



BETTER ACCESS. BETTER CARE.

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

JENNIFER CHAPDELAIN, RN
McLaren Northern Michigan

Better Access. Better Care.

Quality and Access. In 2024, McLaren Health Care made major strides in advancing these strategic priorities of patient-centered care. Given our wide geographic footprint, variety of communities served and focus on both quality and value, we sharpened our service strategy of providing care to people when they need it, where they need it and how they need it.

Shifting health care dynamics mean that there is no longer any one-size-fits-all care model. Our traditional hospitals remain vital components in the care continuum; however, long-term inpatient stays are evolving into more flexible, outpatient services.

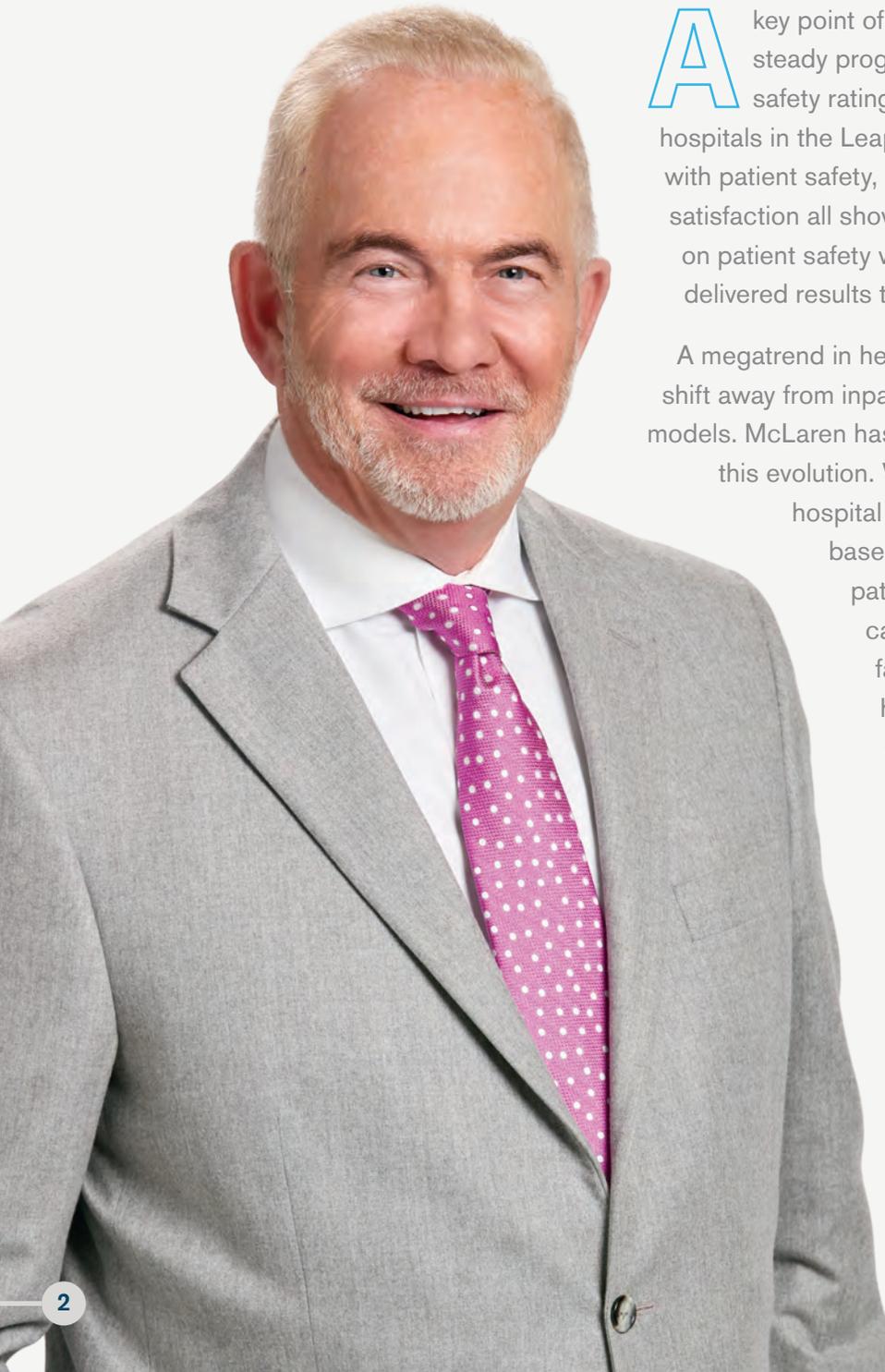
At McLaren Health Care, we've learned that bringing agile, ambulatory care options into our communities improves quality outcomes, promotes efficiency, supports health equity and empowers patients. And, we recognize the value of having skilled and compassionate providers and employees to meet all care delivery models.

In today's ever-dynamic health care environment, McLaren is adeptly poised to offer the structure, people, resources and innovation to remain successful in the year ahead.



Evolutionary Care

While 2024 was a year of revolutionary change in much of the world, the changes and trends we saw at McLaren Health Care were more evolutionary. The groundwork and planning we have put into place to nurture high-quality, high-value health care continued coming to fruition.



A key point of pride for McLaren in 2024 was our steady progression in clinical quality outcomes and safety ratings, including a strong showing among our hospitals in the Leapfrog Hospital Safety ratings. Along with patient safety, our scores on overall quality and patient satisfaction all showed strong upward trends. Staff training on patient safety was a major priority for the year, and it has delivered results throughout our system.

A megatrend in health care continues to be the steady shift away from inpatient care toward ambulatory, outpatient models. McLaren has worked hard to become an innovator in this evolution. While we continue to invest in our legacy hospital systems, comprehensive community-based ambulatory centers are increasingly the path of the future. Advancements in medical care and reimbursement trends are among factors pointing away from long, inpatient hospital stays and toward more agile ambulatory services.

In the McLaren system, we are using outpatient facilities to expand our reach to underserved areas and to focus on meeting each community's unique needs for quality care. The innovative ambulatory facilities we have launched in Clarkston, Fenton, West Branch, Cheboygan and Oxford – with a new location underway in Grand Ledge – over the past few years have

proven highly successful. In 2024, we added a \$35 million McLaren Oakland–Oxford medical campus to our network and broke ground on an ambulatory facility in Grand Ledge, part of McLaren Greater Lansing’s market. As we broaden our focus on improved access to care throughout our markets, we will continue to expand on local ambulatory support in 2025.

While we have achieved a number of successes in 2024, we have also faced some significant challenges. From a financial and structural aspect, the overall health care environment in America presents its share of headwinds. While we continue to investigate strategic partnerships and acquisitions, the climate for these transactions has become more demanding. Deals in the health care sector have grown bigger, and some of the investments required today simply do not make economic sense. Private equity investments in physician groups drive up prices and, too often, prove unprofitable and unsustainable.

Our biggest challenge, however, continues to be the brutal math of balancing rising inflation in the health care sector against stagnant or even declining reimbursement. We must continue to invest in our employees to remain competitive with other health systems for these critical human resources needed to provide high-quality care. Inflation is also hitting our supplies, equipment, utilities, financing ... almost every aspect of our business. And while those costs on the budget charts climb, our reimbursements lag behind. America spends enormous sums on health care, but the high margins enjoyed by pharma, medical device and health insurance industries unfortunately leave hospitals at the end of the food chain. Only by leveraging the economies and resources of our broad-based systemness will we stay competitive.

