

ANNUAL REPORT 2020



OUR MISSION

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

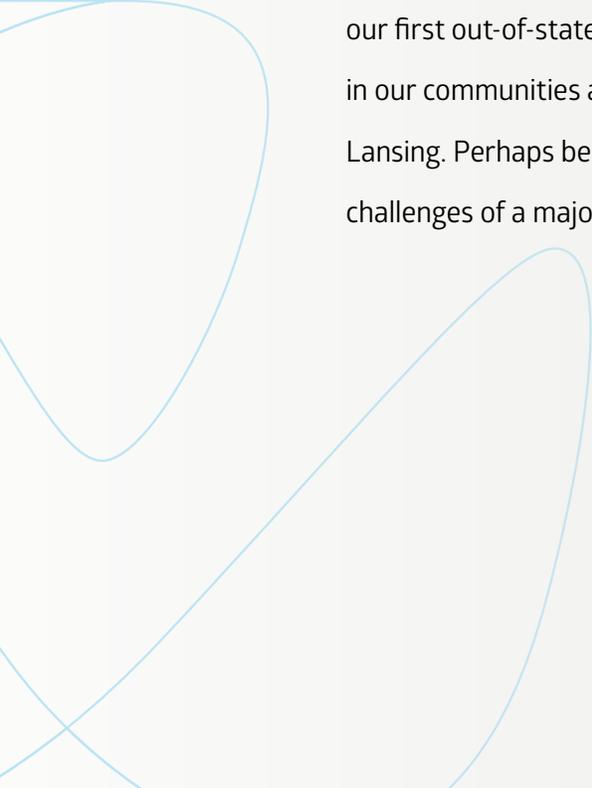


On the Cover: *Karen DenBesten, MD, Infectious Disease Specialist, McLaren Northern Michigan, one of the many McLaren frontline heroes helping patients fight COVID-19.*



How does anyone respond to a year like 2020, when we all faced a global pandemic that is proving the greatest health challenge of modern times? A year when COVID-19 endangered lives, locked us down, brought shortages of basic supplies, and hammered the world economy?

At McLaren Health Care, we responded with what we know best — high value, high quality health care. Capabilities, people, knowledge and resources that we've invested years honing into a powerful health care structure met the COVID tide head on, and proved their worth. The challenges of 2020 were real and sometimes forced us to innovate on the spot. But the value of a system-wide strategic plan is its flexibility and resilience. Better still, our scale and long-term vision gave us the strength to persevere with other initiatives during 2020. We added St. Luke's in Ohio as our first out-of-state hospital partner. We've continued to upgrade facilities in our communities and made solid progress on our all-new hospital in Lansing. Perhaps best of all, our quality scores improved despite the challenges of a major pandemic.



20/20 Vision: Reshaping Health Care with Unwavering Focus and Action

Unequivocally, 2020 has been a year like none other in our lifetimes. The COVID-19 crisis has defined 2020 for all of us, reshaping not only health care, but society, the economy, and our very lives. For McLaren Health Care (MHC), we suddenly found ourselves on the front lines of a global battle, not only against the coronavirus, but against uncertainty, fear, and shortages that threatened our entire state.

At McLaren, we knew early on that the COVID crisis would demand our unwavering focus and action. One of our first steps last March was to form a multidisciplinary Emerging Pathogens Response Team (EPRT) with membership from across the McLaren system. These were committed physicians, administrators and department leaders, meeting online every morning at 8 a.m. (and many more times day and night) to coordinate our response, shape best practices, allot and manage resources and guide us through uncertainty. MHC Chief Medical Officer Dr. Michael McKenna led the EPRT and also represented us in an ad hoc group of chief medical officers from among the state's major health care systems. During a global pandemic, we didn't see competitors — only partners.

The challenges were daunting but drove our team to innovate as never before. Patients couldn't come to office visits — so we turbocharged our online and telemedicine capabilities to provide access for virtual visits. Soaring demand and tight supplies triggered sudden shortages of basic medical supplies, such as face masks, gowns and hand sanitizers. Our supply chain staff worked tirelessly tracking all sources, both standard and unconventional, and came through for us. We found a small manufacturer in Petoskey who could ramp up production to 9,000 surgical gowns a day, and we invested in a domestic producer of vital PPE to help assure supply. We further invented new logistical systems to procure

and deliver needed items statewide to best protect our employees and patients.

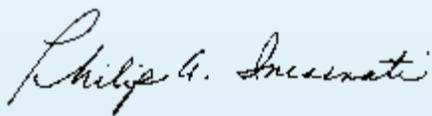
Another impact on our system is the huge economic challenges COVID brought to health care. The postponement of all elective procedures at hospitals statewide this past spring, massive new costs for supplies and resources, and disruption of services brought substantial financial losses for us in the spring. We responded early with tough belt tightening and cutbacks, and were able to avoid tapping into emergency federal loans. Still, our 2021 budget is the 32nd I've helped prepare, and I don't remember us having so many unknowns in shaping a revenue model. Patient volumes are returning, but in late 2020, our inpatient revenues were still down 5 to 7 percent. Given the tight margins of health care budgeting, this is a major hit. Yet a regional health care system must plan and build for the long term, no matter what short-term storms we face.

Growth of our system has always been a key focus and, to that end, the most significant milestone of 2020 was our first hospital acquisition outside of Michigan. In October, we added St. Luke's hospital in Maumee, Ohio. This 312-bed hospital has been a part of the community since 1906, is the market leader in its service area and serves the fastest-growing area of the broader Toledo market. This venture opens the door for further expansion of our system into Ohio, which is in the works. Reaching outside of McLaren Health Care's

traditional Michigan base is crucial, as merger and acquisition activity in the health care market is accelerating.

Along with our Ohio expansion, we continued strategic investments in 2020. Our collaboration with Walgreens to open *McLarenCareNow* retail clinics in many of their pharmacies is moving ahead. The first clinic has just opened in Fenton, and 11 more are in various stages of construction. Our statewide investments in McLaren facilities also continued. Our new Lansing hospital on the Michigan State University campus is our biggest project. Despite losing several weeks of construction through COVID-related delays, this project is now back on track, as are expansions at our Farmington Hills cancer center, McLaren Northern Michigan in Petoskey, McLaren Port Huron, McLaren Macomb and McLaren Lapeer Region.

Some of our long-term investments proved of immediate value during the past year. Our telemedicine capability was suddenly an urgent necessity. With facilities closed and patients adhering to COVID restrictions, telehealth exploded from dozens to thousands of visits daily, and proved a literal life saver. Going forward, we've expanded the scale and scope of our medical research, with COVID-related research attracting more physician interest and participation. And, with the recent availability of the first COVID vaccines, our health care system holds an important role in administering tens of thousands of vaccines to our workforce and, eventually, the community.



