



ANNUAL REPORT 2025

OUR MISSION

McLaren Health Care will be the best value in health care as defined by quality outcomes and cost.

OUR VISION

McLaren will be the recognized leader and preferred provider of health care services to the communities we serve.

OUR GUIDING PRINCIPLE

To provide health care as we expect for our own family.

ON THE COVER

Dr. John Kuhn, cardiothoracic surgeon, with Tamara Setter, RN, core OR heart nurse in Flint. Kuhn performs thoracic surgeries at multiple McLaren hospitals.

Advancing Excellence in Care Through Strategic Growth

Executing the strategic roadmap for our system is one of the most important initiatives McLaren Health Care undertakes each year. McLaren's commitment to high-quality care is grounded in our decisions to advance technology, invest in our people and develop services to meet the growing needs of the communities we serve. This was especially true in 2025 as we expanded access, updated facilities, recruited skilled talent and launched new services essential to our patients.

This systemwide growth is not possible without the people to support it. This year saw expansion in both the key skills we are attracting and in programs that support employee engagement and retention. Our continued advancement in the face of significant industry challenges in health care is truly a testament to the remarkable dedication of our staff, leadership and physicians.

From our foundation as a single hospital, we have grown into one of the largest integrated health systems in the state – one that is comprised of top-tier institutes and advanced treatment options delivering patient-centric care.

As we lay the groundwork for our future success, our primary focus is to remain a steadfast pillar of service, trust and excellent health care for our patients, employees and the communities we serve.



A Strong Year of Progress Amid Health Care Challenges

Despite the roadblocks that constantly challenge American health care, McLaren navigated a strong and steady path forward in 2025. Our road to success included numerous achievements in our commitment to be best in class across all dimensions of what we do.

We continued to see rising momentum in our quality metrics, patient experience ratings and patient safety dashboard. We expanded access to ambulatory care services for our patients across Michigan, and we had a banner year in physician and provider recruitment across multiple specialties. Our strategic priorities have provided us with a laser focus on improving quality and safety; growing our services strategically; improving our financial strength to ensure future growth and investment; and creating a work environment that attracts, retains, respects and rewards employees. That we have achieved gains in all these areas during a year of unprecedented health care challenges confirms that our value-based strategy is well-placed and executed.

In the overall health care landscape, the year 2025 was characterized by budget battles and stalemates in Washington, with the “Big Beautiful” budget bill set to take more than \$1.3 trillion away from Medicaid. These still-evolving impacts are on top of inflation that directly affects health care. In a specialized service industry such as ours, we are in constant competition for needed positions such as nurses, technicians and support staff. We need to be astute in addressing market demands across our talent pool to attract the staff required to maintain and improve the quality standards we have consistently achieved.

On the positive side, support for health care funding in Michigan has grown a bit more favorable over the past

year, with both sides of the aisle seeing the value of Medicaid funding. There has also been improvement in Medicaid payment formulas, with care reimbursement now at the average commercial rate. This has been renewed for 2026.

To best weather the impact of these external financial realities, McLaren’s strategy has been to strengthen our internal value and quality standards. Stronger clinical quality levels, practiced across all subsidiaries, are our best ally in a tight reimbursement climate. Shaping this focus system-wide demands a health care culture that provides high-quality, consistent care at every facility, regardless of the ever-tightening market forces.

We have turned the nationwide trend toward more outpatient, ambulatory care into a McLaren strong point. Our complement of local ambulatory facilities throughout our service area is proving popular with patients by increasing access to care close to home. In October, we opened a comprehensive ambulatory campus in Grand Ledge and broke ground that same month on a \$53 million ambulatory, orthopedic and emergency center in Bay City. Our Clarkston campus served as the prototype for these comprehensive ambulatory services, with subsequent locations in Fenton, West Branch, Oxford and Cheboygan rounding out our current roster.

These are not just walk-in clinics. Each is customized with a full suite of services, such as emergency care, imaging and specialties targeted at specific needs that align with our nearby inpatient capabilities. This growing

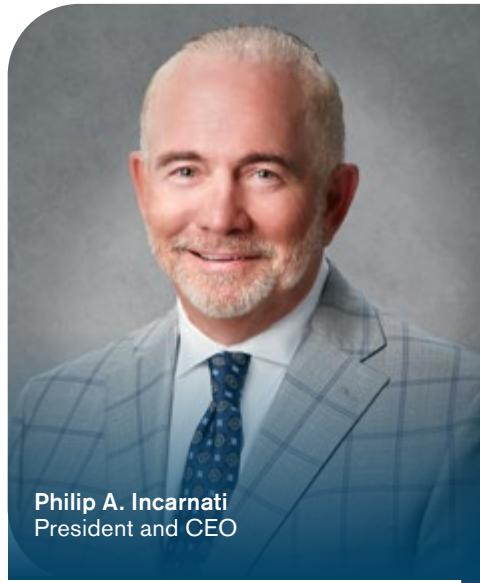


network of comprehensive ambulatory care locations is carefully targeted to improve both access and patient convenience.

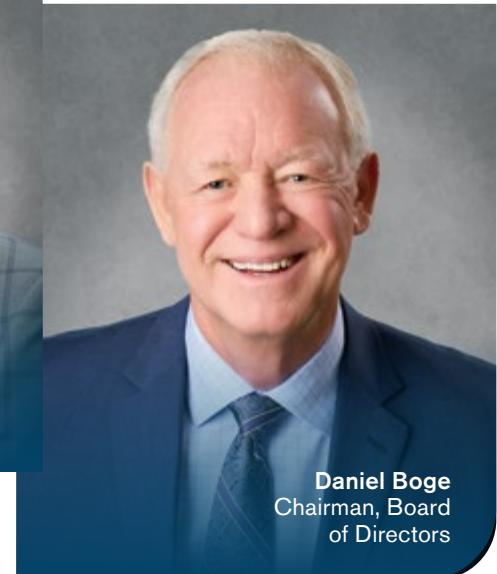
This drive for innovation also applies to the skills and talents we need for the future. Group physician practices for such specialties as radiology, cardiology, family medicine and orthopedics are becoming more prevalent in the health care landscape. But even by pooling their talents, group practices face daunting economic and administrative pressures today.

Some are acquired by private equity firms, which often leave the practitioners feeling under-resourced. McLaren Health Care, however, offers full partnership to such group practices. A recent acquisition was Park Medical Centers, a large primary care group in southeast Michigan. By joining the McLaren network, these physicians retain control over their own destinies and care standards while relieving their back-office burdens and allowing them to grow. We plan more such group acquisitions in the future, gaining both the benefits of scale and the skills we need.

Our expansive graduate medical education program also provides a favored opportunity to retain and recruit physicians who are training at McLaren hospitals. We currently have more than 600 residents and fellows in a variety of specialties, and we are pushing to expand such “grow our own” structures. Despite the industry-wide nursing shortage, we are



Philip A. Incarnati
President and CEO



Daniel Boge
Chairman, Board
of Directors

doing better than most health care systems in maintaining our nursing staff, with improved pay and lifestyle support, as well as education and growth opportunities. We are also starting to see generational turnover in top managers at McLaren corporate and at our subsidiaries. But strong succession planning and our reputation as a health care employer of choice are helping assure our future leadership remains strong.

Building, retaining and rewarding these skills across our system is so crucial because of one obvious point: McLaren Health Care is its people. From top management, to care providers, to support staff, we have assembled a remarkable team of talented and resolute people. These thousands of McLaren staff, and their ongoing commitment to care, is our biggest story for 2025.

PHILIP A. INCARNATI
President and CEO
McLaren Health Care

DANIEL BOGE
Chairman, Board of Directors
McLaren Health Care



Phyllis McLellan, corporate director of patient safety clinical risk, and Kim Marik, director of corporate quality improvement, review the seven components of the Embrace Safety program.



Driven by Data. Focused on Quality and Safety.

Over the decades, McLaren Health Care has grown increasingly sophisticated in improving quality outcomes, in part by constantly rethinking how "quality" is measured. One important lesson that we have learned is that gauging quality solely by final outcomes will never be enough. The whole process, from its beginning, must be rigorously examined and the quality standards used constantly reviewed and upgraded.

For health care, quality measures are closely aligned with safety measures, and one of the most recognized standards for hospitals is The Leapfrog Group. Leapfrog prepares biannual surveys of U.S. hospitals based on both process/structural measures and outcome measures (errors, injuries, accidents and infections) and grades on a scale of A to F. These reports are then publicly released and accessible to the community via the Leapfrog website and can help guide patients seeking health care services.