To conclude, I would like to take this opportunity to share how a time of adversity for McLaren Health Care this past summer led to some of our finest hours. Our computer network faced a system-wide cyberattack on August 5. Health care systems are increasingly targeted by cyber criminals, despite significant and sophisticated protection measures such as our own. Over the past four years, approximately 90 percent of U.S. health care systems faced attacks. For cyber criminals, hospitals represent a rich target environment for financial and personal data, and the threat of impacts to clinical services makes our industry a prime target.

In particular, I would like to commend our employees and physicians on how they rose up to meet this challenge. Once the cyber event was confirmed, we immediately locked down our entire system to limit the impact. Overnight, staff reverted to paper recordkeeping and data entry, while our IT staff worked tirelessly to troubleshoot the threat and get systems safely back up and running.

To a person, everyone stepped up and displayed incredible resilience. Quality patient care continued during the downtime thanks to the efforts of clinical, support and technical staff prioritizing patient needs. I have always said the greatest strength of McLaren is our health care team. Sometimes, the biggest challenges bring out the biggest heroes, and the people of McLaren clearly proved themselves true health care heroes once again.



PHILIP A. INCARNATI
President and CEO
McLaren Health Care

QUALITY FIRST



HEATHER BEAUDRY, RN
McLaren Northern Michigan

Do it right. Do it consistently. Then keep learning to do it better. Improving the quality of care in the McLaren Health Care system is both very simple and massively complex. McLaren strives for continuous improvement in the quality of care and the value of that care.

Our quality and clinical teams are rigorous in measuring this progress through a variety of scorecards and rating systems. These quality and safety outcomes are indicators of huge, ongoing efforts to establish best practices, verify and continuously upgrade them, and then ensure that they make their way into the root system of 13 hospitals and thousands of health care workers in three states.

“Every year, we work diligently to achieve our clinical outcome and patient safety goals,” notes Dr. Justin Klamerus, executive vice president and chief clinical officer for McLaren Health Care. “We are always aiming towards the best clinical outcomes and zero patient harm.”

While this sounds straightforward, in the field of health care, this is very difficult to achieve.

“Health care is a complex enterprise, and not without risks and complications,” Dr. Klamerus acknowledged. “Maintaining quality health care demands an unwavering focus and continual evaluation of our care processes and outcomes.”

McLaren set a high priority on its quality and patient safety culture in 2024 and tallied some important victories as a result. One of the most trusted and influential patient care guides in the U.S. is published by Leapfrog Group, which uses hospital safety data to grade facilities semi-annually on patient safety. Leapfrog digs deeply into quality and patient care measures, including everything



Members of the McLaren Macomb Stroke Team celebrate the hospital's re-certification as a Comprehensive Stroke Center, the highest level achievable.

from hand hygiene and patient falls to possible hospital-acquired infections and multiple patient satisfaction measures.

For the autumn 2024 Leapfrog ratings, nearly every McLaren hospital improved its quality scores. This included “A” grades for McLaren Central Michigan and McLaren Northern Michigan. McLaren Flint showed the biggest turnaround, achieving a “B” for the fall rankings.

Exceeding Quality and Safety Targets

“All of our subsidiaries exceeded their quality and safety targets for the year,” says Dr. Klamerus.



Dietitian Elexia Sylvester (r) works closely with providers Dr. Lisa Wade and Dr. Mahathi Mudigonda to help improve the health of patients at McLaren Bay Region.

This progress is notable after many hospitals in Michigan faced declines in quality scores over the past several years triggered by the Covid crisis.

A critical requirement for high-quality health care is the importance of access to care. The more easily patients within the wide geographic spread of McLaren Health Care can find the care they need nearby, and also be assured of consistent,

system-wide quality, the better. Major wins on these fronts for 2024 included the system-wide alignment of our women’s health service line, administered by new leaders Dr. Brian Tesler and nurse practitioner and midwife Laura Taylor. Other service lines that received significant strategic focus and investment were emergency medicine, pathology, radiology, and cardiovascular medicine and surgery.

While administrative systems and policies are crucial for results, the real front-line guardians of quality for McLaren Health Care are our staff members, particularly in nursing.

“Over the past year, we’ve really been focusing on the nursing workforce,” says Jennifer Montgomery, senior vice president and chief nursing officer. “Quality care is driven by nurses at the bedside. They’re the ‘MacGyver’ of health care – they need to be creative and innovative.”

A key priority for 2024 has been to ensure that nursing staff have the system support and tools to deliver quality. Another was to provide the type of work environment and resources that encourage



Maintaining quality health care demands an unwavering focus and continual evaluation of our care processes and outcomes.

JUSTIN KLAMERUS, MD
*Executive Vice President and Chief Clinical Officer
McLaren Health Care*

nurses to stay with McLaren in a time of nursing shortages.

Nurse practice councils at McLaren facilities stepped up collaborative initiatives last year, “bringing good ideas forward that are applicable across the system,” Montgomery observes. Nursing teams were also influential in bringing all facilities into the central Cerner medical record system, a multi-year effort that should be complete in 2025. “Our centralized nursing recruitment system, finalized this year, has proven phenomenal,” says Montgomery.

“We’re able to attract a larger volume of talent now, ensure a good fit and personalize employment needs.” Further, “We can keep nurses in the system who might want to relocate to other McLaren communities.”



Our centralized nursing recruitment system, finalized this year, has proven phenomenal.

JENNIFER MONTGOMERY
*Senior Vice President and
Chief Nursing Officer
McLaren Health Care*



McLaren Central Michigan's family birthing center achieved PLATINUM status from the Michigan Alliance for Innovation on Maternal Health, earning the highest possible score of 100 points.

INVESTING IN ACCESS



DENISE PAPEK
Patient Access Representative
McLaren Oxford

Emergency personnel at McLaren Bay Region stand ready to serve patients who access their services.



Effective health care depends on several basic components. Talented, committed people. Infrastructure and technology for world-class care. Financial stability to ensure new capital investment in the latest technology. The fourth leg of this foundation is just as crucial, but a bit harder to define: *access*.

Without health care services and facilities available where and when people need them, including viable specialty care capabilities, the quality of care can be compromised.

“Access has been one of our key strategic initiatives over the last few years,” notes Chad Grant, McLaren Health Care executive vice president and chief operating officer. “Our philosophy is to provide care close to home and ensure patients can access the care they need to stay healthy or get treated.” Meeting this goal across the wide geographic footprint of

McLaren Health Care demands some innovative thinking. Best practice care evolution (as well as government policies and reimbursement) is trending away from inpatient care to shorter-term outpatient models. “While there is always a need for inpatient care, approximately 63 percent of our provider revenue is now from ambulatory, outpatient care,” says Greg Lane, McLaren Health Care executive vice president and chief administrative officer.

This shift in care philosophy drives a further modification in care delivery and support strategy for McLaren. Streamlined, community ambulatory

facilities are the way of the future, and McLaren is investing heavily in these. The newest model of these comprehensive campuses is the recently opened McLaren Oxford facility, an extension of McLaren Oakland. This two-story, 54,000-square-foot location includes a freestanding emergency department, primary care, diagnostic imaging, physical therapy, cardiac rehab, an outpatient medical lab and a multispecialty clinic. The facility's convenient location in downtown Oxford and blend of services has "been extremely well supported by the community, and we continue to add physicians," says Lane.