PHILIP A. INCARNATI
President and CEO
McLaren Health Care



Philip A. Incarnati, President and CEO



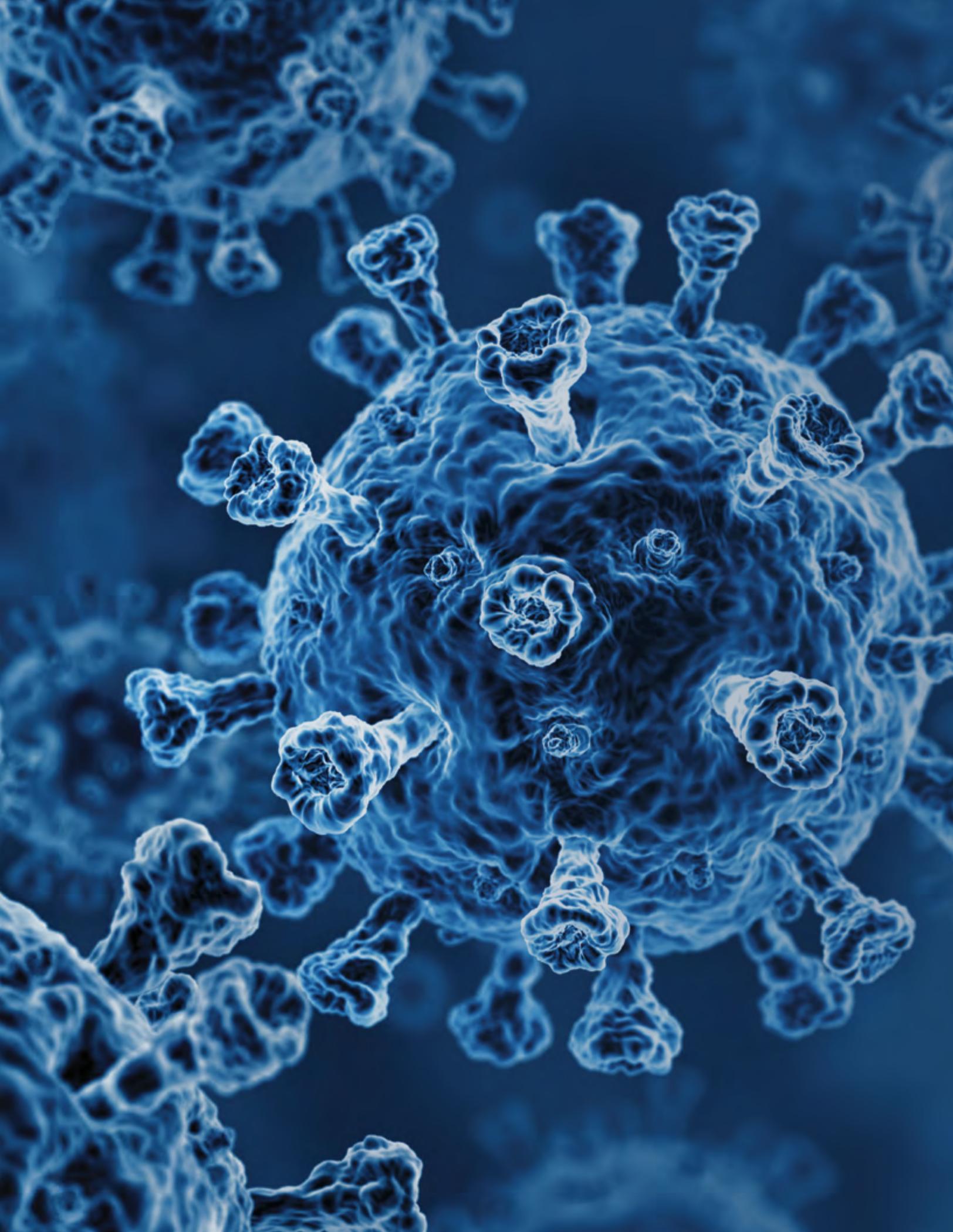
Daniel Boge, Chairman, Board of Directors

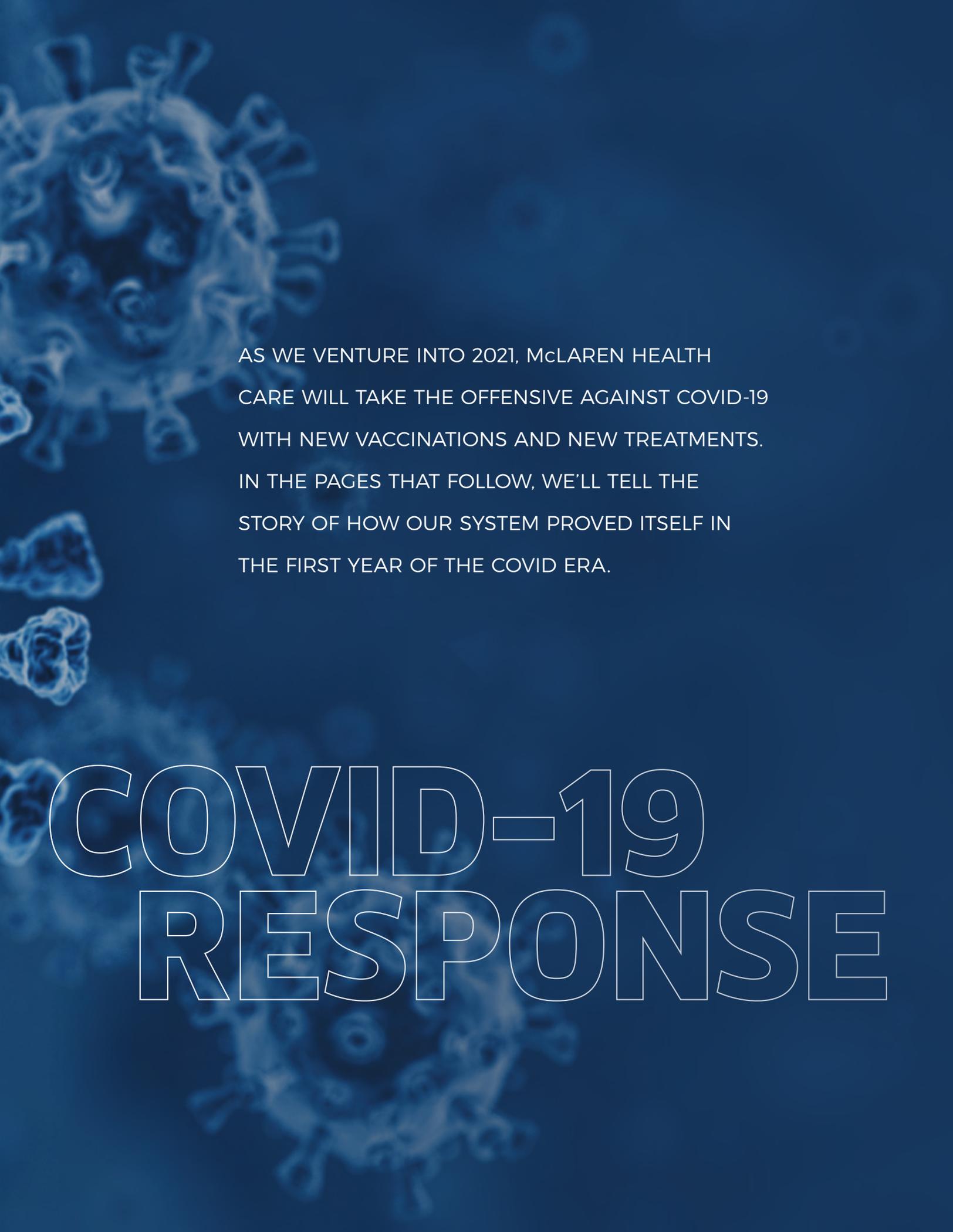
Yet, all of these technical and operational capabilities would have counted for nothing in 2020 if not for the people of McLaren. I cannot overstate just how courageous all of our employees and providers proved to be during the past year's crisis. Dedicated staff and employees, from the front line to the offices, accepted risk to themselves and their families. Our physicians, nursing staff, respiratory therapists, transporters, radiology and lab technicians, and thousands of other McLaren people stepped up to care for patients and provide vital services in meeting health care needs. Everyone knew their roles and did their part, and I couldn't be more grateful and proud of our entire McLaren workforce.

The year 2020 will be remembered as the year of McLaren Health Care's greatest challenges. But thanks to the resilience and collaboration of our entire team, these were challenges we rose to meet.



DANIEL BOGE
Chairman, Board of Directors
McLaren Health Care





AS WE VENTURE INTO 2021, McLAREN HEALTH CARE WILL TAKE THE OFFENSIVE AGAINST COVID-19 WITH NEW VACCINATIONS AND NEW TREATMENTS. IN THE PAGES THAT FOLLOW, WE'LL TELL THE STORY OF HOW OUR SYSTEM PROVED ITSELF IN THE FIRST YEAR OF THE COVID ERA.

COVID-19 RESPONSE

Rapid Response to Pandemic Brings Out Our Team's Shining Best

THIS YEAR'S ANNUAL REPORT TELLS THE STORY OF McLAREN HEALTH CARE'S SYSTEM-WIDE RESPONSE TO THE COVID-19 CRISIS. OUR THOUSANDS OF INDIVIDUAL TEAM MEMBERS WHO STEPPED UP, OUR WORK TO SECURE AND DISTRIBUTE PROTECTIVE GEAR, AND OUR COMMITMENT TO KEEP OUR FACILITIES SAFE AND OPERATING.

Yet all these efforts would have failed without an intense team effort from the very top levels of McLaren to assess the situation, develop best practices, and then quickly network them throughout the system.

In February, when most of the world just started hearing about some new virus over in China, we formed an Emerging Pathogens Response Team (EPRT). This gathered leaders among physicians, nursing, safety, infection control, lab and pharmacy, emergency services, and other clinical fields. But the scope of the COVID crisis demanded broader talents as well, with EPRT membership

also adding human resources, marketing, legal and top McLaren corporate executives. The result was a diverse, but compact, multidisciplinary team of about 50 members. Three subgroups were designated to craft a pandemic response plan, guide communications and address provider/clinical issues.

"We formed the EPRT very early, and by mid-March we were meeting twice daily," says Dr. Michael McKenna, chief medical officer of McLaren Health Care. "Over a 24-hour period, we would open new ICU units ... then discover they weren't enough, and we had to open more." The





concentration of early COVID cases in Michigan's urban areas was a particular challenge for McLaren's southeast Michigan hospitals. "There was a tremendous activity at certain hospitals, but it didn't affect the whole state at first. Some hospitals had no cases." The state shutdown on elective medical procedures added to the turmoil and uncertainty.

