



# A YEAR LIKE NO OTHER

2020-2021 Program Year MHA Annual Report



**"WE WERE TOGETHER.  
I FORGET THE REST."**

- Walt Whitman





# A LETTER FROM OUR CEO AND BOARD CHAIR

The Michigan Health & Hospital Association and our members have, for decades, enjoyed the benefits of all community hospitals being members of the MHA. When difficult legislative issues arise, **our industry has remained strong and unified** because we share and communicate within the MHA sphere and speak with one voice. This unity has always been perpetuated by our hospital chief executives and government relations officers – but not until the pandemic has our reach and engagement extended so far into your hospital teams. As a result, the MHA looks, talks and acts differently than we did before March 2020. New bonds have formed among health system chief medical officers from every corner of the state, who have met nearly every week of the year to share COVID-19 best practices, understand surge data, support one another and inform the MHA’s actions. We know their voices and faces, something we could not say a year ago.

We have convened hospital supply chain managers for weekly and biweekly meetings to share resources on personal protective equipment (PPE) and other critical resource management issues. We frequently convened health system general counsel, public relations, government affairs, chief financial officers, human resource directors and other member leaders, leaving no stone unturned in our effort to engage with our members at multiple levels. Even the MHA Board of Trustees, a body that has traditionally met five times a year, has been gathering virtually for special monthly COVID-19 calls in addition to our standing meetings.

Across the MHA and across your institutions, this last program year has brought many things: the heartbreaking loss of thousands of Michiganders to COVID-19; financial challenges; and fear and burnout among our teams. But it has also brought *togetherness*, in a way we never could have imagined. **Together**, we have endured terrible stress and loss. **Together**, we have debated how to survive another day. **Together**, we have fought for support for hospitals and caregivers. **Together**, we have commiserated and lent each other a listening ear or a helping hand. **Together**, we have vaccinated millions. And **together, we are moving forward**, toward a new normal. When we look back years from now on this year of COVID-19, it’s hard to imagine remembering all the little details about PPE, financing, vaccine supply or patient transfers. What will stay with us all is the unity, the relationships and **the togetherness that got us through to the other side.**

The 2020-2021 MHA Annual Report is a reflection of all the MHA, with our members at our backs, has fought for and accomplished this program year, which has been like no other. We hope you’ll reflect on these successes with us as we begin to launch a year that we are confident will bring hope, health and togetherness in the truest sense of the word.

Sincerely,



Brian Peters  
MHA CEO



Ed Ness  
Munson Healthcare President & CEO  
and 2020-2021 MHA Board Chair

# MHA STRATEGIC ACTION PLAN

The MHA Board of Trustees every August finalizes a strategic action plan that guides the association’s work of the program year ahead and beyond. These are the highest priorities of the association and the work on which the MHA is evaluated every June by the Board.

## ✓ LAB & TESTING SUPPLIES

**CHARGE:** Provide coordination on the state and federal level to advance COVID-19 testing strategy, continue to convene laboratory directors and promote the critical role that health systems play in maximizing testing capacity.

**ACTION:** The MHA continued to cohost regular meetings of hospital and state lab directors to share information and troubleshoot COVID-19 testing and supply issues. With this strong partnership in place, **Michigan far exceeded its testing goals and at times was testing upwards of 60,000 people per day.** The MHA also helped ensure that capacity existed to expand testing in surge areas and populations.

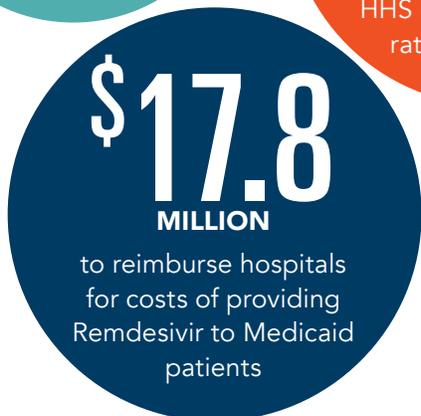
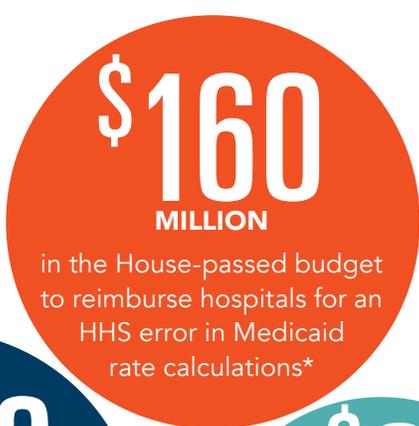


## ✓ RELIEF FUNDING

**CHARGE:** Secure additional funds from future tranches of COVID-19 relief funding from Congress for hospitals and continue to advocate with AHA for partial or full relief from the Medicare Accelerated Loan Repayment Program.

**ACTION:**

The MHA secured from the state:



## ✓ COMMUNICATION

**CHARGE:** Continue to position MHA and hospitals as the COVID-19 trusted voice, including through the execution of social media events featuring physician spokespeople to discuss mask wearing, vaccines, COVID-19 mental health issues, and more.

**ACTION:** The MHA has provided near daily comprehensive alerts to members with critical COVID-19 information. The MHA has released videos featuring physician experts recommending masking, vaccination and more. The MHA hosted a Twitter chat on COVID-19 vaccine safety and effectiveness in which health systems, the MDHHS and payers participated along with the public. The MHA continues to highlight behavioral health on its social media channels to raise public awareness of symptoms and how to seek help.



\*The \$160 million is to be paid out to hospitals in a lump sum to further assist COVID response activities.

## ✓ NURSING HOME TRANSFERS

**CHARGE:** Support COVID-19 Long-Term Care Task Force activities to ensure appropriate and adequate facility capacity for COVID-positive nursing home residents and minimize transfers.

**ACTION:** The MHA worked with MDHHS on Care and Recovery Centers as provided in SB 1094, which the MHA secured amendments to improve. Additionally, the MHA secured **\$3.3 million to reimburse hospitals for holding patients awaiting transfers.** MHA staff also served on the Governor's Long Term Care Taskforce to develop recommendations for COVID care in nursing facilities.



## ✓ SUPPLY CHAIN

**CHARGE:** Maximize the availability of PPE and testing supplies for hospitals through partnership with the state and other groups and continue to convene supply chain leaders to address future issues.

