



 **McLaren**  
HEALTH CARE

2013 ANNUAL REPORT

# THE McLAREN MISSION

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

**Cover: Mallory Zelley, RN,**  
*Cardiovascular Care Unit*

“**M**claren Health Care is at the start of a challenging, but exciting, period of growth and transformation. Our health care system is **evolving** away from its historic, fee-for-service model toward one with incentives to keep patients healthy, at every stage of care. Over 2013, we worked to **gain the efficiencies** and reach needed to make this holistic care model possible. Now, we’re entering 2014 with the talent, savvy and systems required to complete the job.”

– **Philip A. Incarnati**, *President and CEO*  
*McLaren Health Care*



# MEETING THE DEMANDS OF A CHALLENGING FUTURE

In my career with McLaren Health Care (MHC), I've found that operating in a "business as usual" manner in an attempt to keep pace with trends in health care delivery and financing is never sufficient. Given the massive, accelerating change underway in America's health care structure, we need to aim well ahead of current targets – to meet not only the demands of today, but also those of an uncertain, challenging future.

The past year has shown us just how challenging this goal is and has also set the groundwork for fulfilling it. While most of the American public views the Affordable Care Act (ACA) as something launched with much fanfare (and website glitches) late in 2013, MHC has already been at work implementing the ACA for several years. We can anticipate that further ACA implementation in 2014 will accelerate the trend toward tightened health care funding and cause more of our reimbursement to be at risk under pay-for-performance rules. For example, ACA reimbursement cuts will total well over a billion dollars for us over the next decade.

Reimbursement issues already put pressure on the MHC balance sheet in 2013. We beat our projected numbers for the year and improved our cash liquidity status. However, rebasing of Medicaid rates cut payments that already don't come close to our costs of care, and the federal budget sequester is an ongoing challenge to our budgets. There has also been a substantial reduction in demand for inpatient care services. Admissions to hospitals have actually declined from prior years. This market adjustment – the causes of which are not fully understood – has played no favorites. Hospitals across the country, and here in Michigan, have been affected. The emergence and growth of high deductible health plans and, perhaps, the anticipation of the ACA itself have all contributed to this retrenchment of consumer demand.



**OUR GOAL AT MCLAREN HEALTH CARE  
IS TO DELIVER THE RIGHT CARE, AT THE  
RIGHT PLACE, AND AT THE RIGHT TIME.**

Those are the pressures McLaren faced in 2013. Our responses, to be effective, must aim forward – to 2014 and beyond. Thus, we've taken some powerful long-term initiatives that give us the strategies, tools and talent needed to thrive.

One of our biggest moves in the past year has been adding the Karmanos Cancer Institute to the MHC system. This will be a game changer in Michigan cancer treatment, combining a leading academic cancer center with a significant community-based health care system to create the largest cancer research and provider network in Michigan.

Another expansion opportunity came to pass late in 2013, when we signed a letter of intent to add the Port Huron Hospital system to the MHC family. This outstanding, 186-bed facility has been a standard for health care excellence in the Thumb region for 130 years. We'll engage in a mutual due diligence period in the first few months of 2014 and anticipate a completed transaction by midyear.

We've also deepened our "bench strength" with the addition of several new corporate-level executive management positions. Dr. Mike McKenna joined us last summer as Executive Vice President/Chief Medical Officer, a new position that gives clinicians throughout our system a stronger voice. Michael Taylor joined us as Executive Vice President/Chief Operating Officer, assuming responsibility for the operations of all MHC hospitals.

Ron Strachan has been named Chief Information Officer, overseeing the massive (and still growing) IT and data needs of our extended system. These positions reinforce the growth we've achieved in recent years and provide broader top administrative talent required to continue our success.

Our Proton Therapy Center also continued its progress toward full operation, with final FDA approval pending. The center's Hospitality House, which offers lodging for patients and their families, is already in operation.

Finally, over the past year we've made substantial progress in aggressively managing our costs. I looked at the storm of economic issues and worked with our senior team on a plan to identify and remove \$100 million of redundant and unnecessary costs from our structures and processes. My challenge to the management team: What could we save through cutting back-office costs, improving supply chain efficiency, and gaining economies of scale – while actually improving results and patient satisfaction.

This initiative has been met with creativity and “what if” thinking among staff. We're already about three-quarters of the way toward achieving our efficiency goals – while making strides on improved quality outcomes and health care ratings.

In summary, MHC is at the start of a challenging, but exciting, period of growth and transformation. Our health care system is evolving away from its historic, fee-for-service model toward one with incentives to keep patients healthy, at every stage of care. New physician alignment strategies, along with risk-based reimbursement models, will play a key role in shaping our future. Our goal at MHC is to deliver the right care, at the right place, and at the right time. We've grown over the years to gain the efficiencies and reach needed to make this holistic care model possible. Now, we're entering 2014 with the talent, savvy and systems demanded to complete the job.



**DAVID S. MCCREDIE**  
*Chairman, Board of Directors  
McLaren Health Care*

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

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

**DAVID S. MCCREDIE**  
*Chairman, Board of Directors, McLaren Health Care*



# CLINICAL QUALITY AND OPERATIONAL EXCELLENCE

**Michael Taylor**, *Chief Operating Officer,*  
*McLaren Health Care*

The talents, facilities and processes of McLaren Health Care (MHC) offer quality health care across a broad geographic span of Michigan. There are many advantages to this scope and scale in cost savings, improved access, and long-term planning. But, a less obvious benefit is how this “critical mass” helps nurture improved clinical quality and outcomes.

Clinical excellence is really a function of several ingredients, all of which require the ecosystem of a robust, diverse health care system to flourish.

“For any health care provider to succeed, you need a balance between quality outcomes, positive patient experiences, and financial strength,” says Executive Vice President/Chief Operating Officer Michael Taylor.

These basic elements have many components, and all flow together to sustain McLaren’s clinical strengths. Vital to this commitment is smart use of data in assessing overall quality.

“The goal is to have objective, timely data to update our dashboard on how we’re doing,” notes Taylor. “Without a speedometer, you’ll never know if you’re doing the right things.” Data on quality results and new initiatives are regularly shared with leadership and local hospital subsidiaries. “There should be no surprises,” Taylor counsels. “We want everyone engaged and aligned in our quality initiatives.”

Further supporting clinical quality is a very active clinical trials structure at MHC. Our physicians and staff work with national and international pharma and medical device companies, as well as universities, foundations and government agencies, on important, life-enhancing work.

Another complement to MHC’s clinical focus is its robust graduate medical education program, which is among the largest in Michigan. The McLaren system has built a strong reputation as a teaching institution. This helps attract quality medical staff, enhances research programs, ensures 24-hour in-house physician care, and encourages graduates to build their careers within the McLaren family [we retain an above-average 35 percent of our medical resident graduates].

How does this all work together in practice to improve care? Cutting edge clinical research and quality save lives. Drawing respected physician talent entices more physician talent to join the system and employ the latest advances in technology and treatment. A reputation for advanced clinical trials support catches the eye of leading drug and device developers. A health care system known for its training and practice opportunities for bright medical graduates

“FOR ANY HEALTH CARE PROVIDER TO SUCCEED,  
YOU NEED A BALANCE BETWEEN QUALITY  
OUTCOMES, **POSITIVE PATIENT EXPERIENCES,**  
AND FINANCIAL STRENGTH.”

– **Michael Taylor**, *Executive Vice President/  
Chief Operating Officer, McLaren Health Care*

is a magnet for even more such graduates. Basically, all these inputs give McLaren patients inside access to top physician talent, specialized clinical trials, first-rate technology and, most importantly, hope for conditions many others still see as hopeless.

As this suggests, “clinical excellence” at McLaren is far more than just a term for measuring outcomes. It expresses the human factor – of health care quality, of lives saved, of patient satisfaction.

“Better patient health satisfaction means better health management,” says Chief Medical Officer Dr. Mike McKenna. “As a successful service organization, we need to deliver patient care effectively and be highly reliable.” This means a tight focus on all the basics of providing care – nursing rounds, fewer patient falls, and even noise that could keep patients awake. Added up, all these myriad details deliver better care and stronger patient satisfaction.

A system-wide structure is required to make this approach work, and that’s where a diverse, but tightly integrated network like McLaren shines. “Each hospital and subsidiary focus on implementing and achieving the same goals and appropriate [care] metrics,” says Taylor.

“Through these efforts, we continue to make great strides in quality patient outcomes and health care ratings,” observes McLaren CEO Phil Incarnati.

Along with its importance for patients who rely on McLaren services, patient satisfaction is fast becoming a solid factor in hospital care reimbursement. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) statistically survey both patient experiences and clinical outcomes, and such rankings are now factored into Medicare payments. Measures of care quality and patient satisfaction are available daily.

“We carefully review that information and make appropriate adjustments at each hospital to make sure we achieve our goal of being in the top decile for patient satisfaction and clinical quality,” Taylor concludes.



# SYNERGY IN **CANCER TREATMENT** FOR MICHIGAN

**Gerold Bepler, MD, PhD**, *President and  
CEO, Karmanos Cancer Institute*



## Michigan's largest cancer research and provider network was created in October of 2013 when the Barbara Ann Karmanos Cancer Institute joined the McLaren system.

Karmanos is nationally recognized as one of just 41 National Cancer Institute (NCI) designated comprehensive cancer centers in the U.S. This partnership offers unimaginable prospects for advances against cancer in Michigan.

