



ANNUAL REPORT

2021



HEALTH CARE

OUR MISSION

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

In recent years, McLaren Health Care has shaped a major institutional change toward value-based care – smart, appropriate care built around reimbursement for delivering quality. This required rethinking of all the structures, drivers, and goals that went into traditional fee-based medicine.



In a year of health care challenges such as those we experienced in 2021, our value-based care model was put to the test. McLaren's value-based care approach not only stood up to one of the most demanding years in American health care history, it also proved itself in many decisive ways. In this year's annual report, you'll find out how McLaren Health Care has prepared for the future of medical care by taking the lead in shaping that future.



VALUE-BASED CARE INVESTMENTS HELP US EXCEL

For 2021, our mission to deliver value-based care (VBC) throughout the McLaren system continued to reap countless benefits, with improved patient health, top decile clinical quality scores, and financial strength. That we've 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.

Value-based care represents a fundamental shift in how American health care is delivered. It is care based on patient outcomes, rather than just services delivered, and it is how providers – hospitals and physicians – are increasingly reimbursed. This means we are rewarded not for specific procedures or services, but for helping patients improve their health, combat chronic diseases, and live healthier, longer lives.

VBC demands a total rethinking of how we deliver care. Helping patients get and stay healthy becomes as important as a single treatment. Physicians, hospitals, and after care specialists must craft a team approach to support patients through a long arc of care. Technology to track care, population health measures, and new care delivery techniques becomes crucial. And the terms of reimbursement are based on much tougher, data-driven metrics.

STRATEGIC GROWTH PLAN

Core Initiatives FY21-23



At McLaren, we've been committed to value-based care for several years. We recognized early on that it was the way of the future, and means better, healthier lives for the people in our communities. Yet pioneering in VBC comes with costs. Many traditional approaches to care delivery, measures of quality, and organizational structure demand retooling. Our overall reimbursement structure operates between the old fee-for-service model and emerging value-based care systems. That means our services are sometimes graded by the new measures ... but paid for meeting the old ones.

The past year has proven the wisdom of our investment. VBC encourages resiliency and innovation, which are crucial qualities in an era of COVID-19. Despite a year of pandemic surges, shortages, and lockdowns, our overall Accountable Care Organization care quality score increased to 98.13 percent for the year, one of the best ratings in the nation.

The investments we've made in technology supporting value-based care also proved invaluable in responding to COVID. Early adoption of telemedicine tools made a huge difference in allowing physicians and staff to interact with patients at remote clinics or in their homes. Our Cerner/One McLaren data platform increasingly brings the various systems used in our subsidiaries together under a single, McLaren-wide structure, easing access, cutting cost, and improving reliability.

Several of our planned retail clinic locations within Walgreens stores were fully operationalized and proved prescient when the past year's lockdowns saw other hospital systems scrambling to stand up similar sites. The expansion of our insurance products and outreach proved a wise diversification when COVID reduced many inpatient hospital admissions (and related revenue). Financial surpluses generated by McLaren Health Plan in Michigan and MDwise in Indiana helped stabilize and offset much of the negative impact to the provider portion of our business.

McLaren's value-based care investments are not only showing their worth, but paying off sooner than expected, and in ways we didn't anticipate. Despite headwinds, we should top \$6 billion in net revenue for 2021. Better still, our quality scores have improved to the point where ranking as a top five hospital system in the U.S. for quality is within sight.

Challenges reveal the true measure of both people and institutions. In 2021, McLaren Health Care faced challenges never experienced in its history. But our commitment to value-based, quality care gave us the resources to not only endure, but to excel.



Philip A. Incarnati
President and CEO



Daniel Boge
Chairman, Board of Directors

A handwritten signature in black ink that reads "Philip A. Incarnati". The signature is fluid and cursive.

PHILIP A. INCARNATI
President and CEO
McLaren Health Care

A handwritten signature in black ink that reads "Daniel Boge". The signature is fluid and cursive.

DANIEL BOGE
Chairman, Board of Directors
McLaren Health Care



VALUE-BASED CARE

WHERE DID IT COME FROM AND WHAT DOES IT MEAN?

“Value-based care” may sound like a slogan, but in fact it’s an actionable, data-driven platform for reshaping American health care toward a “paying for quality” approach.

The drivers for VBC are not necessarily new. Sharp increases in health care spending, especially for Medicare, prescription drugs, and health insurance claims, pushed funders to contain costs and financial risks for care delivery. But these early efforts failed to deliver. Not only did health spending balloon, but no connection was made with improving overall care quality.

“When I started, everything was done in the traditional model,” recalls Michael McKenna, MD, executive vice president and chief medical officer of McLaren Health Care. “The physician evaluated

and took care of the patient, submitted bills, and was then paid by insurers.” The process was simpler, but offered few checks on expanding costs. Further, “there was no evaluation of whether a procedure was necessary, or done well.”

That began to change after 2006, when Michael Porter and Elizabeth Teisberg published the book *Redefining Health Care*. They offered a bold take on the failures of modern American medicine. “The problem was less a technology problem or a regulatory problem than a management and organizational problem,” they wrote. Health care



The importance of value-based care is that we're no longer being paid based on volume of services, but on quality. This is a change in the philosophy of medicine for physicians. We need to manage care for broader patient populations. It's no longer just the 25 patients I may have on my schedule today, but the 2,000 who I'm responsible for.

MICHAEL ZICCARDI, DO

Chief Medical Officer, McLaren Physician Partners



outcomes and reimbursement were based on quantity, not quality, which drove all the wrong incentives.

Porter coined a phrase to describe a new approach – value-based care. “The way to transform health care is to realign competition with value for patients. Value in health care is the health outcome per dollar of cost expended. If all system participants have to compete on value, value will improve dramatically,” he said.

Slowly, this concept of value-based care worked its way into the health care industry, driven by government funders battling unsustainable cost of care inflation. In 2010, the U.S. Patient Protection and Affordable Care Act (ACA) spurred innovation in care models through the Centers for Medicare & Medicaid Services (CMS) innovation center. This laid the groundwork for innovation in health care delivery – and more. The Medicare Shared Savings Plan (MSSP) empowered CMS to provide financial incentives for greater quality and efficiency.