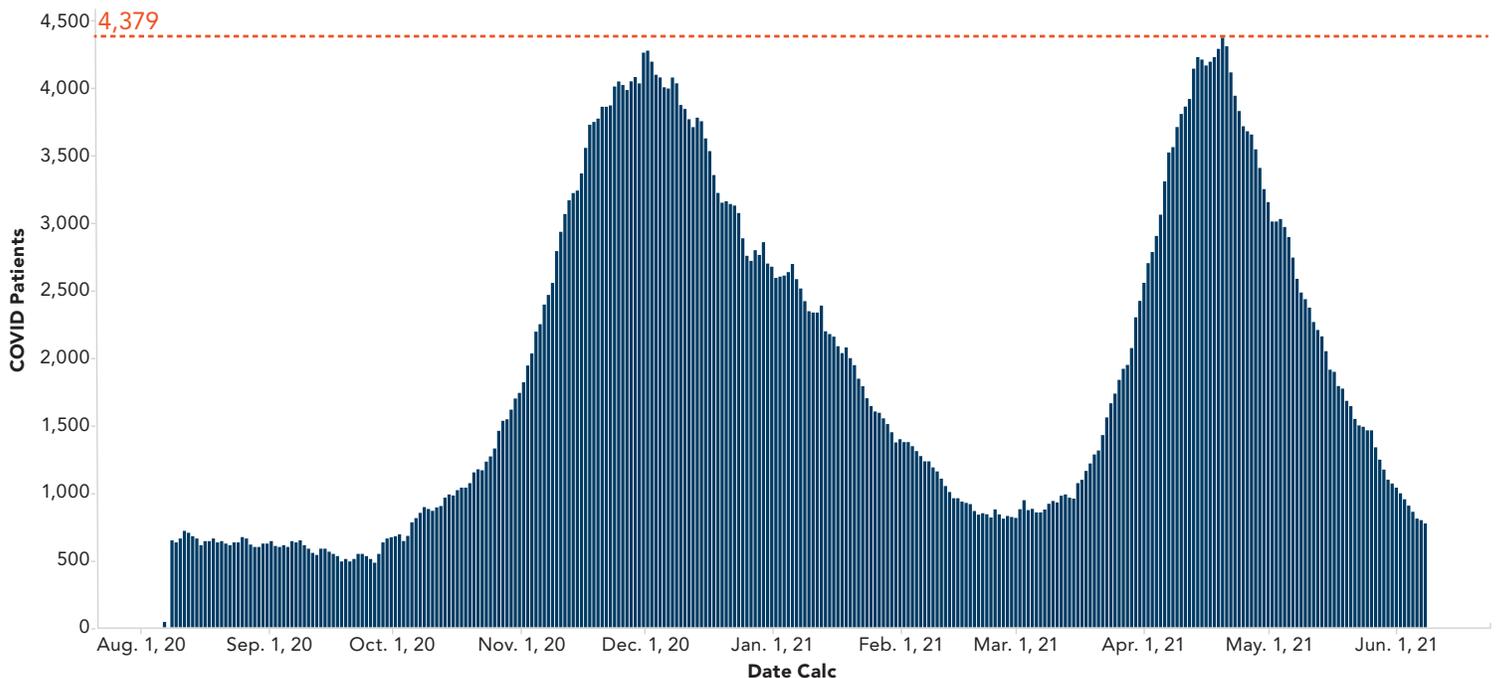
**ACTION:** The MHA continued to convene supply chain leaders with state and national experts to discuss shortages and best practices, and coordinate advocacy activity. The MHA worked with state regulators on PPE usage, including hosting a webinar with MIOSHA leaders to discuss their emergency rules and commenting on their ongoing rule activity. **The MHA secured a donation of 315,000 N95s from the state to small and rural hospitals,** worth approximately \$1.9 million, in addition to coordinating other direct requests.



## ✓ DATA REPORTING

**CHARGE:** Continue working with state and federal agencies to ensure efficient COVID-19 data collection and evaluate using lab data to identify 'hotspots' in communities and workplaces.

**ACTION:** The MHA secured access to state and federal data sources tracking COVID-19 cases, hospitalizations, PPE and more. This data was used to inform weekly meetings of the MHA and member health system chief medical officers, frequently with MDHHS leadership, where trends were discussed and managed. This data evaluation also informed the MHA's earned media strategies to urge public awareness and compliance with public health orders to reduce COVID-19 spread.



 STATE BUDGET



**CHARGE:** Ensure continuation of appropriations to fully fund Healthy Michigan in FY 2021 and 2022.

**ACTION:** **The MHA worked to ensure the Healthy Michigan Plan received full funding in the FY '21 budget.** Additionally, legislative proposals for FY '22 maintain full funding for the Plan. The FY '21 approved budget expanded Healthy Michigan to postpartum mothers to increase their coverage from 60 days to a full year, which supports MHA's goals on health equity.



**CHARGE:** Ensure continuation of the long-term strategy to provide funding for graduate medical education, small and rural providers, and OB care negotiated in 2016.

**ACTION:** The MHA worked with the Whitmer administration to continue the long-term agreement forged under the previous administration to fully fund all these pools using the provider tax program. As a result, **the MHA Board-approved funding strategy was included in the FY '21 budget.**



**CHARGE:** Maximize the benefit from each of the hospital provider taxes.

**ACTION:** Consistent with past success, the MHA continued its efforts to maximize the benefits of the four hospital quality assurance assessment programs (QAAP). **The estimated hospital net benefit from the combined programs is expected to total more than \$1.6 billion for FY '20.**

**CHARGE:** Secure additional funds to improve outpatient Medicaid payments for hospitals and address behavioral health funding priorities outlined in the "Population Health" section of this plan.

