


A pair of hands wearing light blue nitrile gloves are positioned to form a heart shape. The hands are centered in the upper half of the image, with the fingers pointing towards the center. The background is a light, solid blue color.

TELLING OUR STORY

A young boy with dark, curly hair, wearing a green hospital gown, is lying in a hospital bed. He has an IV drip in his left arm and is smiling broadly, looking up at a doctor. The doctor, a man with a beard, is leaning over the boy, holding a stethoscope to his chest. The background is a bright, clinical setting with a vase of yellow and white flowers on a table.

*"In order to
win a man to
your cause,
you must first
reach his heart,
the great high
road to his
reason."*

- ABRAHAM LINCOLN

O U R

To Our Members:

As COVID-19 waned late last summer, the MHA and the MHA Board of Trustees established key pillars for the 2022-2023 program year that would support *all* members, and the communities they serve, in four critical areas: financial viability, workforce restoration and well-being, behavioral health and health equity. Bringing all these strategies together required focused and assertive actions to **tell our story** — the story of health systems and hospitals and the critical role they play to enable and sustain vibrant, healthy communities. The pandemic diverted copious amounts of energy to sick care and crisis management; it was time to enhance awareness and redirect the attention of elected officials, community and business leaders, healthcare continuum partners, healthcare employees and *patients* to the ways our members support their communities, 24 hours a day, 365 days a year. We must continue to help those who don't live and breathe healthcare understand not only the ways we are working to meet their most pressing health needs, but that we must collaborate to support each other in our quest for strong and daily access to care for all. It was time to re-tell the hospital story in a new way, to new audiences — and we have spent the year doing just that to achieve progress on each of our pillars.

Our story is certainly not over; this is just beginning. Our members continue to grow and evolve to better meet the demands of their patients; regulatory and legislative burdens increase constantly; and the payer and customer landscape continues to challenge our ability to care for patients and keep the doors open. Among all this change, you do have a constant — and that is us, your voice and advocate at the MHA. In our 104th year that begins July 1, 2023, we will continue to evolve alongside you, ensuring your calls for support and guidance are always answered, and providing you with best-in-class information, collaboration, advocacy, communication, education, and business services.

STORY

As we reflect on this program year and all the ways we told — and continue to tell — our story, and before the new year and new challenges begin, please join us in reviewing and celebrating achievements resulting from the MHA's leading voice and the members' engagement, as we continue to make strides toward our overarching mission: **advancing the health of individuals and communities.**

With Gratitude,



Brian Peters
MHA CEO



T. Anthony Denton
2022-2023 MHA Board Chair;
Senior Vice President and Chief ESG Officer
University of Michigan Health/Michigan Medicine

OUR STORY — BY THE NUMBERS

5 **Speak Up! Awards** given to members recognizing catches that prevented patient harm.

MHA | **ENDORSED Business Partner**

19
ENDORSED BUSINESS PARTNERS

18
member committees, councils and task forces

261
TOTAL MEMBERS

130
community hospitals



Thousands of members participated in MHA Health Foundation forums, MHA member webinars, supply chain calls, physician leader meetings, advocacy sessions and more.



30
physician members

39
associate members

25 MEMBERSHIP-WIDE EDUCATIONAL EVENTS on key topics like staffing, governance, case management, data reporting, public health emergency and more.

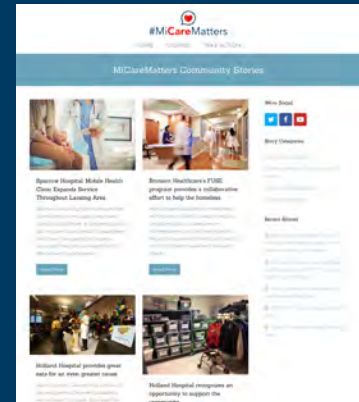
FIRST EVER major hybrid member forum, on workforce pipeline and staff safety, held in April.



39
MILLION
total campaign
ad impressions



120,000
visits to our
storytelling
website



22
news releases/
media statements
on key issues

4 Regional Roundtable Meetings hosted by MHA to bring business, economic development and local leaders together with healthcare to discuss shared priorities.

1,500+
MiCare Champion
Podcast Listens



Nearly 300,000,000
number of potential readers/viewers reached by
MHA's traditional media efforts.