Care Close to Home

The McLaren Oxford site joins existing ambulatory facilities in Clarkston, Fenton, West Branch and Cheboygan, with a new

project underway in Grand Ledge. Each location is customized in its blend of capabilities "so we can deploy services based on community needs," according to Grant. Crucial to the value of these new care concepts is supporting local access with vital core capabilities. "If we can prevent a patient having to travel 30 minutes for urgent attention when they're having a stroke, that's very important," Grant observes.

Time matters for less urgent care needs as well. "Patients want short wait times and convenient medical services close to home," states Grant. The implementation of online appointment programs has boosted convenience even further. Digital tools were rolled out in 2024 that make it easier for patients to go online to schedule everything from primary care and some specialty appointments to radiology treatments and blood draws.

The McLaren Grand Ledge multispecialty medical office building and freestanding emergency center will be an extension of McLaren Greater Lansing upon opening in late 2025.





Community leaders and first responders celebrate the McLaren Oxford campus dedication.

Technology is also playing a greater role in facilitating patient satisfaction and quality outcomes. “For example, if a patient grants permission, their conversation with the physician is recorded and automatically transcribed through AI technology,” notes David Mazurkiewicz, executive vice president and chief financial officer. “Instead of spending time typing information into the patient’s chart, the doctor can give more personal attention to the patient.”

Care access also encompasses a wider concept, Grant adds. “While there’s a lot involved with new facilities, this is also a people business.” This means acquiring or developing links with outside medical practices and other facilities or institutions that provide capabilities and talent

McLaren needs for the future. In late 2024, McLaren acquired Park Medical Centers, a primary care group in Southeast Michigan. The Park acquisition “adds six clinics and 21 providers in the Detroit area, where we had no locations,” says Greg Lane. Such smaller, targeted acquisitions improve access at the grass roots and are more feasible than big hospital mergers. “It is extremely competitive and expensive to acquire a hospital or health system now. We looked at one system in Ohio that would have cost \$350 million, yet it is losing \$100 million yearly. We are very judicious in assessing partnership opportunities and engaging in joint ventures only when they make strategic and financial sense.”

NURTURING TALENT



LUAI FAKHOURY, BSN, RN
McLaren Thumb Region

Health care’s greatest asset is people. Despite high-tech equipment, cutting-edge treatments and modern facilities, the core of health care is skilled and committed employees and providers. For 2024, McLaren Health Care took a multifront approach to ensuring that we have the human resources we need to grow and excel in our mission.

Most people identify the human resource function of a large health care system with recruitment — seeking and hiring talent. While this is important, it is far better, less expensive and more supportive of quality to retain our existing employees. It is crucial to assess such concerns as: What are employees’ unmet needs? What tempts people to leave for other opportunities? How can we address these factors to make McLaren an “employer of choice”?

“We have implemented a lot of initiatives this year,” observes Carissa Burton, senior vice president

of human resources. “Our overall turnover rate dropped to 18.3 percent in late 2024, down from 20.4 percent in late 2023, and our voluntary turnover improved to 13.5 percent from 15.7 percent over that same time period.”

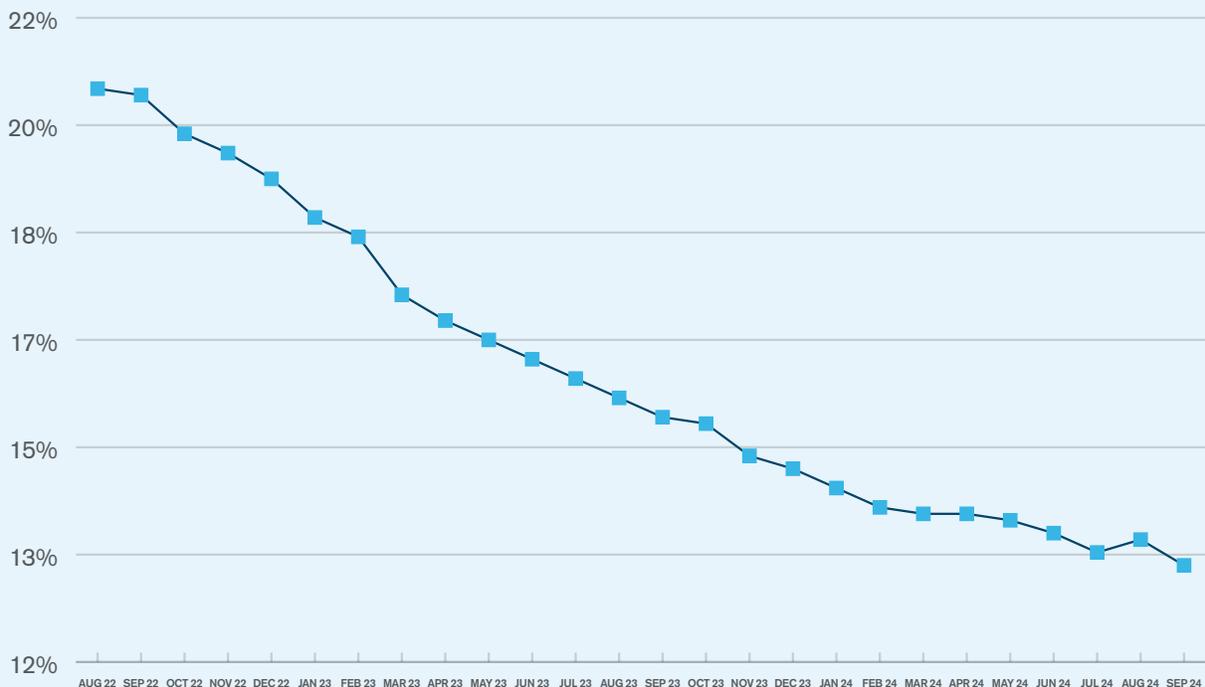
These improvements are substantial, considering the thousands of people in the McLaren system and how costly it is to find new talent.