**ACTIONS:**

<h1>\$47</h1> <p>MILLION</p>	<p>The FY 2021 Medicaid budget includes a 63.8% increase to critical access hospitals (CAH) outpatient rates effective Oct. 1, 2020, bringing \$47 million to CAHs.</p>
<h1>\$223</h1> <p>MILLION</p>	<p>The FY 2021 Medicaid budget includes a 21.4% outpatient rate increase for non-CAHs effective Oct. 1, 2020, bringing \$223 million to non-CAHs.</p>
<h1>\$270</h1> <p>MILLION</p>	<p>Together these Medicaid outpatient rate increases bring \$270 million in ongoing benefit to hospitals</p>

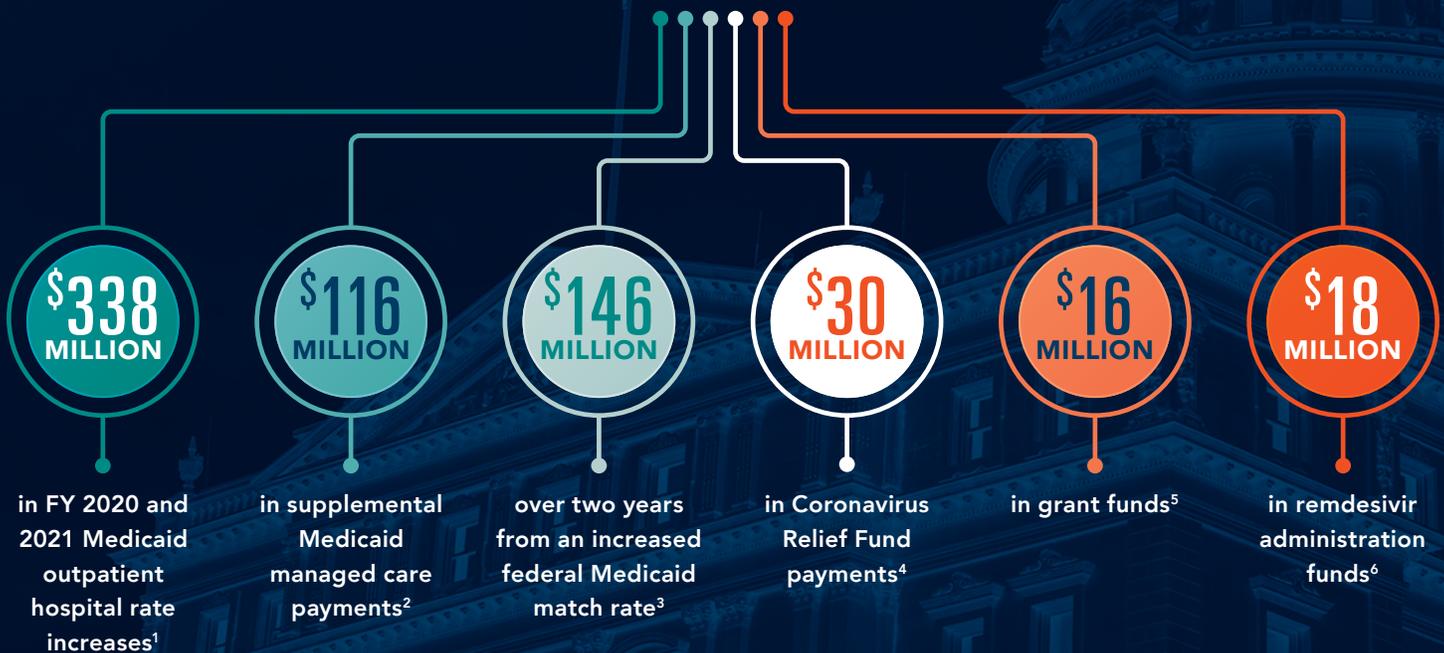
# \$125

MILLION

The MHA has also secured \$125 million in the House-passed budget for hospitals to add pediatric inpatient behavioral health beds, create Crisis Stabilization Units and improve the treatment of behavioral health patients in the emergency department.

# FINANCIAL ADVOCACY WINS FOR HOSPITALS

**\$664 MILLION  
FOR MHA MEMBER HOSPITALS**



<sup>1</sup> A 42.5% Medicaid outpatient hospital rate increase for Critical Access Hospitals (CAHs) for services provided Jan. 1 – March 31, 2020, with an additional 4.9% increase to CAHs for services provided April 1 – Sept. 30, 2020. All other hospitals: 7% Medicaid outpatient hospital rate increase for services provided April 1 – Sept. 30, 2020. A 63.8% Medicaid outpatient hospital rate increase for Critical Access Hospitals (CAHs) and a 21.4% outpatient Medicaid outpatient hospital rate increase for all other hospitals for services provided in fiscal year 2021.

<sup>2</sup> The Michigan Department of Health and Human Services maintained the supplemental Medicaid managed care payments at their targeted level in fiscal year 2020 despite decreases in service volume, resulting in the net gain.

<sup>3</sup> A 6.2 percentage point increase to the federal Medicaid matching rate during the COVID-19 public health emergency reducing the hospital provider tax to support Medicaid supplemental payments, resulting in a two-year gain.

<sup>4</sup> \$25 million net gain to acute care hospitals and \$5 million net gain to behavioral health hospitals.

<sup>5</sup> Grants administered by the MHA including Assistant Secretary for Preparedness and Response (ASPR), Michigan Economic Development Corporation (MEDC) Ultraviolet Lighting Sanitization and Michigan Department of Health and Human Services (MDHHS) Flu Clinic, and COVID-19 Staffing.

<sup>6</sup> Additional Medicaid funding to hospitals that administer remdesivir to patients in the inpatient hospital setting.

 AUTO NO-FAULT



**BIG CHANGES AHEAD**

**CHARGE:** Execute public education campaign to inform drivers of the law that took effect July 2, 2020 and urge them to buy as much coverage as they can afford.

**ACTION:** The MHA ran a highly visible public relations campaign branded “Big Changes Ahead; Drive Protected” from June through December 2020 that included press conferences, billboards, digital and social media ads, and media interviews that resulted in coverage in print, radio and television and more. The hub of the campaign was [www.driveprotected.org](http://www.driveprotected.org), which provided extensive but easy to comprehend information for drivers. The campaign recommended drivers maintain unlimited personal injury protection when their policies renewed.