A value-based care structure is paramount at McLaren Health Care. It can help stem health cost

inflation, improve access and efficiency, and, most importantly, improve quality. But a VBC approach demands major, fundamental changes in how health care is delivered, measured, defined, and paid for, including:

- A shift from treating discrete health care “events” to a focus on long-term population wellness.
- New relationships between physicians and hospitals that make each financially responsible for the overall health of individuals and defined groups.
- Enterprise-wide computer systems that capture data on usage, delivery cost, and efficiency in unprecedented detail and in real time.
- Expertise in collecting and interpreting all that data.
- Increased use of telemedicine “clinics” and in-home support that take health care to people, rather than the other way around.
- Expansion and diversification of our overall business model, in order to “cover all the bases” of care.
- Turning medical research into an innovation nexus and care improvement engine.

BENEFITS OF VALUE-BASED CARE

PATIENTS
Lower Costs
& Better
Outcomes



PROVIDERS
High Satisfaction
Rates & Care
Efficiencies



PAYERS
Stronger Cost
Controls &
Reduced Risks



SUPPLIERS
Alignment of
Prices with
Patient
Outcomes



SOCIETY
Reduced
Health Care
Spending & Better
Overall Health



BUILDING A FOUNDATION FOR LONG-TERM POPULATION WELLNESS

Health care for our communities – and each person in those communities – can no longer be driven by one-off health events.

Under value-based care agreements, providers are rewarded for helping patients improve and maintain their health. At McLaren, we work to reduce the effects and incidence of chronic disease and use innovative care to help patients live healthier lives. Care is no longer just one event, but a long-term health investment.

First Step: Develop a team approach to care in the broadest sense.

McLaren Health Care has shaped its own internal structures to manage and insure care through the VBC lens. The starting point for this is our network of hospitals, clinics, and specialty treatment centers throughout Michigan and in Ohio. Our expanded data networking ensures the most distant rural facility has access to the same information and resources as our biggest urban centers.

Another key resource is our Karmanos Cancer Institute, a leader in research and treatment, and one of only 51 National Cancer Institute-designated comprehensive cancer centers in the U.S. The Karmanos network has expanded into satellite

centers at McLaren facilities in Michigan and Ohio. This helps bring the latest cancer care directly to patients where they live.

Added to this are several “specialty teams” that are crucial to making McLaren a well-rounded VBC provider. Our post-acute care network provides needed home care, hospice, infusion services, and clinical laboratory networks. Specialty pharmacy services support the entire McLaren system. And our advanced medical research facilities deliver the knowledge and tools required for continuous improvement.

McLaren Health Care offers impressive scale and scope with a footprint spanning Michigan and extending into Indiana and Ohio, all a necessary foundation for making value-based care effective.

Next Step: Change the way physicians and hospitals provide care.

VBC demands that we construct and foster a team-oriented approach to patient care. This requires sharing patient data to aid coordination of care and measure outcomes in an objective way.



Value-based care means everyone gets the same level of care. Even in smaller communities we serve, in areas like cardiovascular care, we are very consistent. We have the processes in place for continual improvement. Look at our success with Karmanos. We have cancer centers at our hospitals in smaller communities, but even patients who are hours from Detroit get consistent cancer care protocols and clinical research opportunities.

MICHAEL MCKENNA, MD

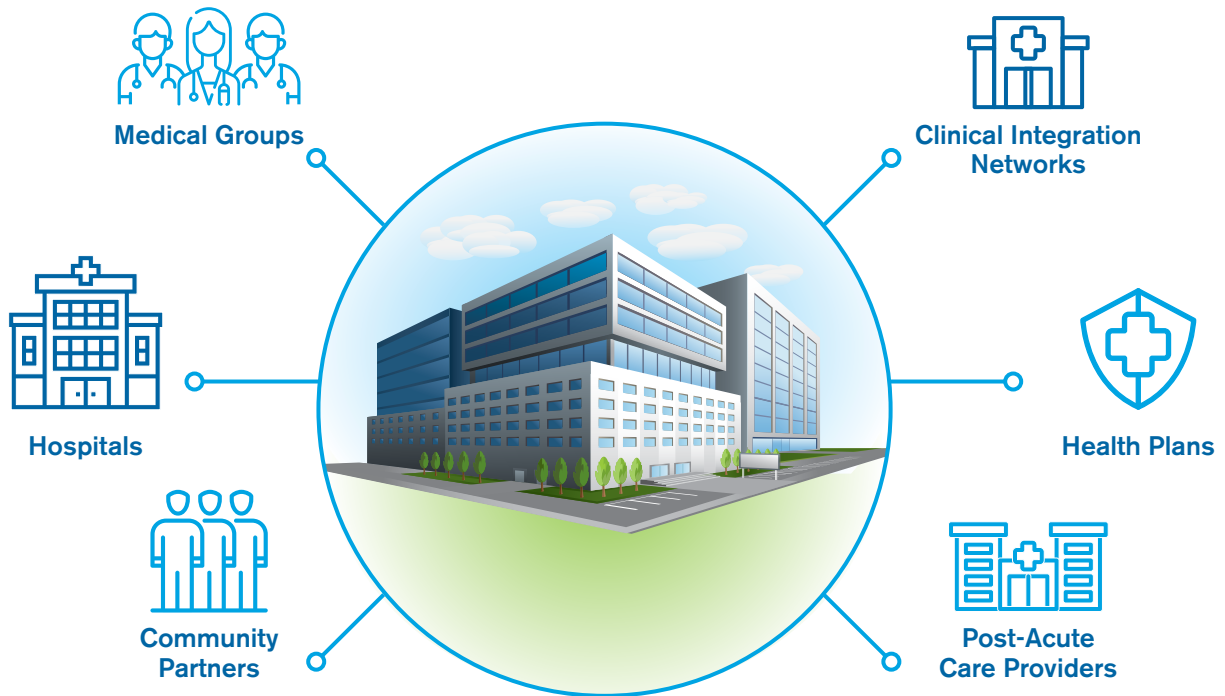
Executive Vice President and Chief Medical Officer, McLaren Health Care





POPULATION HEALTH STRATEGY

Population Health Services Organization (PHSO) – an optimized, physician-partnered operations entity that powers a system to improve health outcomes, promote economies of scale and coordination, and reduce variation across the continuum.



