



STRONGER TOGETHER

MHA ANNUAL REPORT
2021-2022 Program Year



**"ALONE WE CAN DO SO LITTLE.
TOGETHER WE CAN DO SO MUCH."**

– Helen Keller

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.

Dear Member,

The 2021-2022 Program Year MHA Annual Report is a reflection on the association's achievements with and for its members, despite the ongoing challenges presented by the pandemic. We are entering a "new normal" phase of COVID-19 and the broader healthcare landscape, which bring unique opportunities to significantly improve how care is delivered, reimbursed and designed. We also have the opportunity to **forge new and stronger partnerships** with other health stakeholders to better achieve our long-term mission of advancing the health of individuals and communities. The program year ahead holds a continued focus on workforce safety and development, health equity, quality improvement, financial stability for hospitals, behavioral health, health promotion and much more. **There is much to do, and we will do it together.**

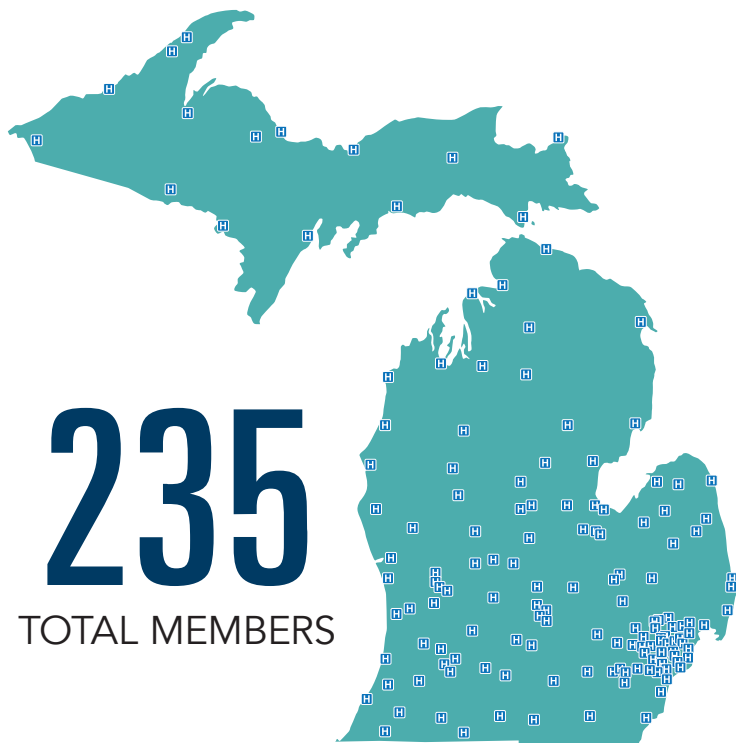
However, before we get back to work on these myriad challenges, it is important to review and celebrate the past year of our shared successes. We believe these accomplishments have a direct and significant positive impact on all our members and your ability to care for your patients, communities and employees. To that end, we are proud to share this summary of achievements, which covers topics you, the member, care about most. Thank you for your continued leadership, partnership and membership.



Brian Peters
MHA CEO



Tina Freese Decker
President & CEO, BSHS System and
2021-2022 MHA Board of Trustees Chair



32

educational webinars including a DEI series, de-escalation training, active shooter training, workforce, COVID-19 issues and more



Hundreds

of member meetings for chief medical officers, supply chain leaders, government relations leaders, vaccine and other COVID-19 issues and more

\$160,000

spent supporting healthcare-focused charitable causes, including many member foundations