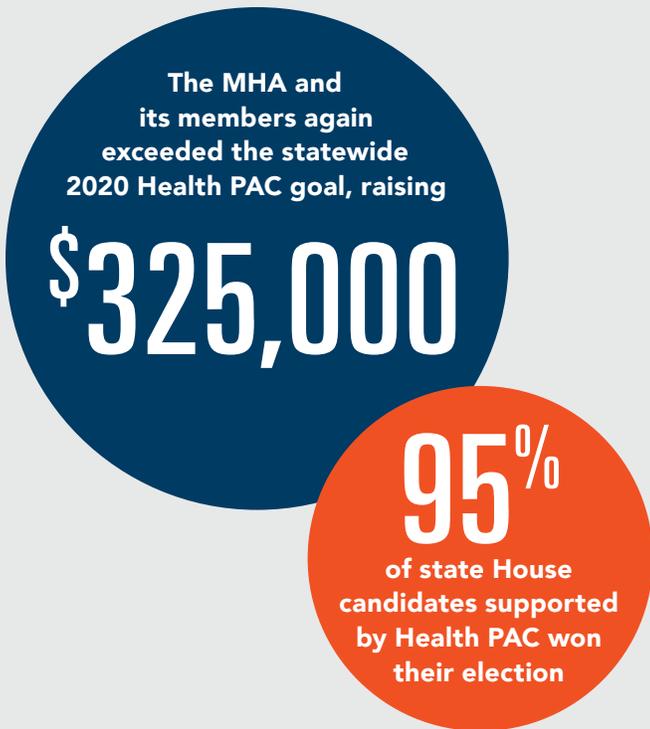
**With the help of our campaign, data is showing that approximately 75% of drivers are choosing to maintain unlimited PIP.** The campaign information remains online for drivers and the MHA continues to actively share information about the importance of keeping maximum coverage.

**DATA IS SHOWING THAT APPROXIMATELY 75% OF DRIVERS ARE CHOOSING TO MAINTAIN UNLIMITED PIP.**

 CERTIFICATE OF NEED (CON)

**CHARGE:** Consistent with the long-standing MHA Board position statement, support preservation of the state Certificate of Need Program.

**ACTION:** The MHA defeated legislation in the 2019-2020 session and secured a veto from the Governor on bills that would have had a detrimental impact on Michigan’s CON program. Additional legislation was introduced in 2021; **the MHA has successfully prevented that legislation from being taken up for a vote on the House floor.**



 ELECTION STRATEGY



**CHARGE:** Utilize Health PAC and “MI Vote Matters Campaign” to support existing healthcare champions who are facing competitive election races.

**CHARGE:** Improve the balance of power in the state legislature through targeted spending and identify new healthcare champions through educational opportunities and ongoing Health PAC expenditures.

**ACTIONS: The MHA and its members again exceeded the statewide 2020 Health PAC goal, raising \$325,000.** These funds supported numerous healthcare champions in the 2020 election, including the 2020 MHA Special Recognition Award winner Senator Gary Peters, who won a highly competitive race. At the state level, through several virtual candidate meetings, the MHA identified and supported five new healthcare champions who were elected to the Michigan House. **Overall, 95% of state House candidates supported by Health PAC won their election.**

# ADVOCACY AND COMMUNICATIONS BY THE NUMBERS

140

MHA COVID-19 alerts this program year read by more than

67,000

hospital leaders

0

Number of MHA-opposed bills that became law

6

Number of MHA-supported bills that became law

38

Number of bills on which MHA took a position

31

Press releases and statements issued

5

Number of bills the MHA opposed

5

Number of MHA staff testimonies

MHA media content reached

4

BILLION readers/viewers

5,527

Media mentions

83,000

engagements on MHA social media

2

New MHA MI Care Champion-Cast podcast episodes

1.5

MILLION impressions on MHA social media

16

Number of committee memos

27

Number of MHA-supported bills

 **PAYER STRATEGY**

**CHARGE:** Collaborate with all payers (including the Michigan Association of Health Plans (MAHP) and Blue Cross Blue Shield of Michigan (BCBSM)) on mutually beneficial issues such as the continuation of telemedicine regulatory relief, finalizing model Participation Hospital Agreement (PHA) language and hospital input process by Jan. 31, 2021, consistent with member input.

**ACTION:**

**The MHA:**

- 1

Worked with the MAHP and BCBSM to ease provider administrative burden in response to COVID-19.
- 2

Established a workgroup comprised of representatives from health systems to provide input on the MHA's virtual care strategic plan and formally supported payer policies to expand virtual care options.
- 3

At the MHA Board's direction, worked with BCBSM to modernize the model PHA to include language previously supported by hospitals. In early 2021, BCBSM committees and Board approved changes to the model PHA effective July 1, 2021.



**CHARGE:** Transition CFO Workgroup to an MHA Council to provide input on payer and finance issues.

**ACTION:** The MHA transitioned the CFO Workgroup to the MHA CFO Council, effective for the 2021-2022 program year. The MHA CFO Council will provide input on payer and financial issues.

**CHARGE:** Provide member support on new CMS price transparency compliance requirements.

**ACTIONS:**

**The MHA:**

Coordinated a webinar with consulting firms PYA and PARA Healthcare Analytics to provide an overview of the CMS price transparency requirements.

Signed PARA Healthcare Analytics as an Endorsed Business Partner to assist member health systems comply with the CMS price transparency requirements. PARA Healthcare Analytics hosted two statewide webinars and participated in two MHA CFO Workgroup meetings to discuss the transparency topic.





## HEALTH EQUITY

**CHARGE:** Coordinate with the Michigan Department of Licensing and Regulatory Affairs (LARA) to ensure that any new licensing rules related to implicit bias training are consistent with the MHA membership's vision and efforts.

**ACTION:** The MHA worked with LARA on implicit bias training for all healthcare personnel, providing workgroup input and public comment and testimony on the draft rules. The MHA will continue to work with LARA as the rules are promulgated to ensure they are consistent with the MHA membership's vision and efforts.

## 130 HOSPITALS AND HEALTH SYSTEMS SIGNED THE MHA PLEDGE TO ADDRESS RACISM AND HEALTH INEQUITIES



**CHARGE:** Increase the submission of the MHA Keystone Health Equity Organizational Assessment to 80% of MHA member hospitals.

**ACTION:** **84% of members completed the Health Equity Organizational Assessment**, designed to provide custom feedback around key strategies that support the organization's ability to identify and address disparities.



**CHARGE:** Seek MHA member support and engagement on a statewide pledge to advance health equity and address social determinants of health.

**ACTION:** Chief executive officers from more than **130 hospitals and health systems signed the MHA Pledge to Address Racism and Health Inequities**, indicating a unified commitment to addressing disparities, dismantling institutional racism and achieving health equity.