Population Health Services Organization (PHSO) This centralized entity allows health care organizations, regardless of ownership or affiliation, to purchase shared services under value-based payment arrangements. It's like a management services organization, but it supports population risk management instead of back-office functions.

This begins with a “medical home” approach. Primary, specialty, and acute care are integrated in a delivery model called patient-centered medical homes (PCMH). This coordinated approach to patient care is led by a patient’s primary care physician, who directs the patient’s total clinical care team. Electronic medical records are shared among all providers on the team.

Such medical homes function under the umbrella of an Accountable Care Organization (ACO). Physicians, hospitals, and other health care providers work as a networked team to deliver a continuum of care for patients. Each member shares both risk and rewards, with incentive to improve

care access, quality, and outcomes, while reducing costs. Coordination and data sharing across ACO members helps achieve goals for entire patient populations. Transparency is the rule for an ACO – clinical and claims data are shared with payers to demonstrate quality and improvement.

Rounding out the value-based care infrastructure are subsidiaries that help McLaren deliver and insure care. McLaren Health Plan (MHP) is our system-owned health maintenance organization (HMO). MHP was launched in 1998 to serve the Medicaid population in our communities, and is currently one of only three HMOs covering Medicaid patients throughout Michigan. MHP has

since grown to include individuals, employer group coverage, and Medicare products, and delivers care to 304,897 members. Our MDwise subsidiary offers similar coverage in Indiana, with 387,434 members.

Final Step: Create provider “building blocks.”

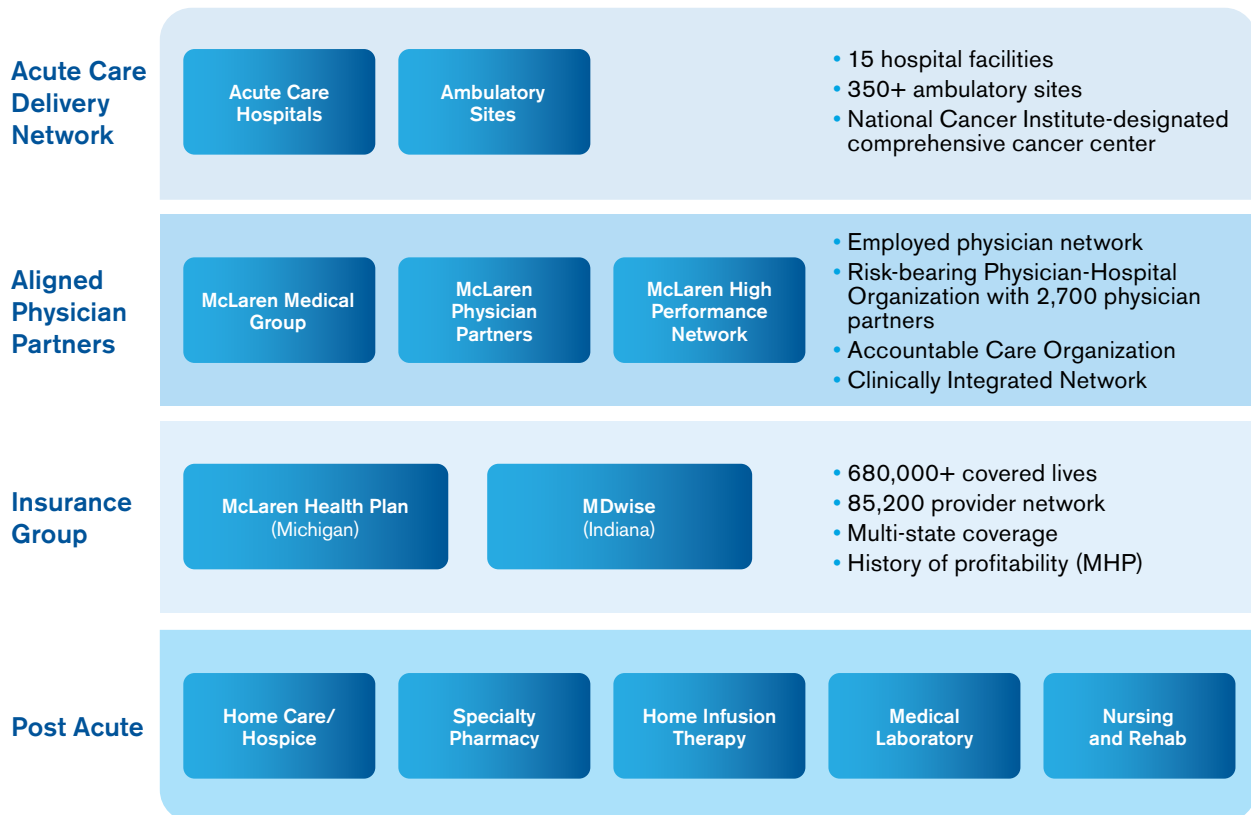
In support of VBC, McLaren has created structures and organizations that focus on specific insured population groups and then connect them with support, data, and incentives. Some of the provider building blocks we use for this in the McLaren system are:

- **McLaren Physician Partners (MPP).** Originally a partnership between McLaren and its medical staff, it has evolved into a Population Health Services Organization, with half ownership by McLaren Health Care and half by the member

physicians. MPP now includes more than 2,700 providers responsible for 250,000 managed care lives. It uses physician group incentive program (PGIP), commercial and Medicare Gain Sharing Managed Care contracts.

- **McLaren High Performance Network (MHPN).** An Accountable Care Organization (ACO). A wholly owned subsidiary of McLaren Health Care, MHPN is made up of physicians in group and individual practices. It participates in the Medicare Shared Savings Program (Shared Savings Program) and is reimbursed through downside risk agreements.
- **McLaren Clinically Integrated Network (CIN).** Wholly owned by McLaren, membership includes MPP, health systems, and physician organizations.

McLAREN’S FULLY INTEGRATED HEALTH CARE NETWORK



ALWAYS LEARNING HOW TO IMPROVE CARE

Innovation is crucial to an effective value-based care system. In health care, the standards are always changing. Fresh knowledge and advancement in health care are processes that know no end. Best treatments in 2021 may prove outmoded by 2025. “The way it’s always been done” should not necessarily be the way it is done tomorrow.

Research leads to new treatments, medications, procedures, and devices. New tools and techniques are carefully developed that save lives. In other cases, when data are examined carefully, standard approaches prove less effective and wasteful of resources.