McLaren Health Care prides itself on continuous safety and process improvement in Leapfrog scoring. The scale of the McLaren Health Care system supports this quality drive. In its November 2025 grading of U.S. hospitals, Leapfrog found that 94% of hospitals achieving an A grade were part of larger systems, with two or more hospitals.

"Leapfrog scores show that we're constantly in a process of improving," notes Dr. Justin Klamerus, McLaren chief clinical officer. "Even if we achieve excellent quality, we never stop reaching for the top."

Another concrete indicator of McLaren's quality and safety outcomes is our Patient Safety Dashboard. This dashboard monitors specific quality and patient safety metrics for each McLaren subsidiary and also generates an overall system score. Key performance indicators such as infection rates, patient satisfaction and adherence to clinical guidelines are tracked to identify and address potential safety issues and improve outcomes. For fiscal year 2025, McLaren is on track to earn a system score that will exceed our goal of 105. Behind these scores are complex, ongoing efforts to establish best practices, verify them, continuously upgrade them and then ensure that they are hardwired into our hospitals, ambulatory facilities and thousands of health care employees.

Building this McLaren-wide approach to quality and safety has been a huge but rewarding collaborative process, says Chandan Gupte, McLaren vice president for clinical excellence and research. “We started by developing a System Quality and Patient Safety Council (QPSC) with a robust agenda, covering quality and patient safety topics to help us move the needle on clinical outcomes.”

Quality and safety leaders as well as chief medical officers, chief nursing officers and service line leaders from across the organization participate in the System QPSC meetings. This collaborative approach drives quality and safety innovation. For example, quality teams use the A3 assessment tool to review performance on



McLaren Northern Michigan celebrates earning back-to-back “A” Hospital Safety Grades in spring and fall of 2025 from The Leapfrog Group. This high achievement reflects the hospital staff’s daily dedication and commitment to patient safety, setting the standard across Northern Michigan.

specific metrics. This serves as a vital learning tool for all participants.

Such approaches to quality and safety review will not work without a robust reporting culture among the health care team, because errors are important learning opportunities, especially when caught in time. Phyllis McLellan, corporate director of patient safety clinical risk, cites McLaren’s “Good Catch” program as an example.

“Good catches – also known as near misses – focus on events that happened where harm was avoided,” she notes. The McLaren Safety First platform encourages providers and staff to nominate a “good catch,” identifying where someone caught an error and what can be learned from their actions. “This ensures we’re working together to improve safer outcomes for patients and our health care team.”

The patient safety and clinical risk team performs event analysis on all types of safety events.

Evidence-based tools are utilized to analyze safety events and develop solutions to mitigate future events. Another indicator for quality and safety is the High Reliability Dashboard, which focuses on metrics that promote safety culture with the goal of zero preventable harm.

The system-wide McLaren quality and safety approach also means viewing data in a new light. Hospitals collect large amounts of data on everything from mortality, morbidity, length of stay, readmission and complications to harm events. Regulatory agencies like CMS, as well as health plans like Blue Cross Blue Shield of Michigan, set benchmarks for metrics that health systems are evaluated on. This makes data abstraction – which is the process of reviewing medical records to extract specific, relevant data points and organizing them into a structured format – a very important system process since



Enhanced Safety Training for Staff

Traditionally, safety for patients and health care workers has involved issues like infection control or slips and falls. Increasingly, however, health care workers across the country are subjected to personal safety concerns from agitated patients and visitors.

At McLaren, we are working both to keep our people safe and to provide tools to help them deal with potential hostility and aggressive behavior in modern health care. Along with increasing security at our facilities, we are implementing the Reparative Person-Centered Crisis Support model. This program was developed in Sweden by Dr. Anamaria Whitmer Jacobsson for supporting those coping with trauma in health care settings. This training on personal support and safety helps health care workers better aid traumatized patients and deal with stresses themselves. It is being rolled out throughout the McLaren system.

this information becomes a graded quality indicator. In fiscal year 2025, we established a centralized data abstraction program within the corporate quality department to improve efficiency and consistency of abstraction. This centralization has helped subsidiary quality teams by allowing them time to focus on process improvement work.

The strategy is to gain “little victories” that add up to major progress on safety and quality. Kimberly Marik, director of corporate quality improvement, cites one example. At the System QPSC meeting, we learned that McLaren Macomb created a “Ticket to Test” form to help guide clinical staff on when it is appropriate to test for *C. difficile* bacterial infections. This tool correlated with a notable decrease in infection rates well below target at Macomb and is being reviewed for use across all facilities. “This is why we share our ‘wins’ across the system and learn from each other,” notes Marik.

The relentless focus on quality and safety across the organization is also reinforced through a

seven-point EMBRACE program. This program encourages “a set of standards that use teamwork and communication skills to emphasize a safety culture,” says McLellan.

Embracing Safety at McLaren

E Effective Handoffs

M McLaren Values

B Be Accountable to the Team and Patients

R Relationship Building

A Attention to Detail

C Communicate Clearly

E Exercise a Questioning Attitude



Stronger Care Through Unified Service Lines

McLaren Health Care took major strides in growing its high-value service line structure over the past fiscal year. Ongoing development of its newer women's health, pathology and emergency service lines and introduction of a Heart & Vascular Service Line were key initiatives in 2025.

Organization of service lines is based on a patient-centered approach to the delivery of health care services, facilitating improved clinical standards and quality outcomes.

"The whole purpose of the service line approach is standardized, centralized care," notes Chad Grant, McLaren Health Care executive vice president and chief operating officer. "It improves outcomes, reliability and operating efficiencies."

Grant observes that a service line structure delivers the most immediate benefits in standardizing high-tech areas, like oncology, cardiology and neuroscience. Oncology was McLaren's first service line effort, driven by the acquisition of Karmanos Cancer Institute in 2014. Integrating Karmanos' cancer programs, and then making these the model for oncology throughout the McLaren system, produced strong payoffs in higher quality and uniform care. This success led to the development of McLaren's neuroscience service line in 2015, with women's health, pathology, heart and vascular, and emergency services recently following suit. More specialties are targeted for service line development moving forward.

This service line structure joins the practices and services within a particular specialty at McLaren under a single umbrella. This team approach covers all the McLaren hospitals and subsidiaries, setting standards across the whole system.

"The service line approach brings together specialty and clinical team members to work collaboratively," says Dr. Justin Klamerus, McLaren Health Care executive vice president and chief clinical officer. "Group involvement and team-based, collaborative decision-making are vital to the process. We have also made a real investment in hiring chief medical directors for many of the service lines."

Emergency medicine, women's medicine, pathology and cardiovascular care now have unified leadership across the system. These leaders ensure each service line creates its own unique, comprehensive structure to assess and innovate on quality. The emphasis on chief medical directors also forges stronger links with the McLaren Medical Group.



Samer Kazziha, MD FACC
Chief Medical Director
McLaren Heart & Vascular Institute



Dr. Samer Kazziha serves as chief medical director of McLaren Heart & Vascular Institute, which was formed to unify cardiology, cardiothoracic and vascular services across the McLaren system.

McLaren Health Care Transforms Diagnostics with Digital Pathology



Dr. Ali Gabali, chief medical director of pathology and laboratory and medical director of McLaren Corporate Laboratory.

McLaren Health Care has officially launched a full-scale digital pathology program, marking a major leap forward in diagnostic medicine. The initiative – rolled out system-wide in July 2025 – enhances speed, accuracy and collaboration across McLaren's 12 hospitals and central core laboratory.

"McLaren's shift from traditional glass slides to digital pathology is more than a technological upgrade – it's transformational for patient care," said Ali Gabali, M.D., Ph.D., chief medical director of pathology and laboratory and medical director of McLaren Corporate Laboratory. "We're proud to be among the first in the region to implement digital pathology at this scale and to lead the way in enhancing disease diagnosis."

Under the new system, traditional microscope slides are converted into high-resolution digital

images that can be securely accessed, shared and reviewed remotely. Pathologists can now collaborate in real time, integrate results directly into electronic health records and draw on advanced tools such as artificial intelligence (AI) to support pattern detection and quantification.

According to Gabali, the results are immediate and measurable. "Faster diagnoses and reduced turnaround times mean earlier treatment decisions, quicker peace of mind for patients and, ultimately, better outcomes," said Gabali. "Our pathology, laboratory, IT and operations teams have invested

deeply in creating a system that is as patient centered as it is technically advanced."

The path to this launch was years in the making – rooted in clear leadership vision, strategic planning and strong collaboration with technology partner Roche. Together, the teams underwent an extensive validation and integration process, bringing digital pathology online across McLaren's hospitals in record time.