34,000
social media
followers



\$50
MILLION

for pediatric
behavioral health
inpatient care



2,500
MHA traditional
media mentions



\$175,000
invested in charitable giving
to causes related to the MHA
strategic action plan

FINANCIAL VIABILITY

STRATEGIC ACTION PLAN DIRECTIVE	RESULT
State Budget: Pursue a targeted increase in Medicaid rates for specific professional and clinical service lines that provide the greatest net benefit to Michigan hospitals.	✓
State Budget: Ensure continuation of a fully funded Healthy Michigan Plan.	✓
State Budget: Ensure continuation of the long-term strategy negotiated in 2016 to provide funding for graduate medical education, small and rural providers, and OB care.	✓
Pharmaceutical Costs: Protect 340B and fight the rise in pharmaceutical costs.	✓
CON: Consistent with the long-standing MHA Board position statement, support preservation of the state Certificate of Need Program.	✓
Legislative Advocacy: Actively follow relevant state and federal legislation and advocate for the association and membership priorities.	✓
Election Strategy: Achieve \$400,000 Health PAC goal and use Health PAC to support healthcare champions at the state and federal level.	✓
Communications: Develop a strategy to tell our story about current financial opportunities and threats to viability. Inform, persuade and reinforce member advocacy priorities with legislative leadership and influential voices about the need for immediate and ongoing investment in hospitals and health systems.	✓
Payer Strategy: Collaborate with all payers on mutually beneficial issues and with the Michigan Department of Health and Human Services (MDHHS) on ending the federal Public Health Emergency and the Medicaid Managed Care Rebid.	✓
Payer Strategy: Work with the MHA CFO Council to identify issues members experience with Medicaid managed care organizations, such as delayed authorization for care, payment denials and audits, step therapy requirements, coverage denials, site of care restrictions, and network adequacy. Develop appropriate strategies to mitigate these issues.	✓
MHASC: Continue to diversify and increase opportunities to support member financial viability through products and Endorsed Business Partner relationships. Enhance partnerships and services to address revenue cycle, supply chain and business solutions.	✓
MHA Keystone Center: Maintain a long-term, diversified funding strategy for the MHA Keystone Center via Patient Safety Organization memberships and established partnerships with the Superior Health Quality Alliance and other partners.	✓
Association Efficiency: Continue to assess and adjust association staffing, facility operations, cybersecurity, technology acquisition, non-dues products, field engagement, and other offerings to ensure member services are provided in a cost-effective and efficient manner.	✓

OUR S

The MHA identified opportunities to increase payments for health systems through Medicaid mechanisms and trauma programs. The fiscal year (FY) 2022 net quality assurance assessment programs (QAAPs) totaled **\$1.8 billion for members**. The OP hospital rate increase continued, generating **\$270 million annually for hospitals**. The MHA worked to ensure hospitals paid lower taxes due to the Public Health Emergency (PHE)-related federal Medicaid match rate increase. Hospitals paid roughly **\$75 million less in tax** in FY 2022, and an estimated **\$275 million less in tax** over years during which the enhanced match rate was in effect. The MHA also worked to accelerate Medicaid DSH payments in FY '23, **saving hospitals \$5 million**.

The MHA successfully advocated to ensure the Healthy Michigan Plan is **fully funded**.

The MHA ensured continuation of existing supplemental payment pools including the Disproportionate Share Hospital, Graduate Medical Education, Rural Access, and Obstetrical Stabilization pools. These pools totaled roughly **\$230 million** in FY '22.

The MHA created member testimonials for key audiences and **hosted 340B day for members**.



TORY

The MHA educated the Legislature on CON, protecting it for another year. The MHA made a CON expert available to support members converting to the Rural Emergency Hospital model.

The MHA testified 15 times, actively supported 32 bills (five of which were signed into law) and opposed 10 bills (zero of which were signed into law – **a 100% success rate**).



The MHA is once again **on track to meet its PAC fundraising goal** to support healthcare champions.

The MHA launched a program-year long **campaign to tell the hospital story** to key audiences and decision-makers, using paid and earned media, digital and social platforms, and public affairs strategies – all of which provided for heavy levels of member participation.

The MHA provided feedback to the Centers for Medicare and Medicaid Services (CMS) on ways to improve Medicare and Medicaid. The MHA worked with BCBSM to establish two ad hoc committees to address issues identified by health systems and to suspend clinical reviews for patients with certain diagnoses. The MHA worked with the MDHHS to **allow hospitals with swing beds to receive Medicaid payment** for certain patients.

