatically, and approved or declined without human processing,” says Kendall. “That brings significant savings in resources and manpower, and also pays providers much quicker.” The combined MDwise/McLaren claims process has hit 90 percent on electronic adjudication, and with 3.9 million claims processed yearly through MDwise alone, the savings compound fast.

The scale of the new McLaren/MDwise platform in itself offered strong cost-cutting opportunities. “Many of the other software platforms used by both overlapped, and we were able to negotiate far better combined licensing fees with vendors,” Kendall notes. Combined pharmacy plans, claims, membership systems and infrastructure further cut costs and leverage scale.

The outcomes have been astonishing. A \$9.7 million loss for MDwise in fiscal 2018 turned around to a \$10.6 million profit for fiscal 2019. A 2020 profit of over \$20 million is the next target. Just as important, “claims are being paid quicker, and there is better customer service now to both our members and providers,” Kendall observes.

The magnitude of change brought by the McLaren approach is all the more remarkable given the aggressive timeline. “To convert a whole claims system in six months is unheard of. Usually it takes up to two years, but it was vital to our success.”

A longer-term benefit will be the lessons learned on moving fast and being willing to borrow good ideas from all sides in acquisitions. “This allowed us to develop a playbook for the next acquisition,” Kendall concludes.



McLarenCareNow clinics within Walgreens stores in Michigan will provide convenient and affordable access to consumers.

REDEFINING HEALTH CARE DELIVERY TO MEET CONSUMER DEMAND

Across the country, consumers are increasingly choosing convenience, affordability and flexibility when deciding where and how they access basic health care services. One result of this trend has been the growth of retail health clinics, which offer treatment of uncomplicated minor illnesses and preventative health care services in a traditional retail setting such as a “big box” store or the ubiquitous corner drugstore.

Mclaren is answering this consumer demand through an innovative partnership with Walgreens, one of the largest pharmacy store chains in the United States. After launching the initiative last year, McLaren has been collaborating with Walgreens to develop “McLarenCareNow” retail clinics in select stores in Michigan. These convenient, no-appointment, walk-in sites will include care of minor illnesses and injuries, telemedicine, chronic disease monitoring and treatment, lab testing and wellness check-ups for specific target markets like Medicare-eligible populations.

The *McLarenCareNow* clinics will be staffed by registered nurses, but through telemedicine technology, can also offer “virtual consults” with McLaren nurse practitioners, and primary and specialty physicians. This integration of on-site care with virtual health care services is key to creating a superior customer-centric experience. These in-store clinics will be approximately 600 square feet in size including private consultation rooms.

Preliminarily, 18 existing Walgreens retail store locations have been identified, with the goal to have the

first 10 *McLarenCareNow* clinics open and providing services in 2020, according to Bart Buxton, president and CEO of McLaren Health Management Group, who has executive oversight for the initiative. “The statewide footprint of Walgreens stores matches well with McLaren Health Care’s broad geographic commitment to Michigan,” says Buxton. “Of strategic importance is the fact that 75 percent of the population in Michigan is within five miles of a Walgreens store. The opportunity to expand McLaren’s access points is a key driver behind our decision to create this partnership.”

Buxton also points to major changes in the health care delivery model that favors ambulatory settings over traditional inpatient care. Pricing transparency, population health, and the attitudes and expectations of younger consumers are all factors boosting the strategic value of the Walgreens partnership. “Millennials are not really interested in getting health care the way their parents did,” observes Buxton. “It’s a generational shift. The focus among millennials is on ease of access and affordability, which these clinics provide.”

He noted that millennials are not the only demographic that should benefit from the retail medical clinic approach. Just as millennials have influenced the baby-boomer generation in the use of online shopping, the same effect holds true for the retail health clinic approach. As boomers – and their parents – give this “on demand” health care service a trial, they are discovering just how practical it is ... and it saves them time and money. The pricing structure at the *McLarenCareNow* clinics will be transparent and straightforward.