"An advancement this complex required not just technology, but also culture," Gabali noted. "We built a team that embraced change, stayed committed through the challenges and shared an eagerness to redefine what's possible in pathology."

The benefits reach far beyond efficiency. Telepathology, or remote consultation, now enables the right subspecialist to review a



case within minutes, no matter their location. Multidisciplinary teams can convene virtually for daily consensus conferences and tumor boards, reviewing more cases – and with greater precision – than ever before.

AI serves as a supportive layer, not a substitute for clinical judgment. “Artificial intelligence assists with quantification and pattern recognition, but the final decision always rests with our pathologists,” Gabali explained. “It’s about empowering human expertise, not replacing it.”

By integrating digital pathology across its entire network, McLaren is positioning itself at the forefront of a global shift in health care. The system is now equipped to collaborate seamlessly with academic institutions, research partners and international colleagues – removing geographic barriers and expanding access to subspecialty expertise.

“Digital pathology represents the future of diagnostic medicine,” said Gabali. “It’s faster, more collaborative and more connected to the needs of both clinicians and patients. And at McLaren, that future is already here.”

A Collaborative System for Women’s Health

McLaren Health Care’s move toward a service line approach to care – multidisciplinary shared standards for each specialty across the system – may sound like just an administrative tool. But coordinating a patient’s health care journey under a single clinical structure delivers many more benefits. Sometimes, it allows us to reinvent a whole sector for targeted quality care.

“The concept of service lines really increases our ability to get feedback on what works by sharing stories and combining experience,” observes Dr. Brian Tesler, chief medical director for our Women’s Health Service Line. This service line consolidates obstetrics, gynecology, breast health and neonatal care across McLaren’s network. By joining, focusing and refining these various women’s care specialties into one line, McLaren is now able to deepen our commitment to women’s needs.

First of these is maternal morbidity. This is “a horrible issue throughout the country,” notes Tesler, with the U.S. facing 22 maternal deaths per 100,000 births, the highest rate for any high-income nation. The women’s health service



McLaren Central Michigan’s Family Birthing Center staff celebrates their dedication to providing safe and quality maternity care by achieving a PLATINUM status from the Michigan Alliance for Innovation on Maternal Health and a Level I Maternal Care verification from The Joint Commission.

line is pushing back with a focus on safety and evidence-based care, increasing knowledge among nursing staff and OB-GYN staff, and “pushing out services to areas not well served,” particularly rural areas.

McLaren has nine birthing centers throughout the state. A new Certified Nurse Midwifery program launched at McLaren Flint has proven so successful that it is expanding across the system. Programs for perinatal care and mental health

also improve the quality of maternal care and access. McLaren is active in broader health quality programs too, such as the Michigan Health & Hospital Association's MI AIM project.

The service line philosophy aids in teaming all McLaren practices that contribute to women's health, including gynecology, breast health and urogynecology, in ways that offer collaboration and fresh ideas. Physicians, nursing staff and residents all can and do contribute practice improvements. One such

improvement involved reducing infection rates for primary cesarean sections.

"We also worked across service lines with the emergency departments to increase care of the pregnant patient during obstetric emergencies, widening our safety coverage to where our patients may enter the hospital," recalls Tesler.

Ensuring equity in care is always a key commitment as well. "We are all working together to assure that all patients receive the best possible quality," Tesler concludes.

Strengthening Emergency Care Across McLaren

Among the fields of medicine, emergency medicine is a dynamic specialty that demands broad clinical expertise, critical decision-making skills and a focus on teamwork. To promote clinical excellence and collaborative emergency care across the McLaren system, McLaren established an Emergency Medicine Service Line in December of 2024.

Crystal Arthur, M.D., was charged with leading this corporate initiative at McLaren's 17 emergency departments. As Medical Director of Emergency Medicine, Arthur's first priority was recruiting physicians to staff McLaren's growing network of emergency services.

"When I joined McLaren last December, there were 31 open positions for emergency specialists," she notes. "We have been diligently whittling away at that number and have closed that gap by more than half. We have 14 open positions

currently, and that includes what we will need to staff the emergency department at McLaren Bay West when it opens."

Recognizing the need to be nimble in staffing requirements, Arthur pointed to the "travel team" of emergency physicians. When the Grand Ledge emergency department opened in October, Arthur was able to deploy three doctors from this



The emergency department at the new McLaren Grand Ledge ambulatory campus opened to patients in October of 2025.



Chris Haney, EMS/injury prevention coordinator; Lorenzo Suter, president and CEO; Dr. Dan Wahl, emergency dept. director; and Bob Cesario, community EMS educator, host the annual McLaren Oakland EMS symposium.

team to service patient needs. This allowed for “stability and consistency” in providing emergency services at our newest site. McLaren Grand Ledge is already seeing 35 patients a day on average.

Under the service line structure, each McLaren subsidiary has a medical director of emergency services that collectively reports up to the corporate medical director position. This group meets monthly as a leadership team to collaborate on quality, safety and performance improvement initiatives.

A major undertaking in 2025 was launching the ED Dashboard along with ED analytics. This is a real-time visualization tool for emergency departments to track performance, improve patient care, manage resources and enhance operations. This year, we have engaged with the Michigan Emergency Department Improvement Collaborative (MEDIC). Monthly educational sessions on MEDIC were held with emergency providers across McLaren, and on November 1, 2025, the MEDIC Dashboard began officially measuring pay for performance against a series of metrics.

Another major success story in 2025 was gaining approval from the American College of

Graduate Medical Education (ACGME) to establish an emergency medicine residency program at McLaren Greater Lansing. The program will start in January of 2026 with three residents and will add six more in July of 2026. This program complements the existing residency programs at McLaren’s hospitals in Macomb and Oakland.

McLaren is also seeking ACGME approval to begin an emergency medicine residency at McLaren Flint. Approval for the Flint program is pending, with a decision expected in January of 2026. If approved, the Flint program would begin accepting residents in July of 2026.

Key to the continued success of these residency programs is an experienced and motivated core faculty. To augment these academic roles, Arthur achieved key hires over the past year, including two highly respected former associate program directors

and another specialist noted for her exceptional teaching skills. Ensuring a comprehensive, quality experience for the residents goes a long way toward retaining them on the emergency medicine staff after they complete their residency requirements.

In looking ahead at other ways to meet staffing demands, Arthur is working with McLaren’s graduate medical education leadership to explore establishing a Physician Assistant residency for the McLaren Lapeer site.



Dr. Bruce Rolston Jr., emergency medicine specialist, serves patients at McLaren Caro Region.

A Unified Approach to Cardiovascular Care

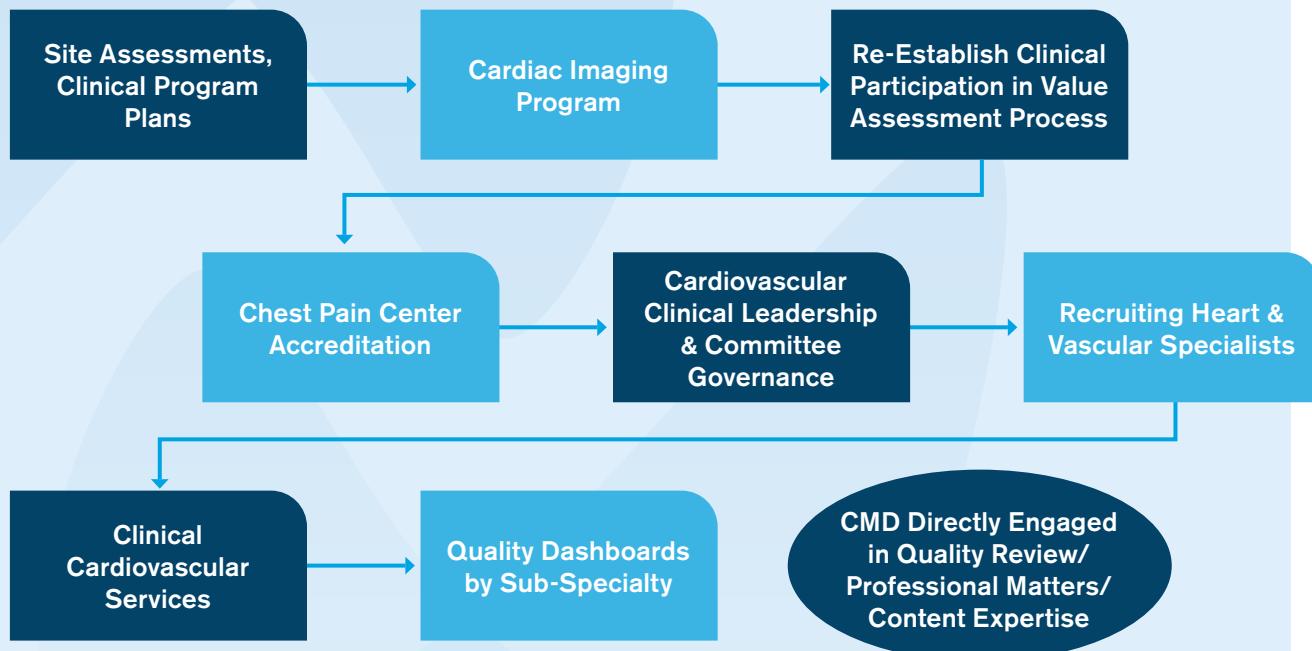
A case study in how McLaren Health Care is expanding the service line strategy to make quality a system-wide constant is our new Heart & Vascular Institute.