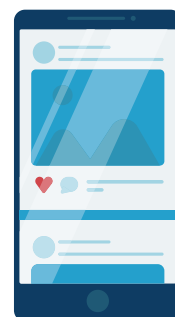
129

community hospital members

MHA
ENDORSED
Business Partner

16

Endorsed
Business
Partners



1.3 million

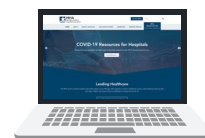
impressions on social media

110,000

MHA e-alerts
read by members

220,000

website visits



18

member
committees, councils
and task forces

40

associate member
organizations



1 NEW MEMBERSHIP CATEGORY

(physicians) launching July 1, 2022



1,200

MHA MiCare
Champion
podcast listens



78,000

MHA digital
newsroom reads



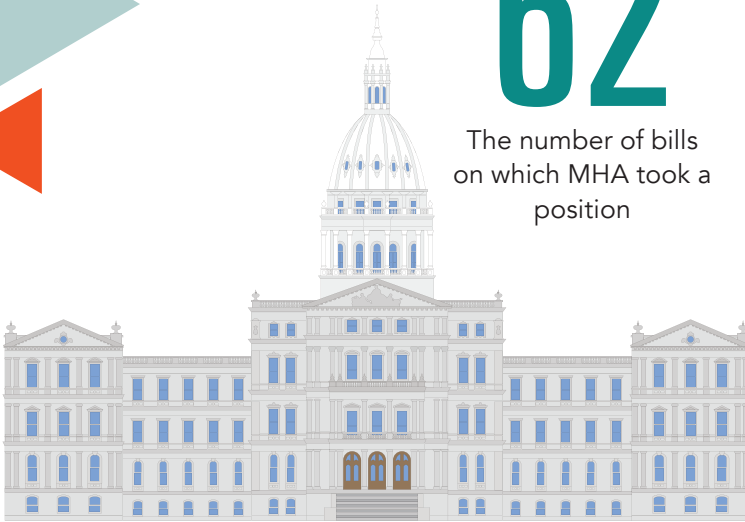
70,000

engagements on
social media

POLICY & ADVOCACY

62

The number of bills on which MHA took a position



- ✓ **STATE BUDGET:** Ensured continuation of appropriations to fully fund the Healthy Michigan Plan.
- ✓ **STATE BUDGET:** Ensured continuation of the long-term strategy negotiated in 2016 to provide funding for graduate medical education, small and rural providers, and obstetrics care totaling for hospitals in **\$230 million** in fiscal year (FY) 2021.



40

Number of MHA-supported bills

11

Number of MHA-supported bills that became law



22

Committee memos



23

Number of MHA-opposed bills

0

Number of MHA-opposed bills that became law



4

Number of times MHA employees testified

- ✓ **STATE BUDGET:** Maximized the benefit from each of the hospital provider tax programs and maintained additional funds to improve outpatient Medicaid payments for hospitals, while continuing to preserve member unity. The Quality Assurance Assessment Programs netted nearly **\$1.8 billion** for FY 2021. The outpatient hospital rate increase also continued in FY 2022, generating roughly **\$270 million** in ongoing payments to hospitals.
- ✓ **COVID-19:** Secured **\$160 million** in additional funds for hospitals and continue to advocate against legislation or budget cuts that limit healthcare organizations' ability to protect the health and safety of their workforce, patients and communities. The MHA also ensured hospitals paid \$75 million less in tax in FY 2021 due to the federal Public Health Emergency-related federal Medicaid match rate increase.

✔ **COVID-19:** Continued to promote the effectiveness and safety of vaccines and masking and emphasize our mission of improving the health of patients and communities using evidence and anecdotes, **helping the state achieve 68% of all residents initiating vaccination.**

✔ **CERTIFICATE OF NEED:** Blocked any legislation to date that is not consistent with the long-standing MHA Board position on CON.

✔ **STAFFING RATIOS:** Blocked any legislation to date that would mandate staffing levels or restrict a hospital's ability to make those determinations locally.

✔ **NON-MICHIGAN PROFESSIONALS:** Supported measures to ease regulatory burdens and create efficient processes to promptly review, recognize and approve professionals with non-Michigan licenses. The MHA achieved legislation to allow people licensed and in good standing in other states to work in Michigan without obtaining a license. These flexibilities may be activated at any time there is an epidemic-related staffing shortage.

✔ **MIDSIZE VITAL HOSPITALS:** Ensured implementation of legislation to allow CRNA's to practice independently. The MHA developed draft policies and worked with the administration to officially notify CMS of our position as a supervision opt-out state, which was a key initiative in the MHA Board approved initiatives for Midsize Vital Hospitals.

✔ **ELECTION STRATEGY:** On our way to raising \$400,000 to support healthcare champions.



✔ **PAYER STRATEGY:** Collaborated with all payers on reimbursement, equitable access and payer regulatory relief for virtual care. The MHA identified issues members experience with Medicaid managed care organizations, such as administrative burden and network adequacy, and developed appropriate strategies to mitigate issues. The MHA cosigned a letter with Michigan Association of Health Plans (MAHP) supporting state passive enrollment into marketplace plans.