Yet the EPRT kept up the pace, with meetings and discussion on best practices during the crucial spring season. How do we establish, staff, operate and supply COVID screening locations (12 testing sites were in operation at McLaren facilities statewide by April)? How could COVID cases and screenings be structured to maintain infection controls? What are best practice testing and treatment protocols for COVID cases, and how do we stay up to the minute on these developing standards? How do we assure supplies of protective gear, respirators and other scarce items? And how do we communicate safety practices and other vital info to the public?

"We met very frequently in the spring to set policies and procedures," Dr. McKenna recalls. "We needed to handle cases the same way throughout the system, and the information sharing proved very helpful. Someone would say 'We tried this new medication, or this trial,' and we'd share it across the system. Everyone knew we had to get this done, so if new information came in, we all worked cooperatively."

This cooperation extended outside of the McLaren system. Dr. McKenna was part of a chief medical officers' group convened by the Michigan Health and Hospital Association to pool ideas and efforts among major state health care systems. The group sought clarification and changes in the state shutdown policy, and coordinated protocols on visitor policies, masking, infection controls and other needs so "statewide, if one hospital system was using a practice, the others would be as well."

The end result of the team's efforts: The system is working. The EPRT continues to meet regularly

to assess and manage the COVID-19 response as long as the need continues. No question, the group is here to stay. The name “Emerging Pathogens Response Team” tells why. “There will be more unexpected crises in the future,” Dr. McKenna warns. “We have to maintain the capabilities that are seeing us through COVID. The crisis actually changed us as an organization — now we’re better able to deal with the next threat.”

While McLaren’s Emerging Pathogens Response Team proved crucial in confronting the COVID crisis, the frontline work was happening at each of our hospitals and clinics. To help our local units cope and implement best practices, a COVID-19 Operational Team was also formed. The ops team, with key executives from our hospitals, monitored increases in patient volumes, shaped plans to cope with COVID surges at facilities, and pooled supplies and talents as needed.

“Each hospital had individual challenges, but we wanted to act as a system, so we formed a corporate command center,” says Clarence Sevillian, President of McLaren Northern Region and CEO of McLaren Bay Region. Sevillian chairs the operational team, which includes medical staff, supply, infection control, finance and human resources representatives from system hospitals.

This versatility was crucial for daily hospital operations in crisis. “We developed specific [COVID] units and worked out how to protect patients and our own staff,” recalls Sevillian.

From the corporate level all the way down to individual units, the unique strengths of McLaren Health Care’s system approach proved crucial in stemming the tide of COVID fears and continuing delivery of quality care. Despite all the traumas, displacement and challenges of the COVID year, Dr. McKenna notes that “we’ll end the year significantly higher on our clinical outcome scores. Despite all the turmoil and trials, our emphasis on safety and reliability greatly benefitted us.” Sevillian agrees — “Never underestimate our strength as a system. The high value care approach really made the difference.”

Necessity Deman

For many of us, the 2020 COVID-19 crisis became a personal reality when household items became unavailable overnight.

For major hospital systems like McLaren Health Care, shortages of essential supplies are a far more urgent and potentially risky matter. According to figures from the Michigan Health and Hospital Association, at the height of the COVID pandemic last spring, state hospitals required 330,000 surgical masks, 1.53 million exam gloves and 46,000 surgical gowns daily. The hand sanitizers and N95 masks that members of the public were rushing to grab became just as unobtainable for hospitals. Collectively referred to as personal protective equipment (PPE), these items are essential in health care for all basic procedures, controlling infection and protecting both patients and staff. During the COVID pandemic, the need for these specific items increased due to the governmental requirements to protect all patients and employees.

“Starting in March, all of our PPE was put on allocation,” recalls Natalie Barraclough, Director of Sourcing for McLaren Health Care. This meant that manufacturers and distributors strictly rationed these products, even for



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- Lexamar Corporate, an automotive supply manufacturer located in Boyne City, MI, created face shields for McLaren Northern Michigan health care heroes to battle COVID-19.
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McLaren's Reinvention of Supply Chain

vital health care providers. “We were restricted to only our pre-COVID purchase history, while at the same time usage rates increased dramatically.”

Many of the required medical PPE items, such as N95 masks, face shields and gowns, were sourced from China and Europe — regions that faced their own demands. By the end of April, Barraclough found that “almost all the legitimate sources for PPE were drying up.” This left the McLaren supply chain staff not only struggling to fill system needs, but also sorting through endless scam and profiteering “resources.” “Pricing was up 300 percent, with people demanding we pay the full price up front. There were also counterfeits and products that wouldn’t meet CDC guidelines. Our team navigated this unprecedented environment and were able to procure what our frontline workers needed.”

McLaren Supply Chain and people throughout the system responded with grit, innovation and hundreds of hours to assure PPE and supply needs were met. With so many urgent items sourced from high-demand, long-lead-time overseas sources, McLaren creatively sought out domestic sources. Petoskey Plastics and Patriot Mfg. were able to manufacture isolation gowns, and we quickly contracted for a weekly supply. Michigan manufacturers of ski and outdoor equipment were tapped to build face shields and goggles. Blake’s Hard Cider in Armada, Michigan, converted production lines to produce hand sanitizer.

Better still, we found a way to invest in domestic supplies. McLaren Health Care joined with several other national health systems to acquire a stake in Prestige Ameritech, the largest maker of masks in the United States. This gives us a solid, domestic source for vital PPE items, including N95 and surgical masks and respirators. Up to 80 percent of these targeted needs were met once Prestige ramped up full production in late 2020. “Over-reliance on foreign manufacturers led to the shortages of PPE during the COVID-19 pandemic,” says David Bueby, Vice President — Supply Chain Management. “McLaren is breaking that cycle to fund domestic alternatives.”

Sourcing PPE and other strategic items was only the first challenge. Assuring logistical flow of these items was the next battle. For a health care system with 15 hospitals and many clinics, offices and other facilities,



this is a challenge. However, the centralized, integrated structures McLaren has worked to build into our system paid off.

“A crucial step was to carefully monitor inventory across the system,” says Rachel Burk, Director of Supply Chain Operations, “then move PPE around from site to site as needed.” This juggling demanded mobilization throughout McLaren facilities day and night, by courier, semi-trucks, private vehicles — anything that could transport products. “We were in constant communication with each other to ensure no site went without,” says Burk, who was the central point of contact for leadership requesting supplies.

By autumn, some of the pressures had subsided. Traditional supply sources were adding production, and our alternate sources were reliable. We have consistent, local supply chains in place, and they are ready for whatever next crisis may strike. Though some inventories remain tight, the fear of running out of crucial PPE items tomorrow is greatly diminished. “The scale of McLaren in knowledge and talent made the difference,” recalls CEO Phil Incarnati. “Sharing resources between hospitals and learning what we were able to do together really saved the day.”



COVID-19 Accelerates Telehealth Adoption

FOR THE McLARENNOW TELEHEALTH PLATFORM, 2020 WAS A YEAR FOR DOING THE IMPOSSIBLE – AND THEN DOING EVEN MORE.

In early 2020, McLaren had a solid structure in place to support telehealth platforms for a system-wide telestroke network, a growing consumer program and clinic-to-clinic consults in specialty services such as psychiatry, pulmonology, genetic counseling and neurology.

Then the COVID storm exploded, and what had been a measured rollout of telehealth services become a marathon.

With stay-at-home orders in place and other restrictions limiting access to physicians through traditional visits, suddenly all of our system's standard patient visits needed to be converted to virtual visits. There was also a huge demand for COVID screenings through the McLarenNow platform. Overnight, our telehealth capabilities had to evolve from calculated steps to running at a record pace.

"The economic and health burdens were unprecedented," says Julie Lepzinski, CEO of McLaren Medical Group (MMG), which operates the system's network of 490 employed primary care and specialty physicians. "COVID pushed us to rethink how we delivered care, but we were able to scale on telehealth delivery in a very short period. MMG started with about 100 (telehealth) visits a day, and we went to over 4,300 a week in less than a month."

The accelerated growth in capability at this level fueled unprecedented demand throughout the McLaren system. First was an urgent need for more technology tools and bandwidth – everywhere and all at once. "When we were hit by the pandemic, demand skyrocketed," notes Irfan Kasumovic, director of McLaren's telehealth service line. We worked around the clock to coordinate and provide access for thousands of patients. In the months

of March and April, a total of 37,000 clinic visits were completed via telehealth which would otherwise have been cancelled.