“People might think of high-value care as it relates to financials,” notes Chandan Gupte, vice president of clinical excellence and research. “But

we think of it as clinical excellence and improved patient outcomes.”

Research, testing new care hypotheses, and endless learning pay off in many ways at McLaren Health Care. One example: Patients being treated for pneumonia in intensive care units received daily chest X-rays and daily blood work. “Then,” says Gupte, “we asked, what is the value ... is that really the best care?” She noted changes are not uncovered through daily X-rays (which also increase patient radiation exposure). Daily blood draws were also less revealing than necessary ... and who wants to be poked with needles when it isn’t essential? Careful study of data showed that neither practice improved outcomes but added risks and expenditures. “Why do that when your goal is to keep people safe?”

Throughout the McLaren Health Care system, a VBC approach drives us to ask “Why?” – and endlessly seek better, more effective techniques. Dietitians have long recommended peripheral parenteral nutrition (PPN) IV treatment for patients who aren’t eating a standard diet. But studies showed that “standard” diets were not appropriate for everyone, and that added PPN often was unneeded.

Overuse of antibiotics is another classic case where smart value-based care can avoid problems. Disease resistance to many standard antibiotics has increased over the years, primarily as a direct result of overprescribing, and there can always be adverse reactions. Now, notes Gupte, “we talk with residents on the orders they put in and emphasize not ordering things just because that’s the way it’s always been done.” Better care, better overall health, and more health care dollars available for smart usage are the benefits.



IMPROVING HEALTH THROUGH CLINICAL RESEARCH

That clinical research is necessary for improving health care seems obvious. The astonishing speed with which the world's governments and pharma companies developed effective COVID vaccines in 2020 proves that. But at the local level, a strong, comprehensive clinical research program also delivers many community benefits. The newest therapies and treatments become available first through trials – sometimes to patients who would have otherwise been without hope.

Value-based care sometimes means more care and focus for the patients who really need it.

“Patients who participate in research trials get treatment options not available through standard care,” notes Pamela Wills-Mertz, corporate director of the McLaren Center for Research and Innovation. “There’s also an added layer of quality care. Besides the patient’s core set of physicians, research has a dedicated team, with added monitoring such as lab work or radiology studies. There is much more focus on the patient.”

The broad geographic footprint of McLaren Health Care adds to this research bonus. Clinical trial locations are selected in part based on the



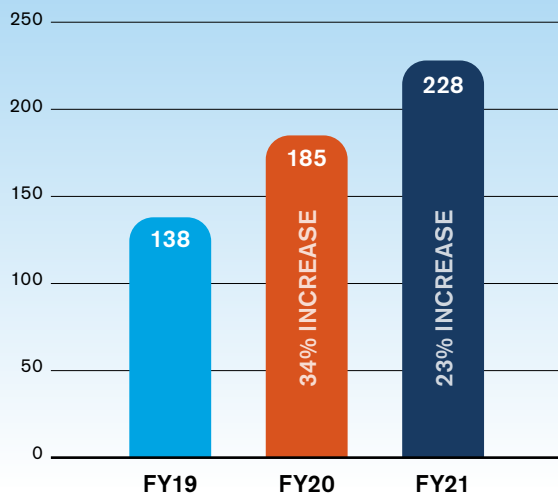
large diversity of test patients who can meet the criteria. With a scope that covers most of Michigan, and millions of potential patients, the McLaren system helps trial sponsors customize just the demographics they require.

This further benefits McLaren communities by distributing trial treatment options outside traditional urban areas. “We’re pushing trials out to the subsidiaries,” Wills-Mertz observes. “We have six sites around the state, with a seventh coming in 2022.” Plus, our reputation as a system that leads in clinical research is self-reinforcing. More top researchers seek to affiliate with McLaren to do more innovative work, which leads to more trial activity, which leads to a stronger reputation for research ... and on and on.

The numbers show how successful this element of value-based care has become. System-wide, patient enrollment in trials jumped 34 percent from 2019 to 2020, and another 23 percent for 2021. McLaren-based clinical research has delivered global advances in such fields as care for congestive heart failure and post-stent anticoagulation treatment.

These and many other medical advances are saving lives, improving the quality of life, and trimming wasteful health care spending – and our research focus means McLaren patients will be first in line.

Number of Participants Enrolled in Clinical Trials



MEANS HEALTHIER PATIENTS

Improving quality and outcomes for patients are primary focus areas at the system and subsidiary level at McLaren Health Care.

“If we are going to drive value and continuously improve outcomes in the areas of quality, safety, and patient experience, we need to understand how we are currently performing,” says Danette Hayman, senior director of clinical excellence. “The Patient Safety Dashboard is one of the tools that supports our ability to do this.”



The Patient Safety Dashboard (PSD) includes metrics (inpatient and ambulatory) selected annually by a planning group that includes representatives from across the system and approved by our Board of Directors.

Acute & Ambulatory FY21 13 Metrics

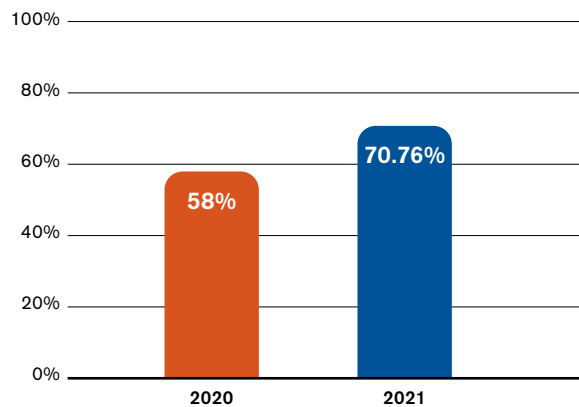
- Mortality Index
- Complications Index
- Harm Events (Improvement)
- Zero Harm (Achievement)

- 30-Day Readmission Rate (Improvement)
- 30-Day Readmission Index (Achievement)
- Sepsis Mortality Index
- Sepsis Bundle Compliance
- Lab Utilization
- McLaren Patient Experience Percentile Composite
- PCI Radial Access Site
- MPP Value-Based Performance Score
- MMG Overall Patient Experience

Metrics with risk-adjusted national benchmarks are selected when available. Two examples of this type of metric on the FY21 Patient Safety Dashboard are the Complications Index and the Percutaneous Coronary Intervention (PCI) Radial Access Site. The Complications Index compares our actual complications to an expected complication based on like patients in an external database. The PCI Radial Access Site was a new metric in FY21. Peripheral coronary intervention (PCI) is a surgical procedure that inserts a catheter into an artery to deal with an arterial blockage. Traditionally, the catheter was inserted through the groin and up into the heart. A newer, transradial access (TRA) approach has been developed, and interventionalists using radial artery access rather than femoral access report this technique significantly cuts bleeding complications, infection rates, and readmissions while aiding patient comfort and ambulation. Clinical teams tested both procedures, and data was carefully reviewed, showing noticeably fewer complications with the TRA method. It's now the new standard, and use of this evidence-based practice realized a 13% increase in FY21 over FY20.