The MHA also:

- ▶ Expanded **coverage of dialysis** outside hospital emergency departments for patients with Medicaid emergency services only due to immigration status.
- ▶ Ensured Michigan became the **first state to establish Medicaid coverage and payment policy** for rapid whole genome sequencing for critically ill infants.
- ▶ Worked with Blue Cross Blue Shield of Michigan (BCBSM) to establish an observation local rule committee and to collaborate on shared COVID-19 concerns.
- ▶ Worked with the MHA Virtual Care Workgroup to identify strategies to improve virtual care.
- ▶ Delayed implementation of the state's new electronic system for completing required forms to discharge certain patients to post-acute settings, in response to hospital input, referred to as the Omnibus Reconciliation Act (OBRA) process.

Other Legislative Priorities:

- ▶ The MHA **protected 340B** entities from drug company attacks on the program through passage of a state law, and also worked to protect the law from additional changes.
- ▶ The MHA helped secure **\$250 million and 8 new full-time positions** for the Michigan High-Speed Internet Office (MIHI) to increase telehealth access.
- ▶ The MHA helped achieve full year funding increase for postpartum Medicaid coverage from **60 days to 12 months** in the FY 2022 budget.

WORKFORCE SUSTAINABILITY

✔ **TALENT RETENTION AND RECRUITMENT:** Secured **\$300 million** to support healthcare recruitment, retention and training, and a permanent allowance for out-of-state workers to work in Michigan during a healthcare crisis. The MHA supported legislation that expands the Essential Health Provider Loan repayment program to behavioral health professionals and increased loan forgiveness caps. The MHA also:

- ▶ Conducted qualitative workforce research project to identify reasons for departure and what incentives would **effectively bring employees back**.
- ▶ Supported **healthcare apprenticeship** programming.
- ▶ Participation in southeast MI healthcare workforce alliance for **talent development**.
- ▶ Continued engagement of HR Committee and EBPs to help **support acute staffing needs**.
- ▶ Promoted NextJob for **job development and retention strategies**.
- ▶ **Supported unemployment needs** related to the vaccine mandate.
- ▶ Secured **\$1 million** in the State Senate-passed budget proposal to for recruiting non-US health professionals.

✔ **WORKFORCE SUPPORT:** Worked to understand recruitment and retention barriers caused by childcare needs, generational and demographic changes. Continued to support hospitals in managing their staffing levels through research, finding new and different Endorsed Business Partners and more. The MHA also:

- ▶ Supported House-passed legislation to increase penalties for assaulting healthcare workers and **created materials for members** to draw attention to these penalties.
- ▶ Supported legislation to streamline the approval process for prior authorization requests and reduce the turnaround time for urgent patient needs.



✔ **TALENT DEVELOPMENT:** Collaborated with key partners to identify new approaches to attract and train healthcare workers at all levels. The MHA launched the Clinical Faculty Academy/Nurse Preceptor Academy in partnership with the Michigan Health Council (MHC), and supported MHC in developing quarterly workforce reports specific to high-need healthcare professions. The MHA also secured **\$4.7 million** in the State House-passed budget proposal to create a healthcare workforce collaborative between the MHA and Michigan's public and private post-secondary educational institutions. The MHA supported community college BSN degree programs, legislation on which is pending House floor action, and hospital-based certificate programs. This created a new workgroup to expand the capabilities of community colleges to upskill nurses, with **\$56 million** in funding.

HEALTH EQUITY

✔ **WORKFORCE SAFETY AND WELL-BEING:** Worked on workforce burnout and wellbeing, healthcare staff injuries, and engaging the Michigan Congressional delegation in seeking solutions to address healthcare worker burnout and shortages due to COVID-19.



Hosted an **active shooter forum and TEAM de-escalation training** with HSS, which provided additional resources for compliance and addressing lateral violence.



Launched HSS in-person **security assessment program** for select hospitals.



Hosted a **workforce town hall** at the MHA Breakthrough conference.



Launched Well-B with more than 5,000 participants. A second cohort should begin this fall.



Eighteen hospitals have **submitted monthly OSHA data** to the MHA Keystone Center to date.

✔ **IDENTIFY NEEDS:** Identified and addressed gaps and disparities in care to support the unique needs of individuals and local communities, particularly those that are underserved, to assure diversity, equity and inclusion are addressed across the broader MHA Strategic Action Plan. This was supported by the MHA Keystone Center/MPHI health equity summit in November, and an MHA Board Task Force which was empaneled and has held two meetings. This work will continue as the MHA learns more.