“System-wide standardization ensures all subsidiaries follow the same protocols and procedures for consistent care,” says Dr. Samer Kazziha, a board-certified interventional cardiologist who was named chief medical director of McLaren Heart & Vascular Institute in late 2024. The institute was formed to unify cardiology, vascular and cardiothoracic services at all 12 McLaren hospitals and to develop and implement clinical practice guidelines, performance benchmarks and advanced therapies to best serve patients throughout the state.

Group involvement and collaborative decision-making are vital to the process. The Heart & Vascular Institute has formed physician-led subcommittees for areas such as cardiovascular surgery and PCI (Percutaneous Coronary Intervention). “It’s a team approach to decision-making,” notes Kazziha. “A solution to an issue is proposed at one meeting, and at the next, we follow up.” The decision and review process becomes a constant quality improvement loop.

In its first year of operation, the Heart & Vascular Institute is already exemplifying how such a broad quality machine is being put to work across the McLaren structure. System-wide upgrades have been made in cardiac imaging technology, with up to 10 new or upgraded CT scanners planned.

Priority Projects Summary





Joe and Julie Serra

A Gift from the Heart

A\$6 million gift from Joe and Julie Serra, inspired by Joe's own open heart surgery experience, will transform cardiac care for future patients at McLaren Flint and throughout the system. Joe, a former patient who has endured a heart attack, multiple stents and quintuple bypass surgery, can attribute his cardiac challenges to genetics despite his healthy lifestyle. Now, he and Julie are advocating for others and investing in the very care that saved his life. The gift will support a very specialized ECMO program, which provides support for individuals with severe heart or lung failure, as well as cardiac cath lab renovations, a new lipid clinic and enhanced cardiac rehabilitation services.

This allows providers to better detect coronary blockages and support cardiac procedures.

Artificial intelligence tools are now being added to CT scanning technology to identify previously hidden heart and vascular risks. "We can identify who is at risk before patients even realize they have a potential issue," adds Kazziha. "By providing these early warning signals, this AI technology allows us to offer improved care recommendations."

Along with enhanced quality, improved efficiency is a key focus of broader service line integration. One example is the consolidation of cardiac catheterization laboratory use across the system. This allows utilization rates to be increased to the ideal 80% to 85%, maximizing capacity of current facilities before investing in construction of new cath labs.

Transparency is also a vital element in systemic improvement. Involvement in national registries, such as the National Cardiovascular Data Registry, requires both achieving their standards and openly disclosing how well we meet them.

Staying abreast of advanced technology in heart and vascular services is also a critical component of the Heart & Vascular Institute. In that vein, a new Extracorporeal Membrane Oxygenation (ECMO) program is being developed at McLaren Flint. ECMO is an advanced, lifesaving therapy for patients experiencing severe heart or lung failure. A form of mechanical life support, the ECMO machine temporarily takes over the function of the heart and/or lungs. It works by pumping blood outside the body to a heart-lung machine that removes carbon dioxide and adds oxygen before returning the blood to the patient.

"This technology is valuable for stabilizing heart patients when pharmacological therapy is ineffective," says Kazziha.

Such innovations demand new knowledge and the commitment to invest in these advanced therapies, and that is where McLaren's system-wide quality approach shines. "There is a significant desire by leadership to accelerate these advances," Kazziha observes. "The whole team, administrators and physicians, works to progress and improve."



Dr. Crystal Aurther, Dr. Luke Saski, Dr. Kenneth Parsons, Dr. Praveen Kamaraju and Dr. Nicolas Mouawad participate in groundbreaking ceremonies for the McLaren Bay Region West Campus.

Expanding Ambulatory Access

Accessibility is a crucial quality measurement that is sometimes overlooked, yet it is one we take very seriously at McLaren Health Care. Strong quality scores, talented staff, cutting-edge research and the latest technology are less impactful if patients must travel miles to take advantage of them or wait weeks for an appointment.

"There has been a dramatic shift toward outpatient, ambulatory care in supporting the needs of communities," notes McLaren Executive Vice President and Chief Operating Officer Chad Grant. One driver of this has been government and insurer reimbursement policies. Currently, nearly two-thirds of McLaren Health Care revenue is for outpatient rather than inpatient care.

An even greater factor in this seismic shift is our commitment to provide the right care in the right place at the right time. Grant notes that there will always be a strong need for inpatient care, which remains central to McLaren's mission. "Yet, inpatient care will increasingly become a level of service

referred to after assessing that more than outpatient support is required," he observes. "There will be more interconnectedness between outpatient and inpatient services."

This dynamic model is "part of our effort to emphasize and improve access," says Grant. Over the past several years, McLaren has put this evolution toward broader access into high gear with the development of comprehensive ambulatory campuses. Borrowing the best elements of a full-service hospital and a walk-in clinic, ambulatory care fills a needed niche in care delivery. Designed for patients who do not need inpatient care, McLaren's ambulatory centers are customized to meet local needs, offering clinics, ambulatory surgery, urgent care, and lab and imaging services all on-site.

One recent success story in McLaren's ambulatory care evolution is McLaren Oxford. This 54,000-square-foot facility opened in August of 2024, offering emergency and primary care, imaging, cardiac rehab, and physical therapy on-site. In the



facility's first full year of operation, the emergency department treated almost 12,000 cases, and physical therapy volumes reached 12,837.

McLaren opened its newest ambulatory campus in October of 2025 to serve patients in the Grand Ledge region. This \$40 million investment brings primary and emergency care and imaging, plus cardiac and other specialty care to this community west of Lansing. Additional ambulatory facilities and expansions are in the works. McLaren Bay Region broke ground in October on a 50,000-square-foot Bay West medical campus. Set to open in

2026, this freestanding expansion will offer similar ambulatory services as McLaren Grand Ledge, plus orthopedic care. The emergency department at McLaren Cheboygan is adding a \$17 million expansion to nearly double its size, and more ambulatory projects are being explored.



McLaren Greater Lansing held a ribbon-cutting on the \$40 million Grand Ledge ambulatory campus in September. (L-R) Chad Grant, MHC chief operating officer; Michael Schafer, M.D., McLaren Medical Group; Larissa Trail, M.D., McLaren Greater Lansing emergency director; Keith Mulder, mayor of Grand Ledge; Fonda Brewer, Delta Twp. supervisor; and Angela Witwer, State Rep. 76th House District.