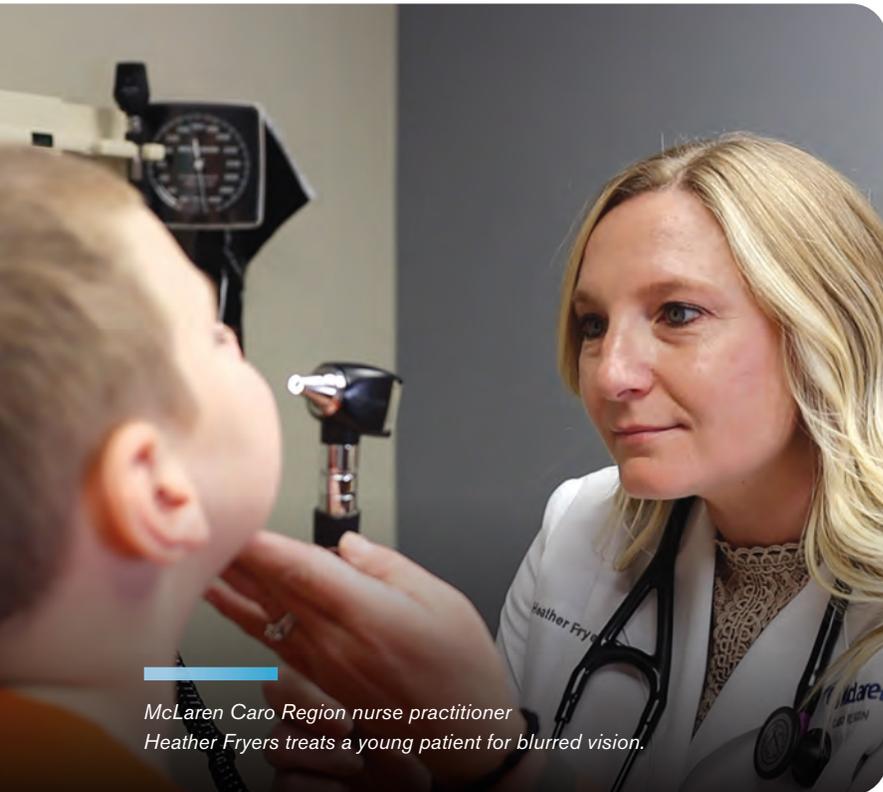
Growing Our Own Talent

“Growing our own” talent policies have had a substantial impact in nurturing and supporting

McLaren Health Care Voluntary Turnover Rate

AUGUST 2022–SEPTEMBER 2024





McLaren Caro Region nurse practitioner
Heather Fryers treats a young patient for blurred vision.

employees who seek additional or alternative roles within the organization. For example, a new surgical tech apprentice program provides training to fill this growing health care need.

“Finding and keeping enough surgical techs has become a significant challenge,” says Burton. “Employees can enroll in surgical tech training at no cost and can earn while they learn.”

A new women’s mentoring program targets staff members at the director level and above who are motivated to move into higher positions. Mentors for these diverse rising stars are McLaren administrators at the vice president level and above.

Significant Improvement in All Engagement Items

ITEM TEXT	OVERALL SCORE & TREND
I would like to be working at this organization three years from now	▲ +0.21
Overall, I am a satisfied employee	▲ +0.28
I would stay with this organization if offered a similar position elsewhere	▲ +0.24
I would recommend this organization to family and friends who need care	▲ +0.20
I would recommend this organization as a good place to work	▲ +0.29
I am proud to tell people I work for this organization	▲ +0.20
Engagement indicator	▲ +0.24



Team members from McLaren Lapeer Region celebrated the hospital's reverification as a Level II trauma center from the American College of Surgeons Committee on Trauma.

These mentors meet with mentees monthly to help them set goals and shape career development plans. “We now have 32 mentees identified, as well as mentors, including myself,” says Burton.

Basic budgeting and household needs can also challenge members of the McLaren family, and efforts are underway to make these concerns more manageable. The earned wage access (EWA) program, also called early pay or on-demand pay, allows employees to access a portion of earned wages in between regular pay days. For employees on tight budgets, EWA “can make a significant difference.”

Broader initiatives are in the works for employees facing crucial concerns like transportation and childcare. “Childcare is a national issue — too many workers can’t afford it, and there are long wait lists,” Burton notes.

A pilot program in Northern Michigan works with local United Way branches and state funding to spread the cost of childcare. McLaren is also involved in a project with several Detroit metro hospitals and the Detroit Regional Workforce Partnership to fund solutions to local employment barriers like transit and childcare.

All these initiatives form a collective effort to make McLaren Health Care a place where talented people want to work and can find the support needed to build careers. Feedback from the Employee Engagement Survey this past year showed a significant increase in the scores, reflecting the positive impact of the initiatives that were implemented.

“So many good things are happening,” notes Burton. “We’re finding new ways to build career pathways and improve employees’ lives.”



MEDICAL GROUP EXPANDS

MOHAN MADALA, MD
Cardiologist
McLaren Greater Lansing

Being a “health care provider of choice” carries a number of connotations. For patients, it means that McLaren is delivering the quality of care that makes us their first choice in seeking health care services. But “provider of choice” has another, very crucial definition. That is our reputation as a health care system that attracts the physicians and other providers we rely on for quality care.

Shifts in American health care are making this market for physicians both more competitive and less predictable. Fewer U.S. citizens are taking on careers as physicians, a shortfall that the increase in international medical graduates (now a quarter of all practitioners in the U.S.) can only partly remedy. Demand for primary care physicians and certain specialties is climbing, while the rise of private equity and corporate-owned physician groups bids up compensation.

These were a few of the challenges facing McLaren Medical Group (MMG) in 2024. With over 150 care centers and 785 providers (and growing), MMG is reshaping itself to compete for future physician talent. This challenge drew Dr. Binesh Patel back to MMG last spring as president and chief executive officer.

“MMG is poised to be one of the most important factors in moving the whole McLaren



Dr. James Sutton treats a patient in the McLaren Thumb Region emergency trauma bay.

system forward — I just couldn’t turn down this opportunity,” notes Dr. Patel, whose prior tenure with McLaren included serving as chief medical officer of McLaren Flint.

Attracting and retaining top practitioners in a tight market requires a coordinated strategy. McLaren’s statewide presence and systemness support such coordination. For example, MMG has standardized its compensation models and



MMG is poised to be one of the most important factors in moving the whole McLaren system forward.

BINESH PATEL, MD
*President and Chief Executive Officer
McLaren Medical Group*

McLAREN HEALTH CARE SERVICE AREA



Provider Workforce Plan quantifies physician needs by specialty.

Planned Physician Hires

Service	FY25	FY26	FY27	Total
Primary Care	44	17	12	73
Cardiovascular	8	3		11
Endocrinology	1	1		2
Gastroenterology	9.5	1	1	11.5
General Surgery	1	3		4
Hematology/Oncology	6.2	1	1	8.2
Infectious Disease	2	1		3
Neurosciences	8		2	10
Obstetrics and Gynecology	11	1	1	13
Orthopedics	3	2		5
Otolaryngology	3	1		4
Physical Med & Rehab	3			3
Pulmonary Med	4	1	1	6
Urology	3	1		4
Total	106.7	33	18	157.7

contracting for recruiting primary care physicians across the system. “We are able to get letters and offers out faster now, significantly reducing the time from [physician] interviews to final offers,” says Dr. Patel.

Streamlining the process is crucial in today’s environment, he added.

“It’s a competitive market, and when physicians receive multiple offers, we are able to get in front of them faster and show our commitment.”

Aligning Need With Medical Talent

Another strategy proving valuable in recruitment is development of a comprehensive Provider Workforce Plan. Dr. Patel says this plan “looks at where the needs are, allowing better alignment between the hospitals and MMG leadership and giving recruiting teams better focus.” The

plan quantifies and charts physician needs by specialty throughout McLaren facilities and projects future search and retention targets. Knowing what specific talents will be needed when and where is crucial in helping physician recruiters aim for targeted physician contract renewals and residency graduation dates. “With this workforce plan, we don’t need to do random searches — we know exactly what we need to focus on for the upcoming year,” Dr. Patel concludes.

Strong forward planning is also vital in meeting new market and talent challenges facing McLaren Health Care. Primary care physicians are the most in demand, particularly in more rural communities.