"This will be a game changer in cancer treatment," states Phil Incarnati, CEO of McLaren Health Care. "Combined with the Proton Therapy Center, we've created literally a world-class cancer care provider." The Karmanos Institute, with its Karmanos Cancer Hospital, took its present form in 1995, endowed by Compuware founder Peter Karmanos in honor of his wife, Barbara, who lost a battle with cancer in 1989. In less than 20 years, it has built a reputation as a national heavyweight in cancer research. Karmanos and its team of cancer care professionals provide treatments for over 6,000 newly diagnosed cancer patients yearly from its facility in Detroit. Its affiliation with the Wayne State University School of Medicine provides a breadth of talent – physicians and academic researchers who have conducted more than 700 cancer-related trials and research projects.

Dr. Gerold Bepler, president and CEO of Karmanos, sees enormous potential in joining the McLaren system. "This is a one-of-a-kind academic/community partnership." By adding a major cancer research center to McLaren's statewide footprint, "we'll be bringing state-of-the-art care to all the people in the McLaren service area. This allows us to focus our expertise in one location, while engaging with a wider community. We can share the newest discoveries more quickly."

The depth of talent, resources and reach offered by the Karmanos addition is still rare in the U.S., says

Dr. Justin Klamerus, chief quality officer and executive vice president, Karmanos Cancer Institute. "This increases the size of our cancer program, adds economies of scale, and attracts top researchers."

Such academic/community linkages are also a coming priority for national health care policy. In June, the National Cancer Institute launched the NCI Community Oncology Research Program (NCORP), with the goal of making advanced cancer treatment and research available to a broader geographic area. NCORP will fund research and prevention projects based on their scope and ability to penetrate underserved populations. "These types of partnerships are exactly what the NCI hoped for," says Klamerus.

Adding Karmanos' capabilities also raises the bar on cancer research within the current McLaren structure. Combining the two creates a "best-in-class oncology management system," states Klamerus, vital both in attracting and gaining approvals for clinical trials. "Accrual," or approval, rates for trials are one measure of expected improvements. "Karmanos' accrual rate is probably 20 percent for clinical trials, while McLaren's is maybe 4 percent." Upping the approval percentage for combined research projects means greater access to advanced cancer treatments for McLaren patients.

To achieve these benefits, much work will go into merging Karmanos' data, administrative and clinical systems into McLaren's over the coming year. "The key thing for 2014 will be to develop common pathways for care of patients, with common electronic medical records for oncology," notes Bepler. Rapid integration of research records and protocols will bring the quickest payoffs for patients.

"I can't overemphasize how groundbreaking this is," concludes Bepler, who will stay on as leader of the newly merged Karmanos Cancer Institute. "With health care consolidation going on across the country, we'll see more partnerships like this – but we are the trendsetters. This is what everybody should be doing."



# POPULATION HEALTH MANAGEMENT LEADS TO IMPROVED CARE AND VALUE

**Mike McKenna, MD**, *Chief Medical Officer,  
McLaren Health Care*

**O**ur large, costly, national health care infrastructure should have all the tools and talent needed to provide good care for all. So why doesn't it?

Blame a diffuse, splintered cloud of health care elements, many effective, some less so, but typically focused only on their own aspect of the care continuum. A particular illness, injury or chronic condition is regularly treated in isolation from all other factors involved. Indeed, the stages of that ailment itself, from prevention, to acute care, through recovery and rehabilitation, are often handled in isolated (and sometimes even competing) silos of expertise.

Even the reforms of the Affordable Care Act (ACA) will not directly impact the costly anarchy of health care in today's America. The ACA "focuses on payment mechanisms, not on how we deliver care," says Dr. Mike McKenna, chief medical officer at McLaren Health Care.

What if, instead, all the players in the field of delivering care had models and incentives that encouraged collaboration to keep people healthy? That is the goal of Population Health Management (PHM). PHM works to better manage all aspects of health, including wellness, acute care, and healthcare delivery. It does this through greater focus on raising the quality of care, improving care coordination across all settings, and applying this approach over a much longer period than just a single episode of care.

PHM has become a medical megatrend as our national health care reimbursement climate transforms from a "fee for service" model to one based on providing long-term value. "From a population health perspective, we're responsible for giving patients better service, with both hospitals and physician fees based on delivering value," adds McKenna. Health care organizations that can do this going forward, by improving outcomes and efficiency, will be the winners.

**PHM WORKS TO BETTER MANAGE ALL ASPECTS OF HEALTH, INCLUDING WELLNESS, ACUTE CARE, AND HEALTHCARE DELIVERY.**

Efforts to shape an effective PHM system face several obstacles, however. Some of the toughest are incentives and reimbursement policies that actually work against the broad collaboration demanded. For example, payment for hospital inpatient care is based on the diagnosis-related group (DRG) code for a patient's condition. This offers fixed reimbursement for the care given, which encourages shorter lengths of stay. But, as McKenna notes, if that patient then goes to a nursing home for rehabilitation, that care is reimbursed on a per diem basis. Thus, says McKenna, at two crucial points in the care continuum, competing incentives push "hospitals to want the shortest stays and nursing homes to want patient stays as long as possible."

PHM offers hope for change by envisioning health care as everything that can improve the health of the area population. Public health, chronic disease management, preventative care, acute care, rehabilitation – all must be managed as one arc of care. Total health care expenditures would fall, while overall public health would improve. But, how are we to do this in the real world of health care today?

By assembling a comprehensive system that includes hospitals, physicians, health coverage plans, home care, and advanced research, McLaren covers all the bases in the health care spectrum. People get preventative care and help in managing chronic conditions. Physicians and hospitals have incentives to work as a team, because they are a team. The frictions and fumbles that develop when care is handed off from one provider to another are eased.

"We have become very efficient for each episode of care," says McLaren Health Care CEO Phil Incarnati.

PHM is less a goal than a journey for McLaren Health Care. Expansion and diversification must be ongoing in a world where reimbursement will be ever-more based on value and efficiency. Finding fresh ways to trim costs and improve value at one point in the continuum of care benefits everyone when you cover all ends of that continuum. Boosting the number of children receiving immunizations now can mean less spending on chronic conditions decades later when they're seniors – but, only if a health care system has the scope and patience to plan that far ahead.

"This is where we're headed in the U.S.," concludes McKenna. "High-performance systems that can thrive in a fee-for-value world." For this broadened future of health care, McLaren has already mapped out the route.



# COMMITTED TO OPTIMIZING EXCELLENCE

**Lawrence Cowsill, DO**, Senior Medical Director, McLaren PHO (left) and **Michael Ziccardi, DO**, Associate Director, McLaren PHO (right)

All around us there churns a dynamic, disorienting storm of change for American health care. The role of government, reimbursements, insurance, hospitals, legal relationships, technology, treatments ... all are in a whirlwind of flux never before seen in our history.

At the center of this tempest, striving to offer the best patient care while adapting to change, are physicians. The uncertainties and turmoil in today's health care world may strike them the hardest, in part because their traditional role faces the most challenges. The individual practitioner is confronted with powerful economic forces impacting the costs, regulations and paperwork of medical practice today. Group practices help physicians better manage these administrative challenges, but even these can go only so far in managing paperwork more efficiently. Physician-shared practice arrangements don't help with the "siloeing" that too often divides physicians and other players in health care. Insurers, and now national policy, encourage broad collaboration, not just in operations, but also in crafting patient care solutions.

Physician Hospital Organizations (PHOs) have proven to be an effective tool in creating this alignment. By joining staff physicians and hospitals into one team, PHOs deliver the expertise, flexibility – and clout – needed to negotiate effectively with increasingly demanding payers.

The McLaren PHO (MPHO), created by joining PHOs at several system hospitals into a "super-PHO," strengthens this health care delivery tool even more. With more than 2,000 physicians (and growing) in 11 hospitals, MPHO has become a statewide model for collaborative care excellence. Physicians and hospital administrators, rather than negotiating across a table, join as a team to develop innovative care models that payment contractors seek today. "The MPHO is creating a forward-looking business plan," says McLaren Health Care Chief Medical Officer Dr. Mike McKenna. "Our old payment mechanisms were based on fee for services, and that's changing through clinical integration.

Now, it's a matter of how hospitals interact with physicians for the best outcomes, and how we can prepare for the future."

The "population health management" approach drives just the sort of shared health solutions the MPHO can provide. By encouraging a broader mandate of keeping people healthier, and viewing care as a continuum (rather than paying for just one-off treatment), population health management drives providers "to do more, and do it better," notes McKenna. "The best outcomes bring the most income. We'll be paid a certain amount of money to offer care and, if we do a better job, hospitals and physicians both have more to divide."

This is where the trust factor comes into play. MPHO is effective only when its physicians know they can trust the health system. A stronger, creative bond between the health system and physicians supports innovation, attracts more physicians, and delivers resources for providing better care with limited funding. Such a bond is also necessary for both parties to survive the rocky implementation national health care brings.

For example, physicians are now typically paid directly by insurers, while in the near future, "global" payments will go to the health care organization and then be shared. "For a period of time, there will be some disconnect when the payment rules have to catch up and we're still being paid for procedures, not for creating value," warns McKenna. During the changeover, PHOs will need to shape new care models that could actually hit their short-term reimbursement.