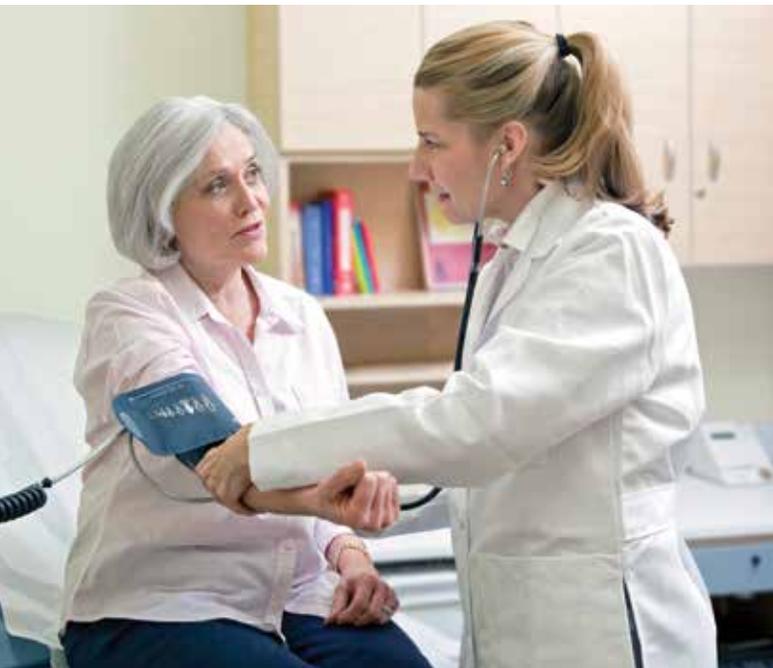


“There are many people with high-deductible health insurance plans, so having access to quality, basic health care services that are convenient and affordable is imperative,” Buxton notes.

With Walgreens pharmacy services just a few steps away from the in-store *McLarenCareNow* clinics, prescription access is another key advantage for consumers. “If a medication is prescribed, patients are able to pick it up right there in the same visit,” notes Buxton. “In fact, their prescriptions will go first into the queue for ready access. It’s all about providing an excellent, consistent service experience.”

Retail-based health care delivery points toward the future in other ways, as well. The convenience of walk-in care makes the model especially helpful in managing chronic health conditions. If a patient can receive chronic-care checkups literally on every street corner, management of their conditions becomes far better.

Given the number of health care providers in Michigan, why did Walgreens choose McLaren Health Care as their partner for in-store care? “They saw us as a well-integrated health care system,” observes Buxton. “They had lots of options, but found us to be the best for value, cost and quality.”



Of strategic importance is the fact that 75 percent of the population in Michigan is within five miles of a Walgreens store. The opportunity to expand McLaren’s access points is a key driver behind our decision to create this partnership.

BART BUXTON
President and CEO
McLaren Health Management Group





KARMANOS EXTENDS NEW CANCER-FIGHTING METHODS STATEWIDE

The past year was one of exciting growth in capabilities and scope for the Karmanos Cancer Institute. Since joining the McLaren Health Care family in 2014, Karmanos has shaped dramatic new cancer-fighting skills and technology from its headquarters in Detroit. But, even better, through the McLaren system, it has extended these offerings around the state to 15 locations across the Karmanos Cancer Network.



Genetic counselors at Karmanos Cancer Institute use telehealth tools to consult with cancer patients across the state.

"It's incredibly exciting to look at what we've achieved these past five years, especially in growing access to research," noted Dr. Justin Klamerus, president of Karmanos Cancer Hospital and Network. At Karmanos, at any one time, over 400 clinical trials are available for patients, each a step on the road to understanding and treating the many forms of cancer.

For example, Karmanos is the first cancer center in Michigan approved to treat diffuse large B-cell non-Hodgkin lymphoma (DLBCL) with commercial chimeric antigen receptor (CAR) T-cell therapy. CAR-T therapy literally turns the patient's own white cells into cancer-fighting "smart bombs," and our research continues on extending this success to other blood cancers. Like nearly 50 percent of new cancer therapies, these agents are first studied in clinical trial at the Institute.

In September, the cancer program celebrated five years of accomplishments in an annual meeting themed, "Stronger Together." This two-day event held at Boyne Mountain Resort included presentations from multidisciplinary team members from all 15 centers. Over 200 cancer professionals attend the event each year.

In 2019, the cancer service line successfully launched the Karmanos Specialty Pharmacy (KSP). The specialty pharmacy is presently focused on delivering cancer treatments but will expand in the next 18 months to include all specialty pharmacy medications. Because of the significant toxicity and intense demands for clinical observation of patients on "specialty" pharmacy medications, an entire center has been built in Troy, Michigan. KSP is run by Stephen Smith, RPh, chief pharmacy officer of the Karmanos Cancer Institute.



Tari Stull, MD, board certified and fellowship trained breast surgeon in Bay City, is one of many physician specialists providing cancer services across the Karmanos Cancer Network.

