2012 ANNUAL REPORT

McLaren
HEALTH CARE

THE McLAREN MISSION

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

ON THE COVER: Neurointerventionalist Andrew Xavier, MD, leads a team at McLaren Flint in performing a thrombectomy, a minimally invasive procedure to remove a blood clot from an artery in the brain in the treatment of stroke.

CONTINUED GROWTH AMID LANDMARK CHANGES IN HEALTH CARE

For 2012, McLaren Health Care continued to accelerate the pursuit of our mission statement — providing the best value in health care as defined by quality outcomes and cost. Throughout the year, our system achieved new milestones and addressed new challenges.

Our system growth was bolstered in January 2012 when Northern Michigan Regional Hospital in Petoskey officially joined the McLaren Health Care system. Through this acquisition, we now have a presence in almost all of lower Michigan, while the people of northern Michigan gain the McLaren system's resources and expertise.

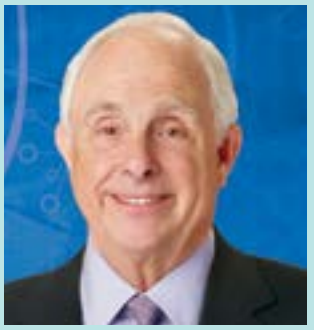
Our new Proton Therapy Center certainly qualifies as a milestone as well. Nearly complete, the Proton Therapy Center is expected to treat its first patient in the spring of 2013. With this capability, McLaren is the only proton therapy facility in Michigan, and the first in the world to offer precise cone beam CT for localization. Cancer treatment in Michigan will enter a new era of effectiveness, practicality, and safety.

Our efforts must *both* drive extraneous costs out of the system and improve the patient experience.

We were also active in helping the Cheboygan community avert a health care crisis when Cheboygan Memorial Hospital filed for bankruptcy in March 2012. We rapidly negotiated a sale of assets and worked with our contacts in Washington, D.C., including the administration of the Centers for Medicare and Medicaid Services, to speed approvals and reopen emergency and outpatient services almost immediately.

Achievements in 2012 are all the more substantial given the headwinds faced by health care in Michigan and the U.S. We are now in the second year of the federal Affordable Care Act. As the implementation costs continue to rise (with penalties for noncompliance), the savings and new funding sources remain elusive. As a result of the sequestration, we expect a minimum two percent cut in Medicare funding, and possibly more. This will bring a major reduction in revenue for our system — compounded by state Medicaid cuts, and "population health management" efforts by private insurers that push more risk onto health care providers.

PHILIP A. INCARNATI
President and CEO
McLaren Health Care



DAVID S. McCREDIE
Chairman, Board of Directors
McLaren Health Care

These are reasons why our strategic plan, based on growth in both scale and scope, is proving such a powerful tool in a time of change. Rather than constricting ourselves to being solely a health care "provider," we also realize the benefits of operating in the "insurer" space through the wise growth at McLaren Health Plan. This year's acquisition of CareSource Michigan and its 34,000 enrollees expands McLaren's Medicaid managed care footprint into 53 counties. It also positions the Health Plan for the coming growth in Medicaid patients that will be driven by the Affordable Care Act.

Such vertical expansion is crucial as McLaren Health Care plans for the tough new calculus that is reshaping health care. Our efforts must *both* drive extraneous costs out of the system and improve the patient experience. Tough markets and reimbursement rules compel the former, while greater transparency and the push toward "population health management" will demand the latter. Today, there is simply no place to hide poor quality in health care nor should there be.

While many of these forces are new to the health care arena, we anticipated them as far back as 1996, when McLaren Health Care adopted its far-reaching mission statement: "McLaren Health Care, through its subsidiaries, will be the best value in health care as defined by quality outcomes and cost." Sixteen years ago, that statement seemed provocative — but today, it places us right where the health care market is going.

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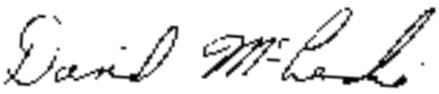
President and CEO, McLaren Health Care



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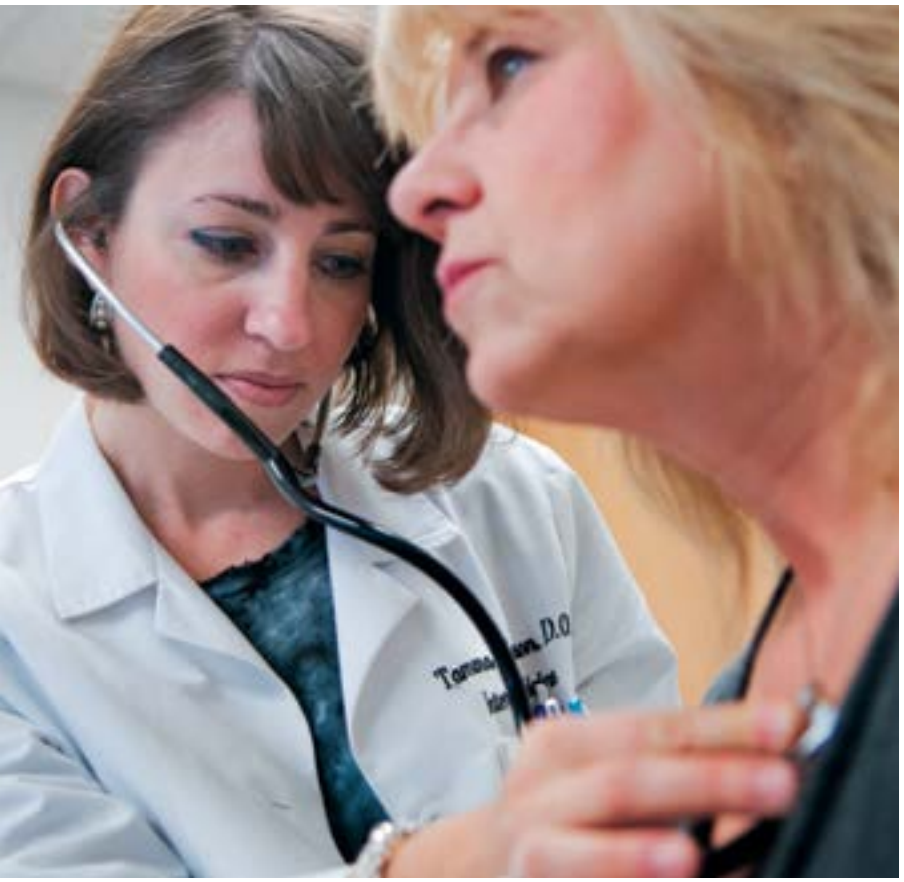

Left: Tamara Moutsatson, DO, makes it her personal mission to provide compassionate and quality health care to patients in need at the McLaren Central Michigan Free Clinic. Right: Norman Walter, MD, medical director of the McLaren Flint Orthopedic Residency Program, takes the lead in directing the medical application of biomedical research in partnership with Kettering University. He is pictured with orthopedic surgery resident James Ostrander, MD.

HEALING AND INFRASTRUCTURE: DEFINING THE RIGHT BALANCE

To tell the story of McLaren Health Care in 2012, we must address two areas that, at first glance, may seem to be at opposite ends of the spectrum.

First are the business and strategic strengths of a large and growing regional health care system. With net revenues of $2.6 billion, 17,400 employees, 20,000 network physicians, and more than 200 facilities covering almost all of the state, McLaren Health Care is one of Michigan's largest enterprises. It is also increasingly diverse. Beyond its network of hospitals, McLaren includes centers for surgery, diagnostics and clinical care, home health care and hospice services, health plans and insurers, physician groups, and health care information and technology units. Such a huge, diversified entity demands the most sophisticated financial, administrative, clinical, data, risk management and regulatory support, all areas in which McLaren excels.

Yet, above all the necessary and complex infrastructure, there is another side to McLaren. It is the very human aspect of medical care — healing the sick, relieving pain, and developing the innovations and medical research that touch each one of us. Results here are measured in lives saved, in patient satisfaction, in fewer readmissions and complications, and in shorter hospital stays.

These two sides of McLaren Health Care,

McLaren by the Numbers

$2.6 billion	NET REVENUES
17,400	EMPLOYEES
20,000	NETWORK PHYSICIANS
200	FACILITIES STATEWIDE

infrastructure and healing, obviously depend on each other in basic ways. Without sound business discipline, the clinical delivery infrastructure would fail to flourish; without the healing, can there be financial strength?

The two sides also complement each other in more subtle ways. Health care funding today is increasingly driven by outcomes. Accountable care models, the Affordable Care Act, and major changes in Medicare, Medicaid, and private insurer reimbursement all demand quantifiable benefits, cost savings, and outcomes. A tide of new technology (such as mandates on electronic medical records) fuels this trend

THESE TWO SIDES of McLaren Health Care, infrastructure and healing, obviously depend on each other in basic ways. Without sound business discipline, the clinical delivery infrastructure would fail to flourish; without the healing, can there be financial strength?

with broadly disclosed, easily comparable data on care outcomes and expenditures. Hospitals, physicians, and the systems that employ them become nakedly transparent to payers, regulators and the public as they make health spending decisions. Subpar results on mortality, infection rates, or preventable readmissions now show more than just poor care — they will result in loss of reimbursement to the provider.

There are other ways the "hard" elements of health care (strategy, technology, finance) blend with the "softer" aspects. Every health care trend is driving away from providers with small market presence, limited resources, and weak financing. Consolidation is intended to do more than just make a hospital system bigger — it is intended to make it stronger, more adept, more resilient, more attractive to talent, and deeper in its capabilities. And these qualities are cumulative — the more a health care system achieves them, the more it *can* achieve.

This means that health care scale and smart strategy bring tactical health care results. For example, sound finance makes it easier to spend on the equipment and facilities needed to reach the next level of care. Investing in cutting-edge technology like Proton Therapy draws the top talent in the medical world who are able to provide innovative treatments and research, which means world-class health care options for our McLaren communities.

This year's McLaren Health Care annual report reflects this synergy by exploring both sides of this care equation. We look at the big picture, but we also focus on the smaller picture, first-person stories of how McLaren facilities and people are making a difference for patients in local communities. Big stories, little stories … together, they paint a picture of excellence for McLaren Health Care in 2012.

As part of the research partnership with Kettering University, the McLaren Flint Department of Orthopedic Surgery is researching new ways to stabilize fractured bones with metal rods and screws. Kettering Professor Patrick Atkinson, PhD, piques his students' interest in an experiment to determine how to gauge the stability of the implant.

Trauma Medical Director Ruben Toribio, MD, (back) and neurosurgeon Aria Sabit, MD, consult on a trauma case at McLaren Lapeer Region, which is anticipating final certification as a Level II Trauma Center in early 2013.

LEADING TALENT AND TECHNOLOGY

THE McLAREN APPROACH TO "SMART GROWTH" for our system offers many benefits — economies of scale, stronger local health care facilities, better financing and liability coverage rates. But this approach to scale provides another powerful, but more subtle boon — wider access to sophisticated procedures, talent and technology.