Compared to previous months "usage volumes spiked 1900 percent," Kasumovic recalls. Long hours went into juggling and balancing data networks to keep up. In addition, to meet unprecedented demand, McLaren was awarded \$626,328 by the U.S. Federal Communications Commission to boost connectivity and further build telehealth infrastructure across our system. This funding supported stronger connectivity for 12 of our hospitals, and proved vital in enhancing access and security.

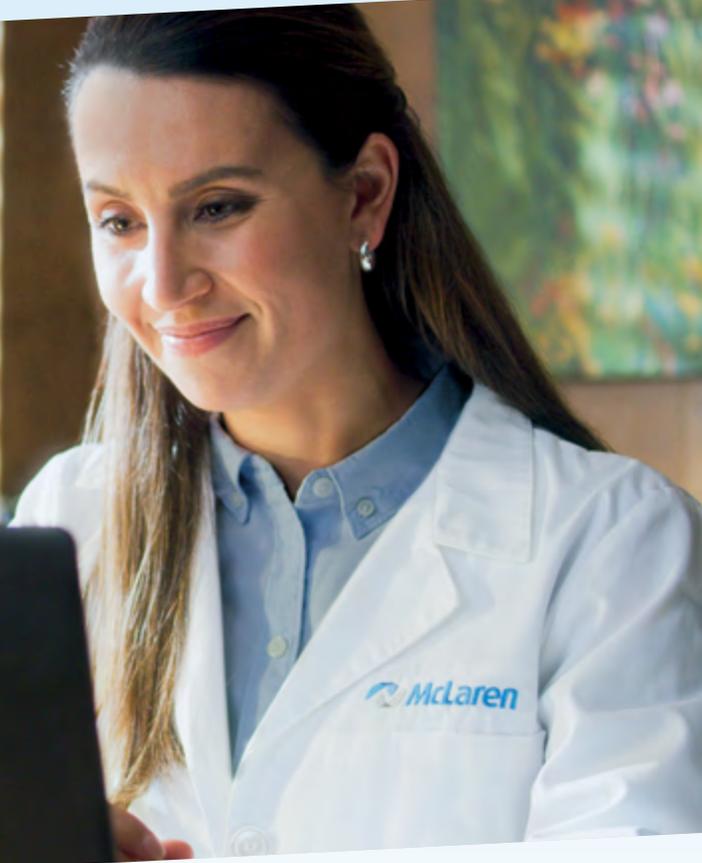
Scaling the McLarenNow technology for system-wide, statewide use was only the first step. Teaching staff, providers, and then thousands of patients to use it effectively (and teaching them fast) was the next. Dr. Michael Schafer, a primary care physician at McLaren Greater Lansing and an early tech adopter, notes, "It was an incredible challenge because we had to train not just





MMG started with about 100 (telehealth) visits a day, and we went to over 4,300 a week in less than a month."

JULIE LEPIZINSKI
President and CEO
McLaren Medical Group



- *Hundreds of McLaren providers quickly adapted to using telehealth technology to conduct virtual visits with patients amid the COVID-19 pandemic.*
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the providers, but medical assistants, receptionists ... the whole medical group."

Hundreds of McLaren people pushed themselves to master the technology of telehealth primary care, sometimes adapting techniques as required. "It was definitely a challenge, when you're used to doing physical exams," says Dr. Suma Thomas, a family medicine provider at McLaren Flint and another telehealth trailblazer. "You develop new skills and discover how much you can learn just by using your eyes."

By mixing patient smartphones with innovation, physicians find that McLarenNow tools can make patients more active partners in "tele-exams" and in their care overall. "You have to ask more in-depth questions and prompt patients to be more observant," Thomas says. Shafer observes that virtual consults "started as glorified phone calls, but as we learned, we found we could still do a good amount of a traditional exam." For example, if an online patient presented a leg issue, "we could ask the patient to squeeze their own calf and tell us precisely where it hurts." Creativity and empathy quickly turned McLaren's hands-on practitioners into remote-care professionals.

As for our patients, who faced both health issues and COVID shelter-in-place restrictions, McLarenNow consults have proven a godsend. "This is a terrific way to have a doctor's appointment, even outside of the pandemic," says one McLaren patient. "This system was so good, I'd like to continue to have this appointment option," adds another. Beyond the safety and infection-control benefits, providers note that making telehealth the norm saves much time and effort compared to office visits, allows patient consults and referrals far sooner, and conserves personal protective supplies and staff manpower, both in short supply.

"The virtual care platform proved very robust and allowed us to get through the crisis seamlessly," concludes McLaren Health Management Group CEO Bart Buxton, who has executive oversight for telehealth services. He added that before COVID-19 hit, the original goal for telehealth in 2020 was to expand McLaren specialty care expertise more broadly among our many facilities. This goal was achieved, as "all of our clinics were able to go virtual," Buxton observes. "This clinic-to-clinic telehealth capability allows us to bring specialists to rural areas, improving the quality of care across McLaren's wide geography."



STAY WELL

Dr. Nicole Franklin and Dr. Andrew Champine, psychologists with McLaren Flint, were instrumental in creating a support system and website for McLaren workers to support their emotional needs during the COVID-19 pandemic.

Stay Well Program: Supporting the Emotional Health and Well-Being of Frontline Workers

WHEN MICHIGAN, AMERICA AND THE WHOLE WORLD FACED A SUDDEN, UNPRECEDENTED PANDEMIC, ALL OF US SHARED SOME COMMON RESPONSES: ANXIETY, FEAR AND UNCERTAINTY.

The people of McLaren Health Care faced the same fears and turmoil as the rest of the world in dealing with COVID-19. But for many of our frontline staff and workers, the option to stay home was not possible. If COVID was a fire, McLaren people were the firefighters running into the flames, not away from them. They came to work at our hospitals, clinics, labs and pharmacies, they examined patients, provided home care, managed supplies and kept our facilities safe. They pushed back on uncertainty, saw their health care mission clearly, and did it.

“There was an incredibly positive response, like nothing I’ve seen in my career,” observes McLaren Health Management Group CEO Bart Buxton.

“The heroes in my department were out there every day, going to locations everyone was scared to go,” recalls McLaren Health Care Director of Sourcing Natalie Barraclough.

But this level of heroism can take an emotional toll on caregivers as well.

“In late March, early April, we saw a lot of our people on the frontlines with psychological needs,” says Andrew Champine, PsyD, director of behavioral medicine education for McLaren Flint. He noted that the biggest source of fear for McLaren front-liners was not their own health, but concern about “taking COVID home,” even with all precautions in place, and trying to protect their loved ones. “Everyone was on high alert all the time, while also trying to process the acute stress, trauma and grief they dealt with as their patient COVID tolls rose,” he emphasized. “No one is immune to these effects.”

While these were unique challenges for McLaren’s health care workers, they were compounded by the many logistical challenges everyone faced in the spring of 2020. How do you manage virtual school for your children? How do you arrange child care? How do you deal with travel, groceries and financial strains? All the stresses of living through the pandemic added more layers for people already facing life-and-death health care demands. Psychological problems, physical illness and depression are among potential issues.

“We recognized early on that we needed to address those needs,” recalls Dr. Champine, who with his team created an emotional support system for McLaren workers. A



Everyone was on high alert all the time, while also trying to process the acute stress, trauma and grief they dealt with as their patient COVID tolls rose. No one is immune to these effects.”

ANDREW CHAMPINE, PsyD

Director of Behavioral Medicine Education
McLaren Flint

“Stay Well McLaren” website gathered tools and support resources to help employees cope. Literature and video content on psychological well-being are offered, and an emotional wellness screening tool helps people gauge their stress levels online. “We also collaborated with psychiatrists in the system to allow employees to meet with providers one on one,” Dr. Champine notes, and a designated phone line for counseling was established.

Stay Well McLaren does far more than wait for employees to seek assistance. For example, at McLaren Flint, rounding teams were there for the frontlines, doing check-ins to aid nursing staff. “Fellow Flint psychologist Dr. Nicole Franklin and our team would go out at 5:30 a.m. to work with the units most involved,” says Dr. Champine. At the hospital, decompression zones — “zen dens” — were arranged for breaks, with music, yoga and meditation. “People needed to just step out and find some balance in the intensity of it all.”

The Stay Well McLaren program had seen more than 1,200 internal users by late fall, evolving and adding options and users with time. While Dr. Champine notes that his group has been invaluable in shaping the support website and programs, staff at the hospital help see each other through as a frontline family. “The people on the floors have banded together in teams, like you might see in combat. Everyone looks out for each other.”