"The Karmanos Specialty Pharmacy can fill prescriptions that routine pharmacies can't, and we are very proud to be bringing this service to our patients throughout the state," notes Smith. "The strength of our program is that we will be integrated into our clinics and hospitals and have access to patients' medical records. This will eliminate the silos that currently exist when physicians are using pharmacies outside of the health system."

This network approach to sharing Karmanos' skills throughout the McLaren system is also seen in our expanding telehealth capabilities. Online networking technology, high-definition cameras and instant, secure transmittal of patient vitals and data are allowing Karmanos staff to consult and treat cancer patients in remote locations.

For example, the Karmanos Stem Cell and Bone Marrow Transplant Multidisciplinary Team in Detroit uses telehealth technology to consult with patients at the Karmanos Cancer Institute location at McLaren Northern Michigan in Petoskey. The cancer service line is proud to offer virtual consults in cancer genetic counseling, Phase I clinical trials, surgical oncology and plasma cell disorders through the program.

"Many other services will follow," says Lauren Lawrence, vice president of the Karmanos Cancer Network and executive sponsor of the oncology telehealth program.

Also this year, The Lawrence and Idell Weisberg Cancer Treatment Center in Farmington Hills is in the midst of a major \$47 million expansion. The first phase of this development features the Leksell Gamma Knife Icon, the most precise stereotactic radiosurgery system (SRS) currently available. Gamma knife surgery, which is actually radiation treatment, allows precise, non-invasive targeting of intracranial (brain, brain stem, the trigeminal nerve) tumors. Tighter, more intense



The new Leksell Gamma Knife Icon at the Weisberg Cancer Treatment Center provides state-of-the-art treatment as part of the Karmanos Cancer Network.

radiation treatment with less damage to healthy tissue is the benefit.

The second phase of the Weisberg project, now underway, will update and expand current facilities. Infusion, laboratory and pharmacy areas will be renovated, as will clinical care and support service capabilities. Ultimately, the Weisberg facility will grow to almost four times its current size, from 17,700 to 63,000 square feet.

In 2020, Karmanos Cancer Institute will undergo a review of its cancer center support grant with the National Cancer Institute.

"A highlight of our renewal grant will be the accomplishments we have achieved in cancer clinical trial accruals in the network," says Gerold Bepler, MD, PhD, president and CEO of the Karmanos Cancer Institute. "All of our centers are actively involved in cancer research, and we have exceeded our accrual commitments by more than 50 percent in 2019. As one of only 52 designated comprehensive cancer centers in the nation, Karmanos is a national model for the integration of community and academic cancer programs.



400+
Clinical Trials



15
Karmanos Cancer
Institute Centers



\$47 million
Expansion in
Farmington Hills, MI

PROTON BEAM TECHNOLOGY PROVIDES POWERFUL AND PRECISE CANCER TREATMENT

McLaren launched its newest weapon in the fight against cancer with the opening of the McLaren Proton Therapy Center in late December of 2018. Part of the Karmanos Cancer Network, the proton beam facility offers the most powerful and precise radiation oncology treatment available in the world.

Harnessing such advanced technology as a synchrotron particle accelerator and complex digital targeting and imaging technology, proton beam therapy generates higher levels of radiation for treatment than conventional radiation therapy. Among the key advantages of proton therapy is that it is much more precisely targeted to treat cancerous tumors. Unlike Xrays, proton radiation delivers maximum radiation and stops at the target with virtually no exit radiation, sparing healthy tissue and organs.

"I am very proud of the work our team did," noted Hesham Gayar, MD, board certified radiation

oncologist and medical director of the McLaren Proton Therapy Center. "Proton therapy is very unique in its abilities, a pencil-sized beam in three dimensions, so there is extensive validation to ensure and confirm accuracy." The efforts paid off when it came time for the testing required for approval – National Cancer Institute protocols showed 99 to 100 percent accuracy in all tests. Results have been so positive and accuracy parameters so precise that usage has accelerated almost exponentially through 2019.

Projections at launch were treatment of three to four patients daily, but, by late 2019 an average of 14





patients a day was reached (when all three treatment rooms are online in 2022, 70 patients can be treated daily). At year end, nearly 2,000 individual proton therapy sessions had been delivered.

The real success story for proton beam therapy is the effective, powerful weapon it is proving to be in battling cancers, and its growing availability throughout the Karmanos Cancer Network.