Knowing that every minute counts when treating patients who have suffered a stroke, members of the Stroke Team at McLaren Oakland are ready the minute a patient arrives at their facility.

This may not mean that a world-class cancer center or robotic surgery is available just down the street from where you live. Rather, it suggests that a truly regional system with the strength and savvy to invest in such resources extends into your hometown. Such a systemic approach offers seamless access between a costly, sophisticated capability somewhere within the system; and physicians and specialists at your community McLaren facility who know just how to use it. Local access and knowledge, combined with world-class technology, delivers powerful, accessible health care tools for our communities.

McLaren Northern Michigan's Cheboygan Campus is up and running to serve community healthcare needs.

Aiding a Community in Crisis

When a rural community faces the loss of its largest employer, it's a threat to the entire local economy. When it loses its primary health care provider, there is a serious health care risk. And if an entity that gives the community a source of identity and cohesion fails, that area's future is in danger.

So, what if all three are about to happen at once?

That was the grim situation facing Cheboygan last spring, when Cheboygan Memorial Hospital (CMH) faced the prospect of closing its doors after a long, but losing battle against bankruptcy. Losses in the previous year had topped $7 million.

In many ways, CMH symbolized the dilemma facing smaller, community-based hospitals in America — ever-tighter reimbursements (especially for Medicaid treatment); a need to invest in new equipment and administrative tools without the budget to support them; limited, costly credit lines; growing pension and insurance liabilities; a weak local economy, resulting in more unreimbursed care.

The CMH board's Chapter 11 decision, announced March 1, 2012, shocked the northern Michigan community.

Dan Benishek, MD, of Iron Mountain, brings a unique dual insight on the hospital's potential closing, both as a surgeon in the region, and from the political side as a recently-elected member of the U.S. House of Representatives. As he wrote for the *Cheboygan Daily Tribune*, "Rural hospitals like Cheboygan Memorial offer more than just a lifeline to health care; they are economic focal points for the region and a source of pride for our local communities."

Yet the bankruptcy filing also triggered an intense effort to preserve health care in Cheboygan, led by the one institution in the state with the tools and structure to make a difference — McLaren Health Care. "We became involved through the request of the [CMH] board chair," recalls McLaren CEO Philip Incarnati. "We sat down with the board and management to discuss restructuring options."

McLaren Northern Michigan, which had only joined the McLaren family in January, would be on the front line in this effort. "Our intent was to purchase [the CMH] assets and then provide the most important services, but this took a protracted amount of time," notes Reezie DeVet, president and CEO of McLaren Northern Michigan in Petoskey. The bankruptcy filing brought powerful outside players into the negotiations, specifically the U.S. Bankruptcy Court and federal regulators. Negotiation with creditors, and wrestling with federal licensure and certification concerns, ate up time, while a 30-day restructuring deadline imposed after the initial filing ticked away.

McLaren corporate leadership put in late nights negotiating legal and financial issues, with strong support from contacts at various health care agencies and from area legislators.

Throughout the month of April, bit by bit, pieces of a plan to reorganize services took shape. On April 23, a community

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>
> – **JOSEPH HANCE, MD**

McLaren NORTHERN MICHIGAN

The role played by McLaren Northern Michigan in saving hospital care in Cheboygan is all the more impressive when you consider that Northern Michigan *itself* had only joined the McLaren family a few weeks earlier.

A 200-bed facility headquartered in Petoskey, the former Northern Michigan Regional Hospital is far more than just a "hospital." It functions as a regional referral center, serving the residents of 22 counties from the northern lower peninsula into the upper peninsula, making it a major strategic boon for the McLaren system.

Negotiation on the Petoskey acquisition began in mid-2011, and a final deal was announced on January 11, 2012. Although regulatory, due diligence, and financial approvals absorb most of the effort of such a major health care acquisition, McLaren devoted much time and outreach to "gaining the confidence of the management, physicians, and board of trustees," noted Philip Incarnati, President and CEO of McLaren Health Care.

The new McLaren Northern Michigan brought a strong, future-oriented partner into the regional health care scene. When the deal was finalized, Reezie DeVet, president of the new subsidiary, observed, "This decision is the best choice for our hospital and patients in northern Michigan."

A year later, DeVet is an even stronger advocate for the results. "The integration with McLaren Health Care has gone very smoothly, actually exceeding my expectations. Over the first year, we've seen improvement in our purchasing power and our debt has been refinanced. From the perspective of our board, McLaren has continued to keep most strategic and operational decisions local."

> "This is a great success story about what can happen when a community hospital finds itself in deep financial trouble, and what it can transform itself into. With health care reform underway, consolidation will continue — this is a model that can be replicated."
>
> – **REEZIE DEVET,** PRESIDENT & CEO
> McLAREN NORTHERN MICHIGAN

rally in support of the facility drew 2,000 people.

By the end of the month, a plan to purchase many of the assets of the hospital was completed, and by the middle of May, McLaren Health Care was able to reopen Cheboygan's physician practices. Over the next few weeks, outpatient surgery, laboratory, rehabilitation and other functions began accepting new patients, with the facility now operating as the Cheboygan campus of McLaren Northern Michigan.

Ambulatory surgery services at the Cheboygan campus were among the first services to begin treating patients under the medical direction of Joseph Hance, MD, orthopedic surgeon.

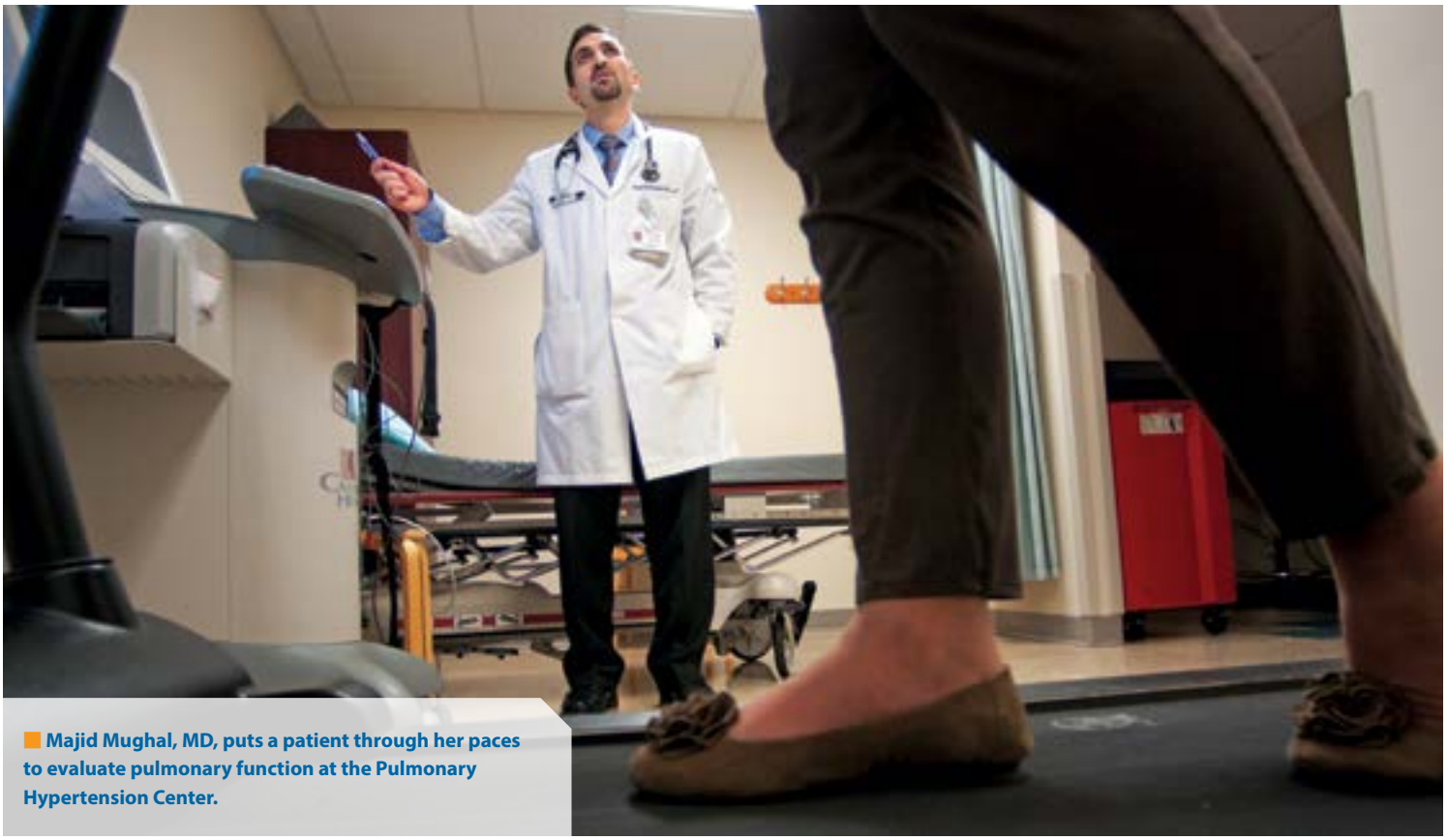
The renewal of health care for Cheboygan included rehiring many of the former staffers. "We were also able to bring back some of the emergency physicians, and were able to reestablish orthopedic, general, and gynecological surgery, as well as endoscopy services," says DeVet.

Plans for renovation of some areas, such as the emergency department — moves that would have been impossible with the financial straits of a year ago — are now being discussed.

Joseph Hance, MD, an orthopedic surgeon who has been in practice in northern Michigan for the past 30 years, was instrumental in leading the effort to rebuild outpatient surgical services at the Cheboygan facility. Now, as medical director of ambulatory services at the Cheboygan campus of McLaren Northern Michigan, he is further extending his leadership role in enhancing services there. "We are now able to concentrate on such areas as improving turnaround times in the operating rooms, which is essential for physicians to operate at maximum efficiency and provide better patient service," he noted. "In many ways, we are healthier as an organization than we were before the McLaren association. This is a sustainable model for patient care."

Though the Cheboygan crisis was stressful for all involved, DeVet suggests that it offers lessons for the future of health care in rural communities. "This is a great success story about what can happen when a community hospital finds itself in deep financial trouble, and what it can transform itself into. With health care reform underway, consolidation will continue — this is a model that can be replicated."

The financial and structural changes McLaren brought to health care in Cheboygan matter far less than the care itself. "A resident in the area recently had a heart attack," recalls DeVet. "Our people were able to stabilize him in Cheboygan before bringing him to our Petoskey hospital. If we hadn't been able to treat him in Cheboygan, it's likely he wouldn't have made it. He came in a few months later to thank us."



Majid Mughal, MD, puts a patient through her paces to evaluate pulmonary function at the Pulmonary Hypertension Center.