## BEHAVIORAL HEALTH

**CHARGE:** Achieve funding boilerplate to adjust inpatient psychiatric per diem payment for acuity and create funding support for emergency department training, structural change and boarding of psychiatric patients.

**CHARGE:** Use the MHA Behavioral Health Integration Council to create a recommendation on a Michigan continuum of care, including types of facilities required, staff for those care settings, standards for appropriateness of care, and new metrics and data systems for tracking outcomes and accountability.

### ACTIONS:

**\$100**  
MILLION

With the advice of the MHA Council on Behavioral Health Integration, the MHA achieved funding support for behavioral health patients boarding in emergency departments, and psychiatric facilities for children and adolescents with intellectual and developmental disabilities. The Michigan House of Representatives passed a supplemental appropriation with **\$100 million targeted to infrastructure for new facilities for longer-term courses of treatment for special needs children and adolescents with psychiatric conditions.**

**\$15**  
MILLION

The same appropriation includes **\$15 million to support emergency department needs for behavioral health patients waiting for inpatient psychiatric care.** This money is directed at facility changes necessary to improve the setting for patients in psychiatric crisis. The MHA continues to work with members to direct funding to clinical services for psychiatric patients in the ED. Leadership in the Michigan Senate and the MDHHS both expressed support for the House-passed behavioral health funding. Final action on the appropriations was still pending at the end of May.

## ADDRESSING THE OPIOID EPIDEMIC

**CHARGE:** Engage in targeted activities to decrease the use of opioids statewide and improve access to care for those with opioid use disorder.

### ACTIONS:

- The MHA worked with MDHHS on legislation supported by the MHA Legislative Policy Panel to create a grant program to expand the use of Medication Assisted Therapy in hospital EDs across the state. The legislation to begin the program will be introduced in summer 2021.
- The MHA Keystone Center worked with the Michigan Center for Rural Health (MCRH) on a Centers for Disease Control and Prevention (CDC)-funded initiative to increase provider adoption of CDC's chronic pain guidelines and support safer opioid prescribing practices (Overdose Data to Action grant). Within this partnership, the MHA Keystone Center and MCRH offered an academic detailing program to ensure that providers and health systems focus on preventing opioid-related morbidity and mortality.



## VACCINE PROMOTION

**CHARGE:** Plan and execute strategies to increase public awareness of the importance of flu vaccine events, and coordinate with stakeholders to support acceptance of COVID-19 vaccine when proven safe and available.

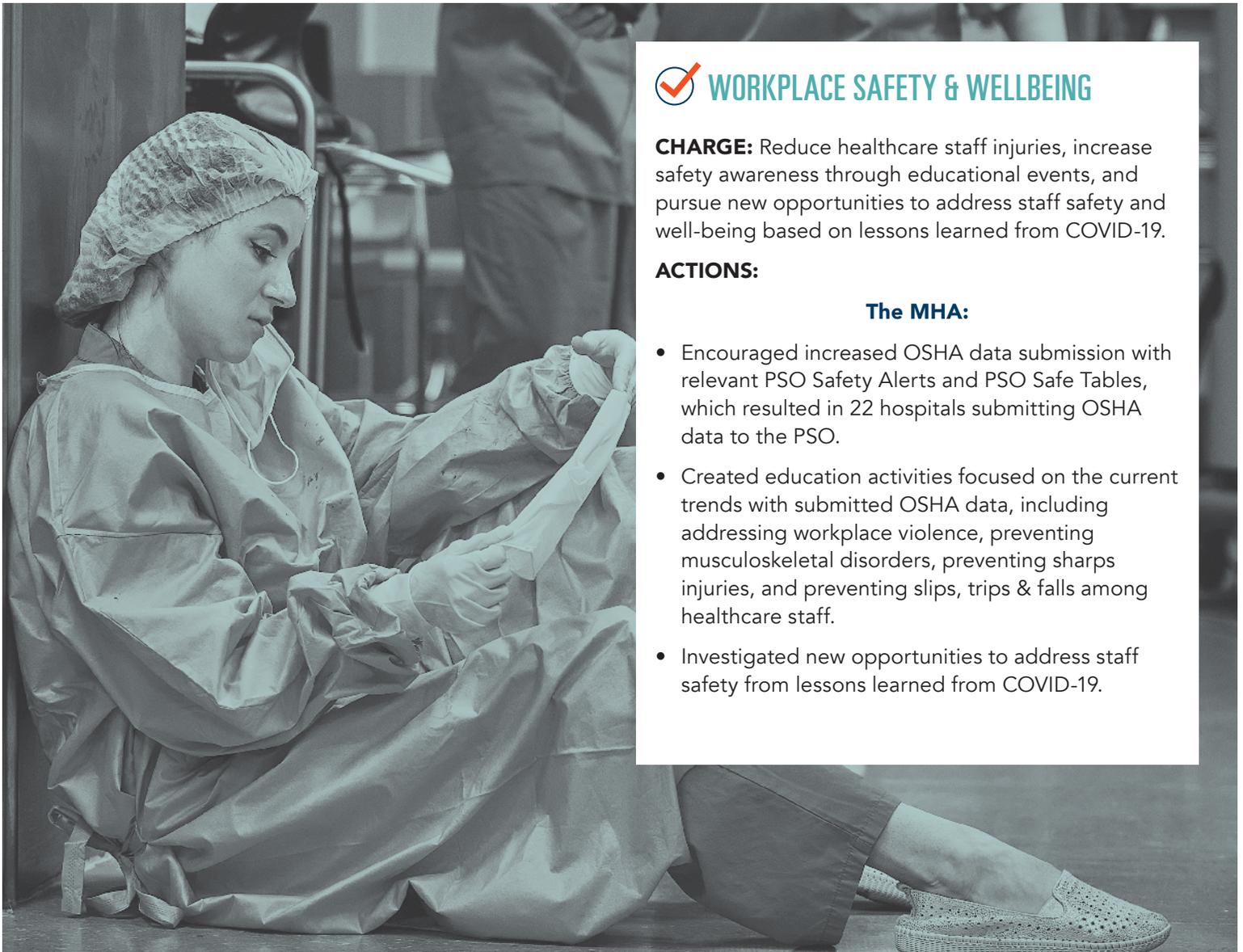
**ACTION:** The MHA ensured member hospitals were prepared to receive and administer vaccines through daily member alerts with critical information, hosting webinars with experts, advocating for more vaccines for hospitals, convening daily and weekly calls with state leadership and more. The MHA has been a leading voice publicly in promoting the safe and effective COVID-19 vaccines through daily earned media, social media sharing, having a leader appointed to the Protect Michigan Commission and more. **As a result of these individual and partnered efforts, the state currently has vaccinated 60% of its adult population in just six months.**



**THE STATE CURRENTLY  
HAS VACCINATED  
60% OF ITS  
ADULT POPULATION IN  
JUST SIX MONTHS**

COVID Vaccine Doses Administered by Date/Week Ending Date (K = Thousand, M = Million)





## ✓ WORKPLACE SAFETY & WELLBEING

**CHARGE:** Reduce healthcare staff injuries, increase safety awareness through educational events, and pursue new opportunities to address staff safety and well-being based on lessons learned from COVID-19.