“We will be working closer with community leaders in marketing and advertising provider

opportunities in these local markets where we have shortages,” Dr. Patel observes.

“Pitching the lifestyle assets in these communities can make a difference.”

More effort is also being devoted to graduate medical education and medical resident outreach. McLaren’s “grow your own” philosophy in recruiting from our own residency programs to fill physician needs has already reaped benefits in 2024.

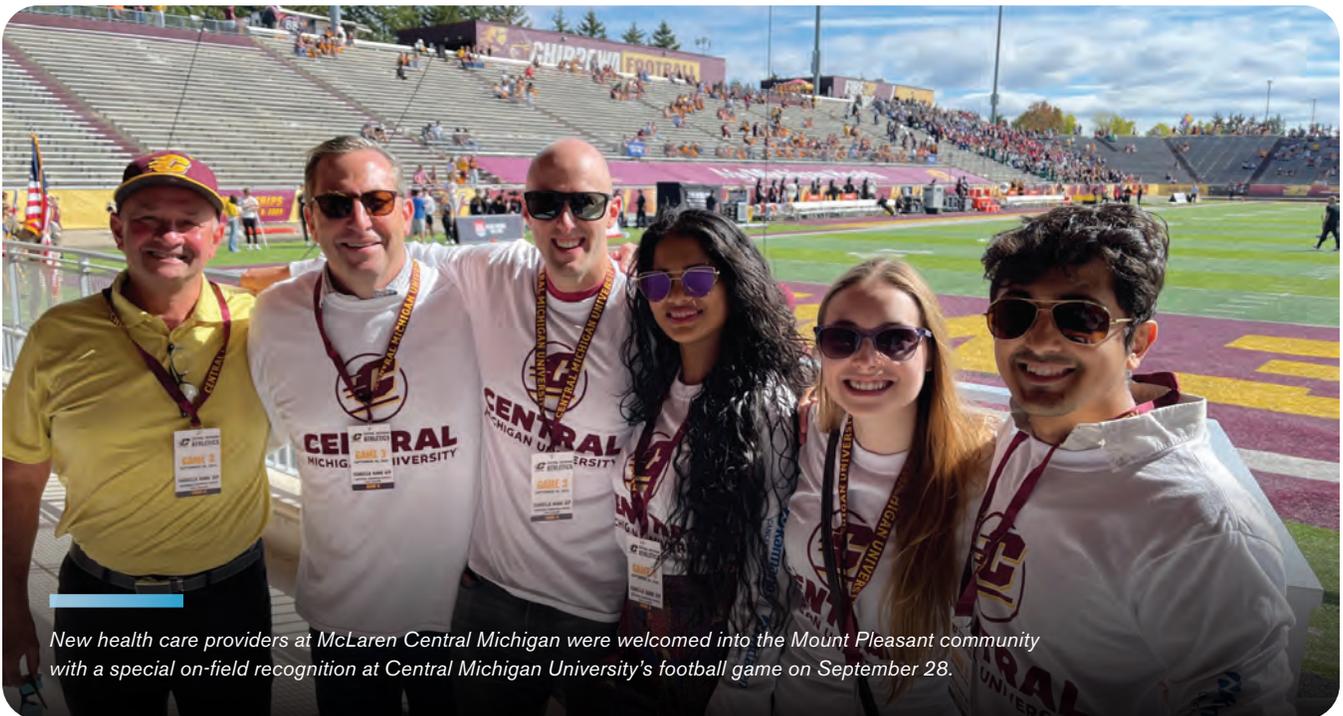
The structure of health care delivery itself is changing, and MMG is working to balance its efforts between inpatient and outpatient needs. While MMG has traditionally been focused on growing McLaren’s primary care network, it has expanded to include inpatient specialty needs.

“We want to be as supportive of local hospitals as possible,” says Dr. Patel. “Increasingly, we are tackling the needs of hospitals for inpatient providers as well.”



The McLaren Stroke Network’s team of interventional neurologists brings the highest level of expertise and skill in leading multiple network sites to earn national recognitions for stroke care.

MMG’s strategic focus and hard work has paid off for the system. In 2024, MMG was successful in adding 125 new providers, including 80 physicians and 45 advanced providers. Of these providers, 28 are primary care physicians, 45 are specialists, 48 are hospital based and four are Karmanos Cancer Institute physicians.



New health care providers at McLaren Central Michigan were welcomed into the Mount Pleasant community with a special on-field recognition at Central Michigan University’s football game on September 28.

GROWING OUR OWN



HIRA KHAN, MD
*Family Medicine Residency
Program Faculty
McLaren Port Huron*

The market for physicians is an increasingly competitive one. One reason is that young medical school graduates are part of the national demographic trend of migrating to high-growth, sunbelt states – which too often leaves snow belt states like Michigan struggling to compete for health care talent.

More than a quarter of Michigan residents (about 2.7 million) currently live in what the federal government classifies as “Health Professional Shortage Areas,” defined by too few providers in key specialties for the local population. The shortage of primary care health providers is even tighter.

McLaren Health Care is at the cutting edge in leveraging Michigan’s growth in medical schools to shape a solution – growing our own.

“The ‘grow our own’ philosophy for physician recruitment is a strategic approach to developing and retaining talent within our graduate medical

education [GME] programs,” notes Erin Reis, EdD, McLaren Health Care associate chief academic officer. Depending on their specific program, residents and fellows invest between three and seven years training at McLaren and serving our patients. Without a well-planned recruitment effort, McLaren recognized these newly trained physicians often were leaving our system for other opportunities.

McLaren’s GME program is focused on keeping the talent we train in Michigan. At every step of their experience, the residents and fellows are supported in considering our network for their



Dr. Ali Ismailoglu, a first-year Internal Medicine resident, treats a patient at McLaren Port Huron Academic Center for Internal Medicine, under the supervision of Dr. Hnin Lwin.

GME by the Numbers



7

Teaching Hospitals



562

Residents & Fellows



47

Residencies & Fellowships



150+

Teaching Faculty Members



6

New Training Programs



50+

Years Providing Training

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

future medical careers. The approach begins through McLaren's partnerships with Michigan medical schools, including Michigan State University Colleges of Human Medicine and Osteopathic Medicine, Wayne State University School of Medicine, and Central Medical University College of Medicine.

Offering Statewide Education Opportunities

Our statewide scope of McLaren facilities offers multiple opportunities for medical school graduates to match into one of our accredited residencies. Seven of McLaren's hospitals offer GME programs that span the state, from McLaren Macomb to McLaren Northern Michigan. In all, McLaren sponsors 33 residencies and 14

fellowship programs, training more than 562 physicians annually. New GME opportunities are steadily being added, such as internal medicine and primary care at McLaren Port Huron, internal medicine at McLaren Bay Region, and family medicine obstetrics at McLaren Flint. Emergency medicine residencies for McLaren Flint and McLaren Greater Lansing are in the works for 2025.

This extensive network of residency opportunities brings benefits all around. "We can provide robust patient care while offering a world-class education," says Dr. Reis. "The residents and fellows bring the latest in evidence-based medical practices and provide patient access to outpatient clinics in the communities they serve." The residents act as key members of the local health

care teams while gaining their required residency skills and strengthening the hospital's community care capacity.