Pulmonary Arterial Hypertension Treatment Prolongs Lives

You may be familiar with the term "orphan drugs," referring to medications that are costly to develop and help a small number of patients. But what about "orphan diseases" — illnesses that are uncommon, difficult to diagnose, and difficult to treat?

Pulmonary arterial hypertension (PAH) is such a disease. Largely unknown a few decades ago, PAH is a lung disorder in which blood pressure in the pulmonary artery rises to dangerous levels. Symptoms are similar to more common heart and lung ailments, so PAH is difficult to diagnose, and treatments are limited. Yet without care, patients often die within a few years.

The scope of McLaren Health Care not only helps it excel at treating common ailments, but gives it the resources and knowledge to take on such underserved illnesses as PAH. Starting in the fall of 2012, mid-Michigan patients coping with PAH gained a powerful new ally when McLaren Greater Lansing launched its Pulmonary Hypertension Center.

The center is under the direction of cardiologist Majid Mughal, MD, the area's only physician with fellowship training in PAH. Dr. Mughal brings to the program a passion for helping PAH patients.

"This is a progressive, incurable disease, but we have some very good treatments now," he said. "The downside is that this care can be cumbersome and time consuming. For example, some patients require 24-hour treatments with a pharma pump — not everyone wants to take this on."

With the Pulmonary Hypertension Center now in full operation, PAH patients in the mid-Michigan area can receive the specialized, intensive treatment required. And, that care is making a difference.

"A few years ago, survival with PAH was less than three years," Dr. Mughal said. "Now, with treatment, we're looking at seven to ten years."

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– **MAJID MUGHAL, MD**

Every patient is a star at McLaren Bay Region's Cancer Rehab Program, which just achieved the first STAR (Survivorship, Training and Rehabilitation) certification in Michigan.

Healing Beyond What Shows on Medical Charts

The medical successes we've won in the battle against cancer bring with them a new concern — what about caring for the patient *after* the acute treatment stage? How do we best help the patient recover physically, emotionally, and spiritually, both from cancer itself, and its often stressful, draining treatment?

The rehabilitative services department of McLaren Bay Region is meeting this need, says director Judy Goik, by being the first cancer rehab program in Michigan to earn the coveted STAR (Survivorship, Training and Rehabilitation) certification.

STAR certification, awarded by the Oncology Rehab Partners firm of Massachusetts, is earned by creating personalized, multidisciplinary rehabilitation plans for each survivor.

"In the past, patients were helped in dealing with pain issues, but were expected just to live with problems like fatigue and the inability to do daily things," Goik noted.

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> – **JUDY GOIK,** DIRECTOR OF REHABILITATION SERVICES, McLAREN BAY REGION

The McLaren Bay Region program instead strives to meet all the survivor's needs. This includes the standard physical therapy and pain management, but also the regaining of basic functions, occupational therapy, speech therapy, and dealing with emotional recovery. The rehab staff put extensive time and effort into online training to earn STAR certification, which was granted last summer. The primary goal is to assure that all the elements of holistic cancer rehabilitation are in place, and that all the services are working together.

"For example, we trained an oncology nurse on our services, so they now have a better understanding of rehab," Goik said.

Best of all, this broadened view of cancer rehabilitation helps the survivors by moving the concept of "healing" beyond what shows on medical charts. Goik finds that "this is a much needed addition to cancer care — survivors now have the resources to assure that pain and fatigue are not just their 'new normal.'"

Tressa Gardner, DO, (center) medical director of EMS at McLaren Oakland, cites enhanced patient outcomes as a key benefit of the hospital's newly acquired Primary Stroke Center designation.

Stroke Program Designation Saves Lives

National public awareness campaigns have greatly increased general knowledge of the warning signs of cancer and heart attacks. But what about the warning signs of stroke?

McLaren Oakland is undertaking a public awareness campaign of its own to build recognition of stroke symptoms as part of its educational outreach as a Primary Stroke Center.

"We want our community to get with the guidelines on stroke," notes Tressa Gardner, DO, Medical Director of EMS at McLaren Oakland. "It's one of the leading causes of death, but too often the patient doesn't recognize the symptoms. We intend to be everywhere in the community telling people not to wait four hours when they show stroke symptoms — don't even wait four minutes!"

Led by Dr. Gardner, a multidisciplinary team from McLaren Oakland has worked hard over the past year to gain certification as a HFAP (Healthcare Facilities Accreditation Program) Primary Stroke Center. The three-year certification was officially granted in December of 2012.

"We've strived to get better and better, meeting standards for care, timeliness, recovery, rehabilitation and staffing," she said. "The greatest benefit is the dramatic improvement in patient outcomes that are documented at a Primary Stroke Center."

HFAP certification for McLaren Oakland's program is a major achievement. It requires not just training, experience and success, but a system wide approach to rapid stroke response that reaches outside of the ER and into the community.

Trauma Program Takes Care to Next Level

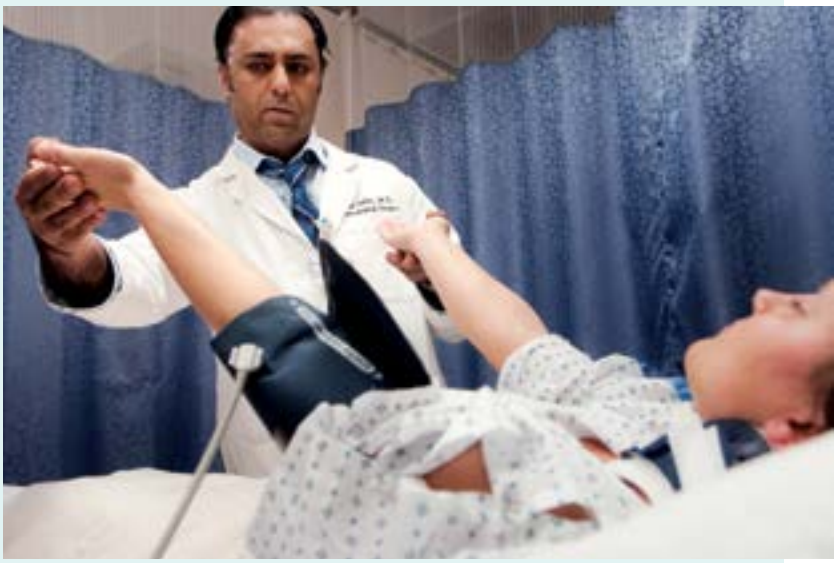
The "golden hour."

It's those 60 minutes after an auto crash, a gunshot wound or a devastating injury that make the biggest difference for recovery, and even life and death. Fast, skilled, intensive trauma care during that hour saves lives that otherwise could be lost. Time spent transferring patients out of the area to a certified trauma care center can be deadly when every minute, every second, counts.

McLaren Lapeer Region is ready. Their emergency services trauma program has been busy in 2012 prepping itself for verification as a Level II Trauma Center by the American College of Surgeons. With final certification expected in 2013, McLaren Lapeer Region will offer the only Level II Trauma Center in the area.

Trauma care is a specialized subset of emergency care, and gaining the certification has been rigorous, says Pam Wills-Mertz, Lapeer's trauma program manager. "It's a huge process — the entire institution is touched by this change. The blood bank must have blood ready, labs must be ready to immediately draw and process blood, the OR must have a room on hold, and the ICU needs to have a bed ready." These and many other facilities must be always prepared, instantly, 24/7.

McLaren Lapeer Region has also invested in the skills required for a top-flight trauma center. The orthopedic program has been upgraded, and "our neurosurgery program has grown to accommodate the trauma upgrade, with state-of-the-art equipment," says Wills-Mertz. New talent is on staff as well, including trauma medical director Ruben Toribio, MD, who came from Kings County Medical Center in New York.



Neurosurgeon Aria Sabit, MD, brings specialized expertise and experience to enhance trauma services at McLaren Lapeer Region.

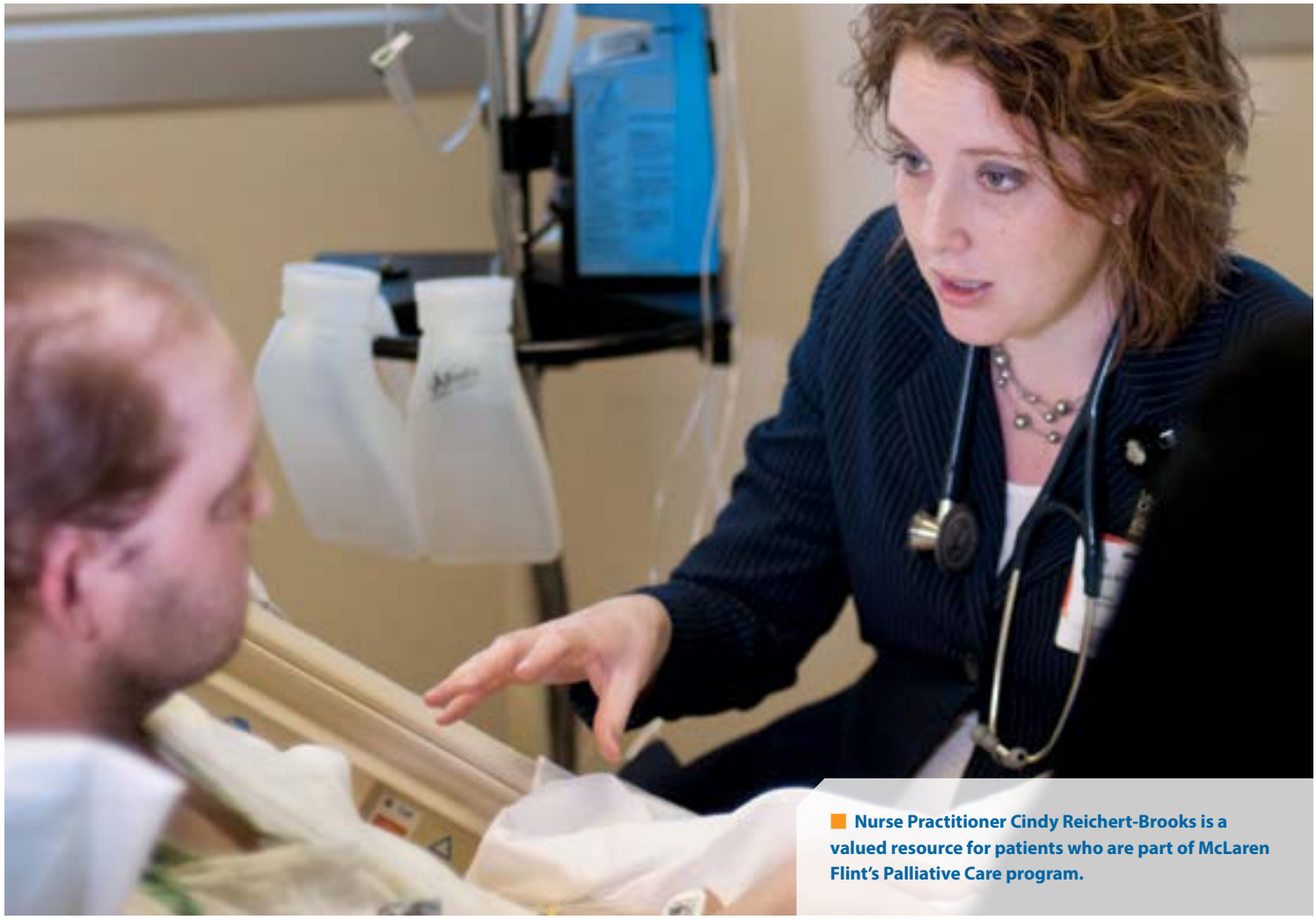
Aria Sabit, MD, a noted neurosurgeon (and health care blogger), is director of spinal surgery for the program and values the added capabilities certification brings.