SUPPORT THE UNIQUE NEEDS OF INDIVIDUALS AND LOCAL COMMUNITIES, PARTICULARLY THOSE THAT ARE UNDERSERVED, TO ASSURE DIVERSITY, EQUITY AND INCLUSION ARE ADDRESSED

✔ **CONVENE EXPERTS:** Convened health equity, quality and community experts through a Health Equity Task Force, which provided guidance in identifying and addressing priorities and key interventions using Quality Improvement as a lens for tackling health and healthcare disparities. This allowed the MHA Keystone Center to strategically align efforts to continuously support health systems in reducing disparities. The MHA held a diversity, equity and inclusion series and Breakthrough session with expert Kevin Ahmaad Jenkins.

PROGRAMMATIC ISSUES

✓ **HOSPITAL/PHYSICIAN INTEGRATION:** Operationalized a new physician membership category as of July 1, 2022 and continued growing engagement with hospital chief medical officers to strengthen hospital/physician relationships. The MHA also used more physician expertise to enhance association advocacy.

✓ **MHA KEYSTONE CENTER:** Maintained a diversified funding strategy for the MHA Keystone Center via Patient Safety Organization (PSO) memberships and established partnerships with the Superior Health Quality Alliance (Superior Health) and other partners. Specifically, The Center secured **\$5 million in funding** from BCBSM and collected over **\$1.1 million in PSO dues**. The Center received funding for its Health Equity Task Force launch and the creation of a Michigan Caregiver Navigation Model Toolkit from the Michigan Health Endowment Fund. The Center also received funding from the Community Foundation of Southeast Michigan, Michigan Opioid Partnership for the Emergency Department for Medication Opioid Use Disorder program.

The Center remains one of eight organizations that comprise 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 third year of a five-year contract as a **Quality Innovation Network–Quality Improvement Organization**, focusing on nursing home quality, care transitions, chronic disease prevention and self-care, safety, behavioral health and opioid misuse.
- ▶ Superior Health received a subcontract from awardee IPRO to do Hospital Quality Improvement Contractor (HQIC) work in Michigan, Minnesota and Wisconsin.

✓ **MHA KEYSTONE CENTER:** Advanced quality and safety priorities identified by the MHA Keystone Center Board as detailed in The Center's multi-year action plan. Highlights include:



✓ **CYBERSECURITY:** Maintained a strong internal compliance program through partnership with Cyberforce Q, which serves as a Health Security Operations Center to monitor cyber threats for the association and other MHA-member health systems. The MHA continues to internally monitor external risks, has an active compliance committee, provides employee security training showing improved performance, and has made continual progress on our security heat map.

✓ **ASSOCIATION EFFICIENCY:** Continued to assess and adjust facility operations to reflect safety requirements and member needs, support staff in the acquisition and adoption of new technologies and policies to facilitate work in multiple environments, prepare for resumption of in-person member events, meetings, and education offerings in the safest, most cost-effective manner. The MHA conducted an audit of its member database, implemented new UCP claims software, secured a vaccine verification vendor for membership meetings and will be evaluating other measures' effectiveness and cost as it completes offsite and larger in-person member meetings.

✓ **MHASC:** Continued to diversify and increase revenue opportunities to support the association and the MHA Strategic Action Plan through potential products, business opportunities and Endorsed Business Partner relationships. The MHASC:

- ▶ Added two new EBPs and hosted multiple EBP webinars supporting MHA strategic priorities.
- ▶ Implemented work through Data Services with the Iowa Hospital Association data software.

THIS YEAR THE MHA UNEMPLOYMENT COMPENSATION PROGRAM:

20,000

unemployment claims processed with
potential liability of
\$99 million

clients were only charged

\$10 million

representing a potential
saving to clients of nearly

\$80 million

Pursued significant improper unemployment benefit charges assessed by the Michigan Unemployment Insurance Agency during the pandemic.



ACHIEVED A NATIONAL HEALTH SYSTEM CONTRACT.

Expanded its footprint in new states
and now represents healthcare
employers in

47 states



Executed an agreement with the Ohio Hospital Association to provide management of their unemployment compensation program through Sept. 30, 2022.

The MHA-UCP received an **"outstanding performance" award** from the National Association of State Workforce Agencies for its responsiveness on unemployment claims and efforts to deter unemployment fraud.