The Grow Your Own approach to medical education is not limited to the robust academic curriculum in the doctors' residency training. There is an ongoing effort to integrate the residents and fellows into the culture of the McLaren Health Care system and the area communities where they are based.

"If these physicians associate their residency years with excellence in care and a sense of belonging, we've gone a long way toward keeping their talents in our system," Dr. Reis noted.

Dr. Kenneth Verbos is one of McLaren's recent recruits who chose to remain with the system after graduating from McLaren Northern Michigan's Family Medicine Rural Training Program residency. He credits this residency and the opportunity to get involved with the Petoskey area community as key in shaping his future medical practice priorities.



Residents and faculty from McLaren Flint's Family Medicine Residency Program headed out to visit Flint-based shelters as part of their philanthropic Street Medicine program, founded in 2021 to provide medical care and services to those in need.



Members of the McLaren Bay Region Family Medicine Residency program train with experienced faculty in the specialty nursery.

"One of the attractions of remaining at McLaren Northern Michigan is that I wanted to stay in rural family practice," he said. "McLaren Medical Group offered me this opportunity and also showed me that McLaren is working to address the issues and challenges in rural access to care."

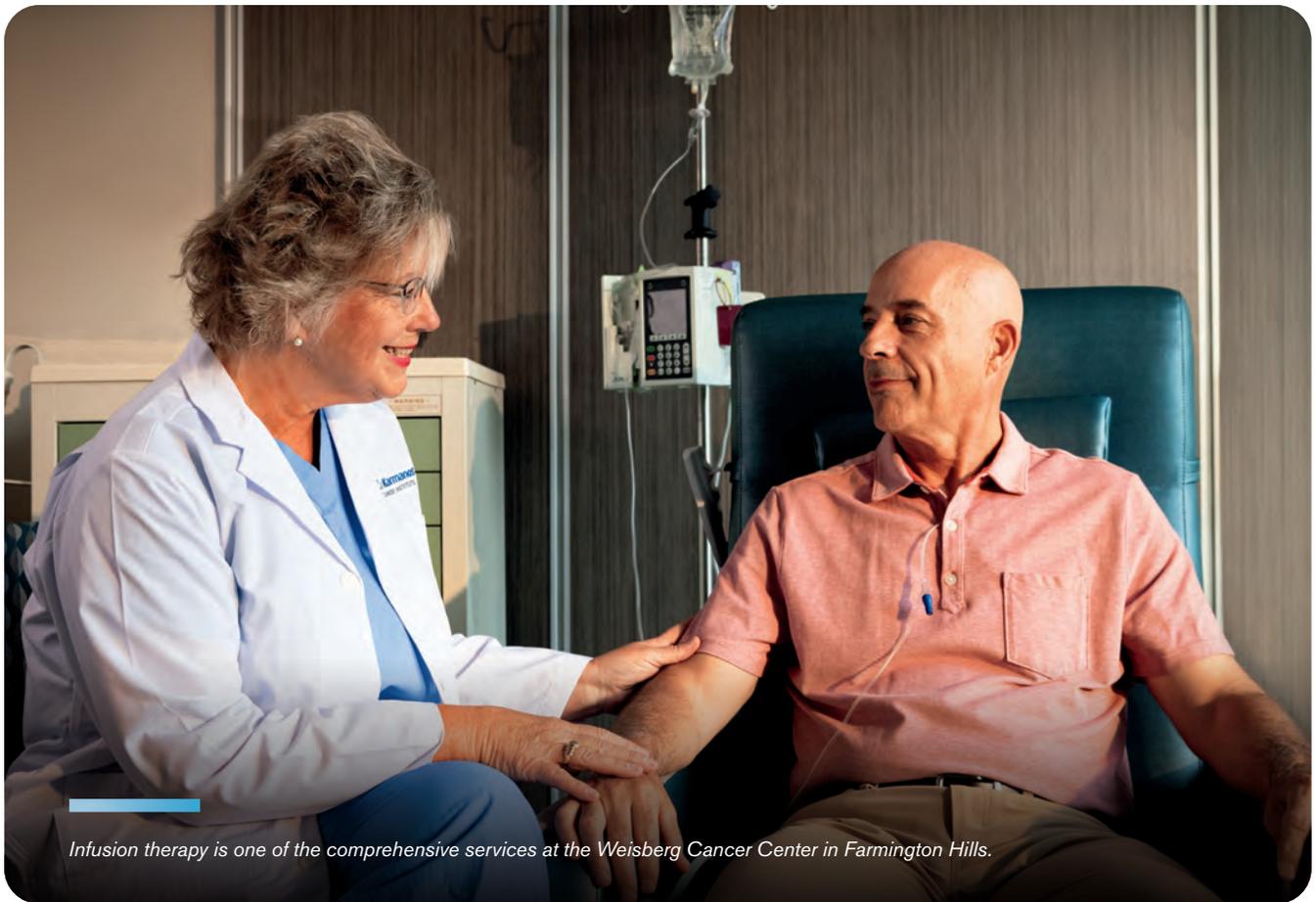
A further step in enticing residents into long-term careers with McLaren is the newly accredited transitional year program at McLaren Port Huron. It allows residents who have not defined their preferred area of specialty to spend their first year of residency gaining exposure to various areas of medicine, including internal medicine, family practice and emergency services, to name a few. This aids the new resident in choosing a specialty area of practice.

"Before making a career commitment, residents in this program can take time to narrow the field of training they choose to go into," says Dr. Reis. "It is a win-win for all involved."



KARMANOS INSPIRES HOPE

JAMISA COTTON
Patient Access Supervisor
Karmanos



Infusion therapy is one of the comprehensive services at the Weisberg Cancer Center in Farmington Hills.

Karmanos Cancer Institute turned the challenges of growth and expansion in 2024 into fresh opportunities for success in the battle against cancer. As one of only 57 National Cancer Institute (NCI)-Designated Comprehensive Cancer Centers in the U.S., Karmanos is an integral part of McLaren Health Care.

Karmanos offers state-of-the-art cancer treatments, procedures and clinical trials at 17 locations across Michigan and Ohio, serving more than 14,000 new patients annually. Planned expansions in care and capabilities will impact even more patients throughout the Karmanos Cancer Network in the year ahead.

The Karmanos Cancer Institute—Dearborn project is one of the major initiatives that will come to fruition in early 2025. Construction is underway

on a 5,000-square-foot location slated to open in January that includes clinical space; surgical, medical oncology and hematology services; and diagnostic capabilities. “This will greatly expand our footprint in the area,” says Dr. Boris Pasche, president and chief executive officer of Karmanos Cancer Institute.

Another key initiative on the Karmanos agenda is preparing the renewal application for its NCI designation as a Comprehensive Cancer Center.



Art therapy offers cancer patients a healing outlet for expression.

When Dr. Pasche was named to lead Karmanos in 2023, the organization was coming up for renewal of its HHS Cancer Support Center Grant (CSCG), a crucial funding element. Dr. Pasche noted it is customary for the NCI to grant a one-year extension when a new Comprehensive Cancer Center leader is appointed within two years of the CSCG renewal.