"Trauma Center certification means all the team members are present, right here when we need them." Dr. Sabit said. "The level of care we can offer to people in Lapeer and the Thumb goes up tremendously."

The trauma center certification is demanding and expensive, concludes Wills-Mertz, adding, "It has taken a commitment from our CEO at the top all the way throughout the structure."

However, the payoffs will benefit both McLaren Lapeer Region and area patients. Trauma certification process has proven "an absolute game changer, and it has a halo effect," noted Wills-Mertz.

MANAGING CARE FOR BETTER OUTCOMES



Nurse Practitioner Cindy Reichert-Brooks is a valued resource for patients who are part of McLaren Flint's Palliative Care program.

DOZENS OF SUBSIDIARIES AND FACILITIES ... skilled, committed employees and physicians ... millions of dollars worth of the latest equipment, and billions in funding. While McLaren Health Care gathers all of these for our Michigan communities, these powerful assets would do little good without skill in care management, administration and integration.

Fortunately, McLaren has these skills. The people of McLaren have made a science of weaving together these threads of health care into a system that nurtures and implements best practices in health care.

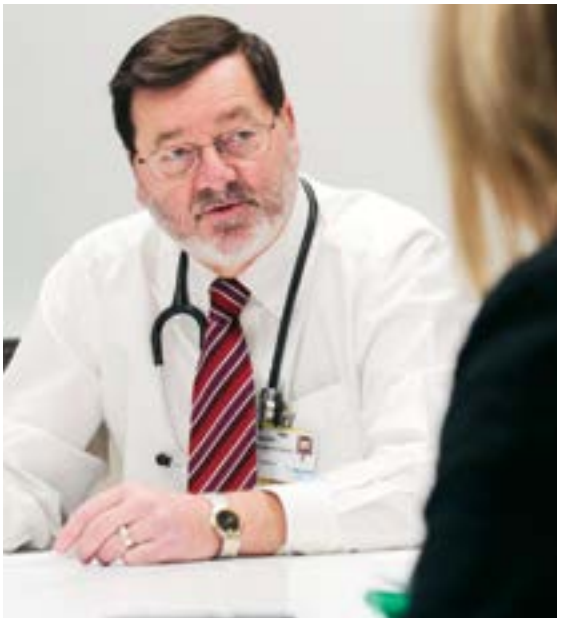
A large, diverse structure such as McLaren's offers a rich ecosystem for learning what works best, how to improve care, and how to share this knowledge throughout all subsidiaries. Further, McLaren is in a strong position to shape, negotiate and administer health care coverage plans that integrate excellence in care with excellence in value.

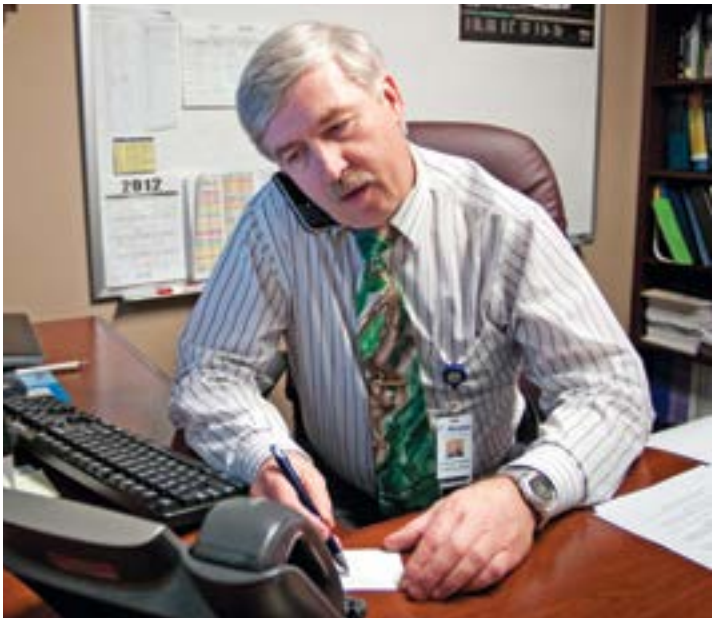
The following are three of the ways McLaren manages care to achieve these goals.

Pioneering Palliative Care Eases Pain and Stress

The language of health care is a highly technical one, spoken by the skilled practitioners whose treatments, technology and medications fight our daily battles with illness and injury. Ask patients, though, and the terms they use are more basic, more primal, and (for too long) overlooked — pain, fear, uncertainty.

The palliative care programs being pioneered in the McLaren system bring new tools and attitudes to aid those battling ailments. Palliative care is a fairly recent concept for dealing with the most fundamental aspect of illness — *pain*. Its premise is that putting patients at ease is as important as making them well.





Key champions and medical leaders of McLaren's integrated palliative care initiative are Frazer Wadenstorer, MD, (left) medical director of palliative care at McLaren Flint, and Michael Parmer, DO, medical director of McLaren Homecare Group.

Beyond easing pain and stress issues (which may be as basic as helping chemotherapy patients deal with nausea symptoms), palliative care offers other benefits. It improves state of mind and recovery times, and lessens complications, in-hospital stays and readmissions. Today, figures from the Center to Advance Palliative Care show that nearly one fifth of U.S. community hospitals now offer palliative care programs.

Include McLaren Health Care in this vanguard. Further, McLaren is a leader in integrating palliative care into both its outpatient and inpatient care protocols. "Palliative care focuses on symptoms," notes Frazer Wadenstorer, MD, a pulmonologist and director of the McLaren Flint palliative care team. But Dr. Wadenstorer and his team "also focus on the psychological and family issues — we take the whole picture into account." By coordinating care and treatment, McLaren palliative care not only helps manage pain, fatigue and stress issues, but also serves as the patient's voice within the system.

Palliative care achieves this by forging a crucial "continuum of care," says Michael Parmer, DO, medical director of McLaren's Homecare Group. "We're not just discharging a patient and saying they're done, and handing them off to the next level." Dr. Parmer instead views McLaren's palliative care efforts as part of a megatrend toward improving patient satisfaction and cutting readmissions.

On an outpatient basis, this is of great benefit in treating chronic conditions, such as diabetes, or lung and heart failure. "With a lot of chronic conditions, like congestion, it's the symptoms of those issues that often drive a patient back to the hospital … they don't want to go back, but it's the only way they can get relief. That's where palliative care comes in."

Since launching at McLaren Flint in 2011, the palliative care program has gained strong endorsement throughout the McLaren system. "We were projected to serve 250 patients in the first year, but due to demand, there were actually over 600," says Dr. Wadenstorer. With success in Flint, palliative care is planned for expansion to McLaren Greater Lansing and McLaren Macomb soon.

Ultimately, treatment for "all diseases have a palliative aspect," concludes Dr. Parmer. "They all need us to ameliorate pain and improve the symptoms."

"When no one had answers, they made a world of difference."

Does palliative care make a difference? Yes, says Scott Holifield, who spent 45 days in and out of McLaren Flint battling a life-threatening intestinal illness. "I was in the ICU for 42 days, and on a ventilator for 37 of them. When I came to, it took me a few days to grasp where I was and what was going on. I started having a high level of anxiety, with panic attacks, and fear that my condition was regressing. But then the Home Health palliative care program sent Nicole to help make my stay more comfortable. She asked if there was anything she could do to help, brought me an extra blanket, and adjusted my meds, which helped make me more comfortable. With my stomach, I have problems with oral pain medications, so she adjusted my Fentanyl patch several times to compensate. With every little issue I've had, the palliative care team stepped right in and went to the source. I would have been miserable without them. When no one had answers, they made a world of difference. They're wonderful."

McLaren's Plan for a Healthier Michigan

"INCREASINGLY OUR GROWTH IS MOVING US MORE into an insurance-type direction. Most providers don't have the skills to take on such a change, but we're fortunate to have a health plan that's successful and growing."

— **PHILIP INCARNATI,** McLAREN HEALTH CARE CEO

Smart health systems have been working to play a more active role in their own funding destiny, and McLaren Health Plan (MHP) has been a trailblazer in this move.

Christine Brooks (left) and Michelle Mooney organize forms and supplies needed for one of McLaren Health Plan's Lead Clinics for toddlers.

Since its launch in 1997 as a Medicaid HMO, MHP has grown steadily and continues to increase its service area throughout Michigan. MHP's Medicaid, commercial and Third Party Administrator (TPA) program serves 250,000 members across 53 counties in Michigan. Over the past decade, MHP has expanded into the challenging field of commercial group health care plans, launching a commercial HMO product in 2006. In addition to covering more than 250,000 lives, MHP has developed a comprehensive network of over 20,000 providers and 107 hospitals.

MHP has also expanded its product line to include Point of Service plans, a PPO, and various high deductible and TPA options for self-funded customers.

The biggest news for McLaren Health Plan in 2012 was the acquisition of CareSource Michigan, a Medicaid HMO, says Beth Caughlin, a vice president for the plan. "This transaction added 35,000 new members as of August 1," as well as adding 23 new counties for our Medicaid service area. The addition of CareSource boosts McLaren's Medicaid presence, a valuable strategic move because changes driven by the Affordable Care Act should increase the Medicaid eligible population. The CareSource acquisition also adds over 500 members receiving benefits under Medicare's Special Needs Program. More new products are on the horizon, such as a Medicare Advantage plan for those members over the age of 65.

Caughlin says such growth in product offerings will be crucial for the health plan in the coming years. "Through the Affordable Care Act, we'll have the health [insurance] exchanges coming in 2014, and the way everyone purchases health insurance is going to change. Individuals and small groups will be able to choose the products they want on the exchange, so we have to stand out."

But strengthening its presence on the insurance side wouldn't matter if McLaren Health Plan wasn't *also* improving quality and outcomes for members. Here, says Caughlin, 2012 brought exciting innovations.

"I think the key to our success is member outreach. We have programs that coordinate medical management and customer service for great outcomes."