DATA STRATEGY

✔ **CLAIMS DATA AND ANALYTICS:** Supported the association's strategic objectives to expand the level of financial data and the continued development of data analytic capabilities. This includes finalizing the partnership with the American Hospital Association to use the Vitality Index System to collect hospital claims data to assist hospitals in benchmarking payer performance and creating a statewide payer scorecard. In addition, one major Michigan health system has agreed to work with the MHA to develop an in-depth business case that will assist hospitals and the MHA in understanding the value proposition and needs of member hospitals.

✔ **HOSPITAL PRICE TRANSPARENCY:** Helped members meet Centers for Medicare & Medicaid Services price transparency requirements via webinars and updates to CFO Council.

✔ **PAYER NETWORK ADEQUACY:** Developed a survey to assist members in assessing payer Medicaid managed care network adequacy. The MHA also engaged the MDHHS on this issue and future Medicaid managed care rebid criteria surrounding network adequacy and monitoring. The MHA also provided the Medicaid health plan network standards appendix to the CFO Council for discussion and feedback.

BEHAVIORAL HEALTH

✔ **GUIDING PRINCIPLES:** Working to create a set of guiding principles to inform the association's position on any behavioral health legislation, and to inform efforts to secure new funding to enhance the capacity of the behavioral health system and improve the treatment of patients seeking behavioral healthcare in hospital emergency rooms.

✔ **BEHAVIORAL HEALTH FUNDING:** Secured **\$264 million** in the State House-passed budget proposal to expand the statewide capacity for behavioral health services at state facilities, hospitals, and other community centers. The MHA-supported legislation to modify the system for distribution of behavioral health funding and eliminate PIHPs was passed in Senate committee during the program year.

✔ **BEHAVIORAL HEALTH BARRIERS:** Started work on creating goals around Community Mental Health exclusivity, greater options for health system involvement, partnerships with other stakeholders (law enforcement, nursing homes, local communities), removal of technological barriers, development of better early intervention and crisis care. The MHASC launched endorsed business partnership with LifeWorks as an innovative, internet-based cognitive behavioral therapy solution, guided by professional therapists, and delivered through a secure, digital platform that's accessible through any device.



Thank you to the entire MHA staff and Board of Trustees for your outstanding service this year.

MHA BOARD OF TRUSTEES

2021-2022 Program Year

OFFICERS

Tina Freese Decker, Chair, President & CEO, BSHS System
Edwin Ness, Past Chair, President and CEO, Munson Healthcare
T. Anthony Denton, Chair-elect, Senior Vice President and COO, University of Michigan Health System
Daniel Babcock, Treasurer, CEO, Marlette Regional Hospital and Deckerville Community Hospital
Brian Peters, CEO, MHA

TRUSTEES

Gar Atchison, CEO, UP Health System – Marquette, and Market President, UP Health System
***Kenneth Berkovitz, MD**, former Senior Vice President and Ministry Market Executive, Ascension Michigan
Beth Charlton, President & CEO, Covenant HealthCare
Karen Cheeseman, President & CEO, Mackinac Straits Health System
James Dover, President & CEO, Sparrow Health System
Mark Eastburg, PhD, President and CEO, Pine Rest Christian Mental Health Services
***John Fox**, former President & CEO, Beaumont Health
***Audrey Gregory, PhD**, former Group CEO, Detroit Medical Center
Timothy J. Johnson, President & CEO, Eaton Rapids Medical Center
Gregory R. Lane, Executive Vice President and Chief Administrative Officer, McLaren Health Care
Bill Manns, President & CEO, Bronson Healthcare Group
***Diane Postler-Slaterry, PhD**, former President and CEO, MyMichigan Health
Robert Riney, President, Healthcare Operations, and Chief Operating Officer, Henry Ford Health
Shannon Striebich, President, Trinity Health St. Joseph Mercy Oakland Hospital, and Senior Vice President of Operations, Trinity Michigan
Shellee Yaklin, President and CEO, North Ottawa Community Health System
Julie Yaroach, DO, President, ProMedica Charles and Virginia Hickman Hospital

**Served a partial term*



We want to recognize the tremendous service of past Board member, Diane Postler-Slaterry, PhD, former President & CEO of MyMichigan Health. Diane passed away in March 2022, but lives on in our memories and the impact she made on her patients and communities.



MHA

www.mha.org