That is where the groundwork that has been invested in making the MPHO a truly collaborative, open, trust-based entity pays off. McKenna finds the MPHO physicians willing to bet on the future, even if it requires reinvesting immediate gains. "We're creating a whole new model of care ... that's why you need good relations with your physicians."

"A RELATIONSHIP BETWEEN A HOSPITAL AND ITS PHYSICIANS WON'T WORK WITHOUT **TRUST**. AS THE HEALTH CARE BUSINESS MODEL CHANGES, WE HAVE TO BUILD GOOD RELATIONS WITH PHYSICIANS TO MAKE IT SUCCEED."

– Mike McKenna, MD, Chief Medical Officer, McLaren Health Care



# TURNING BIG DATA INTO BETTER CARE

*Ron Strachan, Chief Information Officer,  
McLaren Health Care*

**N**ational health care reform. New reimbursement rules. New access and confidentiality mandates for medical records. Geographic expansion, with added subsidiaries. Tougher quality standards. Booming health care technology.

All of these are factors McLaren Health Care (MHC) is wrestling with today – but, can you guess the other common denominator connecting them? Data. Very ... very ... big data.

“It used to be that you were storing a lot of data if you were at the terabyte [trillions] level,” says Ron Strachan, MHC chief information officer. “Now we’re well past the level of petabytes [quadrillions] in data.”

This growing flood of data is driven by the rise of health care technology itself, improving standards of care, and regulatory demands.

For two decades, health care has moved away from paper recordkeeping toward electronic storage. As the costs of processing and memory have plunged, the volume of health care data captured and saved has exploded. Hospitals and physicians now both generate, and must make use of, data on a level unimagined just a few years ago. The federal government put teeth in this trend with the economic stimulus bill in 2009. One provision prodded health care providers to make “meaningful use” of Electronic Health Records (EHRs) in improving care – and will base Medicaid reimbursements on achieving specific goals.

Hitting these “meaningful use” targets has been one priority for McLaren’s Information Technology (IT) team in 2013. The past year saw MHC achieve stage one certification for federal “meaningful use” standards. (This is defined as establishment of a complete EHR system and putting it to work on essential tasks, such as e-prescribing).



Ronald Shaheen, DO,  
McLaren Medical Group

For 2014, Strachan and his team are moving onto stage two, broader exchange and accessibility of records “so we can go online and look at elements of medical records, lab results, radiology results, and so on.” This will demand ongoing software upgrades, training of staff and physicians, and new equipment implementation.

Another ongoing IT priority has been upgrading from the old ICD-9 coding standard to the new ICD-10. The ICD system of classifying diseases, symptoms and findings is at the heart of medical diagnostics, and the new ICD-10 standard must be implemented at all Health Insurance Portability and Accountability Act (HIPAA) entities by October 1, 2014. “ICD-10 is more specific for physician documentation, so we’ll need to put in a lot of effort to train physicians and staff on the new coding infrastructure,” notes Strachan.

While managing this explosion in data, and the challenges of ongoing upgrades, MHC is also assuring high security and privacy standards for that data. The HIPAA regulations cited above lay out strong mandates for protecting EHR’s, and recent industry data theft and hacking issues have tightened rules even further. “We’re continuing to provide enhancements,” notes Strachan, “from encrypting devices, like PCs and laptops to making annual security audits.”

These ongoing tactical issues are elements of a larger change that MHC is seeking to lead – turning all that “big data” into better health care and operational outcomes. This requires crunching together comprehensive patient records, statistics on care effectiveness, communications, and real-time diagnostic tools. The payoff – “we’ll be able to move away from treating one person at a time, and toward population health management,” predicts Strachan. “With big data, you can get ahead of current conditions to find indices showing someone’s health is about to decline, rather than just treating them when they come in the door.” For example, suppose a patient has been treated in the McLaren system for diabetes, but has not recently had a glucose level check. The system automatically alerts staff to reach out to the patient, inquire, and even schedule an appointment.

Crafting such a comprehensive “person of interest” system for care remains in McLaren’s future. But, it is the near future, and the IT function is already laying the groundwork. “This is the intersection between how health care is changing and reform laws,” concludes Strachan. “We have to have good foundational [IT] tools, but also good clinical tools.”



# McLAREN HEALTH PLAN POSITIONED FOR HEALTHCARE REFORM

*Kathy Kendall, President and Chief Executive Officer, McLaren Health Plan*



Over the past year, all health care plans offered in the U.S. have been busy gearing up to meet coming Affordable Care Act (ACA) mandates. This includes preparing and submitting revised plans and rates to their states and the federal government to assure ACA compliance.

The crunch hit on October 1, when open enrollment in the national Health Insurance Marketplace began.

In Michigan, progress toward making healthcare reform and exchanges a reality has quietly, effectively moved forward, in part through the efforts of the McLaren Health Plan.

McLaren Health Plan began in 1997 as a Medicaid health maintenance organization (HMO). It has grown steadily over a decade and a half to include a commercial HMO, encompassing commercial and individual health care offerings.

“Setting up the health care exchanges has been very complex and confusing,” observes Kathy Kendall, president and CEO of McLaren Health Plan. However, “I think McLaren has done quite well in coming up with unique plans for Michigan.”

McLaren achieved an early jump in the coverage reform process by crafting a number of new products suited to specific coverage needs. The “Rewards” coverage line is customized for individuals and small businesses. Offerings meet the service levels required for ACA-eligible plans – a “Silver” level, with a 30 percent deductible, a “Gold” plan (20 percent deductible) and a “Platinum” plan (10 percent deductible). McLaren provides services through a statewide network of 21,000 care providers and 70 hospitals, through deductibles are waived for services through designated McLaren-owned “Rewards” providers.

“The design we came up with for the Rewards plan provides great value for our system and partners,” notes Kendall. Plus, “if you see one of our Rewards providers, there are no deductibles or co-pays, which means real savings. It’s a win/win for McLaren Health Plan and for health care.”

One problem encountered in selling the ACA has been the “young invincibles.” Young people ages 21 to 30 are often convinced that they’ll live forever – or at least won’t need health coverage at their age. Worse, people in this bracket often lack the income to pay the hefty premiums required under most plans. While an early provision of the ACA requires plans to offer dependent coverage up to the age of 26, a longer-term solution is to get the “invincibles” coverage for themselves. McLaren Health Plan meets this demand with an affordable Young Adult Plan, which trades off higher deductibles for essential health benefits, including emergency care and wellness services.

Launch of McLaren Health Plan’s new Medicare Advantage offering was also “a major milestone of 2013,” according to Kendall. This innovative entry into the Medicare segment is designed for those 65 and up who qualify for Medicare Part A and Part B coverage. This applies to some 1.2 million seniors in the McLaren service area.

Medicare members can access more than 15,000 providers. The plan also includes a broadened coverage option for prescription and over-the-counter drugs. Flat-fee co-payments will make health care budgeting simpler for Medicare enrollees.

Finally, the ACA will drive a major expansion in the state’s Medicaid-eligible population through the Healthy Michigan initiative, estimated as up to 400,000 covered lives. McLaren Health Plan has been beefing up capacity to meet this new need, starting with our 2012 acquisition of CareSource Michigan. This move alone made us the fourth-largest Medicaid care plan in Michigan, with a total of almost 125,000 members. Enrollment in the Healthy Michigan expansion begins in April.

**McLAREN ACHIEVED AN EARLY JUMP IN THE  
COVERAGE REFORM PROCESS BY CRAFTING  
A NUMBER OF NEW PRODUCTS SUITED TO  
SPECIFIC COVERAGE NEEDS.**



## INNOVATION TO SUPPLY CHAIN LEADS TO EFFICIENCIES

**Dave Bueby**, *Corporate Director,  
Supply Chain Management*

All top performing companies are continuously looking for opportunities to improve internal processes and reduce expense streams.

Health systems are the same way – but the stakes are just a bit higher. Consider McLaren Health Care's yearly shopping list of supplies and other materials. Surgical/exam gloves: 17 million pairs. Syringes and needles: 7.2 million. Copy paper: 15 million sheets (despite growing use of electronic health records).

The supply numbers are daunting in themselves, but the logistics involved in making sure everything is where it is needed, when it is needed, are even more intimidating. With over 300 locations, including hospitals, clinics and administrative offices, McLaren Health Care encompasses most of Michigan's Lower Peninsula.

"Supply chain spending is second only to people and benefits," says McLaren CEO Phil Incarnati. With tightened reimbursement for care, innovative management of McLaren's vast supply chain is crucial. So crucial, in fact, that 2013 saw the launch of a bold plan – to cut \$100 million from McLaren's system-wide expenses, primarily in the supply chain.

"We have a challenge to reduce a significant amount of spending over the next three years," observes Dave Bueby, corporate director of supply chain management. To meet this goal, Bueby and his staff are stepping back to take a tough look at McLaren's total supply environment. "This is not just products, but processes, warehouses ... everything related to acquisition, storage and use."

The mind-boggling numbers cited above make this task seem even more intimidating. However, the sheer size of McLaren's logistical needs form a negotiating tool at the acquisition stage. By pooling the demands of such a widespread system into unified purchases, the benefits of scale bring unit pricing down sharply and also make McLaren a "preferred customer." "The volume of McLaren allows for better contracting, and vendors recognize this," notes Bueby. This also puts McLaren at the head of the line for priority fulfillment, for the newest and best items, and for specialty orders on physician preference items.