Putting Our COVID-19 Response to the Test



CLINICAL LABORATORY SERVICES HAVE ALWAYS PLAYED A CRUCIAL ROLE IN HEALTH CARE DELIVERY, BUT AT NO TIME HAS THEIR IMPORTANCE BEEN MORE HIGHLIGHTED THAN DURING THE COVID-19 PANDEMIC.

Once viewed as the unseen heroes of health care, laboratory services personnel are now lauded as visible front-and-center warriors in the fight against COVID-19.

McLaren Health Care offers centralized lab services through the McLaren Medical Laboratory, as well as in-house labs at our hospitals for inpatient testing, blood banks and surgical pathology services. This has proven an effective, resilient system for lab and testing services, which is especially critical in fighting COVID-19.

Laboratories require a strong infrastructure to support the rapid testing of patient specimens and information technology to quickly distribute results to physicians and caregivers that are on the frontlines in patient-facing roles.

“By the first of April, we already had three different platforms for [COVID] testing online at the point of care,” said Bart Buxton, president and CEO of McLaren Health Management Group.

Multiple testing options allow for greater accuracy and

flexibility, plus broader diagnostic procedures. Drive-through, 15-minute COVID tests were quickly extended to 11 McLaren hospital sites across the state, including urgent care locations. The central lab implemented “quadplex” PCR testing, which is a four-in-one test that can also rule out influenza, SARS (severe acute respiratory syndrome) and other conditions. Buxton noted that McLaren moved early to use our Roche Cobas 6800 automated testing as soon as it was authorized for COVID.

“We were the first in Michigan to offer this high-throughput, highly sensitive testing,” Buxton said. Although McLaren laboratory services faced many of the same supply problems vexing health care in early 2020 (reagents, test kits and other needed items were all back ordered), “we didn’t skip a beat.”

McLaren Health Management Group was busy in many other key areas last year, all of them affected by the COVID crisis. Pharmacy services was an active part of McLaren’s Emerging Pathogens Response Team (EPRT), established to

track, monitor and understand the virus, its infectious disease process and who to best manage patients with suspected and confirmed COVID-19. Buxton recalls that “the really hard part of COVID was that it was novel — we know how to treat standard upper respiratory issues and the flu, but the standard treatments just didn’t work well with COVID.”

McLaren’s home health services faced their own challenges. Scarcity in PPE and other crucial supplies was hard on our hospitals, but even tougher for home and hospice care. “Supplies were pushed to acute care, but then when patients were discharged to home, there was a shortage.” While some competitors closed their home health services, McLaren fought through with innovations like drive-through “pit stops”

where home care staff could get quick testing, sanitation and needed PPE between visits. “Our nurses, managers and vice presidents were all out on the road taking care of patients,” Buxton noted.

The McLaren Health Management Group was taking health care outside hospital walls in other directions as well in 2020. Telehealth tools are an important part of the McLarenCareNow clinics that we are opening around the state in partnership with Walgreens. While the clinics will have nursing staff on-site, “our care delivery platform will include virtual, on-demand care.” This online consulting capability will blend with on-site staff who can offer exams and testing. McLarenCareNow clinics will play a major role in COVID vaccination distribution as well.

Vaccine Rollout Takes the Fight to COVID-19

After months of fighting against the coronavirus, McLaren took the fight to COVID-19 in late 2020 by developing and executing a comprehensive vaccination plan for employees, physicians and all McLaren associates.

Well before the FDA issued Emergency Use Authorization for the Pfizer and Moderna vaccines in mid-December, McLaren’s Vaccine Task Force was in full gear making preparations for receipt and distribution of the vaccine. Laying the groundwork for this initiative was a yeoman’s task, as information, guidance and timelines changed rapidly.

To accommodate storage of the Pfizer vaccine, which requires sub-zero temperatures (-70C), McLaren purchased five ultra-cold freezers to serve its facilities throughout the state. McLaren also leveraged its partnership with Walgreens to have their retail pharmacies assist in administering vaccinations to staff and doctors who work in facilities outside the hospital settings.

“We are thrilled to have an opportunity to take the fight to COVID-19 with highly effective vaccines becoming available,” said Bart Buxton, president and CEO of McLaren Health Management Group and co-chair of McLaren’s COVID-19 Vaccine Task Force. “Make no mistake, getting this vaccine to the right person, in the right place, at the right time is a complex undertaking. This makes our partnership with Walgreens and their network of convenient retail stores located throughout the McLaren service area more significant and critical to our delivery infrastructure.”

A system-wide survey was utilized to determine which employees and affiliated physicians were interested in getting the vaccine in the initial waves of shipments.

“Our survey was focused on the entire McLaren network, because regardless of where you work in the delivery model of health care, you are essential,” noted Buxton.

With more than 26,000 employees and over 90,000 network providers serving patients at 15 hospitals and 350 ambulatory facilities across the state of Michigan and northwest Ohio, McLaren Health Care requires a robust, highly coordinated COVID-19 employee vaccination strategy. McLaren’s partnership with Walgreens expands logistics for the critical operation and boosts McLaren’s ability to vaccinate employees as soon as possible with added safe, efficient delivery and cold storage sites.

“Our first priority is the health and safety of our team members and patients,” said Buxton. “This partnership with Walgreens helps ensure our team members have quick, convenient access to vaccination locations and helps keep our focus on the patients in our care.”



• Patrick Bryant, RN, at McLaren Flint is the first person
• at McLaren to receive the Pfizer COVID-19 vaccine,
• administered by Lana Mesack, RN, with Nursing Education.



“ Suddenly, we had physicians who hadn’t done research before come to us and say they wanted to participate in COVID research.”

CHANDAN GUPTA
Vice President of Clinical Excellence and Research

Research Pivots to COVID-19 Focus

For McLaren Health Care’s wide range of medical research activities, 2020 was already expected to be an exciting year. After several years of operation, our centralized Center for Research and Innovation was bringing together the benefits of a system-wide research capability, top medical talent and broad community population diversity. Neuroscience clinical trial enrollment increased dramatically during the year, and our research integration with Karmanos Cancer Institute continued to grow.

But then came COVID-19. “COVID research became important nationally, and our focus shifted,” says Chandan Gupta, Vice President of Clinical Excellence and Research. The urgency for research on COVID and potential treatments exploded, and facilities around the world joined in a wartime effort to find defenses. “Suddenly, we had physicians who hadn’t

done research before come to us and say they wanted to participate in COVID research.” Federal and industry research protocols were relaxed, and promising approaches were fast-tracked for emergency use. McLaren researchers were quickly able to access the anti-viral drug Remdesivir for experimentation and participated in a major trial of COVID blood plasma effectiveness as a treatment, led by the Mayo Clinic (for more on this, see sidebar).

This worldwide quest for COVID treatments has brought better treatments and immunizations, but even emergency research demands strong safety and procedural safeguards. “Evidence-based medicine (EBM) is so critical,” says Gupta. “When it comes to the SAR-CoV-2 virus, we have a lot more to learn, but we can’t unless we do good research.”

McLaren’s Office of Research Integrity enforces

RESEARCH

tight regulations on all our research projects to assure safety, professionalism and patient protections. Lack of these standards is dangerous. An article in the Fall, 2020 issue of McLaren's *Research Matters* newsletter notes that one reason hydroxychloroquine continues to be hotly debated as a COVID therapy is the flawed initial research on the drug. "The COVID-19 pandemic has taught us, among many other things, the critical importance of following EBM principles even in the presence of great need and human suffering."

The COVID crisis brought other changes for McLaren research over the past year, and some will show long-term benefits. "It has changed how we do research," notes Gupte. With facilities closed and social distancing the rule, "we now use remote electronic monitoring." She added that before the pandemic, research staff conducted on-site visits and did more hands-on work with patients.

"COVID has elevated the conduct of research to the next level with use of remote and electronic tools," she concluded.

Convalescent Plasma Shows Promise as COVID-19 Treatment

One example of McLaren research's ability to mix tough standards and protections, administrative excellence, and speed is our ongoing research into convalescent plasma as a COVID-19 treatment. Launched in April as part of a Mayo Clinic study, the project transfuses plasma from patients who've recovered from COVID into those currently battling the virus – often those most vulnerable with underlying conditions.

In theory, the donor's antibodies should give the recipient an added immunity boost at the most critical moment. McLaren Macomb, McLaren Oakland, McLaren Port Huron, McLaren Northern Michigan and Karmanos Cancer Institute are among our facilities joining in the national trial.

Early results "suggest plasma could be beneficial, but no randomized trial yet definitely says it works," notes Dr. Christopher Provenzano, director of the internal medicine program at McLaren Macomb and one of the lead researchers. While the plasma treatment has proven safe, efficacy is still uncertain. Two further large trials are underway, again with McLaren participation.