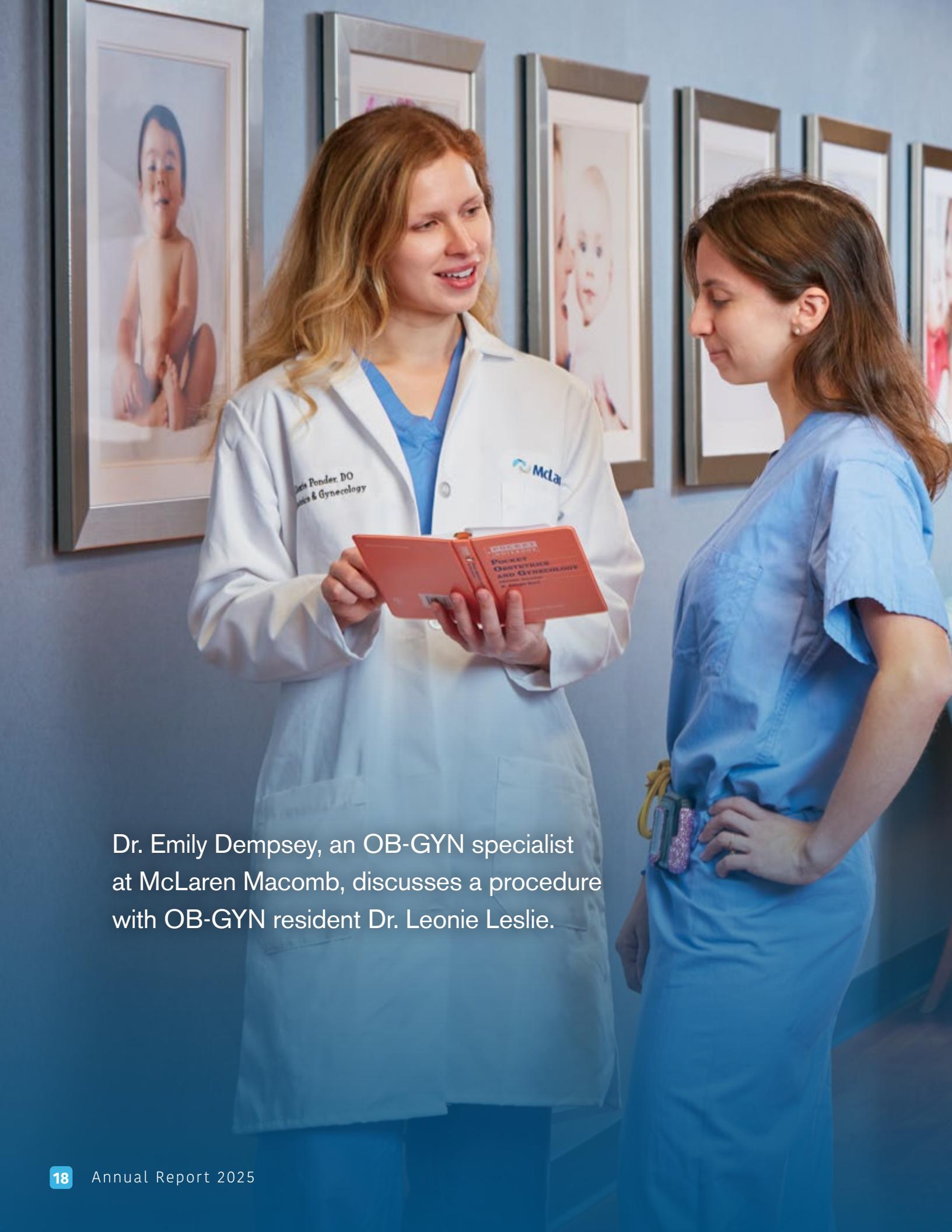
The geography of ambulatory care growth demands serious research and “number crunching” to be effective, says Greg Lane, executive vice president and chief administrative officer of MHC. “It is critical to examine the demographics. We have to move adroitly to meet these population needs.”

Enhancing Digital Services

While “access” is a fundamental element of quality health care, access has various applications. Our ambulatory facility growth puts care closer to where patients live ... but for most of us today, our cellphones and computers are even closer, and effective use of such technology tools boosts personal access and convenience.

“We’re really focused on being patient centered, and that includes improved ability to access McLaren digitally,” says Chad Grant, executive vice president and chief operating officer of MHC. Keystone to this access is the McLaren patient portal and HealtheLife mobile app, where patients can access their medical information, view lab results and seek prescription renewals across the

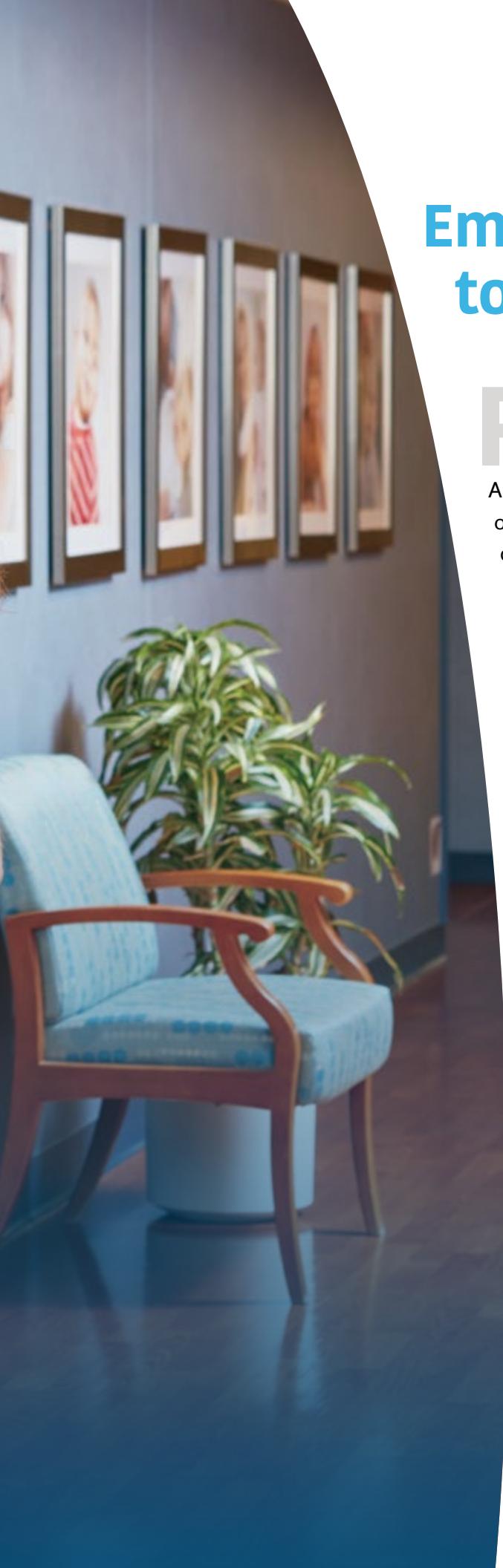
McLaren system at any time. Patients also now have more access and options than ever to reserve appointments online. This applies to primary care, imaging, lab work and online emergency room check-ins. At 13 McLaren emergency departments statewide, patients can go online, see current wait times and use a quick online check-in process. This alleviates potential stress and time waiting in crowded emergency room settings for services other than immediate, life-threatening conditions. Convenience also means receiving care wherever you are. McLarenNow Virtual Care lets patients log in online for a virtual consult on urgent care issues, such as coronavirus screening, cold, flu, minor injuries, illness or skin conditions anywhere in the U.S. at any time. This service is critical for individuals away from home or unable to travel for care.



Dr. Emily Dempsey, an OB-GYN specialist at McLaren Macomb, discusses a procedure with OB-GYN resident Dr. Leonie Leslie.



Empowering Physicians to Prioritize Quality Care



Physicians in America face many career challenges today. Fewer young people are opting to undergo the years of study and student debt levels required to qualify as a physician. And for those that do, the financial pressures of student loan overhang (median debt is now \$200,000) can weigh on young doctors as they seek to build careers.

Further, our current health care system itself adds fresh obstacles. Administrative, regulatory, technology and reimbursement demands have grown to become huge issues for physicians today, adding cost and time concerns.

Solo medical practices, and even smaller groups, are becoming increasingly burdened by the back-office overhead and administrative tasks that modern medical practice demands. Practitioners report feeling diverted from the patient care that motivated them to enter the field in the first place. Doctors want to be seeing their patients, not filling out online forms.

This is where McLaren Medical Group (MMG) comes to the rescue. Employing over 600 providers throughout the McLaren system, MMG gives its providers a powerful advocate. While taking on the paper chase of modern medical practice, MMG empowers its employed physicians to prioritize quality patient care.

“Overall, recruitment has been fantastic for the group during 2025,” notes Dr. Binesh Patel, president and CEO of MMG. “For the latest fiscal year, MMG had 46% more providers choose to join McLaren, compared to 2024.”

By attracting new physicians and acquiring specialty medical groups, MMG shapes a win-win for community health care. Health care providers across a spectrum of specialties and support services gain solid administrative, staffing,



Dr. Tamara Moutsatsou, an internal medicine specialist, sees a patient at McLaren Central-RHC Health Park 4, a designated rural health clinic in Mt. Pleasant.

reimbursement and liability support, plus valuable credentialing and education benefits.

Stronger efficiencies also allow better and fairer compensation. “We’ve adjusted our compensation to be a leader in the market,” says Patel.

Recognized quality and provider support services, in turn, help MMG make McLaren Health Care an “employer of choice.” This ensures the talents needed to support quality care throughout our subsidiaries and local communities.

“In the past few years, MMG has become a larger strategic initiative within the McLaren system,” says Patel. “We work closely with our hospitals to be a strategic partner. This approach

“

We work closely with our hospitals to be a strategic partner. This approach has become more valuable in identifying and addressing systemic provider shortages.”