"Bulking up" our volume wouldn't be practical without a strong, cooperative joint supply chain effort among all McLaren units.

Adding new subsidiaries requires smoothly integrating their needs into the overall corporate program, an expertise McLaren has honed over the years.

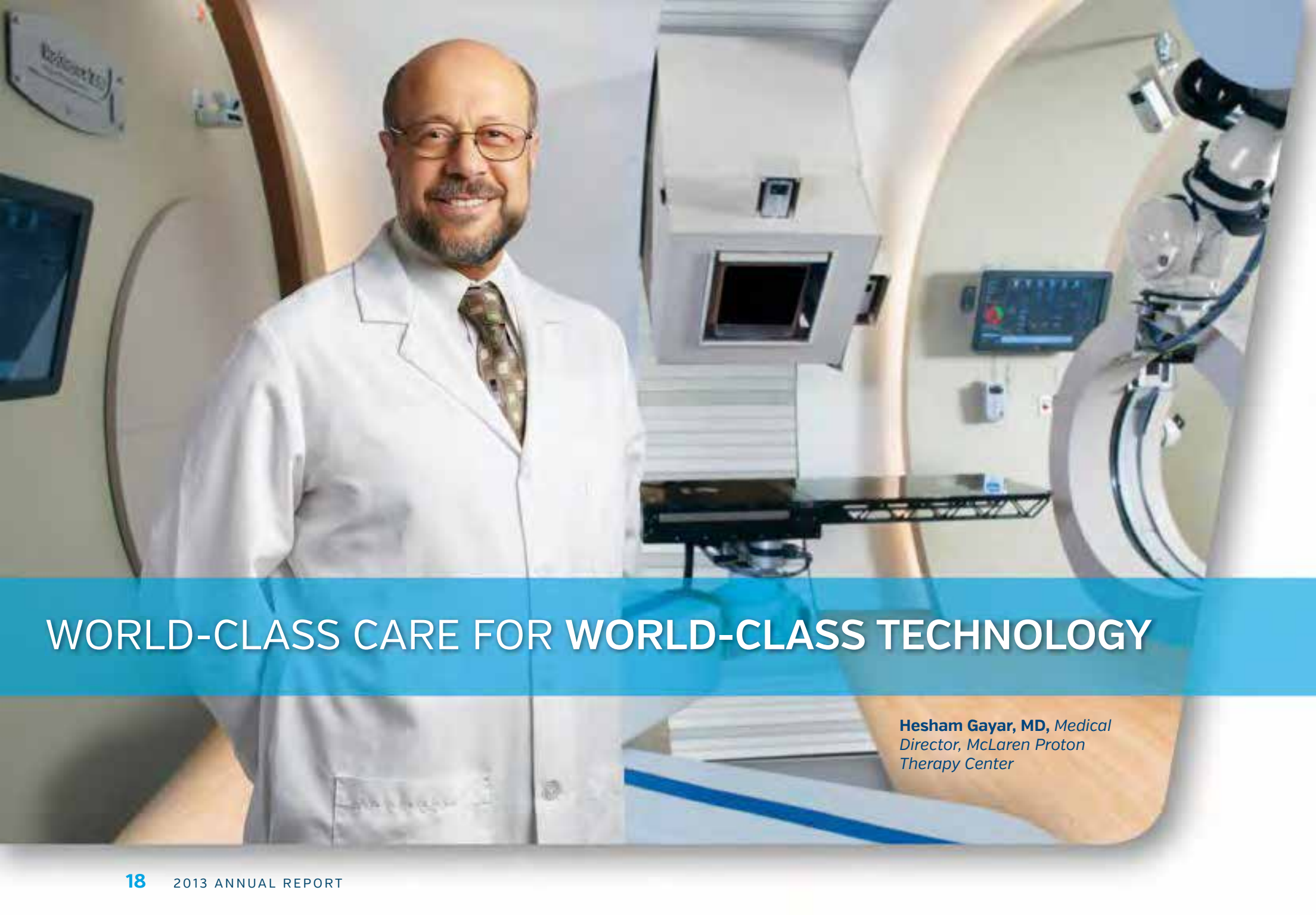
Purchasing is just one element in the \$100 million plan. Bueby notes that some of the ripest low-hanging fruit is in the storage, distribution and logistics segment. The goal is to have components show up "just in time" – when, where, and in the quantity needed. McLaren Oakland was able to sell an offsite warehouse by cutting out middlemen in its supply chain. They have gone from holding onto \$300,000 in inventory to just \$30,000. Multiply this by our many items and subsidiaries, and the \$100 million goal comes within our grasp.

THIS ABILITY TO TRACK INVENTORY IN REAL TIME BY DATE, QUANTITY, USAGE AND DEMAND WILL OFFER **ENORMOUS SAVINGS** IN WAYS YET UNKNOWN.

"Smart" technology is another way to save costs. For example, when a nurse needs a syringe to give a patient medication, she takes one from the storage location in her unit. With "smart" technology, the storage unit tracks just how many syringes are left, and signals the supplier when it is time to restock.

This ability to track inventory in real time by date, quantity, usage and demand will offer enormous savings in ways yet unknown. "We stand to save not only by what we pay for a product, but how we use it, whether it's being underutilized or overutilized," says Bueby. This technology also allows users to offer feedback on needs and usage trends to make the system self learning and more responsive.

McLaren Health Care's "smart" supply chain reforms are coming fast and showing solid results. Concludes Bueby, "I've seen more change in the past 18 to 24 months than in my 28 years in the field. We're ahead of a lot of organizations."



## WORLD-CLASS CARE FOR WORLD-CLASS TECHNOLOGY

**Hesham Gayar, MD**, *Medical Director, McLaren Proton Therapy Center*

The past year saw all the pieces coming together for McLaren Health Care's goal of creating a global center for advanced cancer research, treatment and patient care.

The headline news story in this field for 2013 was the addition of the Karmanos Cancer Institute to the McLaren system, creating the largest cancer research and provider network in Michigan.

Two other keystone elements moved ahead in 2013, with the McLaren Proton Therapy Center nearing final FDA approval and project completion, and the Hospitality House at McLaren opening its doors this past summer.

Proton therapy is the next step in the scientific advance of radiation treatment for cancer, with some of our technology innovations literally first in the world for general use. Proton therapy enables precision in treatment and imaging that will make McLaren a global nexus for care.

This \$70 million investment will bring many significant advances in radiation therapy to McLaren including an emerging form of proton therapy delivery called modulated scanning. This technology focuses a stream of protons in a narrow beam, only millimeters wide, that can be scanned such that radiation is delivered to the entire tumor.

The result is significantly lower dose to surrounding healthy tissue compared to both traditional photon therapy and even earlier forms of proton therapy.

Another critical element in radiation therapy is the ability to precisely locate the tumor within the patient immediately prior to treatment. Our proton system will have integrated cone beam computed tomography (CBCT) that will allow for 3D imaging of the patient helping to ensure accurate delivery. This form of imaging reduces uncertainty in delivery, which in turn allows for a further reduction in dose to healthy tissue that results from these uncertainties.

Technical testing of the proton beam data has proven highly positive, with quality and precision exceeding expectations. "We have observed very impressive beam performance," says Dr. Sung Park, McLaren's chief physicist for the McLaren Proton Therapy Center. "We've been impressed by the stability of the system during our testing." The calibration, testing and safety protocols for such cutting-edge radiation technology are extensive. Everyone involved realizes that there can be no shortcuts in ensuring patient safety, reliability and precision. And, particularly with first-of-its-kind technology, the licensing and federal approval process is extended even more.