“With that in mind, I requested a one-year extension, which was approved,” he says. This reset the renewal application deadline to January

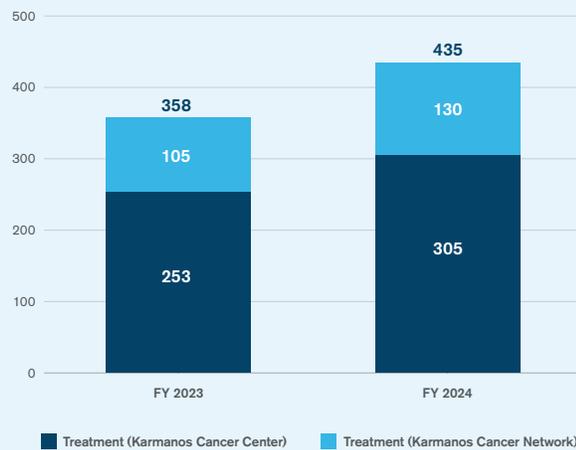
2026, allowing more time for Karmanos to reorganize and consolidate some of its programs. As an example, four current research programs will be streamlined into three, with Molecular Imaging incorporated into Molecular Therapeutics. This will result in “three stronger programs,” says Dr. Pasche.

Growth and Stronger Strategic Partnerships

Leadership at Karmanos was also revamped in 2024 to reflect both system growth and stronger strategic partnerships. Karmanos Cancer Hospital president and CEO Brian Gamble and CFO Regina Doxtader are now included on the Karmanos Senior Leadership Committee, as are executives from Wayne State University School of Medicine, an important research and clinical trials partner. Dr. Pasche joined the board of Wayne Health this year as part of this integration. The goal is “to have more unified decision-making between McLaren, Karmanos and Wayne State,”

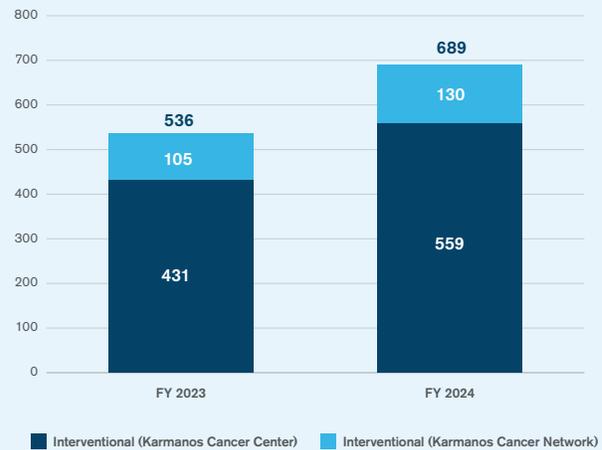
Treatment Accruals

FY23-FY24



Interventional Accruals

FY23-FY24





Research and clinical trials activity, both keys to Karmanos' NCI status, also significantly increased during the year. Dr. Pasche noted the number of patients recruited for treatment trials was up 21.5 percent in 2024, and participation in interventional trials increased by 28.6 percent. More investigator-initiated trials are in the pipeline as well. These trials are a highly valued element in the CSCG renewal, Dr. Pasche emphasized.



McLaren Proton Therapy Center will be the first in the world to offer Leo Cancer Care upright technology.

McLaren Proton Therapy Center

The McLaren Proton Therapy Center, located on the campus of McLaren Flint, marked two major milestones in 2024. Early in the year, the facility treated its 1,000th cancer patient, an achievement made possible by the steady expansion of the center's capabilities over the past several years. One marker of this growth was installation of a revolutionary new upright proton particle beam unit.

The upright (seated) patient positioning and alignment subsystems are developed by the Leo Cancer Care company and then incorporated into the expanded McLaren Proton Therapy System (MPTS). The MPTS upright proton therapy delivery unit will be the first in the world to go online with this technology in 2025.

"The center is at capacity with our two current proton therapy units. We are adding a third and then easily expanding to the fourth proton treatment room in the most cost optimal way in the healthcare industry. Cost of a single-room proton center today is \$60 million," notes Dr. Hesham Gayar, medical director for the McLaren Proton Therapy Center. "The McLaren Proton Therapy Center team is able to achieve this two-room expansion, essentially doubling the capacity for the center at less than 15% of the cost of the first two treatment rooms." The expanded system is much more compact and versatile and allows "the same or better accuracy in 70 percent of clinical applications." While this new capability is a world pacesetter for proton therapy, it also fits well with the McLaren philosophy of improved access and quality.

"This is a solution to a worldwide problem with the cost of proton centers," Gayar observes. "The upright system makes treatment far more cost effective, and we expect its use to widen."

A Plan for Growth

Providing access to quality health care throughout our McLaren communities is a top priority for our health plans. Ensuring that all of our members have the same opportunity to achieve positive health outcomes and overall well-being is imperative.

A large share of our health plan revenue is funded through Medicare and Medicaid programs, which means our health plans have added responsibility to ensure we are fiscally responsible with the taxpayer dollars we are entrusted with to serve our membership. The role of the McLaren Integrated HMO Group (MIG) is important in making this equation work. MIG is the corporate subsidiary that oversees McLaren Health Plan (MHP) and MDwise. MHP offers Medicaid and Medicare Advantage and individual marketplace plans in Michigan's Lower Peninsula, along with a Health Advantage plan. MDwise currently offers Medicaid coverage statewide in Indiana.

"We've really had to focus on value and ensuring quality outcomes in 2024" says Jessica Cromer, who was recently named president and CEO of MIG. One key to this has been "alignment across all our plans and with the other subsidiaries." With over 13 percent of Michigan's 1.74 million Medicaid recipients as members, plus managing the MHP Medicare Advantage program and the Medicaid program in Indiana, MIG has been focused on finding opportunities to leverage our collective size to get contract discounts and improve our outcomes by implementing best practices from each other.

One of the biggest MHP wins for the year was the successful rebidding to offer Medicaid services in Michigan through the state Department of Health and Human Services. Success in this periodic bidding process is gauged by the quality and value of services provided. To that end, MHP was selected as the only health plan authorized to serve Medicaid members across the entire Lower Peninsula. MHP's status as part of the McLaren family was a factor in this success.

"Being part of a fully integrated health system allows us to provide whole-person care," notes Nancy Jenkins, MHP president and CEO. Service expansions have added 21 new hospitals to the MHP network of 126 facilities, with over 40,000 primary care and specialist physicians. "MHP holds contracts with 96 percent of acute care, surgical and rehab hospitals in Lower Michigan," Jenkins states. She added that nearly 21,000 new



20,917
New Medicaid Members

McLaren Health Plan Medicaid membership increased significantly upon implementation of the new state of Michigan MyHealthyLife Medicaid contract.

MEDICAID COVERAGE MADE SIMPLE.



YOU MATTER



Medicaid clients in Michigan chose MHP during a special 2024 enrollment period.

In Indiana, MDwise set its own landmarks in 2024, including the program's 30th anniversary of serving Hoosier families. The subsidiary's plans received NCQA (National Committee for Quality Assurance) reaccreditation this year, a status based on clinical performance and consumer experience. MDwise was also recognized by the Indiana Community Health Centers as a partner in improving statewide care quality. These Community Health Centers offer needed care support in underserved areas. Finally, in a time when health care talent is hard to attract and retain, MDwise was named an Indianapolis Star Top Workplace in the state for 2024. "Our team felt really good about this achievement," says Cromer. "This was a big accomplishment, and our ability to recruit talent improved for 2024 over the previous years."