The MHA is pursuing a state plan amendment for reimbursement of peer recovery coaches in EDs. **The MHA formed a coalition to address the resumption of Medicaid eligibility redeterminations.** The MHA provided feedback on the Medicaid managed care rebid process, focused on themes important to Michigan health systems. The MHA also developed a tool for hospitals to estimate the impact of the provider tax discount phase-out, which eliminates the enhanced federal Medicaid match rate in effect during the PHE.

The MHA Unemployment Compensation Program **won the Outstanding Performance Award by the National Association of State Workforce Agencies** for its efforts to reduce fraud and promote unemployment claims integrity. The MHA launched four new EBPs this year to address member needs and enhanced existing partnerships to increase member value. The MHASC routinely convened the member supply chain workgroup and leveraged strategic partnership with AES Medical Supply. The MHASC hosted 20 EBP webinars and council presentations to share national thought leadership with over 400 member attendees.



The MHA Keystone Center sought new funding opportunities in a streamlined and efficient manner, submitting five proposals to four different funders in just three months. The MHA Keystone Center is also working to modernize PSO dues. The MHA Keystone Center co-leads Superior Health Quality Alliance's (Superior Health) Business Development Strategy Committee, which regularly reviews funding and collaborative opportunities to further progress the work under Superior Health.

The MHA streamlined and implemented new programs to ensure resources are used effectively and responsibly. The MHA minimized administrative costs to direct more funding to member programs and provided new training and development for staff. MHA employees participated heavily in Community Giving and Harvest Gathering fundraising efforts and engaged in community volunteerism.



WORKFORCE RESTORATION AND WELL-BEING

OUR S

The MHA distributed the second tranche of healthcare recruitment, retention, and training funding: **\$112.5 million, in December.** The MHA secured **\$75 million** in additional funding to support workforce challenges in Michigan hospitals.

The MHA secured **\$56 million in funding** to support partnerships to offer BSN programs, many of which are underway. The MHA was successful in including high-demand healthcare careers in the Reconnect Act. As a result, 529 health programs qualify for Reconnect funding, up from 33 previously.

The MHA **successfully pursued grant funding for a statewide healthcare career marketing campaign**, which launched in spring 2023. The campaign will promote health career pathways, resources and funding available for training & education, and the ways hospitals are working to make workplaces as safe and flexible as possible for employees.

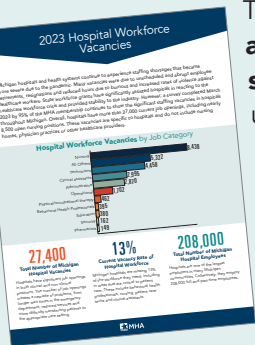
The MHA is **drafting legislation to provide funding for safety and security measures in hospitals and health systems.** The MHA created an enhanced partnership with HSS to address workplace violence. The MHA created a member case study on response to workplace violence. The MHA hosted a member HR forum to discuss workforce pipeline and worker safety.

STRATEGIC ACTION PLAN DIRECTIVE	RESULT
Targeted Workforce Funding: Pursue one-time state funding to support healthcare workforce needs.	✓
Workforce Development: Implement new funding to expand access to Bachelor of Science in Nursing (BSN) degrees via community colleges and four-year universities. Advocate for coordinated curricula and training resources for healthcare technician fields.	✓
Communication Strategy: Develop a public relations effort to tell our story about the importance of maintaining a safe and welcoming environment for all and the diverse array of healthcare career opportunities available.	✓
Educational Partnerships to Grow Pipeline: Engage in partnerships with other organizations to promote healthcare careers, increase clinical faculty and nurse preceptors, address high staff turnover rates in rural areas, and promote healthcare career options.	✓
Workforce Safety & Well-Being: Create opportunities for enhanced partnership with other organizations to open avenues for collaborative best practices to address workplace violence occurring in hospitals and health systems. Pursue funding to assist hospitals and health systems with the cost of security and violence prevention.	✓
Staffing Ratios: Oppose legislatively mandated staffing ratios and support hospitals' ability to manage staffing levels based on their needs and patient complement.	✓
MHASC: Continue to identify and enhance new EBPs with programs that promote and strengthen MHA workforce priorities. Continue to expand the Unemployment Compensation Program to offer high-quality human resources.	✓
MHA Keystone Center: Support and advance the association's workforce safety and wellbeing priorities through deployment of physical security risk assessments with targeted hospitals, roll out of safe patient handling and mobility program with targeted hospitals, offering workplace GAP analyses, hosting of a safe patient handling and mobility conference, and implementation of year two of the 'Well-B' series with Dr. Bryan Sexton.	✓
Hospital/Physician Integration: Grow physician members and continue engagement with hospital chief medical officers to strengthen hospital/physician relationships and use physician expertise to enhance advocacy.	✓