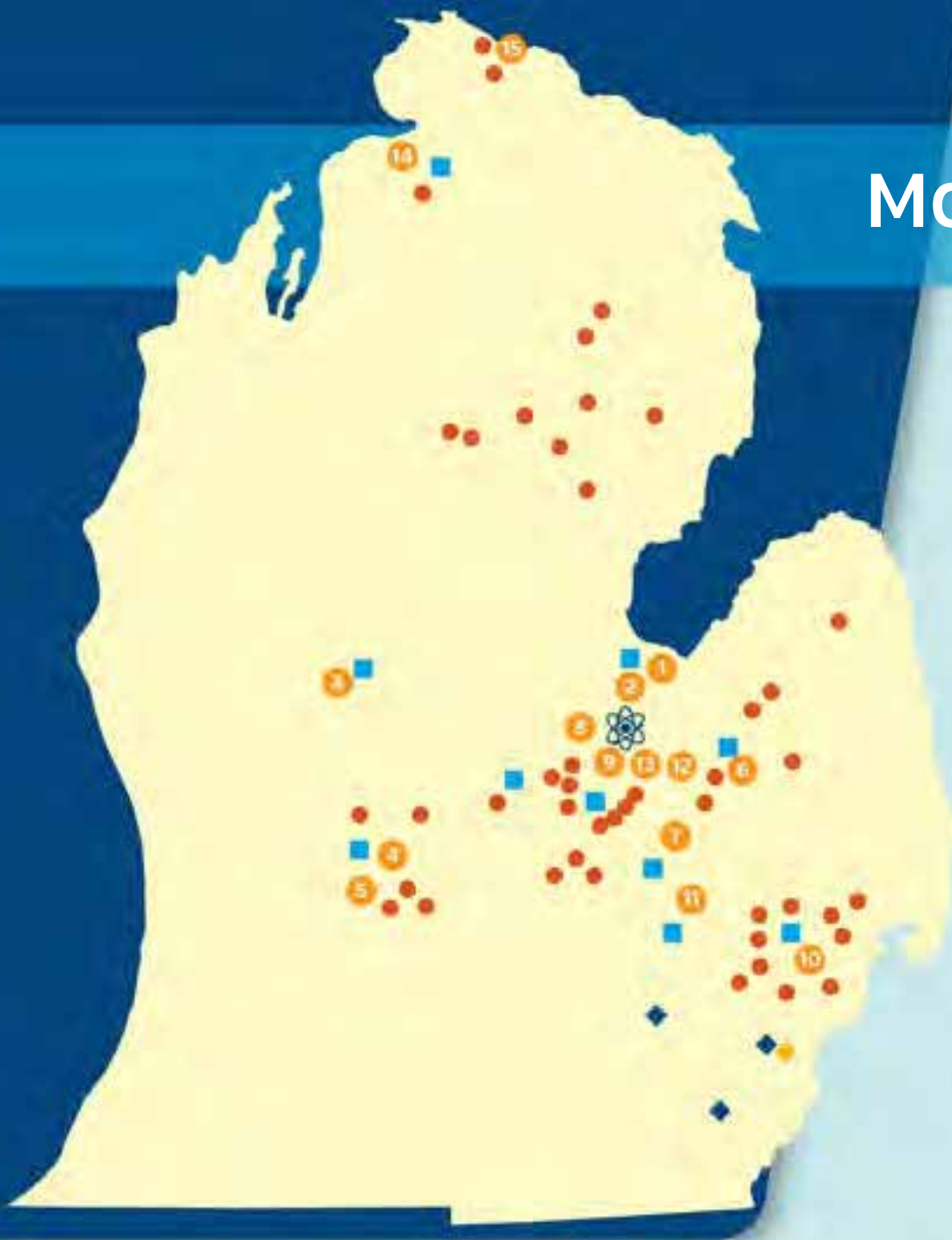
Yet, the promise of proton beam therapy has kept the staff pushing ahead over the past year, and the pace of progress has accelerated. It is anticipated that the first patients will be treated in mid-2014.

One other new facility in McLaren's cancer care master plan was up and running during 2013. The Hospitality House at McLaren, designed to provide affordable and convenient housing for cancer patients and their families, opened in August. Located adjacent to the Proton Therapy Center, the 32-room Hospitality House accommodates short- and long-term stays. Since the McLaren Proton Center will be the only one in Michigan when it opens – and one of only 12 in the United States – many patients will need to travel for care, which can involve daily treatments for several weeks. Beyond comfortable lodging, the Hospitality House offers comprehensive support services, community activities and other amenities for patients and their families. The Hospitality House continues to generate a wealth of community support, with a fundraising campaign raising over \$6.2 million toward the \$8 million goal.



**Teresa Williams**, Director, Hospitality House at McLaren (left) and **Roxanne Caine**, Vice President, McLaren Foundation (right)

# McLAREN 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 Cheboygan Campus
- McLaren Cancer Institute
- ◆ Barbara Ann Karmanos Cancer Institute
- Karmanos Cancer Hospital
- McLaren Medical Group
- ⚗ McLaren Proton Therapy Center

# A Fully Integrated Health Network

**M**claren Health Care is a fully integrated health network, committed to quality, evidence-based patient care and cost efficiency. The McLaren system includes 11 hospitals, ambulatory surgery centers, imaging centers, the state’s only proton therapy center, the state’s largest network of cancer centers and providers [anchored by a dedicated cancer hospital],



**Kathleen Kudray, DO, McLaren Medical Group**

an employed primary care physician network, assisted living facilities, commercial and Medicaid HMOs, home health care and hospice, durable medical equipment, retail pharmacy services, one of the largest allopathic and osteopathic graduate medical education programs in the state, and a wholly owned medical malpractice insurance company.

## McLAREN BY THE NUMBERS\*

Discharges . . . . .	<b>90,611</b>
ER Visits . . . . .	<b>408,881</b>
Surgeries . . . . .	<b>87,622</b>
Births . . . . .	<b>5,191</b>
Outpatient Visits . . . . .	<b>2,499,142</b>
Home Care Visits . . . . .	<b>170,995</b>
Hospice Days . . . . .	<b>94,400</b>
Licensed Beds . . . . .	<b>2,367</b>
Net Revenue . . . . .	<b>\$3 billion</b>

\*ANNUALIZED FOR NEW ACQUISITIONS.

# GOVERNANCE

## **McLaren Health Care Board of Directors**

David McCredie *Chairman*  
E. James Barrett  
Daniel Boge  
Bill Bowen  
David Buzzelli  
H. James Fitzgerald  
James George  
Tony Hain  
Philip Incarnati  
Kathryn Lawter  
Dominic Monastiere  
Thomas Robinet

## **Barbara Ann Karmanos Cancer Center Board of Directors**

Timothy Monahan *Chair*  
Leslie Bowman  
Armando Cavazos  
Ethan Davidson  
Myron Frasier  
Thomas Goss  
Scott Hunter, DMin  
Tom Kalas  
W. James Prowse  
Anthony Rusciano  
Alan Schwartz  
Maureen Stapleton  
Buzz Thomas  
Jane Thomas, PhD  
Manuel Valdivieso, MD

### **EX-OFFICIO**

Charles Becker  
Gerold Bepler, MD, PhD  
Shirish Gadgeel, MD  
Philip Incarnati  
Valerie Parisi, MD  
George Yoo, MD

## **Barbara Ann Karmanos Cancer Institute Board of Directors**

Charles Becker *Chair*  
Randolph Agle  
Eugene Applebaum  
Mary Barra  
Jim Bennethum

Armando Cavazos  
Daniel Cornwell  
KC Crain  
Karen Cullen  
Debbie Dingell  
David Drews  
David Duprey  
Kenneth Eisenberg  
Lil Erdeljan  
Jay Farner  
Michael Ferrantino, Jr.  
Nathan Forbes  
Richard Gabrys  
Bruce Gershenson  
John Giampetroni  
Adnan Hammad, PhD  
Patricia Hartmann  
Ellen Hill Zeringue  
David Jacob  
Peter Karmanos, Jr.  
C. Michael Kojaian  
Edward Levy, Jr.  
Donald Manvel  
Mary Matuja  
Timothy Monahan

Amy Morgan  
Paul Nine  
W. James Prowse  
Dick Purtan  
Hilary Horn Ratner, PhD  
Eunice Ring  
Gary Sakwa  
Nazli Sater  
Marc Schechter  
Alan Schwartz  
John Schwarz, MD  
Nedda Shayota  
Robert Skandalaris  
Robert Stone  
David Trott  
Vainutis Vaitkevicius, MD  
Jeffrey Williams  
Nancy Yaw

### **EX-OFFICIO**

Gerold Bepler, MD, PhD  
Philip Incarnati  
Valerie Parisi, MD  
M. Roy Wilson, MD

## **McLaren Bay Region Board of Directors**

William Bowen *Chairman*  
Gary Bosco  
Terrence Cherwin, DO

Eileen Curtis  
Kathy Czerwinski  
Mitzi Dimitroff  
Alice Gerard  
Michael Gruber, MD  
Philip Incarnati  
Mark Jaffe  
Mark Komorowski, MD  
Debra Lutz  
Earl Mast  
George Middleton  
David Mikolajczak  
Dominic Monastiere  
Amy Rodriguez  
Douglas Saylor, MD  
Robert Sherman  
Robert Winters

## **McLaren Bay Medical Foundation Board of Trustees**

Daniel Engelhardt *Chairman*  
Ashley Anderson  
Paul Begick  
Sally Bowen  
Mark Brissette  
Robert Dimitroff  
Timothy Dust  
Gena Gates  
Nancy Greve  
Edward Keating  
Stephen Kent  
Mark Komorowski, MD  
Richard Lyon  
Donald Massnick  
Pamela Monastiere  
Guy Moulthrop  
Cynthia Phares  
Roger Pickering  
Kimberly Prime, EdD  
Linda Quast  
Richard Steele  
Michael Stodolak  
Barbara Sundstrom  
Mary Beth Taglauer

### **EX-OFFICIO**

Matthew Felan  
Alice Gerard  
Stephen Sannell

## **McLaren Bay Special Care Board of Directors**

Andreas Teich *Chairman*  
Ashley Anderson  
Lori Appold  
Donald Campbell, MD  
Scott Carmona  
Aaron Madziar  
Kimberly Prime, EdD

### **EX-OFFICIO**

Cheryl Burzynski

## **McLaren Bay Region Auxiliary Executive Board**

Debbie Kohn *President*  
Lois Horn  
Judy Johnson  
Sue Keyes  
Cindy Phares  
Sandy Roth  
Michele Sabourin  
Barb Sundstrom  
Linda Szafranski

## **McLaren Central Michigan Board of Directors**

Steven Martineau *Chairman*  
Daniel Boge  
Kenneth Bovee  
Garry Bundy, MD  
Sandra Caul  
Frank Cloutier  
Philip Incarnati  
David Keilitz  
Maxine Klumpp Kent  
William Lawrence  
Janet Maar-Strickler  
Pamela Myler  
Steven Pung  
Ashok Vashishta, MD  
James Wojcik