The COVID plasma research has advanced rapidly as government parameters for contribution



broadened. "The federal government changed usage from emergency authorization only, so the long wait is no longer necessary." This is fortunate – for COVID patients, treatment with plasma sooner in the disease progression rather than later seems most beneficial. Provenzano observes that "earlier, it would probably take a week to get authorization, but now we can get it within 24 hours."

ST. LUKE'S

McLaren St. Luke's Launches Brand in Ohio

For decades, McLaren Health Care has made its mark as one of the fastest-growing hospital systems in Michigan. Yet as health care evolves, the scale and scope required to continually improve care, compete in a tight reimbursement market, and shape long-term strategy have grown even faster. Local hospitals consolidate into regional ones, which become statewide systems. And still the benefits of smart growth and efficiency drive these systems to expand even further — beyond state borders.

McLaren Health Care had already successfully expanded outside of Michigan in 2018 with acquisition of Indiana-based MDwise HMO. Adding our first hospital outside of Michigan would be an equally momentous step, and one carefully considered for the potential strategic benefits.

In 2020, an ideal partner was found. St. Luke's Hospital, in Maumee, Ohio, became the first McLaren-branded hospital outside Michigan. The

addition of St. Luke's bolsters McLaren's strategic vision to be a strong regional player in health care. Founded in 1906, St. Luke's is a high-acuity, low-cost health system, with 312 licensed beds. St. Luke's has been an institution in the northwest Ohio region, which includes Toledo, for over a century. A market leader, the hospital also brings a respected neurointerventional program and cardiac care service line, important factors for future growth.

St. Luke's people were another valuable element in considering the benefits of acquisition. Jennifer Montgomery was CEO of McLaren Port Huron in 2019, when St. Luke's leadership stopped for a visit as part of their vetting process for a new partner. "I had the opportunity to meet some of the St. Luke's physicians and executive team prior to the acquisition, and I could see they were a great group and were super engaged," she said. The good impressions worked both ways — an early step was naming Montgomery as CEO of the

new McLaren St. Luke's in August, with the final acquisition formalized in October.

Major investment and expansion plans are in the works for McLaren's Ohio flagship facility. Infrastructure upgrades, such as renovations for the intensive care center and surgical suites, are in progress, as are strategic moves such as new physician partnership opportunities, stronger payor contracting systems, and service line development.

McLaren St. Luke's location, between the Ohio cities of Maumee and Perrysburg, is itself proving a strategic plus. "Both communities are so engaged with keeping the hospital viable," Montgomery observes. "The communities are the real owners, and they've been so welcoming to us. It's an exciting time!"



The 312-bed McLaren St. Luke's hospital in Maumee, Ohio, serves the fastest-growing area of the broader Toledo market.

Physician Partners Achieves National Status for Quality

Mclaren's commitment to the health of the communities we serve is supported by McLaren Physician Partners (MPP), a Population Health Services Organization, and McLaren High Performance Network, LLC (MHPN), our Accountable Care Organization (ACO).

Accountable care organizations are groups of doctors, hospitals and other health care providers who come together voluntarily to give coordinated high-quality care to the Medicare patients they serve. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors.

Essentially, Medicare (CMS) contracts with the ACO to take responsibility for cost and quality of care for patients receiving care from the ACO's providers. Providers receive fee-for-service reimbursement, and annually, Medicare reconciles quality measures and cost targets adjusted for patient acuity. Financial gains and losses in excess of the targets are shared with the ACO.

"2020 was our most successful year ever," says Gary Wentzloff, MHPN chief executive officer. With over 45,000 lives to care for, MHPN was sixth in the nation among 541 ACOs tracked for quality and performance. We achieved savings of \$37 million in health care funding for 2019, while our merit-based incentive payment system (MIPS) score was an exceptional 96.9%. Value-based care gainsharing for our ACO, our physicians and McLaren overall rose considerably year over the year.

MPP faced the same COVID challenges as all of health care in 2020. Wentzloff recalls, "People didn't want to leave home to engage with health providers, so it was a challenge to assure they got immunizations and preventative care screenings. Those needs don't just go away."

But MPP found ways to turn these challenges into positives.

“With over 45,000 lives to care for, MHPN was sixth in the nation among 541 ACOs tracked for quality and performance.”

GARY WENTZLOFF
MHPN, Chief Executive Officer



Telehealth technology was put to good use by our ACO. "We started our new Eyes On the Patient program using a smartphone app to allow audiovisual visits with patients," Wentzloff said.

The platform allows remote patient monitoring and secure text messaging as well. "So much of the technology we use now in our personal lives hasn't been accepted for our health care," notes Wentzloff. "We're all trained to go see our physician, but with technology products that engage and support us, we can get higher quality, cost-effective care without driving to an ER."

Improving the management of transitions of care can reduce spending and reward innovative providers in other ways. One example — for records and reimbursement purposes, every health care service delivered requires careful coding of the procedure. A comprehensive, digital coding strategy throughout the system not only assures better health records, but also improved reimbursement.

The responsibility of an ACO means managing the entire arc of patient care for best outcomes. Leaving the doctor's office or hospital is far from the end. MPP manages the transition of care through a population health software platform. The system can track, monitor and optimize every possible step — when a patient is discharged, follow-up visits, treatment of chronic conditions, entering a skilled nursing facility, etc. It even tracks services outside of the ACO. "Our system is notified when a patient is admitted anywhere in Michigan," says Wentzloff.

This "transition of care" approach is a step toward a broader integrated population health system that includes stronger care management, quality reporting and targeted care pilot programs that bundle care for specific needs. These include custom support structures for cases such as discharge to a nursing home, or complex-care management. This drives innovation "in the complete episode of care, from admission to discharge, to home care," Wentzloff notes. The benefits — high-quality safe, effective patient care; improved patient outcomes and lower costs.



The new McLaren Greater Lansing facility is on track for year-end 2021 completion.

Steadfast Investment in Infrastructure Positions McLaren for Future

“Kee calm and carry on” was the motto for McLaren facilities and infrastructure plans in 2020. Despite pandemics and financial stress, “the corporation stayed committed to its major capital projects,” says Dan Medrano, corporate vice president of facilities management. “There were no corporate financial cuts, and no pressure to pause or slow down.” Ongoing changes in health care, the timeline for renewal of facilities, and our commitment to local communities means we set our capital budgeting not by years, but by decades.

In the past year, McLaren completed about \$600 million in ongoing projects, budgeting over \$1 billion dollars in total investment. A milestone of 2020 was the June opening of the six-story northwest addition at McLaren Macomb — the Wayne and Joan Webber Emergency and Trauma Center. This includes a new 68-patient emergency department and observation unit. Major renovation projects at McLaren Flint, McLaren Northern Michigan, McLaren Lapeer and McLaren Port Huron were also either completed or achieved key milestones during the year.

Our major infrastructure investment in the Karmanos Cancer Institute also saw strong progress. The Weisberg Cancer Treatment Center expansion is well underway, and the gamma knife outpatient facility in Farmington Hills, completed in 2019, is now fully in operation. The McLarenCareNow clinics, to be sited initially at 11 Walgreens facilities around the state, will be major remodeling projects in themselves. The flagship location opened in Fenton in October.

The biggest single McLaren project, our new \$600 million McLaren Greater Lansing facility located at Michigan State University, faced challenges from this year’s COVID crisis, but we were able to overcome them. Medrano notes that construction continued into the state COVID shutdown as a critical infrastructure project. But soon after, the city of Lansing halted all such work locally, triggering an eight-week delay. Yet once work resumed later in the year, McLaren and its construction team pulled out all the stops to get back on schedule. “We have strong relationships between the

construction managers and the unions, and we're now fully caught up."

Recovery from a two-month setback on such a massive infrastructure project (the core hospital unit alone is over half a million square feet) would not be possible without the innovative prefabrication strategy we've developed to save time and expense. "The design and construction delivery model in Lansing is industry cutting edge," notes Medrano. Pre-fab, modular construction in Lansing has allowed the McLaren team to not only stick to its year-end 2021 completion deadline, but also trim overall costs by 2 percent.

Heading into 2021, other major statewide facilities projects will drive toward completion. The new south tower at McLaren Northern Michigan is set to open in June and a new medical services building for McLaren Lapeer in September. Also in the works is major renovation planning for the new McLaren St. Luke's in Ohio.

While McLaren Health Care faced real budget storms last year, Medrano notes that management never wavered in funding system infrastructure goals. "We've committed to spending \$25 million in infrastructure each year, and we've had zero indication of cutbacks in that. In fact, we're actually getting more money for facilities going forward."