“One of our first patients was a man in his late 80s, with a kidney tumor that couldn’t be re-sected,” notes Gayar. “Conventional radiation treatment would have destroyed the kidney, but we were able to treat him with no side effects. The tumor has now shrunk significantly, and the kidney shows good function. These are things we just couldn’t do before.”

The proton beam capability is proving valuable in treating a wide range of solid tumors, including head and neck, breast, bladder, brain, liver, pancreas and prostate. “When we started, we worked with deep organs, such as the pancreas and prostate,” notes Gayar. “But, as we’ve continued to develop and improve our capabilities, we are now able to treat more superficial lesions.”

The precision of proton therapy also means that the fatigue, nausea, pain and other side effects of conventional radiation treatment are lessened and, sometimes, eliminated. “In fact,” Gayar emphasizes, “patients going through treatment had no significant morbidity or side effects, and we haven’t had to stop treatment in a single case.”



Hesham Gayar, MD, medical director of the McLaren Proton Therapy Center, discusses clinical outcomes with David Wood, the first McLaren patient to receive this innovative treatment.

“One of our first patients was a man in his 80s, with a kidney tumor that couldn’t be re-sected. Conventional radiation treatment would have destroyed the kidney, but we were able to treat him with no side effects. The tumor has now shrunk significantly, and the kidney shows good function.”

HESHAM GAYAR, MD
Medical Director, McLaren Proton Therapy Center



Mahmoud Rayes, MD, interventional neurologist, reviews research data with members of the neuro research team.

ADVANCES IN RESEARCH HELP PROVIDE IMPROVED CARE AND OUTCOMES

Despite the many miracles of modern health care, there is still a vast amount that we don't know. Advances in medication, treatments, devices and diagnostics only happen through continuous medical research.

Though basic research is always underway in the pharmaceutical industry, government and university labs, the real work of testing new medical concepts happens on the front lines. Large, integrated, progressive systems such as McLaren Health Care offer the scale and scope in talent, resources and geography to make medical research possible, and we've become much more active in the field.

Medical research "is integral to the McLaren mission of high-value care," says Chandan Gupte, vice

president of clinical excellence and research.

With our large geographic and patient diversity base, we can better meet the needs of research, whether for broad patient profiles or narrowly targeted conditions. Building our medical research structure nurtures a "virtuous circle" of benefits for our communities. Patients gain early access to treatments that may not be available for years in most areas. Top physicians and researchers are drawn to McLaren by its reputation for advanced research opportunities.

which, in turn, makes us more attractive to pharma and medical device companies as a venue for their testing ... and the benefits keep compounding.

Over the past year, we've worked to broaden the reach and scale of research opportunities in the McLaren Health Care system. Research projects are growing beyond oncology and cardiac care into neuroscience, vascular treatments, wound care and other areas. "Research" is important not only to test new medications, but also to improve clinical care procedures. For example, our clinical care task force has been busy on such projects as improving ICU care.

In the past, many McLaren research projects have primarily been conducted through the Karmanos Cancer Institute. Expect this pace to accelerate in 2020, with the new McLaren Proton Therapy Center becoming involved with research trials for various lung, pancreatic and prostate treatments, as well as use of the proton technology for high-energy computed tomography scans.

As a system we are working toward a One McLaren approach for research. Tools developed through Karmanos are spreading across the system, we are collaborating on a system research finance solution and we have a single McLaren research newsletter – *Research Matters*.



GOING ABOVE AND BEYOND

Medical research at McLaren demands high technical and quality standards, with close vetting of procedures both internally and from the outside. But, it also requires a caring human touch. In long-term studies, the research staff build relationships with patients and have less of a nurse/patient relationship and more of a friendship. The research staff connect to the patients outside the normal standard of care visits, and work to make sure they're following their treatment plans. They are the cheerleaders, and educators, too.

At McLaren Bay, a patient was on a study that extended over three years. He was hospitalized for a long period of time which caused him to be off work for a month. He was hard pressed financially. Our research nurse was talking with him before discharge, and he was embarrassed to tell her that he couldn't afford groceries when he went home. She took it upon herself to help him. She asked him what kind of bread, milk and other groceries he needed and went to the store and bought him basic groceries.

This compassion has extended to the families of research patients, as well. A research nurse shared a story about the wife of patient who comes to the hospital for regular treatments. His wife always sits in the waiting room and crochets while she is waiting. The staff knew money was tight for the couple, so they brought in yarn for the wife to use in her knitting. In a return gesture of kindness, she generously made socks for the research staff.