“It’s continuous improvement toward top-decile performance,” says Hayman. “Our sites are constantly learning from each other.”

FY21 PSD Metric: PCI Radial Access Site Usage



Each fiscal year, metrics are selected and performance targets are established, weighted, displayed, scored, and translated into an overall Clinical Outcomes Performance score. The Patient Safety Dashboard is displayed transparently at the system, regional, and subsidiary level with the goal of reducing variation and driving improvement in patient outcomes. This methodology has been very effective at driving and sustaining improvement. The System Clinical Outcomes Performance Score in FY21 improved from a baseline of 94 points to 109. This represents a 16% increase for the 12-month period ending September 2021, with the upward trend sustaining momentum into FY22. This is particularly significant given the impact of the pandemic.

In addition to driving performance on the Patient Safety Dashboard, many of these metrics are included in a CMS Value-Based Program

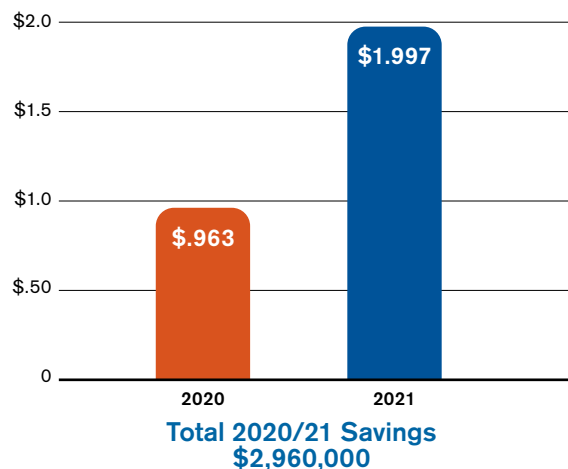
Patient Safety Dashboard Clinical Outcome Score



Data through September 2021

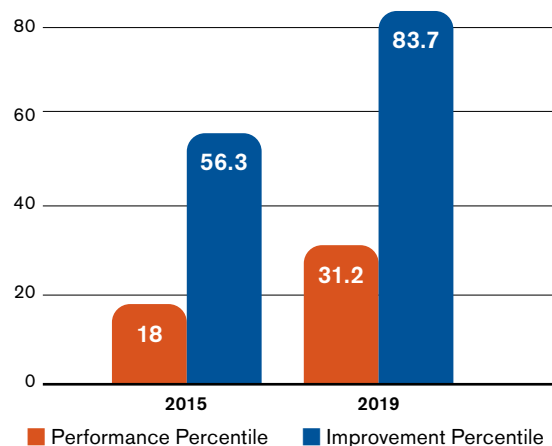
(Hospital Value-Based Purchasing, Hospital Acquired Condition Reduction Program, Hospital Readmission Reduction Program) that includes reimbursement penalties or incentives, with performance compared to facilities across the nation. The graph below demonstrates the MHC year-over-year improvement in CMS Value-Based Programs.

MHC System Year-Over-Year Savings in CMS Value-Based Programs (in millions)



The transparency surrounding this process has resulted in significant improvement in our system Performance Percentile and Improvement Percentile as reported in the 2021 Watson Health 15 Top Health System report. These numbers reflect the most recent (2019) data, with further improvement projected.

System Performance and 5-Year Rate of Improvement



Source: Watson Health Top 15 Health Systems 2021

MINING DATA FOR HIDDEN HEALTH CARE VALUE

Modern health care generates vast amounts of health care data. Basic patient charts alone accumulate terabytes of data, tracking every aspect of care. McLaren Health Care, with more than 95,000 inpatient discharges, 391,000 emergency visits, 3.9 million ambulatory visits, 113,000 contracted providers, and 692,331 insured lives to care for, is central to this growing flood of health care data.

“We generate over 10 billion lines of data every year,” notes Lisa Vismara, McLaren vice president of business intelligence.

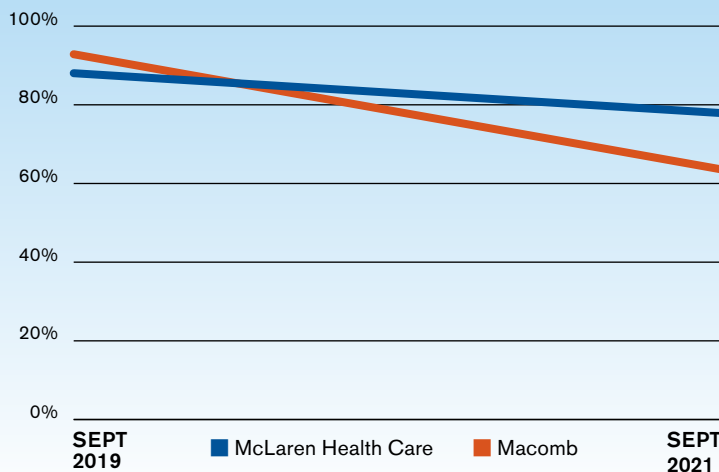
The quest has been to turn that plethora of health care data into usable insights, particularly as value-based care continues to expand our need to access data across the care continuum. McLaren’s VBC approach, combined with a smart information technology program, turns utilization data into a value resource to be tapped. Two of the more significant sources are the data warehouse and One McLaren Cerner Electronic Health Record. The One McLaren Cerner digital platform, now

rolling out across all subsidiaries, is shaping a universal language for our health care records. This is compiled into a “data warehouse,” says Vismara, “a single source of truth where we can transform and make sense of the data.” By ensuring that data on procedures, safety, charts, services, and costs all read the same, we’re building a rich database of clues to better care.