— **BETH CAUGHLIN,** VICE PRESIDENT, McLAREN HEALTH PLAN

Comfortable in his grandmother's lap, this toddler was a model patient for McLaren Health Plan employees Michelle Mooney (left) and Christine Brooks at a Lead Clinic for toddlers age 2 and under as part of the Health Plan's preventive care program.

McLaren Health Plan by the Numbers

120,000	PEOPLE COVERED BY McLAREN HEALTH PLAN MEDICAID OPTION
250,000	MEMBERS STATEWIDE
20,000	PROVIDERS OFFERED
107	PARTICIPATING HOSPITALS

"The key to our success is effective and consistent member outreach. We have programs that coordinate medical management and customer service for great outcomes. We know that this focus on high touch, personal contact with our members is what makes us successful. We want our members to be completely satisfied with the healthcare provided by our practitioners, impressed with the help received by customer service and engaged with the education and support provided by our clinical team. It is all about our members."

Diabetes Council Fosters Cross-System Cooperation

One strength of a large, diverse health care system like McLaren is its ability to draw on a broad base of knowledge. A good example is found in the McLaren Homecare Group's Diabetes Council. The council brings together leaders from diabetes care and management programs throughout the system, including homecare staff, hospital representatives, DME (durable medical equipment) offices, physicians, residents and health educators.

"Our goal is to increase communication among the different diabetes programs in the system, and to provide more continuity of care," says Yvonne Thigpen, diabetes program coordinator at McLaren Macomb.

The Diabetes Council serves as a model for cross-system cooperation and synergy. One challenge of treating chronic conditions such as diabetes is that care can "slip through the cracks" between physician diagnosis, inpatient, outpatient and home care treatment. The Diabetes Council aids in "smoothing out the process," she says, all the way from public awareness and testing, to community and home care support programs.

As one example, McLaren Macomb has held a community diabetes expo for the past 11 years. Since its inception, the Diabetes Council has not only helped broaden participation and attendance, but also sparked the idea of similar expos at other locations in the McLaren Health Care system.

The Homecare Group's Diabetes Council has also delivered at the tactical level by improving tools and programs for treatment within the McLaren system. "We help provide consistency among the different subsidiary programs. For example, we worked with the DME representatives to select a house glucometer for use throughout the system." By picking one consistent model of this basic diabetes care tool, McLaren gains familiarity, consistency of results, and potential unit cost saving.

Outreach on diabetes awareness has also benefited through the Council's work. McLaren Flint's comprehensive booklet for their diabetes management classes has since been incorporated into a new, universal edition of the booklet that is available to education programs throughout the McLaren system.

Over the past year, Thigpen has found the McLaren Homecare Diabetes Council to be "a valuable tool" for those working on diabetes issues, and also "a template for improved communication. It shows how we can move toward consistency across the system."

Yvonne Thigpen, RD, CDE, an active member of the multidisciplinary Diabetes Council, counsels a diabetic patient on nutritional options that can be incorporated into her diet plan.

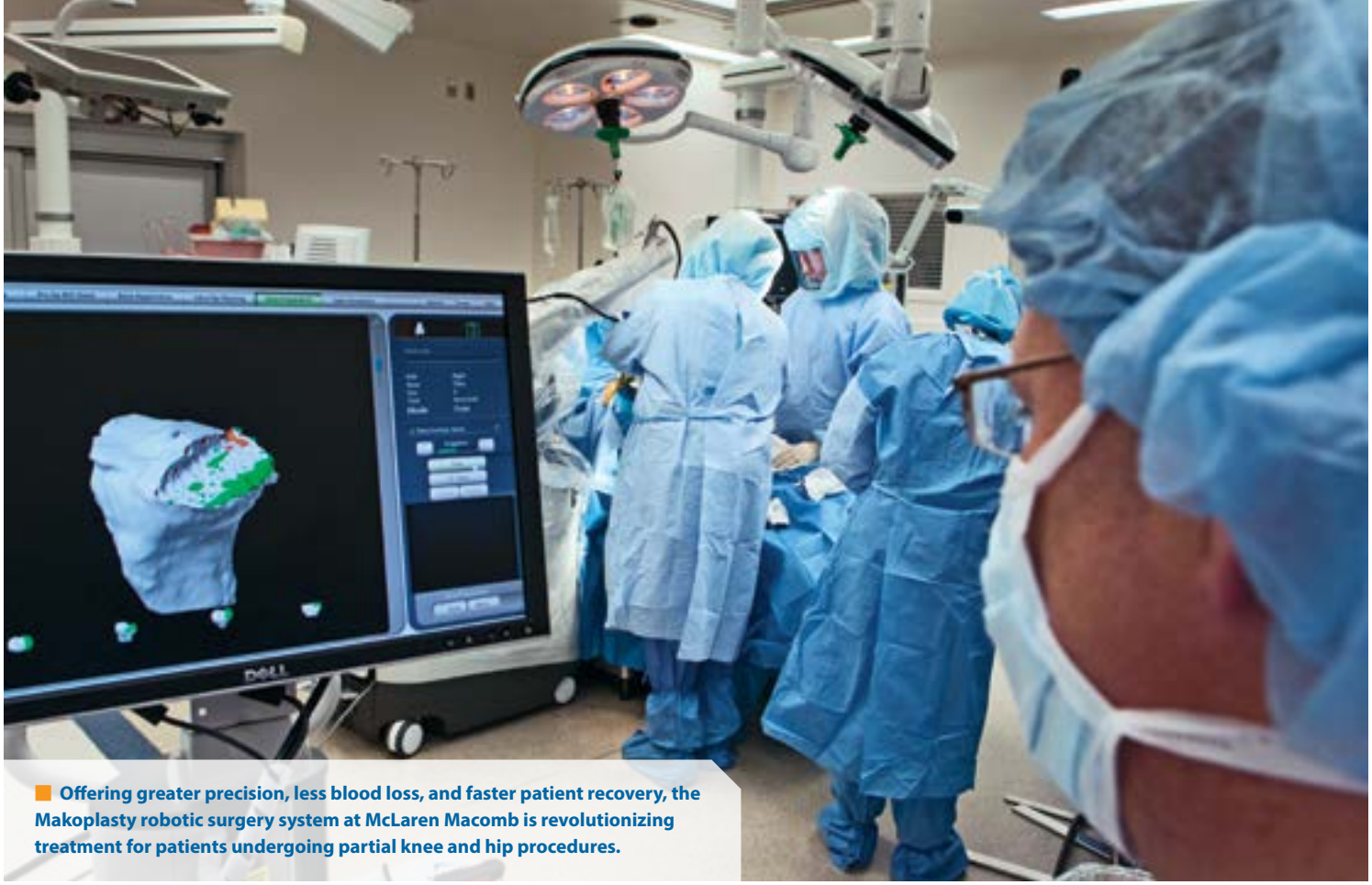
DEFINING THE EDGE OF INNOVATION

THE GROWTH AND DIVERSIFICATION of McLaren Health Care offers many tactical benefits. Purchasing a million tongue depressors systemwide (versus 10,000 for a single hospital) suggests how unit savings accumulate. Financing, insurance, employee benefits — these are a few other areas where a large health care system brings scale that allows the best rates and pricing power.

Yet these strengths, as vital as they are, still overlook the ultimate mission of a hospital system — to provide quality health care. "Quality," however, is a moving target. Standards of care that were state-of-the-art 20 years ago may not even be acceptable today. The innovations in diagnosis and treatment we take for granted in the 21st century came about through rigorous experiments and trials. Most of these occur in the "real world" of health care, at hospitals with the facilities and talent needed to meet rigorous research protocols.

McLaren is just such a health care system. We take the risks demanded to invest in the technologies and programs required for tomorrow's health care. This attracts world-class physicians and researchers because they know exciting things are happening in Michigan. And, it reassures patients who know they can stay close to home for the most advanced and innovative medical procedures available.

McLaren physicians and professionals are leading the way in bringing innovative technology and treatments to patients throughout Michigan … from Andrew Ajluni, DO, preparing for the Makoplasty robotic procedure in Mount Clemens (top) to Louis Cannon, MD, showcasing advanced interventional cardiology procedures in Petoskey (left) to Sung Yong Park, PhD, (second from left) and Bijan Arjomandy, PhD, (right) reviewing with contractors development of the proton beam gantries in Flint.



Offering greater precision, less blood loss, and faster patient recovery, the Makoplasty robotic surgery system at McLaren Macomb is revolutionizing treatment for patients undergoing partial knee and hip procedures.

Makoplasty Robotic Surgery: Precise, Minimally-Invasive Treatment

Precision. It's a factor making surgical procedures vastly more effective and less traumatic today, but also one that's too little noticed. Precision in surgery means that the large, invasive incisions required a generation ago are now being replaced by "keyhole" arthroscopic procedures. Smaller scars are the visible benefit, but the real payoffs are far less patient pain and trauma, less chance of infection, and much faster recoveries.

The use of such minimally invasive techniques demands another form of precision, though — the ability to locate and see *exactly* where the surgeon needs to do his or her work. Locating the boundaries of bone damage, or a tumor to the millimeter is necessary. Not only do results improve as surgical precision increases, but more delicate "repair" procedures become possible, where radical "replacement" may have been required before.

These factors show why McLaren Macomb added the new Makoplasty robotic surgery system to its cutting-edge capabilities in 2012. The Mako system brings CT scanning and electronic tracking technology into the operating room itself to give physicians amazingly accurate, three-dimensional data. Currently being used for hip and partial knee replacement surgeries at McLaren Macomb, the Mako system revolutionizes treatment, says Andrew Ajluni, DO, an expert with the procedure.