"We are very proud of our staff's dedication," notes Gupte. "Our McLaren Research staff often go above and beyond to do whatever they can for their patients."



5,970
Lives Touched by
Research in 2019



897
Open Research
Studies at McLaren



73%
Increase in
Resident Research



NURTURING A **UNIFORM,** **COLLABORATIVE APPROACH TO** CONTINUING MEDICAL EDUCATION

One step to excellence as a teaching organization has been to standardize a uniform approach throughout McLaren Health Care.

“**O**ur continuing medical education (CME) program has expanded to cover the whole system, including Karmanos, so we provide uniform continuing education to our physicians, nursing staff, pharmacists, physician assistants and other staff,” notes Robert Flora, MD, MBA, MPH who serves as chief academic officer and vice president of academic affairs for McLaren Health Care. He added that the emphasis is not only on uniform training across the McLaren system, but also on nurturing a team

approach. “The big push now is for inter-professional education, so instead of each member of the team learning separately, they learn as a group. This helps them provide care in more of a team-based manner.”

Scholarly activity/research, quality and safety are among the areas benefitting from this system-wide approach to training. The latter pays long-term benefits in residency training, Flora observes. “We have the quality and safety staff at our hospitals involved in teaching interns. If they’re exposed to this early in

We can train for surgeries in a simulated operating room and perform mock drills for emergencies. It's always good to simulate a procedure before you actually work on the patient, and with 3D technology, we have the ability to do things we couldn't have dreamed of 10 years ago. It feels like you're standing in an actual operating room.

ROBERT FLORA, MD, MBA, MPH

Chief Academic Officer and Vice President of Academic Affairs
McLaren Health Care

training and having it reinforced during their training, they'll be well-versed in providing safe and quality care in the future." Being exposed to research helps bring evidence-based care to the patients we serve.

Access to medical literature and publications for residents is another area that has benefitted from sharing of resources. "We have 14 hospitals in the system, but only a few had [medical] library services," Flora said. "Now, all 14 have online access to needed education literature."

Integration of training and research tools brings logistical benefits, as well. Medical education literature and online licensing of materials is expensive. "Each hospital was paying its own fees, but by bundling all these individual licenses into a single, system-wide license, we were able to negotiate significant savings."

This use of education in reshaping care to meet future needs goes beyond practices and procedures at McLaren. New rural family medicine residency programs are in the works across the country to meet the need for more health care providers and services in rural sections of the country. The wide geographic spread of McLaren Health Care across Michigan means we must respond. The three-year structure of these rural residencies includes the first year at an urban hospital, such as McLaren Flint or McLaren Macomb, and the final two years at facilities serving a more rural population, such as McLaren Thumb Region, Northern or Central Michigan.

"If physicians train in rural sites, the odds that they will stay and work in rural areas increases," Flora notes. Further to this effort, McLaren is participating in a grant through the state MiDOCS program that funds 10 rural residencies yearly through each of Michigan's four medical schools.

Medical education innovation at McLaren also bends toward the future with smart use of technology. The McLaren Greater Lansing facility at Michigan State University (MSU) will be the flagship for this, says Flora. The new library in the works for the MSU site "will look kind of like a Starbucks, with few books, and most of the learning through computers."



Proposed is a joint simulation center with MSU where physicians and teams use virtual reality technology for training and education. "We can train for surgeries in a simulated operating room and perform mock drills for emergencies. It's always good to simulate a procedure before you actually work on the patient, and with 3D technology, we have the ability to do things we couldn't have dreamed of 10 years ago. It feels like you're standing in an actual operating room."

ALLY CHALLENGE PRESENTED BY McLAREN RAISES \$25 MILLION FOR CHARITABLE CAUSES

Aligning the McLaren brand with partnerships that bring value to communities has long been a hallmark of McLaren Health Care.

That commitment is on full display at the Ally Challenge Presented by McLaren. This PGA Tour Champions event has proven to be a significant

charities, including its major beneficiaries, the United Way of Genesee County and Genesee County Habitat for Humanity. The McLaren Flint Foundation also

received more than \$78,000 through the generous support of McLaren vendors who participated in a special Monday Pro Am event. Along with the philanthropic impact, the tournament has exceeded all expectations in terms of community engagement, fan support, player commitments and economic vitality. Due to the overwhelming success of the tournament, McLaren joined with partners Ally Financial, Warwick Hills and the PGA tour in signing a five-year extension to support the tournament through 2025.