### **ACTIONS:**

#### **The MHA:**

- Encouraged increased OSHA data submission with relevant PSO Safety Alerts and PSO Safe Tables, which resulted in 22 hospitals submitting OSHA data to the PSO.
- Created education activities focused on the current trends with submitted OSHA data, including addressing workplace violence, preventing musculoskeletal disorders, preventing sharps injuries, and preventing slips, trips & falls among healthcare staff.
- Investigated new opportunities to address staff safety from lessons learned from COVID-19.

## ✓ DATA STRATEGY IMPLEMENTATION

**CHARGE:** Utilizing a product from the Iowa Hospital Association and with oversight by the MHA HIT Strategy Committee, operationalize claims/transparency data collection and analysis as outlined in the board-approved enhanced data strategy.

**ACTION:** The MHA Data Services division has partnered with the Iowa Hospital Association to develop a customized solution for Michigan hospitals that will help the MHA reduce the cost of collecting hospital data, provide flexibility in the development of data collection systems and allow the MHA and its members to use new analytic tools to better understand the cost and use of hospital services. This new partnership will officially launch in fall 2021.

## ✓ DATA GOVERNANCE

**CHARGE:** Create a governance structure to guide the MHA and its member hospitals on the collection, use and reporting of claims data in accordance with applicable law and membership objectives.

**ACTION:** Working with the MHA Board of Trustees, the MHA developed a framework that will help policy makers create a diverse and representative governance structure that will guide the collection and use of an all-payer claims database (APCD). In addition, the MHA is working with other experienced data organizations to assist the state of Michigan with its effort to create an APCD.

## HOSPITAL/PHYSICIAN INTEGRATION

**CHARGE:** Finalize the development of a physician membership category through the creation of MHA-branded physician executive and leadership resources in partnership with the American Association of Physician Leadership (AAPL).

**ACTIONS:**

- 1 Executed a one-year MHA branded partnership with the AAPL to provide leadership developmental resources for Michigan hospital’s physician executives. **Forty physician leaders have joined AAPL through this partnership.**
- 2 MHA officially created an MHA physician membership category in spring 2021 and is finalizing the operational steps to begin recruitment of members.
- 3 The well-established Physicians in Healthcare Leadership council held four meetings during the year and a newly established MHA Statewide CMO Forum met three times.
- 4 COVID-19 also led to a new forum; a weekly Chief Medical Officer (CMO)/Chief Clinical Officer (CCO) meeting was established to address the multitude of COVID-19 issues on a timely basis.
- 5 The CMO/CCO group representing 14 health systems as well as physician leaders from three Michigan Veterans Affairs Medical Centers held **47 weekly meetings.**

**A WEEKLY CMO/CCO MEETING WAS ESTABLISHED TO ADDRESS THE MULTITUDE OF COVID-19 ISSUES ON A TIMELY BASIS**

# MEMBER EDUCATION



2020 MHA Virtual Annual Membership Meeting



2021 Virtual Breakthrough conference



2021 Virtual Hospital Communications Retreat



CEO Roundtables



CMO Member Forum

The MHA offered 22 additional educational webinars to members, in which 64 unique MHA member organizations participated, and many other virtual meetings on topics like public policy, vaccines, legal issues and more.

## MHA KEYSTONE CENTER

**CHARGE:** Advance quality & safety priorities identified by the MHA Keystone Center Board and detailed in the Center’s multi-year action plan.

**ACTION:** The MHA Keystone Center continues to lead Michigan’s quality and safety improvement activities by working with member hospitals to tackle some of the biggest issues facing the healthcare sector. By supporting members to view care using an “equity lens” and person- and family-centered approach, **the MHA Keystone Center advanced improvement outcomes in workplace safety, opioids, older adults, mothers and infants while cultivating a culture of safe care.**



**THE MHA KEYSTONE CENTER SECURED \$1 MILLION TO LAUNCH PROJECT BABY DEER IN MICHIGAN**

**CHARGE:** Maintain a long-term, diversified funding strategy for the MHA Keystone Center via PSO memberships and established partnerships with Superior Health Quality Alliance and other partners.

### **ACTIONS:**

#### **The MHA Keystone Center:**

- 1** Secured **\$1 million to launch Project Baby Deer in Michigan**, a rapid whole genome sequencing project to improve pediatric ICU care and outcomes.
- 2** Maintained 123 MHA Keystone Center dues-paying PSO members.
- 3** Secured funding and support from the Michigan Health Endowment Fund to enhance technical assistance to reliably implement efforts to advance health equity in addition to improving care for the state’s growing elderly population.
- 4** Secured a four-year contract with MDHHS for a CDC opioid effort.
- 5** Continued as one of eight member organizations that comprise the Superior Health Quality Alliance (Superior Health), aiming to improve the quality of health and healthcare through innovation, effectiveness and efficiency in designing and implementing person-centered initiatives integrated across the continuum of care and services.
  - Superior Health is in its second year of a five-year contract as a Quality Innovation Network–Quality Improvement Organization, focusing on nursing home quality, quality of care transitions, chronic disease prevention and self-care, patient safety, behavioral health and opioid misuse.
  - During this program year, CMS named nine awardees as a Hospital Quality Improvement Contractor (HQIC). Superior Health received a subcontract from awardee IPRO to do this work in Michigan, Minnesota and Wisconsin.