DR. BINESH PATEL
President and CEO
McLaren Medical Group



McLaren Provider Recruitment – 2025

171 Providers Started in the Communities We Serve

LOCATION	APP*	PHYSICIAN	GRAND TOTAL
McLaren Bay Region	8	8	16
McLaren Central Michigan	7	2	9
McLaren Flint	7	20	27
McLaren Greater Lansing	12	26	38
McLaren Lapeer Region	4	6	10
McLaren Macomb	7	8	15
McLaren Northern Michigan	14	11	25
McLaren Oakland	3	21	24
McLaren Port Huron		3	3
McLaren Thumb	1	3	4
Grand Total	63	108	171

*Advanced Practice Providers

has become more valuable in identifying and addressing systemic provider shortages.”

This is an area of need and a high focus for the upcoming year. We have improved support services and continue to work on reimbursement advocacy to mitigate the rural/urban mismatch.

One area of need that is a high focus for the upcoming year is recruiting providers for rural health facilities. “It is somewhat of a challenge, traditionally, to find providers willing to go into rural locations,” notes Patel. MMG has improved support services and continues to work on reimbursement advocacy to mitigate the rural/urban mismatch. MMG manages over 30 rural health care centers



Dr. Ibrahim Shah, cardiologist in Lansing, is among the skilled physicians employed by McLaren Medical Group.

and has earned Patient Centered Medical Home designation by Blue Cross Blue Shield of Michigan.

Providing Robust Patient Care and Top-Level Education

McLaren Health Care remains committed to advancing the practice of medicine by supporting established physicians while simultaneously cultivating the next generation of medical talent. With fewer young people entering medical careers, the need to nurture and retain physicians has never been greater. Our Graduate Medical Education (GME) program serves as a cornerstone of this mission, says Dr. Erin Reis, MHC associate chief academic officer, combining world-class training with innovative retention strategies to ensure a sustainable pipeline for health care professionals.

In 2025, McLaren achieved a significant milestone in physician retention. Through targeted initiatives and fellowship opportunities, 40 physicians were successfully retained into practice and advanced specialty training. This accomplishment underscores the effectiveness of our retention programs and highlights McLaren's ability to provide a supportive environment where physicians choose to build long-term careers, Reis notes.

McLaren's GME program is nationally respected for its breadth, depth and impact. As noted by Reis, McLaren is proud to "provide robust patient care while offering world-class education."

GME by the Numbers



7

Teaching Hospitals



601

Residents & Fellows



49

Residencies & Fellowships



150+

Teaching Faculty



40

Residents Retained After Graduation



50+

Years Providing Training

Anesthesiology | Cardiovascular Disease | Clinical Health Psychology | Emergency Medicine | Family Medicine | Family Medicine | Surgical | Obstetrics | Gastroenterology | General Surgery | Hematology-Oncology | Internal Medicine | Interventional Cardiology | Medical Physics | Minimally Invasive Surgery | Obstetrics & Gynecology | Orthopaedic Surgery | Otolaryngology | Podiatry | Pulmonary Disease & Critical Care Medicine | Radiology-Diagnostic | Surgical | Breast Oncology | Transitional Year | Urology | Vascular Surgery



Dr. Henry Ariri, 1st year internal medicine resident, Dr. Miraben Vaghela, 3rd year internal medicine resident, and Dr. Mershad Fathian Sabet, 2nd year internal medicine resident, practice a difficult airway intubation technique using a simulation tool at McLaren Flint.

Our training programs offer an unusually broad spectrum of fields and locations of training opportunities. Within seven McLaren hospitals, we provide 49 specialized residency and fellowship programs, training more than 600 next-generation physicians.

Residents and fellows contribute directly to patient care across both urban and rural settings. Their involvement ensures that McLaren delivers high-quality, evidence-based medicine while expanding access to care in underserved areas. In 2025, their support proved vital as McLaren expanded three

new primary care practices, addressing growing demand in communities where primary care talent is most needed.

McLaren's GME program has a legacy spanning more than 50 years. While rooted in tradition, it continues to evolve to meet modern challenges. By listening to and supporting graduates, McLaren provides clear pathways forward across all service lines. This "grow our own" philosophy ensures that the health care workforce remains strong, resilient and prepared to meet the needs of tomorrow.



Therapy services staff at McLaren Flint head out in full force to provide evaluations and therapy sessions with patients on the inpatient units.



Investing in People Strengthens McLaren's Future

At McLaren Health Care, continuous improvement starts with caring for people. We're committed to not only advancing patient care but also expanding career pathways and job satisfaction for every McLaren team member.

From administration to nursing, pharmacists, environmental services, supply chain management and more, every McLaren employee is valued and contributes to our health care mission.

Caring for team members means acknowledging the complexities of today's staffing landscape. "For some health care skills, the number of graduates is decreasing, which means increased competition for talent," notes Carissa Burton, senior vice president, Human Resources. "We want McLaren to continue being an employer of choice, and that means ongoing investments in initiatives that strengthen employee support and engagement," says Kimberly Keaton Williams, vice president of talent strategy and development.

The health care industry is demanding – open 24 hours a day, seven days a week, 365 days a year. Programs that nurture and retain valuable team members also attract strong candidates for recruitment. "We are proud that several recruitment and retention initiatives launched over the past few years have enabled us to significantly reduce the nurse vacancy rate from 16.2% at the end of FY21 to 4.2% at the end of FY25, says Keaton Williams. Additional recruitment and retention programs are being piloted and evaluated for future expansion.





McLaren Central Michigan employees enjoyed one of the monthly summer picnics as part of the hospital's employee engagement initiatives.

For McLaren team members who are parents of young children, quality childcare is important for their peace of mind while at work. To assist employees with the high cost of childcare, we are piloting the Michigan Tri-Share Program at McLaren Bay. With the Tri-Share program, McLaren pays 1/3 of the childcare costs, the State of Michigan pays 1/3, and the employee pays 1/3. Employees who previously paid \$900/month for childcare now pay only \$300/month. "The cost of this program is significant, but our expectation is that the pilot will show a return on investment through talent attraction and retention," says Keaton Willams.

In addition to the Tri-Share pilot at Bay, McLaren is one of several health care systems involved with the Detroit Regional Workforce Partnership led by the Community Foundation of Southeast Michigan. This partnership focuses on strategies for removing barriers for employees (e.g., childcare,

transportation, food insecurity, housing insecurity). Several initiatives are underway and launching in the next 12 to 24 months.

To support financial wellness, McLaren offers the Daily Pay Program, allowing employees to access a portion of their earned wages prior to payday. Having free access to a portion of the money they have already earned helps ease stress when "life happens."

Additional financial support for employees is offered through our Student Loan Repayment Program. Since the inception of this program three years ago, McLaren has contributed more than \$5 million in loan repayments, shortening the loan payoff time and reducing the amount of interest employees pay over the life of their loans.

Career growth is also a priority for McLaren team members, but sometimes it is difficult to find



the time and money to train for a new career. To address this challenge, McLaren launched a surgical technologist apprenticeship program that provides free training and allows team members to train for their next careers during the workday while earning a paycheck. At the end of the apprenticeship program, employees are placed in a surgical technologist role.

Several McLaren team members are graduates of this program and are currently providing high-quality patient care in operating rooms around the system. The next system-wide program under development is the Sterile Processing Technician apprenticeship, with a plan to launch in FY26. Additionally, the Leadership Development department will pilot a career pathways technology platform in FY26, through which employees can explore and identify future career opportunities at McLaren based on their backgrounds and interests.

To attract and retain recent nurse graduates, McLaren launched a Nurse Residency Pilot program at McLaren Oakland, Lansing and Bay in FY25. Nurse residency programs provide a structured, supportive transition from school to practice, leading to higher employee engagement and retention. As we measure the impact of this pilot, we will evaluate plans to expand the Nurse Residency Program across the system.

In FY25, the Leadership Development department also launched a system-wide mentoring program for high potential directors to be mentored by McLaren executives. This program includes 50 mentors and mentees who are wrapping up their first year of partnership. Next steps will include offering additional Leadership Development support for the mentees and Executive Coaching.



Samantha Franklin, RN, trauma program and emergency dept. manager; Casie Lambert, RN, BSN, trauma program and stroke coordinator; and Dr. Muhammad Usman, trauma medical director, were instrumental in McLaren Central Michigan's achievement of Level 4 Trauma Certification in 2025.



The team at McLaren Macomb helped usher Santa into Macomb County at the Mount Clemens Santa Parade.