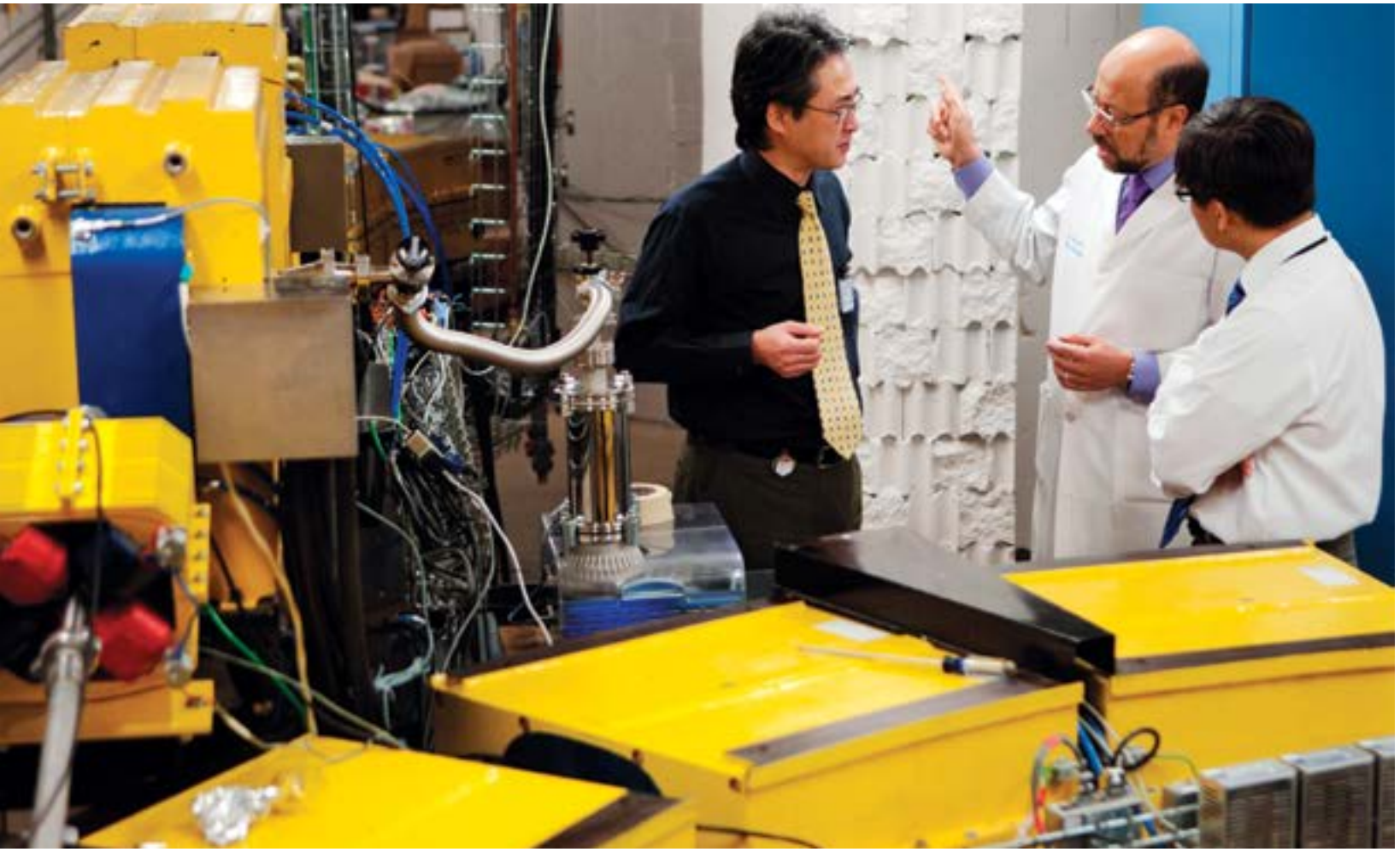
The Mako system brings CT scanning and electronic tracking technology into the operating room itself to give physicians amazingly accurate, three-dimensional data.

Take knee replacements, as an example. "We're able to find the exact alignment of the knee, and from there the data is uploaded to a computer," Dr. Ajluni said. In surgery, tracking antennae are deployed around the patient's leg to give exact reference points on the knee's geometry. The surgeon then supervises as a robotic unit uses the data to perform incredibly precise procedures.

"This is very accurate," Dr. Ajluni continued. The knee implants go in the proper places, and are able to function almost as a natural knee. There is less guesswork, little blood loss, and patient recovery is faster." Patients are able to stand the day after surgery, and report walking without a cane within a week. One of Dr. Ajluni's recent patients, Eugenia Trumbull, recalls that "After a week and a half, I was walking around the block. I'd definitely recommend this surgery to anyone who needs it."

McLaren Macomb's Makoplasty robotic system is the first use of this technology in southeast Michigan, but is available for patients from around the state. Dr. Ajluni treated about 20 patients in 2012 for partial knee and hip procedures, and looks forward to its use for full knee replacements once software is developed.

Game Changing Proton Therapy



Standing just outside the ring of the Radiance 330 synchrotron at the McLaren Proton Therapy Center, physicists Sung Yong Park, PhD, (left) and Tae Kyu Lee, PhD, (right) discuss quality control results with Hesham Gayar, MD, medical director.

After years of planning, construction and testing (as well as $70 million in capital spending), the McLaren Proton Therapy Center, sited at McLaren Flint, will begin treating its first patients in the spring of 2013.

"Culmination of the proton beam therapy facility stands out as one of the biggest events of the coming year," says McLaren Health Care CEO Philip Incarnati. By making the McLaren system a global leader for advanced radiation research and treatment, it's easy to see why.

Proton therapy is one of the newest evolutions in the use of radiation to combat cancerous tumors. The new McLaren system, developed in conjunction with ProTom International, takes proton therapy into its next generation with several major advances, some offered for the first time in the world.

Pencil-beam scanning delivers a focused beam of protons (as small as a few millimeters in diameter) to a tumor. This considerably reduces radiation to healthy tissues compared to both conventional photon and prevalent proton therapy techniques.

An *isocentric gantry* with 180 degree rotation and robotic patient positioning allows for incredible flexibility of beam delivery with accuracy within half a millimeter.

Cone beam CT capability, a first for proton therapy, creates a precise, immediate 3D image of the treatment area to ensure accurate treatment delivery.

Proton energies up to 330 MeV, which is 100 MeV more than most current equipment, allows for more accurate imaging and dose calculation.

Radiance 330 synchrotron produces less secondary radiation, improves safety

and requires less shielding. A "flexible cycle" program for the unit makes it easier to treat tumors in less stable areas, like the lungs, and the new unit is speedy — the actual irradiation process should take less than a minute.

The technical benefits of McLaren's new proton beam therapy are significant. But, most important are the patient benefits. "Our technology will provide more accuracy in delivery, and ability to avoid toxic side effects," says Hesham E. Gayar, MD, chairman of the Department of Radiation Oncology at McLaren Flint, and medical director of the McLaren Proton Therapy Center.

Proximity to home is another benefit for patients in Michigan, the Midwest and Canada, who can now avoid traveling hundreds, even thousands, of miles to receive proton treatment. To aid patients and families traveling from outstate areas, the McLaren Hospitality House is under construction near the proton therapy center. This new 30-room hotel/living center will accommodate patients and family members during the multi-week course of treatment.

A less apparent benefit of the new Proton Therapy Center has been an influx of medical and scientific talent from around the world, and not only physicians.

"This new technology piques the interest of physicists, and they want to get on board for such emerging technology," observes Brent Wheeler, vice president of support services at McLaren Flint.

Dr. Sung Yong Park, chief physicist for the facility, comes from South Korea, where he led the nation's program to develop proton therapy technology. He was "drawn to McLaren's Proton Therapy Center because the new technology advances the accuracy of treating cancer, and is available nowhere else today."

Another coup for the program is Dr. Bijan Arjomandy, senior proton medical physicist. Arjomandy led development of the path-breaking proton therapy center in Houston, and is an authority on setting quality and safety standards for the technology.

Dr. Tae Kyu Lee is senior medical physicist, and a renowned expert on the development of clinical protocols and proton therapy software. "Starting something new is challenging and I love challenges," he says. "This is right where I want to be." But beyond the technology, Dr. Lee "has been very pleased with the McLaren system. From my first visit, I sensed the efficiency of the organization."

Dr. Vahagn Nazaryan, a senior vice president with ProTom International, gained his physics degree in his native Armenia. Today, he is working closely with the group at McLaren on the technical challenges of bringing the advanced proton therapy system to life. "I'm excited about the opportunity of working with the best team to prepare this best-in-class technology for clinical use."

The startup process for McLaren Proton Therapy Center has been ongoing for months, a deliberate pace dictated by the newness of the technology and an absolute concern for safety and accuracy. The first energy readings of proton beams delivered to a treatment room were made in December, and showed that design specifications were being met or exceeded. "There are hundreds of hours of testing involved," notes Wheeler. "Now we're working 24/7 just on calibration for quality control and reproducibility. Every angle, every energy level, and every position will be tested."

The best minds from across the globe, including medical physicists Bijan Arjomandy, PhD, (left) and Vahagn Nazaryan, PhD, have come together to ensure that the McLaren Proton Therapy Center provides the most advanced form of radiation treatment available in the world.

THIS NEW TECHNOLOGY HAS ATTRACTED a gathering of renowned medical physics researchers to the McLaren Proton Therapy Center in Flint, Michigan.

Computer rendering of one of the patient treatment suites at the McLaren Proton Therapy Center.

Andrew Xavier, MD, (center) and members of the neuro interventional team at McLaren Flint perform an intricate procedure to reverse the damage of stroke.

Fighting Blood Clots Through Arterial Access to the Brain

The McLaren Health Care approach pushes exciting new technology to new frontiers, and not just throughout the geography of our system. We're also expanding the borders of what can and can't be done to treat strokes and other brain disorders through the neuro interventional program at McLaren Flint.

Up until the mid-1990s, there were few options for treating stroke patients beyond therapy to deal with post-stroke symptoms. Then, in 1996, medications were approved that could be used to attack the brain blood clots that actually cause stroke damage. This was a huge advance in fighting strokes in real time, but problems remained.

Interventional cardiology, meanwhile, had established a way of taking treatment into the heart itself. Through a small incision, treatment devices and medications could be threaded through a major artery to the heart for delicate procedures. Could these clot-busting treatments *and* interventional delivery be combined to fight stroke within the brain itself?

At McLaren Flint, the answer is "yes". A new interventional neurology program uses catheters to gain arterial access to the brain, allowing surgeons to fight not only blood clots, but to heal vessel damage, treat tumors, and implant devices, such as stents.

"This is the first time any health care system in the Genesee County region has put together a 21st century intervention program like this," observes Andrew Xavier, MD, medical director of the program.

This local proximity for treatment is crucial, because many brain issues, especially stroke or aneurysm, are highly time sensitive. "If you have to transfer a patient to Ann Arbor or Detroit, you're often too late to stop the damage," he said. Fewer than ten percent of U.S. hospitals currently offer this advanced interventional neurology treatment.

Ronald West, of Swartz Creek, knows firsthand how quick access to this innovative capability makes a difference. After showing symptoms of a stroke, he was rushed to McLaren Flint. West was treated with clot-busting medications, but his condition continued to decline. Dr. Xavier and colleague Dr. Luis Arangua used the new technology to perform a thrombectomy — literally sucking the blood clot out of his carotid artery. The same tools were also used to insert a stent to prevent recurrence. Today, West is back to work and enjoying an active lifestyle.

Though the treatment is currently limited to McLaren Flint, Dr. Xavier hopes to expand it to other McLaren facilities as neurologists with the advanced training needed join the system. "We hope to bring this to as many communities as possible — there are a large number of stroke patients who can benefit."

> "This is the first time any health care system in the Genesee County region has put together a 21st century intervention program like this."
>
> – **ANDREW XAVIER, MD**

Transcatheter Aortic Valve Replacement:

An Effective Alternative to Open Heart Surgery

Exciting, specialized health care and research is something we associate with big city, urban areas. But the McLaren approach embraces innovation throughout our system. This means that some of America's most advanced cardiac and vascular research work can be found among the pines and lakes of Petoskey, Michigan at McLaren Northern Michigan. There, Louis Cannon, MD, a renowned interventional cardiologist, and a team of cardiac care specialists are shaping what he calls "a Mayo Clinic for northern Michigan."