TORY

The MHA advocated to lower the age of the MI Reconnect Program; established a partnership with the Michigan Health Council to offer nurse preceptor training; provided a letter of support to Oakland University for a rural nurse palliative care grant proposal; provided data for an Oakland University grant rural nurse palliative care grant proposal; administered a workforce survey to membership; provided testimony on workforce shortages; provided a member forum at Small or Rural Council; and supported Upper Peninsula Michigan Works! in their grant application to expand training opportunities in the nursing workforce & expand the pipeline of qualified nursing professionals.

The **MHA is actively advocating against staffing ratios** and used MHA member survey data to develop messaging with lawmakers on the shortage of qualified healthcare workers.



The MHASC expanded its partnership with care.ai to **improve productivity and reduce the workload of staff** and helped launch virtualnursing.com platform to share best practices. The MHASC is leveraging existing partnerships to address leadership and physician recruitment, coaching, well-being support, customized agency staffing programs, strategic pay and benefits intelligence and more.

The MHA Keystone Center contracted with HSS under the BCBSM partnership to provide physical security risk assessments to member hospitals, who reported the assessments to be high value, culminating in a comprehensive report that details areas of opportunity to strengthen security. **The MHA Keystone Center co-hosted a safe patient handling and mobility conference.** The cohost, EarlyMobility.com, is also engaging with member hospitals to provide on-site, interventional support to establish Safe & Early Continuous Mobility (SECM) programs. WELL-B, a healthcare staff resilience-building program, continues its success. Results from a survey administered to more than 5,000 healthcare staff in 2022 showed a 20-point improvement in emotional exhaustion.



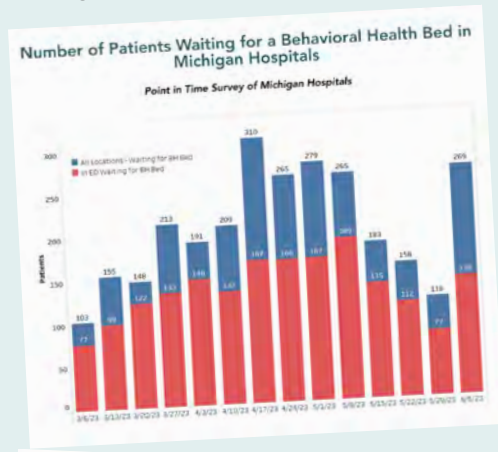
The MHA provided CME opportunities and support of physician leader organization activities through EBP programs and sponsorships.

The new MHA Physician Membership has been well received with 30 physicians joining to date. We continue to communicate and engage physician leaders with more than 50 one-on-one meetings with physician leaders for 2022-2023. The Physicians in Healthcare Leadership Council has 25 active members and has continued to provide counsel and advise to the association on issues that pertain to physician leadership within MHA.

A new **Ambulatory CMO Forum** for physician leaders that are responsible for the ambulatory sector within their organization was established with the first meeting held June 7, 2023. Additionally, a new **Chief Quality Officer Forum** was established with 24 active members having met four times discussing issues that pertain to quality and safety within healthcare throughout the state.

TORY

The MHA launched and sustained a BH ED boarding survey, and designed and deployed survey to understand the use of Assisted Outpatient Treatment in hospital settings.



The MHA used the council to pilot the ED boarding survey. The council generated feedback on various pieces of legislation (i.e. SB 28 on chemical restraint) to provide amendment language back to lawmakers and improve legislation. The MHA and council created connections with the MI Association of Sheriffs to address shared issues.

The MHA supported the introduction and committee hearing held on legislation to require preadmission screenings to be done within 3 hours of notification, and to allow qualified hospital clinicians to administer screenings and be reimbursed for those services. **The MHA coordinated member testimony on the topic and is working on reintroduction in the new legislative session.**



The MHA is pursuing reimbursement for peer recovery coaches in the ED setting via a state plan amendment, versus just through CMHs.

The MHA is collaborating with the CMH Association, MDHHS Office of Recipient Rights, Mental Health Association of Michigan, and Michigan Disability Rights to do education regarding transfer of BH patients across state lines.