Diversity and Inclusion Is a Strategic Priority

While COVID-19 commanded most of the headlines for 2020, discussions about diversity and inclusion gained a national stage due to efforts to reduce health care disparities that were highlighted during the pandemic and the significant focus on racial equality. McLaren was poised for the discussion on diversity and inclusion with strategic guidance from the Executive Diversity & Inclusion (D&I) Council. Clarence Sevillian, President of the McLaren Northern Region, serves as Executive Sponsor of the D&I Council, which also includes several members of the President's Cabinet.

Diversity efforts had been in place at various subsidiaries, but the creation of the Executive D&I Council in July 2019 and the appointment of Kimberly Keaton Williams as McLaren's first Chief Diversity Officer (CDO) in June 2020 create alignment of important goals related to diversity and inclusion across the system. In the CDO role, Williams will ensure the development of programs and practices to develop a diverse and inclusive workplace and support a culturally competent care team.

"Diversity and inclusion deliver value to organizations in several important ways," she said. "Organizations that are diverse and inclusive benefit from higher employee engagement and retention, increased innovation and market share, better financial results, and improved patient outcomes."

The McLaren D&I vision statement is: We commit to an inclusive and equitable environment where everyone is valued and empowered for success. Our environment reflects the communities we serve, learns from all perspectives, delivers culturally appropriate care, and provides the best value in health care as defined by quality outcomes and cost.



To support that vision, the D&I strategic plan has five pillars of focus:

1. Talent
2. Patients/Members
3. Community
4. Governance and Corporate Responsibility
5. Supplier Diversity

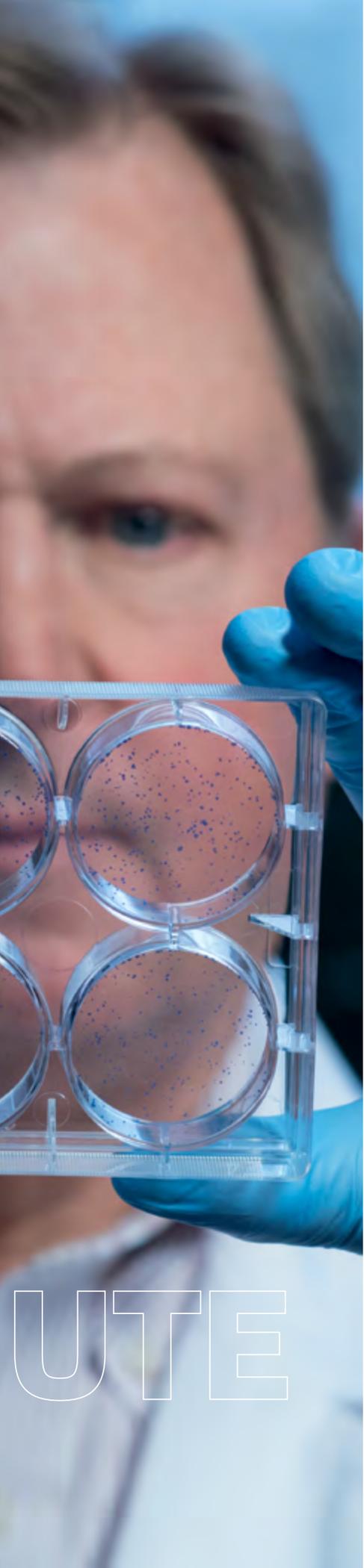
Two key initiatives launched in FY20 were mandatory training on unconscious bias for all McLaren employees and the establishment of D&I committees at every McLaren subsidiary across the system. These efforts are two important steps in McLaren's D&I journey.

"I am excited to see the engagement across the system on this important strategic initiative and look forward to the value we will deliver to our employees, patients and the community," says Williams.

THE TEAM AT KARMANOS CANCER INSTITUTE
IS USED TO DEALING WITH CRITICAL
SITUATIONS. WITH DECADES OF CANCER CARE
THAT IS BOTH HIGH TOUCH AND HIGH TECH,
AND THOUSANDS OF PATIENTS, THEY HAVE
SHARED THE JOYS OF SUCCESSFUL TREATMENT
... AND THE PAIN OF LOSS.

HOWEVER, IN 2020, EVEN THE MOST
EXPERIENCED CAREGIVERS FOUND
THEMSELVES FACING NEW CHALLENGES
BROUGHT ON BY THE CORONAVIRUS.

KARMANOS CANCER INSTITUTE



Overcoming Challenges. Achieving New Landmarks.

The most tragic part for our patients was that we had to impose isolation and social distancing,” recalls Dr. Gerold Bepler, president and CEO of Karmanos Cancer Institute. Cancer patients and their families have always had to be very conscious of possible infections, with the need for handwashing and masking. But suddenly “our patients had to be alone, without family members. It was really difficult.”

Karmanos’ nursing and medical staff found themselves serving as extended family to cancer patients ... and sometimes in a patient’s final hours. “You take stock when you witness the challenges our staff faced while they cared for patients in these times,” says Karmanos Cancer Hospital President Dr. Justin Klamerus. “I have so much pride in the way our staff came together. We were concerned for the unique vulnerability of our cancer patients, and it had an impact on us all.”

Yet in a difficult year, Karmanos and McLaren Health Care found new ways to overcome challenges and achieve new landmarks in service, technology and providing high-value care to cancer patients in our communities. Here are a few of our stories.

Proton Beam Radiation Therapy

A key strength of a large, diverse health care system like McLaren is staying power. This is why the years of effort and investment required to bring the McLaren Proton Therapy Center fully online makes such an inspiring story.

Part of the Karmanos Cancer Network, our proton beam radiation capability is at the cutting edge of oncology care, with just 37 such machines now active in the U.S. and 63 such centers in the entire world. Unlike conventional radiation treatment, the proton beam technology focuses a powerful pinpoint of radiation on a cancerous tissue with exacting precision. There is less damage to surrounding healthy tissues (70 percent of radiation outside the target area is eliminated), resulting in fewer side effects and far broader treatment options. For many cancer patients requiring retreatment after surgery or conventional radiation, proton therapy is the only option to continue fighting cancer.

The proton beam facility began test operations in 2019, but 2020 was the year for real progress, says Dr. Hesham Gayar, Medical Director for the Proton Center. “We opened a second treatment room in 2020, doubling our capacity.” Over the course of the year, daily treatments rose from three a day to as many as 30, with nearly 5,000 individual radiation treatments delivered by the end of the year. Further, as clinical validation of the proton beam treatment delivery system advanced, new capabilities were added. “Now we can treat all body sites, all tumors and all locations,” says Dr. Gayar, adding that the Center is also capable of treating pediatric cancers. Further applications are being researched daily. As part of Karmanos Cancer Network, our patients are also able to participate in proton clinical research, playing a fundamental role in advancement of proton therapy.

The pace in progress for McLaren’s proton beam therapy was driven in part by the meticulous testing and validation demanded by such technology, and also the skilled talent required for its use.



This is one of the most complex, technically advanced cancer-fighting systems in the world. We need our own staff of 10 engineers and five physicists just to maintain and operate the system.”

DR. VAHAGN NAZARYAN
Executive Director, McLaren Proton Therapy Center

“This is one of the most complex, technically advanced cancer-fighting systems in the world,” notes Dr. Vahagn Nazaryan, executive director of the center. “We need our own staff of 10 engineers and five physicists just to maintain and operate the system — we have a lot of PhDs, some of the best experts in their respective fields! We celebrated the two-year anniversary of the start of proton therapy treatments here at McLaren in December 2020. There is an incredible sense of pride for these accomplishments among the entire staff, many of whom have been with the project since its initiation.”

For 2021, the proton therapy leadership aim to steadily increase capabilities. There are currently two treatment rooms in use, and feasibility studies are underway on adding a third. Beyond the numbers, research on further expanding the breathtaking possibilities of proton beam cancer treatment are in the works.

“We still don’t know the full potential,” Dr. Gayar observes. “We can use higher doses with fewer side effects or give five treatments instead of 30. This will be a never-ending progress.”

NCI Core Grant Designation

The battle against cancer is a wide, existential one, calling upon health care resources and talents worldwide. But a few — very few — institutions excel, proving their global leadership in cancer care, through scientific excellence and research capabilities that set the agenda for all the rest. This status is recognized by the National Cancer Institute through its core grant process, with only 51 such centers of excellence nationwide. This certification opens the institution for far broader grant and research opportunities.

One of the foremost such centers is the Karmanos Cancer Institute. Karmanos has been an NCI designated cancer center since 1978, but maintaining that status is a grueling, competitive task. Every five years, we must seek renewal of our designation, with strict standards. “It takes a year just to prepare, which includes a 2,000-page application,” says Dr. Gerold Bepler, President and CEO of the Karmanos Cancer Institute.