Dr. Cannon joined McLaren Northern Michigan in 2004 and is president of the local Cardiac and Vascular Research Center of Northern Michigan. He has built his career on research and innovation in interventional cardiology, the catheter-based treatment of heart diseases.

A new specialty in this field being offered at McLaren Northern Michigan is transcatheter aortic valve replacement (TAVR). The standard treatment for replacement of a bad heart valve, especially an aortic valve, "is to have the chest cut wide open for open heart surgery," says Dr. Cannon. The TAVR procedure instead uses advanced catheter technology to operate through a two-inch incision under the breastbone.

"Patients are typically never even on a ventilator, and are out of the hospital in two to three days," he said. "TAVR is of greatest value for patients who are at high risk due to age or other factors, or who already may have significant heart damage, and may not be suitable for conventional surgery."

The results of a TAVR can be spectacular. "There is a tremendous change in lifestyle," Dr. Cannon noted. "One of our patients who is over 80 years old is now back golfing."

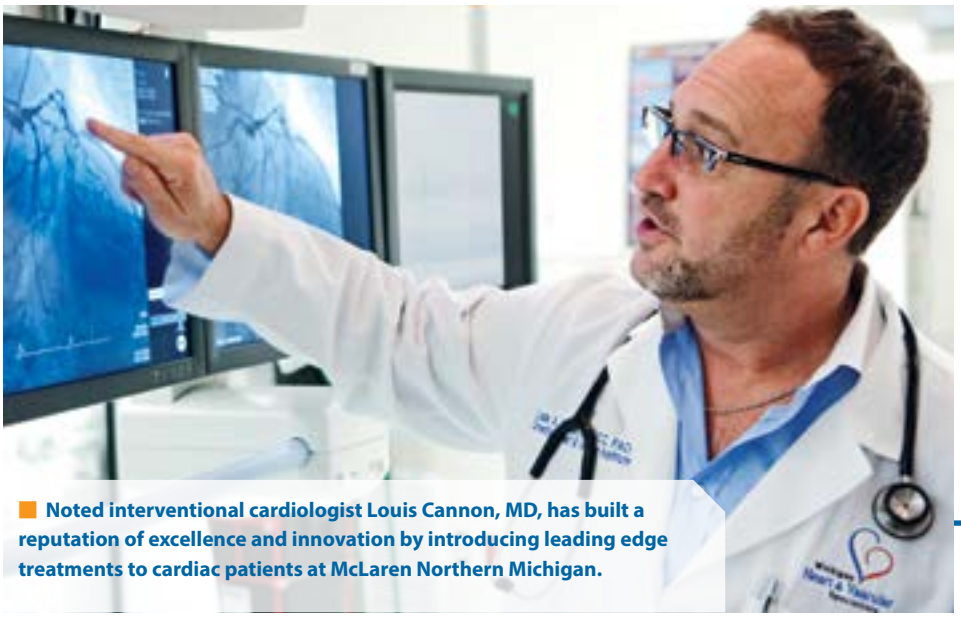
Jim Hartwell is another patient who exemplifies the potential of the TAVR procedure. In September, his heart valve failure had reached a critical stage, with a life-threatening ejection fraction of 15. (The ejection fraction is a measure of the volume of blood pumped by the heart.)

"Twenty-eight days after the procedure, I had an echocardiogram, and my ejection fraction was up to 45, which is near normal," he recalls. Hartwell, 67, feels far better now, and is pleased both with the results and with his treatment at McLaren Northern Michigan. "The outcome was good, and I was out of the hospital in two days."

Dr. Cannon was one of the leaders in developing TAVR procedures a decade ago, and McLaren Northern Michigan is now one of only 20 hospitals in the U.S. offering the surgery.

"We're the only hospital in the country with fewer than 300 beds, or that isn't a teaching hospital, doing this work," Cannon proudly points out.

The TAVR capability is just one of the advanced interventional cardiology procedures in the works at McLaren Northern Michigan. Dr. Cannon and the team are also leading a research study on bio-absorbable heart stents. "These are like sutures — if the stent is absorbed by the body within 12 months, much of the long-term bleeding risk could be obviated." Also in the research stage is the use of ultrasound technology to clear blocked arteries. In a recent case, ultrasound cardiac surgery was performed on a 14-year old girl with Kawasaki Syndrome. "We opened up a totally blocked artery — she did very well." Such specialized heart procedures and research fit in well both with McLaren's system-wide capabilities, and Northern Michigan's unique qualities. "I look at us as a bit of a boutique hospital," Dr. Cannon observes. "The surroundings are beautiful, and there is an older population on the lakes. A lot of the patients are great benefactors to the hospital."



Noted interventional cardiologist Louis Cannon, MD, has built a reputation of excellence and innovation by introducing leading edge treatments to cardiac patients at McLaren Northern Michigan.

CARE FOR EVERYONE, EVERYWHERE

FOR MOST OF US, "HEALTH CARE" MEANS THE HOSPITAL building and our doctor's office, and that's about it. The people of McLaren Health Care are pushing outside the walls of this brick-and-mortar box to bring fresh thinking on what "health care" can really mean. We're bringing care to the wider community — sometimes outside of the McLaren region, sometimes outside the U.S. itself.

These efforts share our talent, expertise and resources with those who may be falling between the cracks of current care models. They may be underserved, lacking the resources for health care. They may be missing out on the tools and knowledge needed. They may require innovative ways for departments throughout the McLaren system to pool knowledge. Yet they all make a difference.

Though McLaren Health Care is strongly behind these innovative efforts to take care outside our walls, it is our people, some volunteering their own time, who really make it work. Here are some of their stories.

This clinic in Guatemala, where John Everett, DO, volunteered his services, is a prime example of taking health care outside of hospital walls.

Central Michigan Free Clinic Fills Void

The term "under-served" as used in health care covers a disturbing number of people in our communities. They may be uninsured, or ineligible for Medicaid. Perhaps they're unemployed, or low income. Whatever the background, they are our neighbors, but lack the insurance and money to pay for health care they may need. Where do they go? What can they do?

In Isabella County, they can visit the McLaren Central Michigan Free Clinic and receive no-cost primary care. The clinic, offered every Thursday night at the Central Michigan District Health Department facility in Mount Pleasant, sprang from health care concerns among leaders at McLaren Central Michigan and Isabella County. Bill Lawrence, CEO of McLaren Central Michigan, was especially troubled that 2010 census figures found 19 percent of the county was uninsured. Further, like all hospitals today, McLaren Central Michigan was coping with unreimbursed and emergency care for conditions that could often be treated better and at less cost in a walk-in setting.

The community leaders envisioned a free clinic to aid Isabella's poor and uninsured. Gaining status for a Federally Qualified Health Center (FQHC) would open sources for federal funding, but the qualification process is long and complex. McLaren Central Michigan teamed up with others in the community to cut red tape by opening a basic free clinic in January 2012, while still pursuing the FQHC accreditation.

The first night for the clinic was January 12, "during an ice storm," recalls Nancy King, director of the new clinic. Despite the weather, in just a few hours 14 patients showed up, "more than we anticipated, and the number has grown steadily." Every Thursday night, an

Every Thursday night, an average of **20 patients** are seen, with everything from chronic illness (diabetes, hypertension, heart disease), to colds and flu, to acute, life-threatening problems.

A friendly and familiar face upon registration is just one of the positive aspects of the McLaren Central Michigan Free Clinic, which provides vital health care for people who lack the insurance or finances to pay for services.

average of 20 patients are seen, with everything from chronic illness (diabetes, hypertension, heart disease), to colds and flu, to acute, life-threatening problems. "We had a young man come in who said he wasn't feeling well, and two days later, he was in the hospital for a triple bypass," recalls King.

The medical, nursing and administrative staff at the clinic are all community volunteers. Many are from McLaren, but others are from Central Michigan University (including the dean of the new CMU Medical School).

"It always amazes me how many volunteers show up," says Tamara Moutsatson, DO, medical director of the clinic.

Such community support has been vital. McLaren Central Michigan donates equipment, supplies and testing facilities, and Central Michigan District Health Department offers the facilities. Many other local groups and individuals offer support as well, including a $5,000 grant from Isabella Bank.

Such aid helps, but the clinic staff have become experts at referrals, chasing health care and prescription benefits for those in need as well. Such ingenuity and persuasiveness also help patients, who may be ignoring or undertreating chronic conditions.

"If someone says they can't afford a $10 prescription co-pay, I'll ask if they smoke," says King. "If they say yes, I tell them to give up smoking at least for this week, so they can afford it."

Both King and Dr. Moutsatson find the clinic's patients receptive to such advice. Better still, improving smoking, diet and other lifestyle habits help people manage diseases and stay out of the hospital.

The McLaren Central Michigan Free Clinic has seen 362 new patients in the first 11 months, and its success is prompting possible expansion in hours and clientele. The FQHC certification is proceeding, but all involved are pleased with the results achieved thus far.

"The volunteers have been wonderful, and the McLaren physicians are outstanding," notes King. "The momentum continues to grow."

McLaren Doctors Travel the World

As a seasoned medical missionary, John Everett, DO, considers it a blessing to offer care in third world countries.

McLaren doctors are bringing quality care to places that can be a world away from the McLaren Health Care service area.

One of these ambassadors is Douglas Saylor, MD, an obstetrics and gynecology specialist affiliated with McLaren Bay Region. Since 2007, Dr. Saylor has given a week of his talent each year to a health care mission in rural Guatemala. Saylor and a group of 18 volunteer physicians and staff travel to the mountainous, rural area of San Lucas Toliman, through the Mercy Missions team.

San Lucas Toliman is in a beautiful, coffee-growing region of the Andes, but the population suffers poverty and health problems, particularly among the children. Dr. Saylor and his group perform 80 to 100 surgeries over five days, averaging 20 procedures a day. Dr. Saylor puts his specialty to work dealing with hysterectomies, bladder procedures, hernias and gall bladder surgeries.

Joining Dr. Saylor on the mission trips is Thomas Markus, MD, another McLaren Bay Region physician. Their care efforts are supported by other members of the McLaren Bay Region team who never even leave Bay City. The hospital and

to Bring Care to Those in Need

Since 2007, Douglas Saylor, MD, has given a week of his talent each year to a health care mission in rural Guatemala. Dr. Saylor and a group of 18 volunteer physicians and staff travel to the mountainous, rural area of San Lucas Toliman, through the Mercy Missions team.

the nurses all collect suture material, dressings, drapes and other unused material they would otherwise discard, says Dr. Saylor. McLaren Bay Region also loans specialty instruments, such as retractors, needed to provide care in the impoverished area.

"We take about 40 big bins of material with us each year," he noted, adding that "the hospital has been very supportive."