The next step is to mine this data. For example, Tableau, a powerful analytics tool, helps make sense of the numbers, presents valuable data visualizations, and calculates trends. CareFusion MedMined data mining software, another tool, crunches info from 10 unique health records used across the McLaren system for insights on pharmacy efficacy and value. Data feeds from all those health records are standardized, translated, and turned into meaningful, actionable, clinical intel for improving pharmacy usage.

Working collaboratively with Business Intelligence, McLaren’s Quality & Clinical Excellence team is significantly expanding its

Chest X-ray Rate per 100 Critical Care Days



This graph reflects the improvement in MHC and McLaren Macomb’s Critical Care 1 view Chest X-Ray utilization Rate per 100 Critical Care Days. Using the data warehouse, MHC can populate utilization trends and drill down to the facility with the highest usage of chest x-ray or identify those facilities that have a lower utilization rate to share best practices across the system.



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The One McLaren Cerner digital platform ... is shaping a universal language for our health care records. Compiled into a ‘data warehouse’ — a single source of truth where we can transform and make sense of the data.

LISA VISMARA
McLaren Vice President of Business Intelligence

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ability to take data from the warehouse and create data visualizations that inform decision making.

Andrew Staricco, MD, vice president of medical affairs and chief medical officer for McLaren Macomb, cites this as a driver for McLaren’s High Value Care Steering Committee, which incorporates staff from across the McLaren system. “The committee came about because we were looking at where we can get the biggest bang for

the buck in quality, safety, and efficiency,” says Dr. Staricco, who co-chairs this group’s critical care subcommittee.

He cited one of the committee’s initiatives where smart data mining has improved value.

“We looked at the practice of ordering daily chest X-rays for patients in intensive care,” says Staricco. “We asked if we really need to do a daily X-ray, or if it just tells us what we expected” — while adding to patient radiation loads and cost. Data on safety, patient outcomes, and usage across the system were mined and closely examined. “It took us six months to get the data out,” he recalls. But the analysis was revealing — daily X-rays brought no added benefit to patients.

He noted a simple change in treatment orders was made. Instead of calling for daily X-ray imaging at the start of treatment, physicians now had to toggle a request each day. This small modification is paying off. A couple of years ago, the X-ray utilization rate for McLaren Macomb intensive care units was 93 per 100 patient days. That has declined to 65.4, while cutting costs and improving outcomes.

VALUE-BASED CARE

MEANS AN ENTIRE HEALTH SYSTEM THAT SPEAKS THE SAME LANGUAGE

America's health care providers were technology leaders in adopting computer networks and electronic health records years ago. But that's proven a mixed blessing as digital capabilities exploded, and demands for new functions and security soared. Further, a fast-growing health care system like McLaren acquired an array of platforms as it added new hospitals, and many of those platforms were not compatible with each other. To improve quality and lower costs, McLaren recognized that an efficient, universal data platform is crucial to delivering value-based health care.

Over the past several years, McLaren Health Care has invested in a centralized networking

platform from the Cerner Corporation. Cerner Millennium is a Java and cloud-based electronic health record (EHR) system designed for hospitals. Robust, adaptable, and scalable, the Cerner platform is ideal for allowing all the facilities, departments, and personnel across the McLaren system to share information.

In 2021, McLaren Central Michigan, McLaren Oakland, McLaren Bay Region, and McLaren Macomb were among the facilities that went live with the Cerner network. Given the complexity of a system-wide EHR platform, and the stakes involved in getting it right, the rollout of Cerner to McLaren subsidiaries has been a methodical,



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Electronic medical records have been around for decades, but now we can link records to track claims data and use artificial intelligence to monitor trends. If you have a particular group of patients getting worse, for example, the care team will know and can then engage with them to close care gaps. We're learning how to make the data we capture actionable and relatable.

GARY WENTZLOFF

President and CEO, McLaren Physician Partners

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multi-year process. “It was tough in the beginning, but as time went on, we found the process a lot easier to navigate,” recalls Preston Thomas, MD, associate medical director for McLaren Oakland.

Experience has helped the clinical and tech teams to bring hospitals online quickly with Cerner. Michael Schafer, MD, chief medical information officer for McLaren Medical Group, shares the Cerner implementation timeline:

- **Three months before launch:** The medical group meets with management and leadership to discuss what's in store, and to get everyone prepared. IT staff get equipment in place and work on testing and assurance.
- **Six weeks before launch:** The education process begins, especially with those who need early access for clinical and scheduling information.
- **One month before launch:** Training sessions are held with providers and their staff.
- **Final days before launch:** The implementation team works closely with providers to help them get efficient with the system, so everyone is ready to care for patients from Day One.

Once Cerner is implemented at every site across the McLaren system, every member of Team McLaren will be able to share data seamlessly, quickly, accurately, and securely. Errors, oversights, and delays will be sharply reduced. Physicians can spend less time tracking down patient charts and more time delivering care. Transitions of care, such as from inpatient to home, or to a nursing facility, will be more

efficient, with fewer “data drops.” Electronic coding of procedures and treatments, which is vital for correct reimbursement, will be highly accurate. Lastly, population health trends become much more easily trackable and actionable.

PHYSICIAN'S PERSPECTIVE

Real-Time Access to Information

“I remember last February, the first weekend we were on the [Cerner] system, late on a Saturday,” recalled David Pinelli, DO Assistant Chief Medical Officer, Primary Care, McLaren Medical Group. “I got a call from an inpatient family member. The patient had a severe sepsis infection, and the family was very worried. My first thought was that I'd need to make a lot of phone calls to track down the hospitalist and the nursing staff for info. Then I realized we have this new EHR system. I logged in, pulled up the patient's records, and there were all the surgeon's notes, med changes, and the treatment plan for the next day. I was able to communicate that immediately to the family on the same phone call. I could even check vitals from half an hour ago. They were beyond grateful to have this assurance. As a provider, I had real-time access to notes and the treatment plan. Previously there would have been multiple calls, with variable success, and me acting as the middleman. Patients are now safer, and there's greater patient satisfaction ... it's wonderful!”



FIGHTING CHALLENGES WITH INNOVATION

The continuing global COVID pandemic remained the big news story of 2021, bringing with it consequences beyond the clinical aspects involved. Staff shortages, shutdowns, shifting demands, remote work arrangements, and inflation have all hit our daily lives and present serious challenges to health care.