## **McLaren Central Michigan Volunteers**

Bonnie Vetter *Director*







**McLaren Greater Lansing Board of Trustees**

E. James Barrett *Chairman*  
 Paula Cunningham  
 Tico Duckett  
 Ramiro Gonzales  
 Theresa Hubbell  
 Philip Incarnati  
 Joseph Kozlowski, DO  
 Patricia Lowrie  
 David McSherry  
 Ralph Shaheen  
 Charles Steinberg  
 Rick Wright  
 Everett Zack

**EX-OFFICIO**  
 David Boes, DO  
 Sadiq Syed, MD

**GUEST MEMBER**  
 Tim Johnson

**TRUSTEES EMERITUS**  
 James Fitzgerald  
 Donald Hines  
 Thomas Hoffmeyer  
 Michael Murphy, PhD  
 Barbara Sawyer-Koch

**McLaren Greater Lansing Foundation Board of Trustees**

Scott Stewart *Chairman*  
 Lisa Allen-Kost  
 E. James Barrett  
 Jim Beck  
 April Clobes  
 Shelley Davis Mielock  
 Ray Elton  
 Grace Gibbs, DO  
 Lynn Henley  
 Calvin Jones  
 Michael Kowalczyk, DO  
 Darrell Lindman  
 Rachel Michaud  
 John O'Toole  
 Rusti Owens  
 Charles Taunt, DO  
 Christine Tenaglia, DDS  
 Bruce Thomas  
 Rick Wendorf, PhD  
 Cas Wesolek  
 Keith Williams

Angela Witwer  
 Rick Wright  
 Lyn Zynda  
**TRUSTEE EMERITUS**  
 Becky Beauchine Kulka  
 Seong Chi, MD  
 Salvatore Durso  
 Nancy Elwood  
 Gordon Guyer, PhD  
 Thomas Hoffmeyer  
 Theresa Hubbell  
 Charles Lasky  
 Ralph Shaheen  
 Jeffrey Williams  
 Everett Zack

**McLaren Greater Lansing Volunteer Board of Directors**

Cas Wesolek *President*  
 Sharon Conti  
 Ray Elton  
 Nancy Meddaugh  
 Betty Patterson  
 Siray Taylor

**McLaren Lapeer Region Board of Trustees**  
 Kathryn Lawter *Chairperson*  
 Brad Blaker, DO  
 Barton Buxton  
 Curt Carter

Kevin Carter, DO  
 Philip Incarnati  
 Joan Maten, FNP-BC  
 Karen Mersino  
 Thomas Robinet  
 The Hon. Justus Scott  
 Roger Skindell, DO

**McLaren Lapeer Region Auxiliary Board of Directors**

James Greenwald *President*  
 Sarah Barnes  
 Shirley Bonesteel  
 Mary Jo Daum  
 Cherisse Laidler  
 Tony Monteleone  
 Darlene Rapley  
 Marjorie Stone  
 Mary Ellen Thomas  
 Cindy Tomaschko  
 Suzanne Wurster

**McLaren Lapeer Region Foundation Board**

Timothy Turkelson *Chairman*  
 Elfatih Abter, MD  
 Rick Burrough  
 Barton Buxton  
 Mary Beth Callahan  
 James Greenwald  
 Andy Harrington

**McLaren Cancer Institute Board of Directors**

Philip Incarnati *Chairman*  
 Barton Buxton  
 Reezie DeVet, RN, EdD  
 Alice Gerard  
 Justin Klamerus, MD, MMM  
 Donald Kooy  
 William Lawrence  
 Mark O'Halla  
 Clarence Sevillian  
 Rick Wright

**McLaren Flint Board of Trustees**

Jim Cummins *Chairman*  
 Edward Abbott  
 Jagdish Bhagat, MD  
 Philip Incarnati  
 Donald Kooy  
 David Mazurkiewicz  
 Duane Miller  
 Lawrence Moon  
 Patricia Perrine  
 Elizabeth Murphy  
 Ghassan Saab  
 Sherri Stephens  
 Frazer Wadenstorer, MD

**TRUSTEES EMERITUS**

Sandra Applegate  
 William Churchill  
 Lynn Evans

Harriet Kenworthy  
 Olivia Maynard  
 Edward Neithercut  
 William Piper

**McLaren Foundation Board of Trustees**

Tom Donaldson *Chairman*  
 Steve Cook  
 Hesham Gayar, MD  
 Donald Kooy  
 Raymond Rudoni, MD  
 Mona Sahouri  
 Lakshmi Tummala  
 Marie Wadecki  
 Rick Wyles

**TRUSTEES EMERITUS**

Daniel Anbe, MD  
 Sandra Applegate  
 William Churchill  
 Frederick VanDuyne, MD

**McLaren Flint Auxiliary Board of Directors**

Kathryn Carrithers *President*  
 Judy Dawson  
 Bonnie Gibbs  
 Ginny Livingston  
 Denise Osman





Paul LaFontaine, Jr.  
Rod Mersino  
Marguerite Pope  
Bob Riehl  
Diane Scott  
Steve Starking  
Kenneth Tarr, DO

**McLaren Health Advantage Board of Directors**

Kevin Tompkins *Chairman*  
Kathy Kendall  
Gregory Lane

**McLaren Health Plan Board of Directors**

Kevin Tompkins *Chairman*  
Lakisha Atkins  
Patrick Hayes  
Kathy Kendall  
Donald Kooy  
Dennis LaForest  
David Mazurkiewicz  
Ronald Shaheen, DO

**McLaren Health Plan Community Board of Directors**

Kevin Tompkins *Chairman*  
Kathy Kendall  
David Mazurkiewicz

**McLaren Health Plan Insurance Company Board of Directors**

Gregory Lane *Chairman*  
Margaret Dimond, PhD  
Kathy Kendall

**McLaren Homecare Group Board of Directors**

Joseph Sasiela *Chairman*  
Gwendolyn Bodiford  
Barton Buxton  
Tom Donaldson  
David Mazurkiewicz  
Mark Neumann, DO  
Mark O'Halla  
Dennis Perry, MD  
Clarence Sevillian  
Carl Simcox  
John Szucs

**McLaren Medical Group Board of Trustees**

Philip Incarnati *Chairman*  
Ed Abbott  
Margaret Dimond, PhD  
James Fitzgerald  
Donald Kooy  
Michael McKenna, MD  
David Mazurkiewicz  
Mark O'Halla

**McLaren Macomb Board of Trustees**

Ted Wahby *Chairman*  
Peter Ajluni, DO  
Robert Cannon  
Carolyn Dorian  
Bernadette Gendernalik, DO  
James George  
John Paul Hunt  
Philip Incarnati  
Matthew Moroun  
Mark O'Halla  
Dean Petitpren  
Albert Przybylski, DO  
Thomas Schwanitz  
The Hon. George Steeh

**McLaren Macomb Foundation Board of Trustees**

Randy Pagel *Chairman*  
Linda Adams  
Rita Cavataio  
Tiffane Colombo  
David Duffy  
Frank Henke  
Frank Maniaci  
Robbyn Martin  
Joseph Mericka  
Steven Rybicki  
Gay Ann Schirs  
The Hon. Michael Schwartz  
Michael Sullivan, DO  
Albert Taylor

**Volunteer Guild Officers of McLaren Macomb**

Suzanne Gallas *President*  
Chris Charron  
Paul Palazzola  
Diane Susco-Allen

**McLaren Northern Michigan Board of Trustees**

Robert Foster *Chairman*  
Dave Buzzelli  
H. Gunner Deery, MD  
Reezie DeVet, RN, EdD  
Cindy Dickson  
David Frescoln  
William Hampton, MD  
Joseph Hance, MD  
Elise Hayes  
William Henry, MD  
Philip Incarnati  
Tom Irwin  
Tom Moran  
Jill O'Neill  
David Rynbrandt, MD  
James Shirilla, MD  
Ann Stallkamp

**McLaren Northern Michigan Foundation Board of Trustees**

Robert Schirmer *Chairman*  
Patricia Anton  
Michael Bacon, DO  
Lawrence Buhl, Jr.  
Sally Cannon, PhD  
Murray Cotter, MD, PhD  
Gay Cummings  
Reezie DeVet, RN, EdD  
Stephen Eibling  
Elise Hayes  
Patrick Leavy  
William Meengs, MD  
Miriam Schulingkamp  
John Shevillo  
Tracy Souder  
Miles Trumble, MD

**McLaren Northern Michigan Cheboygan Campus Guild**

Kathie Nihls *President*  
Charlene Elliott  
Charlene McClurg  
Cherie Precord  
Kathy Sell

**McLaren Oakland Board of Trustees**

The Hon. Leo Bowman *Chairman*  
John Bueno  
Ralph Gilles  
Tony Hain  
Wendy Hemingway  
Philip Incarnati  
Jeff Love  
Allen Prince, DO  
Leonard Salvia, DO  
Clarence Sevillian  
James Stepanski, DO

**McLaren Oakland Foundation Board of Trustees**

Tressa Gardner, DO *Chairperson*  
Jackie Buchanan  
Laura Clark-Brown  
Thomas Guyer  
Christopher Johnston  
Diana Jones  
Rick Laney  
Carolyn Mehall  
Forrest Milzow  
Kurt Mueller, CPA  
Darryl Nolen  
William Price  
Barbara Whittaker

**EX-OFFICIO**

Clarence Sevillian  
Teresa Rodges

**Regional EMS Board of Trustees**

Gregory Lane *Chairman*  
Greg Beauchemin  
Gerson Cooper  
David Mazurkiewicz  
Thomas Mee