The multidisciplinary team in the Women's Wellness Place at McLaren Port Huron received kudos from a patient who appreciated their teamwork and compassion.

McLaren + AI: Smarter Care, Stronger Revenue

Over the last year, the people who make McLaren a health care leader have gained a powerful new ally.

Technology tools, especially artificial intelligence applications, help us improve care, catch errors early, aid data abstraction and ensure we receive owed reimbursements.

Here is a recent case study. The medical billing process is hugely complex, and the broad reach of McLaren's geography and service lines makes it even more challenging. We have long used a solid, system-wide clinical documentation improvement (CDI) program that collaborates with practitioners to ensure medical records are accurate, complete and detailed. The CDI specialists review our medical records to identify gaps, inconsistencies or missing information, vital both for quality assurance and proper billing.

Yet a single patient chart can have 30,000 data points, and there are over 69,000 ICD-10 (International Classification of Diseases, 10th edition) diagnosis codes available for use. With so much to review, and in highly technical detail, even strong CDI systems can be taxing for both staff and physicians. That is where smart use of technology makes a difference.

"AI technology, when used appropriately, can help with any process that is repetitive," notes Dave Mazurkiewicz, McLaren Health Care executive vice president and chief financial officer. "Doctors do not want to be sitting in front of computer screens – they want to spend time with their patients. But

insurers still want more documentation, which AI technology can provide more efficiently."

For 2025, we have backstopped this abstraction process by partnering with tech supplier SmarterDx to put its SmarterPreBill tool to work. By tapping AI capabilities, SmarterPreBill uncovers missing diagnosis and procedure codes, unlocking hidden revenues and boosting quality oversight early in the process. "It takes clinical information from the initial run-through to find references to conditions a patient may have that were not documented," observes Katerina Serdenkovski, McLaren vice president of revenue cycle. "This helps the coding team capture everything relevant for the patient."

Checklist for success:

How SmarterDx's clinical AI platform met (and exceeded) McLaren's needs:

- ✓ Quick implementation timeline
- ✓ Contingency-based pricing model
- ✓ No financial risk
- ✓ Supported CDI team, didn't replace them



\$11.3M

realized annual net new revenue

Integration of Automated Bots

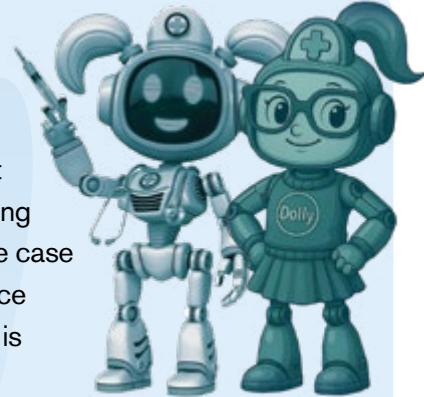
The McLaren Revenue Cycle team introduced two new team members this past year that have proven invaluable in progressing the system's automation journey.

These are automated "bots" named Maggie and Dolly, both developed by members of the Revenue Cycle team.

Revenue cycle leadership has prioritized automation as essential to improving accounts receivable, employee satisfaction and the overall patient financial experience. Automation offers a smarter solution for taking care of repetitive tasks so employees can focus on high-value work and supporting patient needs.

To launch the automation journey, the Process Excellence team developed a set of criteria to identify high-impact use cases. Prior authorizations ranked at the top due to their effect on productivity and financial performance. Maggie was introduced in July of 2025 to review scheduled radiology services for patients with Blue Cross Blue Shield insurance. The bot checks if authorization is required, determines

if it has already been submitted and retrieves the status. If not, the bot sends a fax to the referring provider or escalates the case to the Financial Clearance team if the appointment is within five days.



Dolly launched in October 2025. Its scope is to take action on the top five alerts that are triggered when a patient's insurance is entered upon registration. Registration quality alerts are triggered if the insurance information entered for McLaren patients does not match the information with the insurance carrier. Dolly works these alerts daily, freeing up registration and scheduling teams to focus on patient-facing registration activities and thus improving the overall patient experience.

The Revenue Cycle team has collaborated extensively to ensure these automations appropriately perform in accordance with operational guidelines and processes.

The SmarterDx tech helps McLaren shape an end-to-end digital envelope for each patient. "When a patient comes in for services, we collect all the data and ensure that it is accurate and complete," Serdenkovski notes. "We are then better positioned to generate a clean claim, follow the patient throughout their stay, and validate that everything is properly documented and charged."

The platform was customized to fit the McLaren system, and the vendor assured a McLaren 5-to-1 return on investment. SmarterPreBill's AI dug into clinical notes, lab results, provider orders, medications, vital sign reports, radiology and more.

The end result: "We uncovered \$11.3 million in annualized new revenue," recalls Serdenkovski.

Identifying correct diagnoses early brings an even greater benefit – improved quality of care for McLaren patients. Prompted by this success, we have also put the SmarterDenials AI tool to work, which helps us win appeals for denied coverage claims. As of August 2025, SmarterDenials has generated over 9,360 appeals for denied reimbursements.

Health care providers face endless battles with payers on these prior approval and claim denial roadblocks. Now, the new AI apps let us go beyond these dollars-and-cents matters to improve what really counts: quality care.



Karmanos Expands, Innovates and Leads in 2025

One of the biggest stories for Karmanos Cancer Institute in 2025 has been steady expansion, both within the McLaren system as a cancer service line and under its own identity. There are now 17 Karmanos locations in Michigan integrated into McLaren facilities. Since Karmanos and McLaren joined forces in 2014, this integration has generated significant wins for all concerned. Karmanos has realized growth in its patient base and community outreach. McLaren Health Care has added world-class cancer treatment opportunities and talent as a service line throughout the state. And for the people of

Michigan, this teamwork may be the greatest win, offering access to cancer therapies and hope otherwise unavailable.

A major Karmanos effort has been the renewal process for our National Cancer Institute (NCI) core grant. This NCI comprehensive cancer designation has been given to just 57 cancer centers nationwide and is central to recognizing our scientific excellence and capability to integrate a diversity of research approaches. It is also vital to our funding.

NCI designation is awarded in five-year cycles, and preparation for the January 2026 renewal was an

intensive process, involving thousands of pages of paperwork, research data, recommendations and other disclosures. “The process has changed for 2026,” notes Dr. Boris Pasche, president and CEO of Karmanos Cancer Institute. NCI grant renewal “used to involve site visits by experts reviewing information and asking questions. Now, it is all being done through central review without direct interactions between external reviewers and university faculty.”

The NCI renewal will reflect the overall status of Karmanos Cancer Institute within the American cancer care structure. For 2025, Karmanos was cited on the Becker’s Hospital Review list of 100 U.S. hospitals with “Great Oncology Programs,” and, in March, was listed as the only cancer center in Michigan named to Optum’s 2025 list of recommended U.S. centers for oncology care.

Such recognition for Karmanos is grounded in several factors – quality, innovation, research and broad accessibility. Expanded access to services ties closely to Karmanos’ integration with the McLaren system. A new Karmanos Dearborn facility opened early in 2025, featuring eight infusion bays, a clinic with six exam rooms, a compounding pharmacy, lab services and imaging services. This 5,000-square-foot comprehensive center serves multiple types of cancer, including breast, gynecologic, head and neck, and genitourinary cancers. The clinic also offers breast health services, including 3D mammography in a private women’s corridor. As an extension of the Karmanos headquarters in downtown Detroit, this Dearborn facility provides patients with access to the latest cancer treatments and clinical trials.

After five months of construction and installation, along with a nearly \$6 million investment, an advanced cancer treatment facility will become available to Owosso-area patients in January 2026. A Varian TrueBeam® linear accelerator (LINAC) has been installed at the Memorial Healthcare

Cancer Center, where Karmanos Cancer Institute at McLaren Flint manages the radiation oncology program. This technology provides external beam radiation treatments for patients with cancerous tumors or benign diseases. The advanced features of the LINAC enable stereotactic radiation therapy, which typically involves one to five treatment sessions compared to conventional radiation that can take weeks to complete.

Following more than two years of development and construction, expansion projects at Karmanos-Flint and McLaren Proton Therapy Center were completed in May 2025. Karmanos-Flint has a new entrance, a shared main waiting room for medical and radiation oncology, and a second level, totaling an additional 13,735 square feet of clinical care space. The McLaren Proton Therapy Center expansion involved dividing one treatment vault into two to accommodate an innovative upright treatment option for proton patients in 2026.