A key asset of McLaren's value-based care philosophy is flexibility. Quality, speed, lower costs, and less waste demand a system able to innovate, to quickly develop workarounds for problems. In 2021, this was put to the test, and proved its worth.

We all remember the sudden run on personal protective equipment (PPE) in early 2020 – items like face masks, sanitizers, and surgical gloves. At McLaren, we moved early to battle shortages, investing in domestic PPE maker Prestige Ameritech through health care logistics and advisory firm Premier. Through 2021, this investment proved wise. Not only does it give us a crucial PPE backstop, but “we earned our investment back in just one year,” notes McLaren CEO Phil Incarnati.

McLaren Health Care has built a reputation for smart supply chain and inventory controls, and this has paid off as we leveraged our system size and shuttled inventory around to beat shortages. Yet the past two years' COVID turmoil means that for each challenge solved, a new one arises. While basic items were tight in 2020, in 2021 new supply chain headaches continued to flare up, often in surprising ways.

A global pinch in aluminum production has worked its way into manufacture of items like crutches, walkers, and hospital beds. The computer chip shortage hammering makers of autos, computers, and appliances is an even greater peril when it comes to high-tech medical equipment. Prescription drugs are also slowed down in the production pipeline. “We're finding a lag time or a 'no' time because we

don't have a delivery date,” says David Bueby, vice president of supply chain management for McLaren Health Care.

Perhaps the toughest challenge facing McLaren Health Care in 2021 has been in personnel shortages and turnover. “Staffing is a huge

issue,” observes Michael

McKenna, MD, executive vice president and chief medical officer,

McLaren Health Care. A late 2021 survey by the Michigan Health and Hospital Association found

80 percent of nursing

leaders nationwide reported an

increase in turnover, while the U.S. Department of Labor cites 1.4 million health care jobs open across the U.S.

McLaren brings several strengths to these material and manpower shortages. With 15 hospitals distributed in two states, we have the depth and agility to shift resources on short notice. A surge of COVID patients at one location, or inventory shortfalls at another, can be accommodated through rapid transfer of supplies. While we face the same talent pinch as other hospital systems, McLaren's reputation as a growing venue for top talent gives us an edge in recruiting.

Building a lean, value-based health care system does more than improve care quality and save funding. It breeds a talent base that's flexible, innovative, and able to confront fast-moving events by moving just a bit faster.



VALUE-BASED CARE

MEETING CONSUMERS WHERE THEY ARE

In 2021, COVID-19 continued to overwhelm emergency rooms and medical offices, cause staffing and supply shortages, and greatly reduce traditional care access when the world needed increased access more than ever.

Fortunately, because of forward-thinking, consumer-focused strategic decisions made years earlier, McLaren Health Management Group supported patients' needs in 2021 with the realized investment in and development of virtual and retail care programs.

While coronavirus kept a stressed, vulnerable population from their traditional sources of care, McLaren's consumer-centric care offerings – McLarenNow Virtual Care and McLaren CareNow at Walgreens – buoyed the McLaren Health Care system through 11 added clinic locations and 24/7/365 on-demand access to board-certified providers anywhere in the U.S.

McLaren CareNow retail clinics, located in Bad Axe, Davison, Fenton, Lake Orion, Lansing, Midland, Mt. Pleasant, Okemos, Petoskey, and

Rochester Hills, offer high-quality, efficient, and cost-effective care for minor illnesses, injuries, wellness physicals, health screenings, vaccinations, rapid PCR COVID/flu tests, and a full array of laboratory testing. McLarenNow offers patients provider visits via secure video anytime, anywhere by smartphone, tablet, or computer for urgent care situations such as coronavirus screening, cold, flu, minor injuries, illness, or skin conditions. This service is also a covered benefit for most McLaren Health Plan and MDwise members.

"COVID-19 symptoms, treatment, and testing drove a preponderance of visits to McLarenNow and McLaren CareNow in 2021," said Bart Buxton, EdD, president and chief executive officer of McLaren Health Management Group. "McLarenNow is a safe, effective tool for the

HISTORY OF VIRTUAL CARE GROWTH



Neuro
Stroke
2015



Remote
Patient
Monitoring
2015

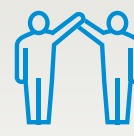


Clinic-to-
Clinic
2018

McLarenNow



Direct-to-
Consumer
2018



Strategic
Partnerships
2018

McLarenCareNow
at Walgreens



Retail
2020



“

Our [McLaren CareNow] nurses are top notch, with two nominated by staff as McLaren Safety Champions. All are board-certified nurse practitioners. You never know what will be coming through the door — in one case, a patient came in for a COVID check because he was feeling short of breath. The nurse identified a dangerously high heart rate and called an ambulance immediately. The patient ended up needing a pacemaker.

DEBRA CONLON

Vice President of Retail Clinic Operations,
McLaren Health Management

”

mildly ill, and CareNow proved to be an invaluable community asset for accurate, same-day PCR testing that continues to be important in our markets.”

The 11 McLaren CareNow Clinics opened throughout 2021, serving nearly 20,000 patients – more than 4,000 in September alone. McLarenNow’s usage also grew significantly, and both services continue to be an important offering for McLaren patients seeking care for COVID-19 and other health services.

“Our virtual and retail care programs were built to meet our patients on their terms, with the right care, at the right time, for the right cost,” said Dr. Buxton. “While COVID was an icebreaker for our telehealth and retail clinic strategies, patient demand is growing as they discover the need we’re filling and exceptional service we provide. They are returning for the other convenient services like lab work, mild illness, and injuries for which we built the CareNow clinics.”