# CORPORATE ADMINISTRATION

## **McLaren Health Care**

Philip Incarnati *President and Chief Executive Officer*

Gregory Lane *Senior Vice President and Chief Administrative Officer*

David Mazurkiewicz *Senior Vice President and Chief Financial Officer*

Michael McKenna, MD *Executive Vice President and Chief Medical Officer*

William Peterson *Vice President of Human Resources*

Ronald Strachan *Chief Information Officer*

Michael Taylor *Executive Vice President and Chief Operating Officer*

Kevin Tompkins *Vice President of Marketing*

## **Barbara Ann Karmanos Cancer Hospital**

Gerold Bepler, MD, PhD *President and Chief Executive Officer*

Kathleen Carolin, RN *Senior Vice President of Ambulatory and Support Services*

Karen Goldman, RN, MSN, AOCN *Chief Nursing Officer and Senior Vice President of Cancer Patient Services*

Allison Martin *Vice President of Compliance and Regulatory*

Philip Philip, MD, PhD *Vice President of Medical Affairs*

George Yoo, MD *Chief Medical Officer*

## **Barbara Ann Karmanos Cancer Institute**

Gerold Bepler, MD, PhD *President and Chief Executive Officer*

Carol Christner *Director of Government Relations*

Connie Claybaker *Associate Center Director of Research Administration*

Michael Grisdela *Executive Vice President and Chief Financial Officer*

David Jansen *Vice President of Human Resources*

Nick Karmanos *Senior Vice President of Institutional Relations*

Justin Klamerus, MD, MMM *Chief Quality Officer and Executive Vice President of Community Based Cancer Programs*

Sharon Lukas *Chief of Staff*

Scott McCarter *Chief Information Officer*

Linda Remington *Executive Director of Marketing and Communication*

Ann Schwartz, PhD, MPH *Deputy Director and Executive Vice President of Research and Academic Affairs*