It was a year of successes and recognition for MIG but also a year of fresh challenges. Health care costs are rising but rates are lagging behind. In citing an example of this disparity, Cromer points to preferred drug lists (PDLs)

required by the states served. "With current PDLs, the states dictate formularies with brand names. The states get discounts on these, but the higher costs are passed on to us. Rates are not keeping pace, and that is a real challenge." Medicaid enrollments overall are down too, driven by changes in government pandemic extensions and redeterminations. This is on top of tighter state Medicaid budgets (Indiana had a \$1 billion shortfall). Cromer says both health plans are working to support each state by reducing the overall program cost and effectively managing the health care needs of members. This is needed for the long-term survival of the health plans.



Being part of a fully integrated health system allows us to provide whole-person care.

NANCY JENKINS
President and CEO
McLaren Health Plan

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★ McLaren Health Care Corporate Headquarters

- 1 McLaren Bay Region
- 2 McLaren Caro Region
- 3 McLaren Central Michigan
- 4 McLaren Flint
- 5 McLaren Greater Lansing
- 6 McLaren Lapeer Region
- 7 McLaren Macomb
- 8 McLaren Northern Michigan
- 9 McLaren Oakland
- 10 McLaren Port Huron
- 11 McLaren Thumb Region
- 12 Karmanos Cancer Center
- 13 McLaren Bay Special Care

- 1 McLaren Northern Michigan at Cheboygan
- 2 McLaren Clarkston
- 3 McLaren Fenton
- 4 McLaren Grand Ledge
- 5 McLaren Oxford
- 6 McLaren West Branch
- 7 Lake Orion Nursing and Rehabilitation Center
- 8 Marwood Nursing and Rehab

- Karmanos Cancer Institute
- Karmanos Cancer Network
- McLaren Proton Therapy Center
- McLaren Health Management Group
- McLaren Medical Group
- McLaren Integrated HMO Group

■ McLaren Health Plan – Service Area

■ MDwise – Service Area



MDwise offers health insurance coverage to the state of Indiana.

By the Numbers 2024



375,029
ER Visits



772,066
Days of Inpatient Care
Includes Hospice Days



84,650
Discharges



197,949
Home Care Visits



91,217
Contracted Providers



3,662,209
Ambulatory Visits
Includes Home Care Visits



3,100
Licensed Beds



76,223
Surgeries



\$1.81 billion
Annual Payroll



4,678
Births



201,252
Hospice Days



\$6.66 billion
Net Revenue



24,804
Observation Stays



\$449.8 million
Community Benefit



As part of the hospital's community outreach initiatives, McLaren Flint Graduate Medical Education leaders and support staff packed 256 boxes of food at the Food Bank of Eastern Michigan for people in need.

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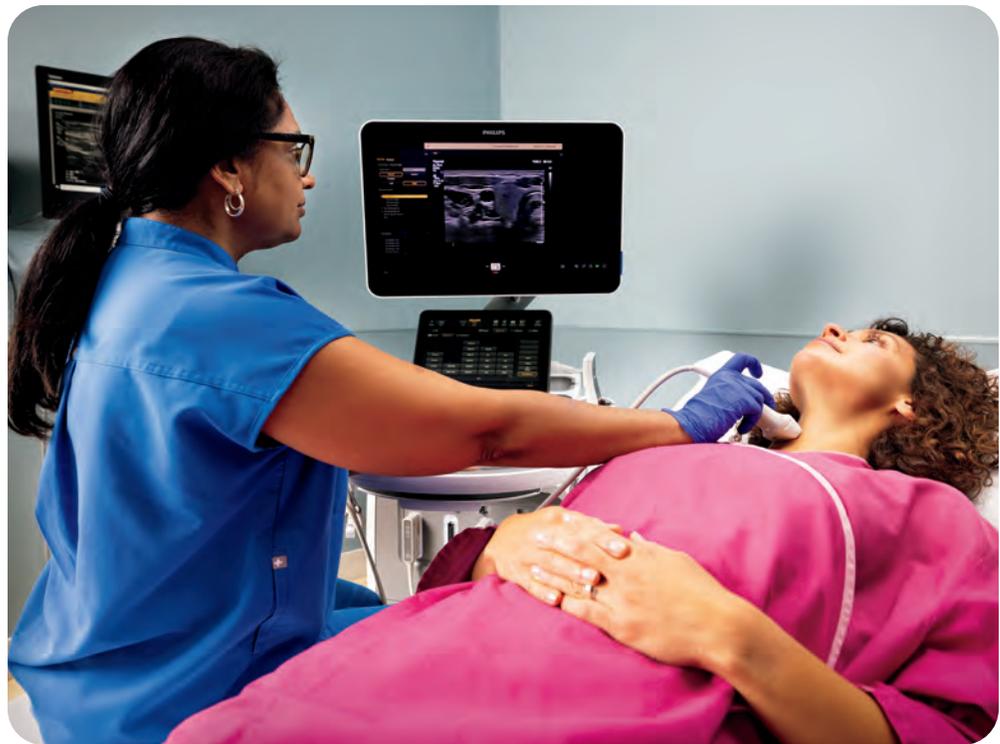
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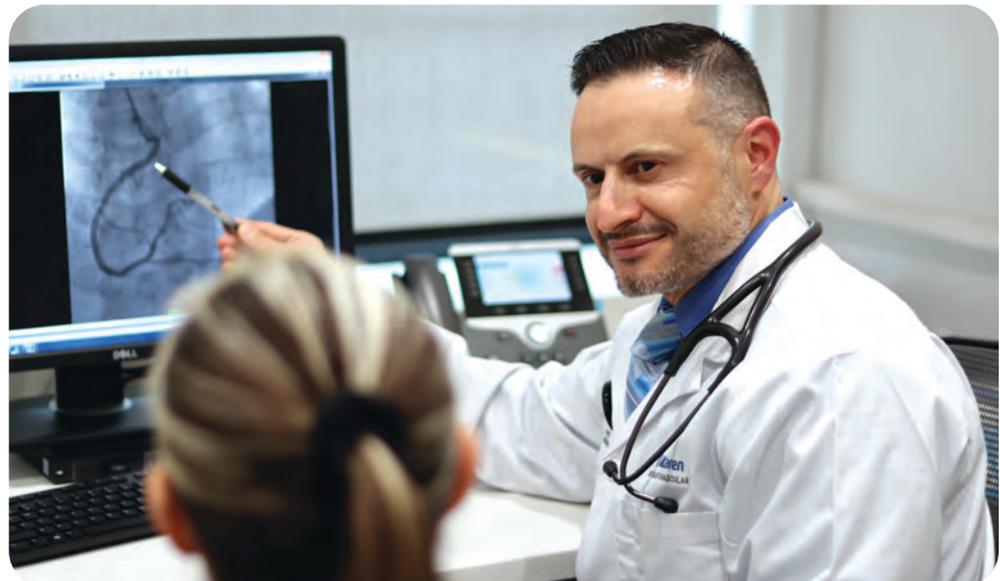
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*The Northwest Michigan Nurse Honor Guard
celebrate McLaren Home Management Group
patient Mary Lou Pifer, 92, for her long-standing
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