Entering 2022, CareNow averages nearly 5,000 patients per day and will open two additional clinics in northeast Ohio. And, with a 4.8 average experience rating out of 5 stars from hundreds of patients, CareNow is McLaren Health Care Corporation’s fastest-growing and highest-rated service offering. In addition, while retail clinics are

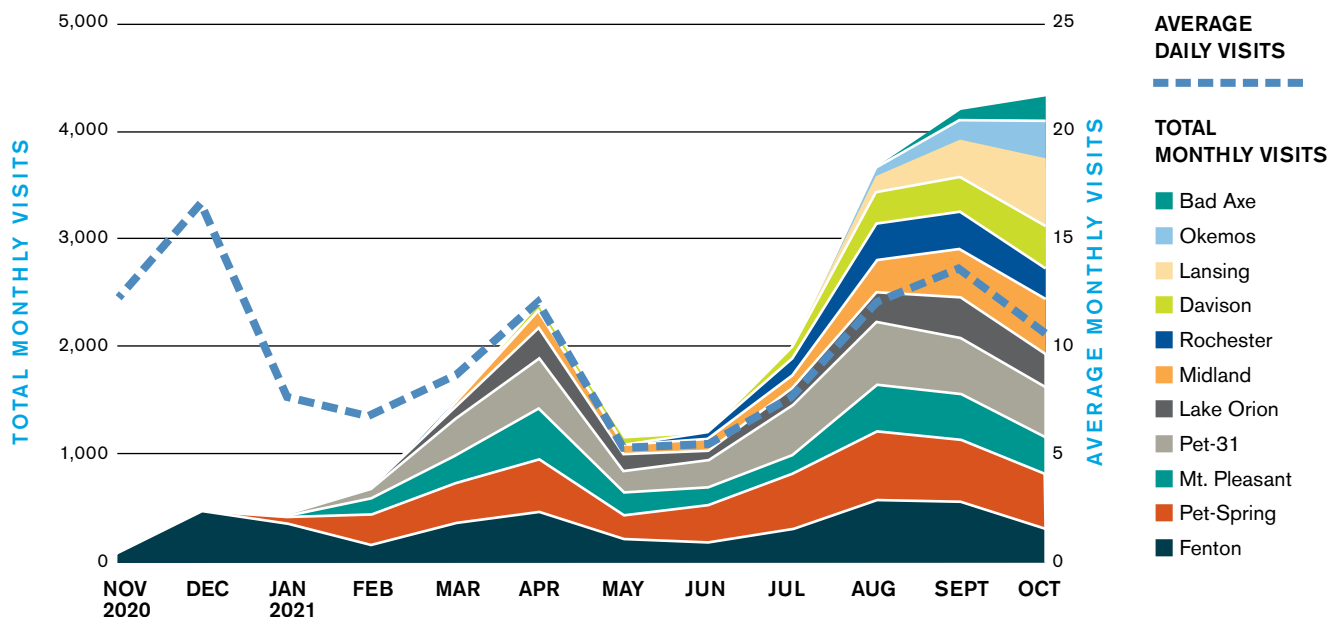
“This is part of the consumerization of health care, with telehealth and the Walgreens clinics. Value-based care requires us to provide better care and take risks — telehealth can keep people out of emergency rooms and offer them less wait time for appointments.”

MICHAEL MCKENNA, MD
Executive Vice President and Chief Medical Officer, McLaren Health Care

conventionally modeled to treat patients of a younger generation, CareNows have treated patients of all ages, with equal age and gender distribution.

“COVID is the great equalizer, and we’ve discovered the right blend of access, convenience, cost-effectiveness, and appropriate urgency matter significantly to consumers of all backgrounds,” said Dr. Buxton. “Providing fast, exceptional, low-cost health services is the value for which our patients keep returning.”

CARENOW PERFORMANCE VOLUME



HISTORY OF

STRATEGIC GROWTH



HEALTH CARE

1990

Subsidiaries recognized under McLaren corporate structure: McLaren General Hospital, Women's Hospital Association, McLaren Services Corporation



1997

- McLaren Greater Lansing
- McLaren Orthopedic Hospital



HEALTH PLAN

1998

Started McLaren Health Plan

1990

1992

McLaren Lapeer Region



2001

- McLaren Bay Region
- McLaren Bay Region West
- McLaren Bay Special Care



Over the past several decades, McLaren Health Care has engaged in a measured and intentional approach to strategic growth. Our driving motivation is to build an integrated health system with the scale and service lines required to compete and deliver on our mission of providing the best value in health care.



2006
McLaren Macomb



2010
McLaren Central Michigan



2014

- Karmanos Cancer Center
- McLaren Port Huron
- Marwood Nursing & Rehab



2019
McLaren Proton Therapy Center

2021

2007

- McLaren Oakland
- Lake Orion Nursing Home



2012

- McLaren Northern Michigan
- CareSource
- Boulder Park Terrace



2018

- MDwise/Excel
- McLaren Caro Region
- McLaren Thumb Region



2021

- Opening of 11 McLaren CareNow clinics at Walgreens



2020

- McLaren St. Luke's Maumee, OH



SERVICE AREA



I N D I A N A



O H I O

SERVICE AREA KEY

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

BY THE NUMBERS 2021



391,370
ER Visits



733,173
Days of Inpatient Care
Includes Hospice Days



95,112
Discharges



259,658
Home Care Visits



113,267
Contracted Providers



3,979,785
Ambulatory Visits
Includes Home Care Visits



3,497
Licensed Beds



86,817
Surgeries



115,741
Telehealth Visits



5,773
Births



232,283
Hospice Days



\$1,715,656
Annual Payroll in Thousands



29,403
Observation Stays



\$418.6 million
Community Benefit



\$6,022,237
Net Revenue in Thousands

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Surgery

Lindsay Straight, MD

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Gassan Alaouie, DO

Medical Executive Meeting

Gassan Alaouie, DO

Medical Staff Quality

Assurance Committee

Scott Shisler, DO

Credentials Committee

Shirley Jakubec, MD

COVID-19 VACCINES CAN HELP MITIGATE THE SPREAD AND KEEP YOU HEALTHY

Getting vaccinated against COVID-19 is one of the best ways to protect yourself and those around you. The more people who get vaccinated against COVID-19, the better it is for everyone.

Viruses are constantly changing, including the virus that causes COVID-19. These changes occur over time and can lead to the emergence of variants that may have new characteristics. Vaccines continue to reduce a person's risk of contracting the virus that causes COVID-19. And, when these infections occur among vaccinated people, they tend to be mild. Vaccines are highly effective against severe illness.

WHERE CAN PEOPLE GET A COVID-19 VACCINE?

COVID-19 vaccines are widely accessible in the United States.

Many doctors' offices, retail pharmacies, hospitals, and clinics offer COVID-19 vaccinations. To find locations that are offering vaccines, visit **[vaccines.gov](https://www.vaccines.gov)**.



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