## ASSOCIATION EFFICIENCY

**CHARGE:** Assess and adjust facility operations and use to reflect pandemic related changes, support staff in acquisition and adoption of new technologies and policies to enable remote work, prepare for return to work and resumption of member events, meetings, and education offerings in the safest, most cost-effective manner.

### **ACTIONS:**

#### **The MHA:**

- Focused on IT security through enhanced employee education and ongoing work with the Health Information Security Operations Center in partnership with participating MHA member hospitals and health systems. Staff received additional training on HIPAA requirements, information systems security, and Diversity, Equity, and Inclusion.
- Enhanced internal efforts to facilitate remote work, effectively use technology for virtual meetings and maintain employee engagement.
- Created an internal process to plan for safe return-to-work/in-person meetings in compliance with regulatory guidelines, and implemented additional cost-savings measures. These include plans for a hybrid return-to-work model and creation of hoteling space for remote workers in the Spencer C. Johnson Headquarters Building.
- The MHA leased 3,000 square feet of office space at the Headquarters Building to the Michigan Osteopathic Association, providing additional revenue and providing the opportunity to more effectively collaborate and align our work with physicians.

## MHA SERVICE CORPORATION

**CHARGE:** Coordinate activities of the MHASC HR Advisory Committee with potential MHA HR Council to address healthcare workforce issues.

### **ACTIONS:**

- The MHASC HR Advisory Committee launched in 2020 and addressed issues relative to healthcare HR management by providing input to the MHASC Board of Directors and considered innovative solutions that improve value and performance. The HR Committee served as a collaborative body for HR leaders to address issues specific to COVID-19 including vaccine coordination, staffing shortages, virtual work, diversity, unconscious bias and grief leadership/resilience resources.
- **The MHA is launching the new Human Resource Council effective beginning with the 2021-2022 program year.** The HR Council advances the mission of the MHA as well as the role of human resource leaders by providing input on legislative and regulatory issues including diversity, equity, and inclusion efforts, workplace safety and workforce development. The Council provides opportunities for dissemination of best practices, and data collection and reporting relating to hospital and health system workforce metrics.

**THE MHA UCP PROCESSED MORE THAN 100,000 UNEMPLOYMENT CLAIMS DURING THE PANDEMIC**

**CHARGE:** Diversify and increase revenue opportunities to support the association and the MHA Strategic Action Plan. Partner with other states to expand business opportunities and improve value.

### **ACTIONS:**

#### **The MHASC:**



Partnered with MHA Circle of Honor sponsor HPS and a national COVID-19 resource group to offer 75+ companies with vetted solutions for hospitals to address pandemic needs. The MHASC hosted 20 events to explore resources and endorsed business partner solutions.

Launched three new endorsed or “emerging” business partners (EBPs) to address member priorities including price transparency, credentialing and cybersecurity. **The MHA now has 15 EBPs addressing multiple business specialties.** MHASC also marketed select EBPs to Michigan Osteopathic Association and Michigan Primary Care Association.



The MHA Unemployment Compensation Program supported hospital clients at an unprecedented level during COVID-19 as staffing changes occurred including claims processing, ID theft and more. **The MHA UCP processed more than 100,000 unemployment claims during the pandemic.**

## OTHER MHA PRIORITIES

Every program year, the MHA encounters “wildcard” issues that demand the time and resources of the association but were not on the annual action plan. In 2021, these issues included:

**Continued work on the critical 340B drug pricing program**, which we have worked closely with the American Hospital Association to advocate protecting

**Auto no-fault inpatient fee schedules** that are set to take effect July 2, 2021, and on which the MHA has spent extensive time this year working to improve through advocacy and legal means

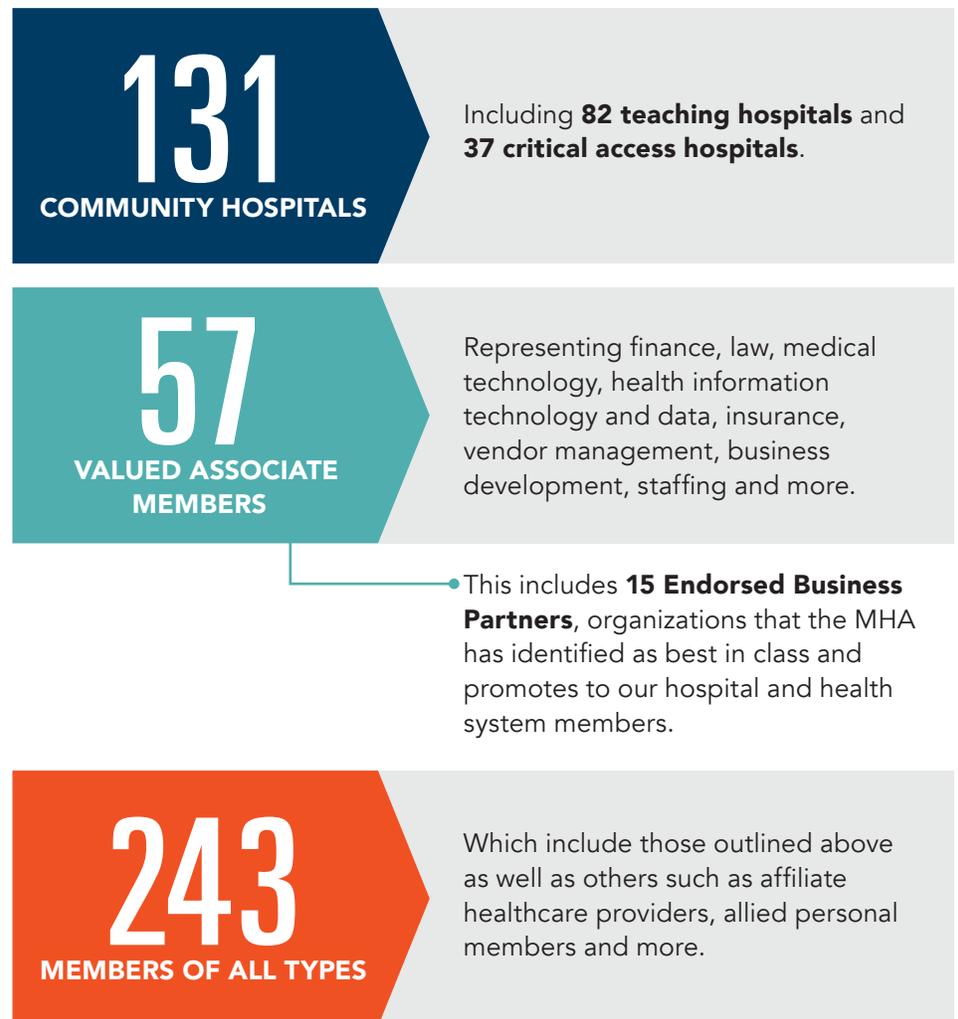
**Welcoming the Michigan Osteopathic Association** as new tenants in the MHA Headquarters building, representing our continued commitment to hospital-physician alignment