While showcasing world-class golf from top golfers over 50 who play on the PGA Tour Champions circuit, The Ally

Challenge Presented by McLaren features a week-long celebration of entertainment. Capping the 2019 event was a concert by chart-topping country singer Dierks Bentley and a special "celebrity foursome" that featured golf legend Jack Nicklaus, musician Kid Rock, hockey great Henrik Zetterberg and Bentley in friendly competition to further benefit charity. The 2020 event promises to be even bigger and better, taking place July 27-August 2 in Grand Blanc, the home of McLaren's corporate headquarters.



Celebrity foursome participants Kid Rock, Jack Nicklaus, Dierks Bentley and Henrik Zetterberg drew more than 12,000 fans to the golf tournament on Saturday.

sponsorship platform for our health care system to give back to charities in communities we serve.

Since signing on two years ago as the Presenting Sponsor of this tournament at Warwick Hills Country Club in Grand Blanc, McLaren Health Care has played a leading role, along with title sponsor Ally Financial, in generating millions of dollars in charitable giving and economic impact to the Genesee County region.

In its first two years, the Ally Challenge Presented by McLaren has raised \$2.4 million to support 31



The phenomenal success of the Ally Challenge Presented by McLaren has reconfirmed the value associated with the return of professional golf to this region of Michigan.

PHILIP A. INCARNATI
 President and CEO
 McLaren Health Care

"The phenomenal success of the Ally Challenge Presented by McLaren has reconfirmed the value associated with the return of professional golf to this region of Michigan," noted Philip Incarnati, President and CEO of McLaren Health Care. "When we signed on as the Presenting Sponsor two years ago, we had a vision for what this tournament could generate in terms of charitable giving, economic vitality and community engagement. The outcomes achieved in all of these categories have far exceeded our projections. We could not be more proud to be associated with Ally Financial, the PGA Tour, HNS Sports Group, Warwick Hills and other sponsors in helping to generate millions of dollars in charitable giving and economic benefit for the communities we serve. We look forward to building on this success and continuing to impact positive change and community stewardship."



McLaren representatives Greg Lane, Laurie Prochazka and Kevin Tompkins congratulate tournament winner Jerry Kelly.



SERVICE AREA



- 1 McLaren Bay Region
- 2 McLaren Bay Special Care
- 3 McLaren Caro Region
- 4 McLaren Central Michigan
- 5 McLaren Clarkston
- 6 McLaren Flint
- 7 McLaren Greater Lansing
- 8 McLaren Health Plan
- 9 McLaren Health Management Group
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- Karmanos Cancer Institute
- ★ McLaren Health Care Headquarters
- McLaren Medical Group
- Proton Therapy Center
- McLaren Physician Partners
- McLaren Health Plan
- McLaren MDwise

BY THE NUMBERS



415,380
ER Visits



79,754
Surgeries



218,460
Home Care Visits



152,158
Hospice Days



3,183
Licensed Beds



\$276 million
Community Benefit



5,889
Births



132,094
Discharges
Includes Observation Stays



550,000
Insured Lives



3,939,558
Ambulatory Visits
Includes Home Care Visits



626,658
Days of Inpatient Care
Includes Hospice Days



20,205
Employees



90,300
Contracted Providers



\$1.47 billion
Annual Payroll



\$5.1 billion
Net Revenue

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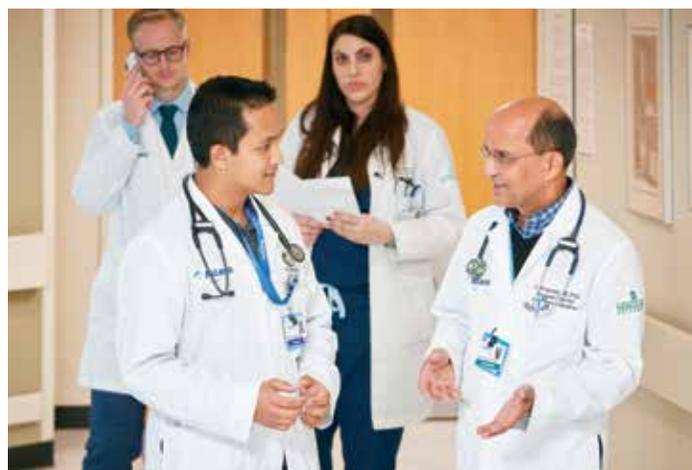
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