George Yoo, MD *Physician-in-Chief*

## **McLaren Bay Region**

Alice Gerard *President and Chief Executive Officer*

David Clayton *Vice President of Practice Management and Development*

Greg Purtell *Vice President of Human Resources*

Magen Samyn *Vice President of Marketing and Public Relations*

Stephen Scannell *Chief Financial Officer*

Jay Summer, MD *Vice President of Medical Affairs*

Ellen Talbott *Vice President of Patient Care Services*

John Way, MD *Associate Vice President of Medical Affairs*

## **McLaren Bay Special Care**

Cheryl Burzynski *President*

## **McLaren Cancer Institute**

Justin Klamerus, MD, MMM *President and Medical Director*

## **McLaren Central Michigan Administration**

William Lawrence *President and Chief Executive Officer*

Sheri Myers *Vice President of Patient Care Services*

Carolyn Potter *Vice President of Human Resources*

Mike Terwilliger *Vice President of Facilities and Support Services*

## **McLaren Flint**

Donald Kooy *President and Chief Executive Officer*

Roxanne Caine *Vice President of The McLaren Foundation*

Cheryl Ellegood *Vice President of Business Development and Clinical Services*

Rachelle Hulett *Vice President of Human Resources*

Diane Kallas *Vice President of Nursing Services*

Brent Wheeler *Vice President of Ancillary and Support Services*

Jason White, MD *Vice President of Medical Affairs*

Rick Wyles *Vice President of Finance and Chief Financial Officer*

Carol Solomon *Vice President, Chief Financial and Operating Officer*

## **McLaren Homecare Group**

Steven Serra *President and Chief Executive Officer*

Paul Belonga *Vice President of Laboratory*

Dan Gillett *Vice President of Integration/Innovation, Compliance Officer*

Carla Henry *Vice President of Human Resources*

Mark McPherson *Vice President and Chief Financial Officer*

## **McLaren Lapeer Region**

Barton Buxton *President and Chief Executive Officer*

Mary Beth Callahan *Chief Financial Officer*

Amy Dorr *Vice President of Human Resources*

Susan Perry-Nolte *Director Marketing and Public Relations*

Ken Sanger *Chief Nursing Officer*

Gary Salem, DO *Vice President of Medical Affairs*



### **McLaren Macomb**

Mark O'Halla *President and Chief Executive Officer*

Christopher Candela *Chief Operating Officer*

Susan Durst, RN *Vice President of Nursing and Chief Nursing Officer*

Laura Gibbard *Vice President of Human Resources*

David Pinelli, DO *Vice President of Medical Affairs and Chief Medical Officer*

Sharyl Smith *Vice President of Marketing, Planning and Public Relations*

Damon Sorensen *Vice President of Finance and Chief Financial Officer*

### **McLaren Medical Group**

Margaret Dimond, PhD *President and Chief Executive Officer*

Robert Guha *Vice President and Chief Financial Officer*

### **McLaren Northern Michigan**

Reezie DeVet, RN, EdD *President and Chief Executive Officer*

David Bellamy *Chief Financial Officer*

Gene Kaminski *Vice President of Human Resources*

Kirk Lufkin, MD *Vice President of Medical Affairs*

Nancy Martin *VitalCare President and Chief Executive Officer*

Mary-Anne Ponti, RN, DBA *Chief Operating Officer*

Moon Seagren *Vice President and Chief Development Officer*

Jennifer Woods, RN *Vice President and Chief Nursing Officer*

### **McLaren Oakland**

Clarence Sevillian *President and Chief Executive Officer*

Steven Calkin, DO *Vice President of Medical Affairs*

Michele Carey, RN *Vice President of Nursing*

Fred Kort *Vice President and Chief Financial Officer*

### **Regional EMS**

Keith Hart *Operations Manager*

Harold McNew *Operations Supervisor*



# MEDICAL EXECUTIVES

### **Barbara Ann Karmanos Cancer Center Medical Executives**

#### **President**

Shirish Gadgeel, MD

#### **President-Elect**

Elisabeth Heath, MD

#### **Secretary-Treasurer**

Ayman Soubani, MD

#### **At-Large Officers**

Abhinav Deol, MD

Jeffrey Triest, MD

#### **DEPARTMENT SERVICE CHIEFS**

##### **Anesthesia**

Douglas Bacon, MD

##### **Cancer Rehabilitation**

Lawrence Horn, MD

##### **Cardiology**

Vacant

##### **Dermatology**

Darius Mehregan, MD

##### **Diagnostic Radiology**

Sharon Helmer, MD

##### **Hematology-BMT**

Joseph Uberti, MD

##### **Infectious Diseases**

Pranatharthy Chandrasekar, MD

##### **Laboratory Medicine**

Arthur Eisenbrey, MD

##### **Medical Oncology**

Antoinette Wozniak, MD

##### **Medicine**

John Flack, MD

##### **Neurology**

Geoffrey Barger, MD

##### **Neurosurgery**

Murali Guthikonda, MD

##### **Obstetrics-Gynecology**

Elizabeth Puscheck, MD

##### **Ophthalmology**

Mark Juzych, MD

##### **Orthopedics**

Lawrence Morawa, MD

#### **Otolaryngology**

Robert Mathog, MD

#### **Pathology**

Wael Sakr, MD

#### **Psychiatry**

Richard Balon, MD

#### **Pulmonary and Critical Care**

Ayman Soubani, MD

#### **Radiation Oncology**

Harry Kim, MD

#### **Surgical Oncology**

Steve Kim, MD

#### **Thoracic Surgery**

Frank Baciewicz, MD

#### **Urology**

Michael Cher, MD

### **McLaren Bay Region Medical Executives**

#### **Chief of Staff**

Mark Komorowski, MD

#### **Immediate Past Chief**

Japhet Joseph, MD

#### **Vice Chief of Staff**

Jonathan Abramson, MD

#### **Secretary-Treasurer**

Scott Vandenbelt, MD

#### **Utilization and Record Management Committee Chairman**

Valluru Reddy, MD

#### **Practitioner Excellence Committee Chairman**

Christopher Bruck, MD

#### **Quality Council Chairman**

Scott Vandenbelt, MD

#### **DEPARTMENT CHAIRMEN**

##### **Anesthesia**

Peter Calkin, DO

##### **Cardiac Services**

Subbarao Chavali, MD

#### **Diagnostic Imaging**

Bassam Daghman, MD

#### **Emergency Services**

Kenneth Parsons, MD

#### **Family Practice**

Sheryl Hasegawa, DO

#### **Internal Medicine**

Saad Ahmad, MD

#### **Neurosciences**

Srinivasachari Chakravarthi, MD

#### **Obstetrics-Gynecology**

Douglas Saylor, MD

#### **Ophthalmology-Otolaryngology**

Scott Baker, MD

#### **Orthopedic Surgery**

Branislav Behan, MD

#### **Pediatrics**

Dariusz Balinski, MD

#### **Psychiatry**

Mukesh Lathia, MD

#### **Surgery**

Richard Rahall, DO

### **McLaren Central Michigan Medical Executives**

#### **Chief of Staff**

Garry Bundy, MD

#### **Chief of Staff Elect**

Charles Lilly, MD

#### **Secretary-Treasurer**

Jerry Elliot, MD

#### **Members at Large**

Brian Doughty, DO

Constanza Fox, MD

Michael Gross, MD

Robin O'Dell, DO

#### **DEPARTMENT CHAIRMEN**

##### **Anesthesiology**

Michael Gross, MD

##### **Emergency Medicine**

Daniel Wilkerson, MD

**Diagnostic Imaging**  
Sunder Kurapati, MD

**Family Practice**  
Nisha Vashishta, MD

**Internal Medicine**  
Faris Atchoo, DO

**Obstetrics-Gynecology**  
Steven Podolsky, MD

**Pediatrics**  
Bhekumusa Msibi, DO

**Surgery**  
Kent Kirby, MD

**McLaren Flint**

**Chief of Staff**  
Jagdish Bhagat, MD

**Immediate Past Chief**  
Jagdish Bhagat, MD

**Vice Chief of Staff**  
Raymond Rudoni, MD

**Secretary-Treasurer**  
David Wiese, MD

**Members At Large**  
Jamal Hammoud, MD  
Linda Lawrence, MD  
Michael Mueller, MD

**DEPARTMENT CHAIRMEN**

**Anesthesiology**  
Jeffrey Smith, DO  
Venkata Kilaru, MD  
*Associate Chairman*

**Emergency Medicine**  
Raymond Rudoni, MD  
Jodi Ralston, MD  
*Associate Chairman*

**Family Practice**  
Paul Lazar, MD  
Ronald Hunt, MD  
*Associate Chairman*

**Internal Medicine**  
T. Trevor Singh, MD  
James Vyskocil, MD  
*Associate Chairman*

**Obstetrics-Gynecology**  
Joseph Metz, MD  
Nita Kulkarni, MD  
*Associate Chairman*

**Orthopedic Surgery**  
Norman Walter, MD  
Sidney Martin, MD  
*Associate Chairman*

**Pathology**  
David Wiese, MD  
Aamir Ahsan, MD  
*Associate Chairman*

**Pediatrics**  
Kenneth Vobach, MD  
Timur Sumer, MD  
*Associate Chairman*

**Physical Medicine**  
Ed Atty, MD  
James Stathakios, Jr., MD  
*Associate Chairman*

**Psychiatry**  
K. V. Mathew, MD  
James Aills, MD  
*Associate Chairman*

**Radiology**  
Christopher Conlin, MD  
Edmund Louvar, MD  
*Associate Chairman*

**Radiation Oncology**  
Hesham Gayar, MD  
Jack Nettleton, MD  
*Associate Chairman*

**Surgery**  
Frederick Armenti, MD  
Michael Mueller, MD  
*Associate Chairman*

**DEPARTMENT DIVISION CHIEFS**

**Allergy**  
Fikria Hassan, MD

**Cardiology**  
James Chambers, DO

**Dermatology**  
Vacancy

**Endocrinology**  
Jamal Hammoud, MD

**Gastroenterology**  
Sunil Kaushal, MD

**General Internal Medicine**  
Shady Megala, MD

**Hematology-Oncology**  
Madan Arora, MD

**Infectious Diseases**  
Gregory Forstall, MD

**Nephrology**  
Nabil Zaki, MD

**Neurology**  
Devinder Bhrany, MD

**Pulmonary Diseases**  
Piyush Patel, MD

**Rheumatic Diseases**  
Vacancy

**SURGERY DEPARTMENT**

**General Surgery**  
Sukamal Saha, MD

**Neurological Surgery**  
Hugo Lopez-Negrete, MD

**Ophthalmology**  
Frederick Bruening, MD

**Oral Surgery**  
Vacancy

**Otolaryngology**  
Vacancy

**Plastic Surgery**  
William Thompson, Jr., MD

**Thoracic Surgery**  
Anup Sud, MD

**Urology**  
Stephen Wang, MD

**Vascular Surgery**  
Robert Molnar, MD

**McLaren Greater Lansing  
Medical Executives**

**Chief of Staff**  
Joseph Kozlowski, DO

**Immediate Past Co-Chiefs**  
Thomas Archambeau, MD  
Mehboob Fatteh, MD

**Co-Chiefs of Staff Elect**  
David Boes, DO  
Sadiq Syed, MD

**Secretary**  
Andrew Duda, MD

**Treasurer**  
John Throckmorton, DPM



**Members At Large**

Grace Gibbs, DO  
Scott Kuhnert, MD  
Scott Plaehn, DO  
Mia Michelena, DO

**MSU-COM Representative**  
Dean William Strampel, DO  
Donald Sefick, DO

**Graduate Medical Education**  
Darryll Patterson, MD

**DEPARTMENT CHAIRMEN**

**Anesthesiology**  
Dana Duren, DO

**Cardiology**  
Chad Link, DO

**Emergency Medicine**  
Robert Orr, DO

**Family Practice**  
Dennis Perry, MD

**Internal Medicine**  
Aaron Bohrer, DO

**Obstetrics-Gynecology**  
Robert Seiler, DO

**Orthopedics**  
Wesley Mesko, MD  
Michael Shingles, DO

**Pathology**

Neil Caliman, MD

**Pediatrics and  
Adolescent Medicine**  
Abdalla Abdalla-Ali, MD

**Patient Safety**  
Gary Roth, DO

**P & T Chair**  
Erik Wert, DO

**Radiology**  
Amy Federico, DO

**Surgery**  
Jeffrey Deppen, DO

**McLaren Lapeer Region  
Medical Executives**

**Chief of Staff**  
Kenneth Tarr, DO

**DEPARTMENT CHAIRMEN**

**Family Medicine**  
Christopher Steinacker, DO

**Medicine**  
Muhammad Kashlan, MD

**Surgery**  
Sabry Mansour, MD



**CHIEFS OF SECTIONS**

- Anesthesiology**  
Baher Boctor, MD
- Emergency Medicine**  
Brad Blaker, DO
- General Surgery**  
Ratan Rajani, MD
- Internal Medicine**  
Myraslov Harhula, MD
- Obstetrics-Gynecology**  
Lisa Allen, DO
- Orthopedics**  
Gordon McClimans, DO
- Otolaryngology**  
Douglas Hegyi, DO
- Pathology**  
Nader Bassily, MD
- Pediatrics**  
Pooja Tangri, DO
- Physical Medicine**  
Karim Fram, MD
- Psychiatry**  
K.V. Mathew, MD
- Radiology**  
Kenneth Tarr, DO

**Urology**  
Dindigalla Ramana, MD

**McLaren Lapeer Region  
Medical Directors**

- Cardiovascular**  
Majed Nounou, MD
- Neurosurgical**  
Vacant
- Orthopedic Trauma**  
John Olenyn, MD
- Trauma Medical**  
Ruben Toribio, MD

**McLaren Macomb  
Medical Executives**

- President/Chief of Staff**  
Bernadette Gendernalik, DO
- Vice President**  
Andrew Staricco, MD
- Secretary-Treasurer**  
Michael Sullivan, DO
- Past President**  
James Johnson, DO

**DEPARTMENT CHAIRMEN**

- Anesthesiology**  
James Jordan, DO
- EENT&PS**  
David DeMello, DO
- Emergency Medicine**  
James Larkin, DO
- Family Medicine**  
Lori Dillard, DO
- Internal Medicine**  
Richard Reece, DO
- Obstetrics-Gynecology**  
Thomas Alderson, DO
- Orthopedic Surgery**  
James Kehoe, DO
- Pathology**  
Monroe Adams, DO
- Pediatrics**  
Hassan Hasaba, MD
- Radiology**  
Karl Doelle, DO
- Surgery**  
Michael D'Almeida, DO

**LIAISON OFFICERS**

- Family Medicine Liaison**  
Albert Przybylski, DO
- Specialist Liaison**  
Beth Wendt, DO

**McLaren Northern Michigan  
Medical Executives**

- Chief of Staff**  
William Henry, MD
- Chief of Staff Elect**  
William Hampton, MD
- Members At Large**  
John Everett, DO  
William Heise, MD  
Ryan Hoenicke, MD  
David Knitter, MD  
Kevin Markham, MD  
J.D. Talbott, DO
- Medical Staff Quality Committee**  
William Kane, MD
- Credentials Committee**  
Andrea Naylor, MD

- Medicine Service**  
Eric Basmaji, MD
- Surgery Service**  
Mark Bielaczyc, MD

**McLaren Oakland**

- President of Professional Staff**  
David Forster, DO
- Vice Chief of Staff**  
Mark Schury, DO
- Secretary-Treasurer**  
Mark Stuart, DO

**DEPARTMENT CHAIRMEN**

- Bio-Ethics**  
Kenneth Richter, DO
- Credentials**  
Craig Magnatta, DO
- Mortality Review**  
Lisa Kaiser, DO
- OMT Committee**  
Mary Goldman, DO
- Surgery**  
John Ketner, DO
- Utilization Review**  
Harrison Tong, DO

**Trauma**  
David Forster, DO

**DEPARTMENT DIVISION CHIEFS**

- Anesthesiology**  
Paul Urbanowski, DO
- Cardiology**  
Mark Stuart, DO
- Critical Care**  
Scott Simecek, DO
- Family Practice**  
Robert Basak, DO
- Internal Medicine**  
Erica Harding, DO
- Otolaryngology**  
Gary Kwartowitz, DO
- Orthopedic**  
Michael Fugle, DO
- Pathology**  
David Wiese, DO
- Radiology**  
Mahmood Khalid, MD
- Medical Education Director**  
JoAnn Mitchell, DO







3235 BEECHER ROAD  
FLINT, MICHIGAN 48532-3985  
810.342.1100  
McLAREN.ORG