**Developing new internal business processes** to adjust to pandemic and post-pandemic work styles for the association

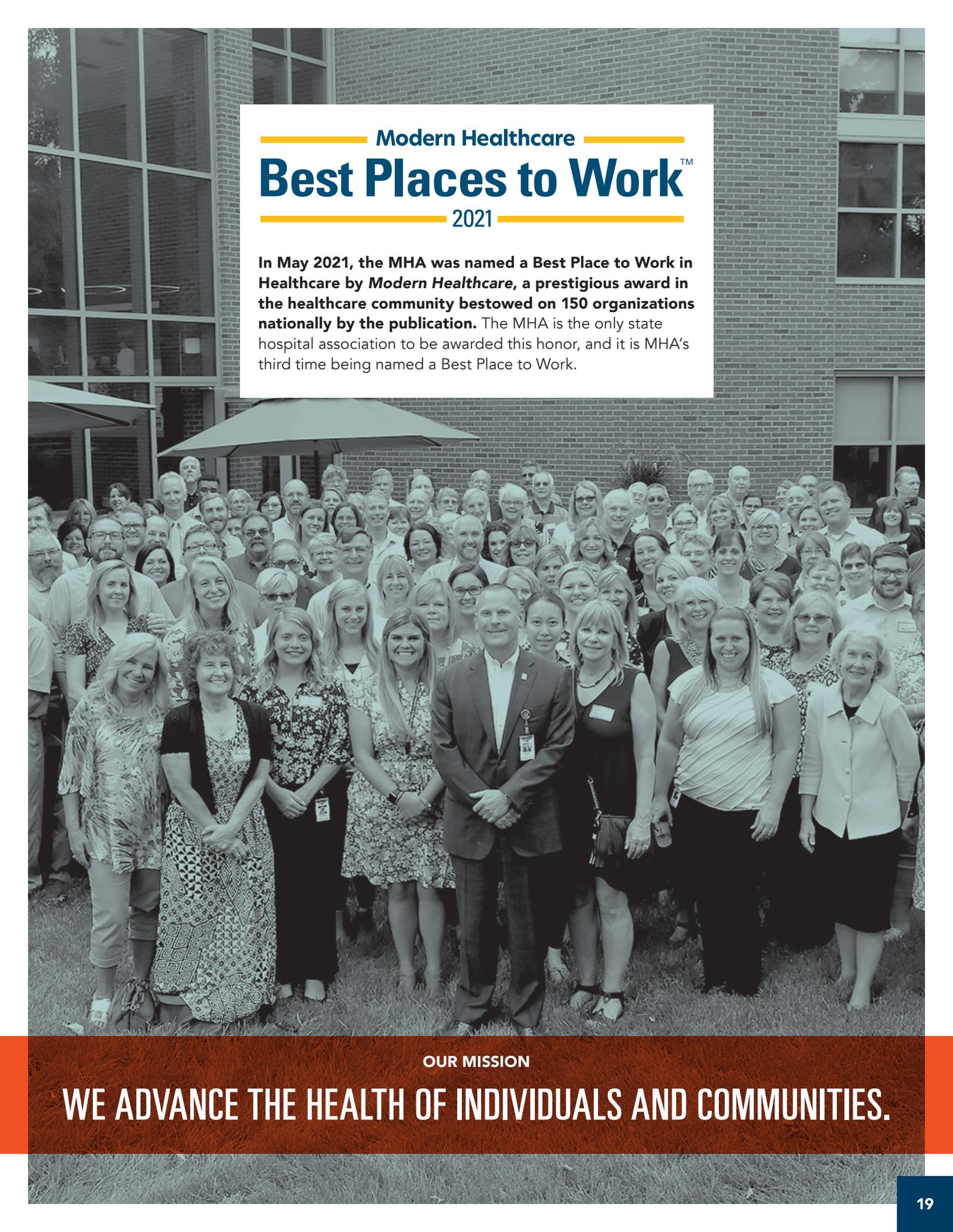
# ABOUT THE MHA

The MHA is the statewide leader representing all community hospitals in Michigan. Established in 1919, the MHA represents the interests of its member hospitals and health systems in both the legislative and regulatory arenas on key issues and supports their efforts to provide quality, cost-effective and accessible care. The MHA focuses on advocacy, policy, communications, education, quality and safety, best information and business services. The MHA is headquartered in Okemos, Michigan, and also operates a Capitol Advocacy Center in downtown Lansing.

## MEMBERSHIP SNAPSHOT



For more about the MHA and our Board of Trustees, visit [MHA.org](https://www.mha.org).



Modern Healthcare

# Best Places to Work™

2021

In May 2021, the MHA was named a Best Place to Work in Healthcare by *Modern Healthcare*, a prestigious award in the healthcare community bestowed on 150 organizations nationally by the publication. The MHA is the only state hospital association to be awarded this honor, and it is MHA's third time being named a Best Place to Work.

OUR MISSION

WE ADVANCE THE HEALTH OF INDIVIDUALS AND COMMUNITIES.



**OUR VISION**  
**THROUGH OUR LEADERSHIP AND**  
**SUPPORT OF HOSPITALS, HEALTH SYSTEMS AND**  
**THE FULL CARE CONTINUUM, WE ARE COMMITTED**  
**TO ACHIEVING BETTER CARE FOR INDIVIDUALS,**  
**BETTER HEALTH FOR POPULATIONS AND**  
**LOWER PER-CAPITA COSTS.**



*Photos used throughout this report were submitted by hospitals and individuals responding to our Healthcare Heroes campaign. Our sincerest thanks to those who worked tirelessly on the front lines and behind the scenes to help save the lives of Michigan's citizens.*