In September, Wayne State University broke ground on a new \$200 million Health Sciences

Oncology Service Line New Cases

Karmanos Cancer Institute and Karmanos Cancer Network



Research Building. The 160,000-square-foot structure, scheduled to open in 2028, will include a floor and a half dedicated to oncology research in partnership with Karmanos. “This facility represents a critical investment in the future of Detroit’s health care landscape,” observes Pasche. “It provides the sophisticated infrastructure needed to translate laboratory discoveries into breakthrough oncology treatments for patients around the world.”

For Karmanos, innovation in cancer treatment and research also means retooling internal structures to ensure the best care. Even the smallest or most subtle of advances, expansions or discoveries today may well be the one that tomorrow leads to a life-changing impact in the battle against cancer.

In April, the Michigan-based U CAN-CER VIVE Foundation awarded Karmanos \$459,010 for research on advanced radiofrequency electromagnetic treatment of cancer, using the TheraBionic P1 device. The TheraBionic P1 technology is a novel, handheld device that offers many patient-friendly treatment possibilities.

This new approach is FDA approved for the treatment of liver cancer. The grant will also support

further research regarding the use of this device in breast, colorectal and pancreatic cancers.

Cancer research also explores social and genetic factors in development and treatment. A new grant from the National Cancer Institute will fund a Disparities in Immuno-Oncology Outcomes in Detroit (DIODE) study. DIODE studies genetic factors in resistance to immunotherapy treatments.

A milestone of 2025 was our exploration of Hemgenix as a gene therapy treatment for adults with hemophilia B.

This one-time treatment can help patients with this genetic bleeding disorder build up their own defenses, without a need for lifelong medication. “The first patients were treated in early October,” recalls Brian Gamble, CEO of Karmanos Cancer Hospital and Network. “The implementation of this therapy marks a paradigm shift in our care model. By becoming the first cancer center in Michigan, and one of only 50 facilities globally to



A clinical staff member discusses the new Hemgenix treatment with a patient.



Karmanos Cancer Institute leadership joined the City of Dearborn mayor, city leaders and the Dearborn Chamber of Commerce to celebrate the opening of the Karmanos Dearborn clinic, highlighting their shared dedication to accessible, community-focused cancer care.



Patients from Karmanos Cancer Center and the Karmanos Cancer Network took the field at Comerica Park to help Strike Out Cancer at the Detroit Tigers annual event this past May.

offer this gene therapy, we are advancing toward a future in which lifelong dependency on traditional medication is no longer the only path for our patients.”

Our Specialty Pharmacy operation has become one of the most successful sectors in the McLaren Health Care family, showing 30% year-to-year growth since its launch in 2019. For 2025, the Specialty Pharmacy operation was cited as a Specialty Pharmacy Pioneer by the Utilization Review Accreditation Commission.

In 2025, our current positron emission tomography-computed tomography (PET-CT) scanning technology was supplemented by a SPECT/CT (Single Photon Emission Computed Tomography/Computed Tomography) platform. This new tool can provide both cancer diagnosis and treatment, allowing “very precise access” in imaging, notes Karmanos Chief Operating Officer Chris Graunstadt. “The more we can see, the more we can treat.”

The capabilities of our proton therapy facility have grown as well, with the addition of an upright positioning and alignment system developed by the Leo Cancer Care firm. This new platform should be approved by the FDA early in 2026,

with first usage planned for the summer, making us one of the first proton centers in the world to utilize this technology.

“This is a paradigm shift in particle therapy delivery,” notes Dr. Hesham Gayar, medical director of the McLaren Proton Therapy Center. Beyond adding far more versatility to proton treatment, the Leo upright chair system is less expensive, safer and offers better, more precise imaging and treatment. Simpler upright options will also allow increased usage of proton therapy options, which are crucial given how demand has exploded over 2025. “We’ve been working at capacity for months now,” notes Gayar, with more than 1,500 patients now treated.

Our patient-centric focus also led to the launch of a new second opinion program in 2025 designed to improve cancer care outcomes. This second opinion clinic matches patients with specialists who can provide review and confirmation of their diagnoses or treatment options. Karmanos oncology navigators guide patients through every step in receiving a second opinion, which can improve diagnosis or treatment plans up to 20% of the time. “The second opinion initiative brings in all the expertise of Karmanos to help patients,” notes Pasche.

Our Service Area



By the Numbers 2025



398,705
ER Visits



760,960
Days of Inpatient Care
Includes Hospice Days



85,925
Discharges



170,712
Home Care Visits



93,846
Contracted Providers



3,718,068
Ambulatory Visits
Includes Home Care Visits



3,100
Licensed Beds



75,452
Surgeries



\$1.91 billion
Annual Payroll



4,434
Births



197,911
Hospice Days



\$6.95 billion
Net Revenue



25,338
Observation Stays



\$407.1 million
Community Benefit



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Bay City Academy's middle schoolers spread holiday cheer by delivering 125 care packs to McLaren Health Care nurses – continuing a heartfelt tradition born from gratitude and resilience. Led by Mrs. Kelly Pletzke, students fundraised, crafted letters and created gifts that honor the compassion of caregivers. Their kindness reminds us of the joy and generosity this season inspires.

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McLaren Health Care awarded its prestigious President's Trophy to McLaren Thumb Region for outstanding performance in clinical quality, patient safety, satisfaction and operational excellence.

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Residents from the new Graduate Medical Education program at McLaren Port Huron joined the team at the Rotary International Day Parade, kicking off Boat Week in the Blue Water area.

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Adaptive golfers as young as 8 years old participated in the 4th Annual McLaren Adaptive Golf Clinic which kicked off The Ally Challenge Presented by McLaren in August. Forty participants received instruction from 14 certified adaptive coaches at this Clinic, which provides golf instruction to individuals whose physical condition requires them to utilize specialized equipment and techniques to play the game of golf.

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McLaren Lapeer showcased its community support as the main sponsor of the Lapeer Days Festival this past summer. Hospital leadership and staff proudly marched in the Lapeer Days parade.

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McLaren Lapeer's Transitional Care Unit team organized a food drive to help meet community needs. This unit was named a top 10 best nursing home in metro Detroit by U.S. News & World Report.

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McLaren Health Plan sponsors the Flint Farmers' Market as part of its commitment to community wellness. Supporting local agriculture and gatherings such as the family trick-or-treat event helps the market flourish and continue to effectively serve the community, while bringing together neighbors in a welcoming space. This year's event was the largest ever, with nearly 300 children in attendance.

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IN MEMORIAM

Dr. Barbara Wolf: A Lasting Legacy

McLaren Health Care lost a key mentor and advocate for improving and impacting the lives of patients and health care professionals with the tragic death of Dr. Barbara Wolf in December of 2024. A longtime leader of McLaren's clinical health psychology service line, Dr. Wolf was an invaluable member of the Graduate Medical Education (GME) faculty. As a clinical psychologist, she touched the lives of many patients and colleagues in service of their mental and emotional well-being. As a trusted mentor to residents and fellows, she brought experience, kindness, serenity and friendship to their training.



Her contributions to the fields of psychology and medical education have left an indelible mark on the McLaren organization and beyond. In honor of that legacy, Dr. Wolf has been memorialized with several distinctions.

In October, Dr. Wolf was posthumously recognized as a Corporate Achievements Hero in the Crain's Detroit Business list of Health Care Heroes for 2025. Among her lasting legacy is Mindful Medicine, a course she designed that develops meditation and mindfulness skills. Largely practiced by McLaren providers, especially residents and fellows, this course aids providers in coping with the natural stresses associated with a career as a health care professional. The program was later expanded to include leaders across the system, developing into a digital wellness platform, McLaren Thrive.

Two distinctions in McLaren's GME program will bear her name as a tribute to her goals, achievements and ideals for health care. The first is the Dr. Barbara Wolf Humanitarian Award, which will be awarded annually to a medical resident from McLaren Flint who demonstrates involvement and a passion for community service and advocacy. Secondly, the annual McLaren Health Care Academic Affairs Retreat now incorporates the "Dr. Barbara Wolf Legacy Keynote Speaker Session," honoring excellence in teaching and leadership.

Further, McLaren is honoring her legacy with the continuation of a project she was passionate about. A specialized training was developed in memory of Dr. Wolf as part of the McLaren Crisis Response Program. This project aims to build a group of champions equipped with the advanced skills and knowledge required to respond to a variety of crises and emergencies within our system and the communities we serve. The primary goal of this multi-day training session is to develop a dedicated, engaged group of individuals who may then assist in the long-term application and continued integration of this program throughout McLaren.

While Dr. Wolf's presence is greatly missed, these programs, and the ideals and character she represented, will continue to live on throughout McLaren.



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