All Karmanos facilities must prepare for site visits by cancer experts who intensely review clinical processes, research, equipment and personnel. How effective are the center’s training programs? Are its research and educational programs strongly integrated into the local community? Are its clinical trial programs respected and important in advancing the fight against cancer? Adding to the intensity for the 2020 NCI renewal process, NCI switched to all-virtual and Zoom meetings in the spring.

Again, the effort paid off. The Karmanos Cancer Institute received its five-year renewal as an NCI cancer center. “We achieved our best scores yet,” notes Dr. Bepler. Of particular pride, Karmanos’ Office of Cancer Health Equity and Community Engagement (OCHECE) achieved a perfect score for exceptional outreach work. “This is very rare — only about five NCI centers nationwide achieve this.”

While the NCI core grant designation is an honor, it is also a challenge to achieve ever-higher standards in cancer research. “This is crucial in fighting the war against cancer and getting new treatments out to the market,” Dr. Bepler notes. “Two out of every three new drugs that receive FDA cancer approval are now tested here.”

Karmanos Specialty Pharmacy

As with many other aspects of cancer care, the pharmacy's role is unique and demanding. Chemotherapies, for example, are highly toxic, and require very careful customization, precise infusion schedules, and tight patient monitoring. "We need high-touch patient interaction, working closely with patients and providers to manage the side effects," says Steve Smith, chief pharmacy officer for the Karmanos Cancer Institute. This formulary knowledge and expertise must combine with excellent patient relations skills. "If a patient stops taking medications because of the side effects, all the benefits go by the wayside, so we have to help them manage through — that's absolutely critical to success."

Karmanos' Specialty Pharmacy (KSP), established in 2019, has developed this critical skill with cancer medications into a fine art, with over 4,500 specialty scripts filled last year. The past year also saw this core expertise expand across the greater McLaren oncology network. Chemotherapy infusion sites are in the works at McLaren Flint and McLaren Port Huron, and by mid-2021 should be available at all McLaren cancer centers.

This specialty pharmacy capability has far broader implications for the McLaren system, notes Smith. In 2020, KSP was fully accredited by the Utilization Review Commission. This accreditation is demanding and based on pharmacy quality standards, patient services and protections, and operational excellence. It further opens the door to providing many other specialized agents in non-oncology areas, such as for HIV, gastroenterology and neurology.



Dr. Justin Klamerus, president of the Karmanos Cancer Hospital & Network, notes, "KSP is an incredibly valuable service to our patients, and it is an important business line for the health system. We are absolutely committed to extending this care and service throughout the system." Specialty pharmacy will also be working with the McLaren Health Plan in the coming year and applying for research grants on improving pharmacist intervention and patient outcomes.

Next-Generation Linear Accelerator

Maintaining cutting-edge cancer care requires constant work to keep that edge honed. The technology that Karmanos uses in the battle against cancer is often miraculous, but it is also expensive, high maintenance, and can be swiftly outpaced by new innovation. This drive to be the best and stay the best is another benefit of Karmanos' linkage with McLaren Health Care.

Karmanos operates the radiation oncology systems within McLaren's cancer facilities across Michigan. An important tool at these cancer centers is linear accelerators. This high-tech image-guided radiation technology combines conventional x-ray and cone-beam CAT scanning to precisely locate and deliver radiation to tumors.

But like all tools, time and use demands eventual replacement. Six new linear accelerators have been purchased, with cancer centers at McLaren Northern Michigan, Karmanos in Detroit, McLaren Central Michigan, and the new McLaren Greater Lansing facility among those due for upgrades in early 2021. Greater precision, safety and effectiveness in radiation oncology treatment throughout the McLaren system will be the payoff.



Community Partners Offer Outpouring of Support and Comfort



Caddies at the Ally Challenge Presented by McLaren sported the last names of their golf professional and a McLaren frontline worker as part of a special tribute to McLaren healthcare heroes during this PGA Tour Champions event last summer.

WHILE THE COVID-19 CRISIS OF 2020 BROUGHT MORE THAN ITS FAIR SHARE OF DIFFICULTIES AND TRAUMA, THERE WERE ALSO SHINING MOMENTS THAT ROSE UP TO WARM THE HEARTS AND SOULS OF HEALTH CARE WORKERS.

The outpouring of community support to offer sustenance, hope and encouragement to McLaren employees across the state was beyond expectations and served to provide welcome consolation and comfort for caregivers and others working tirelessly to fight this relentless disease.

Individuals and businesses alike rallied to donate meals, masks, surgical gloves and other personal protective equipment to frontline workers who were battling this disease with courage, skill and compassion. Handwritten messages of gratitude filled hospital bulletin boards and doorways, while banners and signs thanking healthcare heroes were posted outside these facilities. Coordinated tributes

from first responders and fly-bys from precision jets all served to lift the spirits of McLaren's team that came to work every day committed to do their best in caring for the needs of not only patients diagnosed with COVID, but all patients who needed medical treatment.

McLaren's brand partnerships with two premier professional sports organizations brought additional opportunities to pay tribute to those who were rising to the challenges that this relentless virus presented. Players, coaches and management from the Detroit Tigers professional baseball organization delivered weekly social media messages and further utilized their outreach and communication platforms to



honor McLaren caregivers. From “First Pitch Friday” events to honoring McLaren mothers on Mother’s Day, the Tigers showcased the dedication of the McLaren team at every opportunity. Little Caesars Pizza took up the cause as well, donating pizza to feed every McLaren employee at 14 hospitals statewide and later providing take-home pizza kits for caregivers to share with their families.

The Ally Challenge Presented by McLaren, a PGA Tour Champions event held in Grand Blanc, Michigan, literally aligned PGA golf professionals with McLaren caregivers. Caddies for all 81 participants in the tournament not only wore their player’s name on their backs, they also wore the name of a McLaren

frontline worker. These names were announced at the first tee along with the player’s name, giving a vocal shout-out to the drive and dedication of those fighting for patients against the coronavirus. With the tournament televised on The Golf Channel for all three days, McLaren caregivers received national recognition and visibility.

These are but a few of the hundreds of examples of people and organizations who went above and beyond to boost the spirits and salute the fortitude of health care workers throughout McLaren.

And for all of them, we are very grateful.

SERVICE AREA



INDIANA



OHIO

SERVICE AREA

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- 2 McLaren Bay Special Care
- 3 McLaren Caro Region
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- 6 McLaren Flint
- 7 McLaren Greater Lansing
- 8 McLaren Health Management Group
- 9 McLaren Insurance Company, Ltd.
- 10 McLaren Lapeer Region
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- 19 Karmanos Cancer Hospital
- Karmanos Cancer Institute
- ★ McLaren Health Care Headquarters
- McLaren Medical Group
- Proton Therapy Center
- McLaren Physician Partners
- McLaren Health Plan
- MDwise

BY THE NUMBERS 2020



391,605
ER Visits



640,577
Days of Inpatient Care
Includes Hospice Days



128,938
Discharges
Includes Observation Stays



202,266
Home Care Visits



101,928
Contracted Providers



3,756,917
Ambulatory Visits
Includes Home Care Visits



3,459
Licensed Beds



83,569
Surgeries



27,000
Employees



6,066
Births



159,847
Hospice Days



\$1.58 billion
Annual Payroll



588,000
Insured Lives



\$394 million
Community Benefit



\$5.1 billion
Net Revenue

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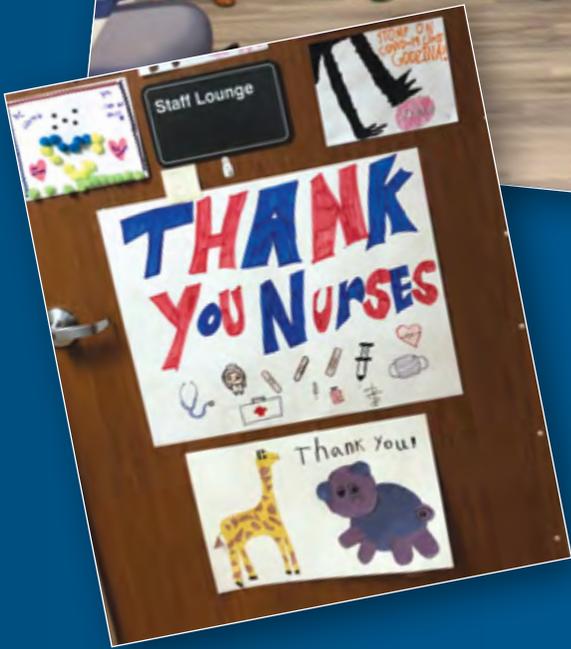
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