Other McLaren physicians are also taking their skills overseas to aid patients in need. John Everett, DO, a family practitioner with McLaren Medical Group in Indian River, is active in medical missionary work through Strongtower Ministries and the Mountain Child group. Early in 2012, the latter group sent him to Nepal for a week of caregiving.

"We hiked to mountain villages that had never had care before," he reported.

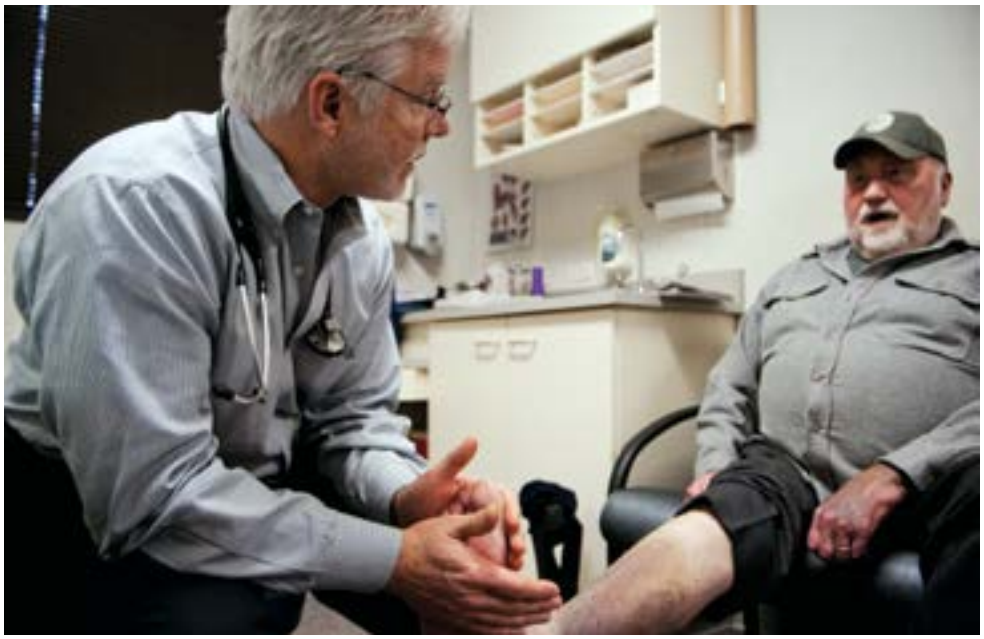
More often, Dr. Everett goes to Guatemala through a group sponsored by Strongtower Ministries.

"We work in the mountains there, too, giving care in the local Indian villages," he explained.

Dr. Everett considers it "a real blessing to offer care in third-world countries," a blessing he shares by bringing younger physicians along so they can gain a sense of the grassroots level of medicine.

The missionary medical work benefits the local people, but also strengthens the caregiving values Dr. Everett brings back to northern Michigan.

"This is very fulfilling for me, and it's a privilege to be an oasis of care for these people," he concluded.



The Indian River family medicine practice of John Everett, DO, (above) contrasts with the primitive conditions depicted at the medical clinic and operating room in rural Guatemala.

McLAREN'S GROUNDBREAKING RESEARCH

MEDICAL ADVANCES NEVER HAPPEN IN A VACUUM. Universities and pharmaceutical and medical device developers can only handle the theoretical aspects. The heavy lifting of turning these concepts into reality, assuring their value and efficacy in saving lives, must occur on the front lines of health care — in hospitals and their research facilities.

McLaren Health Care has made a strategic decision to become a national leader in medical research and testing. By investing in the facilities, talent and rigorous protocols needed, we attract the leading edge of medicine.

The greatest beneficiaries, though, are patients in our McLaren communities. Treatments and medications that are still years from general use are given their first trials in the hands of skilled researchers.

Here are some of the programs and people of McLaren who are providing that hope.

Partnership Solves Critical Orthopedic Challenges

A relationship made in heaven. That's how Kettering University's Patrick Atkinson, PhD, views the close research linkages between this top engineering school and McLaren orthopedic residents. The collaboration between McLaren Flint's orthopedic residency program and Kettering University brings together the expertise of both programs, says Dr. Atkinson, a professor of mechanical engineering, whose expertise includes bioengineering and crash safety.

"The residents come to work in my lab on bio-orthopedic programs," he said. "We do lab studies and clinical follow-up work, for example, on the pros and cons of different hip joint materials, such as metals, plastics and ceramics."

Patrick Atkinson, PhD, professor of mechanical engineering at Kettering University, and his students review benchtop experimental work as part of a unique research partnership with the Department of Orthopedics at McLaren Flint.

One area of synergy for the residency program is Kettering's research-grade crash testing lab. This has proven valuable in researching treatment of trauma injuries. A long-term project works to improve the treatment of fractures, particularly stabilization and healing of major bone-loss injuries.

Residency work at Kettering's facilities exposes young physicians to more than just new technology, says Dr. Atkinson. "They appreciate the chance to work

outside a clinical setting and to be able to dig deep on some critical problem," he noted. "They analyze situations differently than they do inside a hospital setting, away from their normal routine."

Kettering faculty, meanwhile, gain exposure to the latest in medical knowledge through the residents and the teaching physicians who are part of the McLaren orthopedic residency program.

"There's a lot of give and take," Dr. Atkinson acknowledged. Atkinson has been working with McLaren residents

since 2000. Just two residents on average are selected yearly for the Kettering program, out of several hundred applicants. "It's very competitive," Dr. Atkinson noted, "so many residents look to Flint as the place they'd like to train in orthopedics."

Centralizing Clinical Trials

As Principal Investigator for Research at McLaren Cancer Institute, Justin Klamerus, MD, plays a central role in the integration of oncology clinical trials across the McLaren system.

Medical research trials can bring exciting results. But to be of value, they demand the most prosaic of statistical and scientific qualities. Protocols must be rigidly followed, with stringent quality standards and safeguards for patient safety. Every new medical device, new cancer therapy, or new drug is tested exhaustively to gain ultimate approval.

At McLaren, we know that becoming a recognized leader for medical research demands a system-wide approach. We responded in 2012 by centralizing our trials programs. "We have over 400 clinical trials across the McLaren system," notes Chandan Gupte, director of McLaren's new Clinical Trials Management Program. "By integrating all clinical trials throughout the system, the new office delivers a unified presence that offers efficient management and builds a better pipeline for trials."

A unified and centralized approach to clinical trials makes McLaren more appealing for the medical industry, Gupte finds. "Trials are shifting from academic centers to community medical centers to access a wider patient population. McLaren is headed in the right direction to capitalize on this."

The first clinical trials to be fully integrated have been the medical oncology trial programs. There are currently 261 patients involved in these trials (not yet including radiation clinical trials). Justin Klamerus, M.D., Principal Investigator for Research at McLaren Cancer Institute, cites the oncology trial integration as a benchmark for the value of combining medical trials at McLaren. Physicians refer patients for trials through various cooperative associations, such as the Southwest Oncology Group and the Karmanos Cancer Center. McLaren Cancer Institute has developed a protocol review committee to review the feasibility and scientific integrity of all trials. Following approval, McLaren vets all research through the McLaren Institutional Review Board (IRB).

Currently, work is in progress to integrate cardiology, orthopedic surgery, urology and diabetes research with their own research protocols.

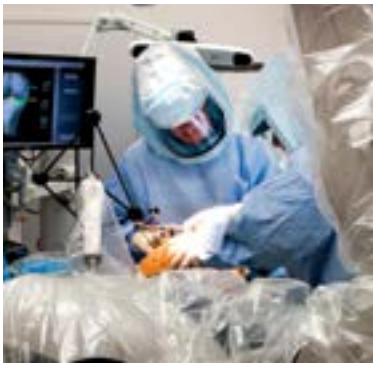
A keystone of any clinical trial or research program is close attention to the safety and rights of patients involved. Are patients fully informed? Do they have an internal advocate for their safety and concerns? Are all research and testing protocols being followed to the letter?

The McLaren system has formed a centralized, corporate-wide Human Research Protections Program to ensure protection of the rights and welfare of subjects participating in research.

"The centralized trials program and IRB initiatives are great opportunities to truly collaborate across the entire McLaren system," observes Dr. Klamerus.

McLAREN HEALTH CARE SERVICE AREA AND SYSTEMWIDE STATS

McLaren Health Care is a fully integrated health network, committed to quality, evidence-based patient care and cost efficiency. The McLaren system includes ten hospitals, ambulatory surgery centers, imaging centers, the state's only proton therapy center, the state's largest network of cancer centers and providers, an employed primary care physician network, assisted living facilities, commercial and Medicaid HMOs, home health care and hospice, durable medical equipment, retail pharmacy services, one of the largest allopathic and osteopathic graduate medical education programs in the state, and a wholly-owned medical malpractice insurance company.



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McLaren Bay Region
Bay City
Licensed beds: 404

McLaren Bay Special Care
Bay City
Licensed beds: 31

McLaren Central Michigan
Mount Pleasant
Licensed beds: 118

McLaren Flint
Flint
Licensed beds: 404

McLaren Greater Lansing
Lansing
Licensed beds: 310

McLaren Orthopedic Hospital
Lansing
Licensed beds: 79

McLaren Lapeer Region
Lapeer
Licensed beds: 222

McLaren Macomb
Mount Clemens
Licensed beds: 288

McLaren Northern Michigan
Petoskey
Licensed beds: 202

McLaren Oakland
Pontiac
Licensed beds: 338

OTHER SUBSIDIARIES

McLaren Cancer Institute

McLaren Health Plan

McLaren Homecare Group

McLaren Insurance Company, Ltd.

McLaren Medical Group

McLaren Proton Therapy Center
Flint

McLaren by the Numbers*

91,190	DISCHARGES
355,405	ER VISITS
91,758	SURGERIES
2,399,403	OUTPATIENT VISITS
152,772	HOME CARE VISITS
127,014	HOSPICE DAYS
$2.6 billion	NET REVENUE
$185,911,222	COMMUNITY BENEFIT

*Annualized for new acquisitions.

McLAREN HEALTH CARE
SERVICE AREA

1 McLaren Bay Region
McLaren Bay Region Foundation

2 McLaren Bay Special Care

3 McLaren Central Michigan
McLaren Central Michigan Hospital Foundation

4 McLaren Greater Lansing
McLaren Greater Lansing Healthcare Foundation

5 McLaren Orthopedic Hospital

6 McLaren Lapeer Region
McLaren Lapeer Region Foundation

7 McLaren Clarkston

8 McLaren Health Plan

9 McLaren Flint
McLaren Foundation

10 McLaren Macomb
McLaren Macomb Foundation

11 McLaren Oakland
Riley Foundation

12 McLaren Homecare Group

13 McLaren Insurance Company, Ltd.

14 McLaren Northern Michigan
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15 McLaren Northern Michigan
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▲ McLaren Cancer Institute

● McLaren Medical Group
Regional EMS

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