The MHASC leveraged EBP partner LifeWorks, along with Johns Hopkins and Hazelden Betty Ford, to support substance abuse services, and explored virtual behavioral health services and potential partnerships.



In an effort to support the emotional well-being of healthcare workers, the MHA Keystone Center launched a partnership with the Duke Center for Healthcare Safety and Quality (Duke Health) team led by Bryan Sexton, PhD. More than 5,000 clinical and non-clinical staff from 144 organizations joined in the first 10-week Well-Being Essentials cohort.



HEALTH EQUITY

STRATEGIC ACTION PLAN DIRECTIVE	RESULT
Maternal Morbidity Disparities: Encourage all birthing hospitals to participate in MI AIM to improve measurement and research on disparities in maternal health/birth outcomes.	✓
Research High Performers: Use MI AIM and other data to identify high performers and share keys to their success with membership.	✓
Communication: Establish a communication strategy to support the MHA health equity work.	✓
Intersection with Public Health: Continue the work of the MHA Public Health Taskforce to build trust and relationships between local public health (LPH) and hospitals/health systems; invest in strategies to elevate the contribution of public health to employers/payers, policymakers, and the general public; and develop data systems and data sharing agreements to allow hospitals and LPH departments to share necessary infections disease data.	✓
Impacts of Social Determinants of Health (SDOH): With Wayne State University's Phoenix mapping system and outreach program, identify health outcome disparities caused by SDOH.	✓
Race/Ethnicity Data Collection: Use MHA Keystone Center and MHA Data Services to enhance R/E data collection, and develop standardized SDOH data collection.	✓
Transparency: Develop a dashboard that provides rates by hospital and R/E for member/association use.	✓

OUR S

The MHA Keystone Center conducted recruitment outreach to prosperity Region 10, which was identified as having low engagement in MI AIM, and coaching was offered to low-performing hospitals on the pre- and post-partum obstetric hemorrhagic risk assessment. Because of these efforts, **77% of Michigan birthing hospitals are participating in MI AIM, 94% of which are compliant with the pre-partum assessment and 89% are compliant with the post-partum assessment.** The MHA Keystone Center also worked to improve the implementation of the Quantitative Blood Loss (QBL) Assessment. Hospitals participating in MI AIM have a QBL assessment compliance rate of 99%. Additionally, patient, family and staff support was provided via hypertension-specific safety bundles to participating hospitals. Finally, the MHA Keystone Center collaborated with Michigan Value Collaborative (MVC) to analyze the association between birthing costs and complications. The MHA Keystone Center and MVC co-produced a piece to educate executives at Michigan hospitals about the importance of investing in maternal care initiatives. The piece was shared directly with leaders via the MVC blog and MHA Monday Report. The MHA advocated for funding that was included in the Executive and House budgets to provide additional funding for MI AIM, and an **additional \$5 million** is included in those budgets dedicated to hospitals interested in gaining accreditation in maternal levels of care.

TORY



MHA Data Services performed a data analysis highlighting high performers when looking through a health equity lens. These hospitals were invited to present to the MHA Health Equity Taskforce and share their efforts around DEI, health equity and cultural competency. The **MHA Health Equity Taskforce is working to engage in site visits** to learn more from these high-performing organizations.

The MHA Communications team designed and hosted a member-wide webinar about the available BH grant funding, and supported strategic planning around the health equity dashboard concept. The MHA Communications team also created member alerts focused on raising awareness and encouraging participation in equity-focused work.

The MHA is conducting cooperative research to determine legal procedures to help ensure ongoing project and future partnership success. The MHA **advocated for at least \$47 million of funding included in both the Executive and House budgets to fund initiatives related to SDOH.**

The MHA created and presented visualizations for multiple stakeholders/committees that provided examples of the current R/E data analysis and reporting possibilities. Based on committee and membership feedback, staff continue to frame the most suitable dashboard content to equitably suit all members.

The MHA continued its Public Health Taskforce and secured additional MDHHS executive leadership participation. **The MHA designed a public health data dashboard to be shared on the MHA website soon for public health partner use and planned a first-of-its-kind communications training event with the de Beaumont foundation for Taskforce members and other key leaders.** The MHA advocated for legislation to advance data sharing for LPH by requiring state agencies to share back local data with Local Health Departments. The MHA is exploring the Public Health Code and the EMS Act to determine whether regulatory flexibilities exist to ease EMS transfer issues. The MHA also supported increases in local public health services included in Executive, House and Senate budget recommendations.

MHA Data Services continues to apply the multi-dimensional standards for capture of R/E set forth in OMB Directive No. 15, working to help ensure that data collected from Michigan hospitals meets, and exceeds, minimum federal reporting requirements. Specific interventions resulted in significant reporting improvements for health system(s) with missing or incomplete R/E data in previous periods. Ongoing efforts remain a priority, and necessity, as the hospitals' source systems continually change. In addition, the MHA Keystone Center is partnering with two sites within Trinity Health to pilot a QI project to enhance R/E and SDOH data collection efforts.

The MHA is supporting the American Hospital Association's efforts to advance health equity and their Hospitals Against Violence Campaign.



MHA SERVICE CORPORATION

The MHA Service Corporation (MHASC) is MHA's for-profit entity that provides critical non-dues revenue to the organization, ensuring we can provide the best in member services, programs and value without significant dues increases. The MHA Service Corporation is comprised of the MHA Unemployment Compensation Program (MHA UCP), the Endorsed Business Partner (EBP) Program and Data Services products.

19 EBPs

representing key service sectors to support members, including staffing/human resource partners, revenue cycle and financial management partners, technology partners, security partners, behavioral health partners, language service partners and more.



ENDORSED
Business Partner

MHA UCP continues to represent employers in

47
STATES

MHA UCP received the NASWA **"National Award for Outstanding Performance"** for the second consecutive year.

16,622
new claims processed by MHA UCP in 2023



20

EBP WEBINARS to educate members on critical issues facing their operations, staffing needs and more.

\$145,451,854

FY 2022-2023 potential claims liability for MHA UCP clients

\$6,495,356

FY 2022-2023 benefits charged clients

SAVING OUR CLIENTS ROUGHLY

\$139 million

IN UNEMPLOYMENT PAYMENTS

Data Services continued strategic planning on ensuring the data the MHA houses is used to meet our mission.

2 critical data products – **Data Koala** and **CB Tracker** – that allow members to meet their reporting and planning needs.



WILDCARDS

Every year, the MHA devotes significant time that items not on the action plan, or issues that arise unexpectedly. The 2022-2023 program year was no exception. Here are **just a few** of the wildcards the MHA handled on members' behalf.

Advocated on numerous programs for **ALL-INCLUSIVE CARE FOR ELDERLY** issues.



BED CAPACITY/AVAILABILITY:

Secured a swing bed waiver to expand access to/hospital use of swing beds.

ADVOCATED THAT MDHHS REINSTATE THE 85% OCCUPANCY THRESHOLD

for nursing homes to receive full cost-based reimbursement, to minimize the backlog of hospitalized patients awaiting post-acute placement.

GUARDIANSHIP:

Heavy collaboration with hospitals & external partners to identify and address gaps in Michigan's guardianship system.

MANAGEMENT OF INFECTIOUS DISEASES:

C. auris cases identification, appropriations request to training and education related to effective management of infectious pathogens

CYBER SECURITY:

The MHA has available **GRANT FUNDING** to help assist eligible organizations with defraying the cost of participating in and receiving value from the Healthcare Security Operations Center.

ADVOCATED FOR REPEAL

of COVID relief facilities/ COVID care & recovery centers.

PsyPACT:

Legislation signed into law to allow interstate telehealth and expedited licensure for psychology professionals.



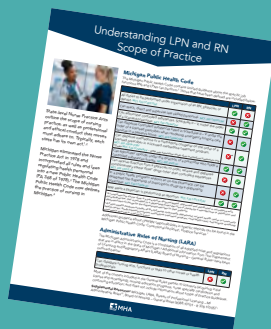
RURAL EMERGENCY HOSPITALS:

Legislation signed into law to allow for the **licensing of Rural Emergency Hospitals in Michigan**, one of the first states in the country to do so, and provided a comprehensive suite of communication materials for members.



SCOPE OF PRACTICE:

Created a comparison document between LPN and RN scope of practice within the state of Michigan as a resource to member facilities.



FOREIGN HEALTHCARE PROFESSIONALS:

Secured \$1 million and participating in ongoing task force discussions to increase the number of foreign trained healthcare professionals in Michigan.



BOARD OF TRUSTEES

Thank you to the 2022-2023 MHA Board of Trustees for their commitment to advancing the health of individuals and communities!

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