



TOGETHER WE CAN DO
GREAT THINGS

ANNUAL
REPORT

2023-2024
PROGRAM YEAR



MHA
Michigan Health &
Hospital Association



TOGETHER WE CAN DO GREAT THINGS

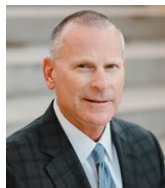
—
Mother Teresa

Dear Member,

The MHA's 2023-2024 Annual Report is a reflection on the association's achievements on behalf of its members, based on the strategic priorities set forth by the MHA Board of Trustees. The year has focused intensely on workforce, viability, behavioral health and health equity – and as usual, has held other “wildcard” challenges that the MHA has faced head on. Our successes with and for our members are worth reflecting on and celebrating, but make no mistake: our achievements are only possible because of the **unity of this membership**. Few state hospital associations can say that they have 100% membership, and Michigan is one of them. We truly can speak to legislators, decision makers and partners with **one voice**, which allows us to do great things to advance the health of individuals and communities every day.

The 2024-2025 program year will no doubt bring new challenges and opportunities our way. We are committed to continuing to tell the hospital story in a positive way, about the impact you have on patients, communities and the overall growth and health of Michigan as a state. We are committed to continuing our efforts to expand access to behavioral healthcare; protect the viability of hospitals; shine a light on and push for health equity across the care continuum; and more. While there is much to do, today we are proud to share this summary of achievements. Thank you for your continued leadership, partnership and membership.

Sincerely,



Brian Peters
MHA CEO



Shannon Striebich
*President and Chief Executive Officer,
Trinity Health Michigan Market, and
2023-2024 MHA Board of Trustees Chair*



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.

WORKFORCE SUPPORT &

✓ **OPPOSE MANDATED STAFFING RATIOS:**

Vigorously opposed legislatively mandated staffing ratios and supported hospitals' ability to manage staffing levels based on their needs and patient complement. The MHA successfully advocated for legislation to stop at a committee hearing, where more than 60 supporters were in attendance to push back on false narratives and support alternative nurse staffing solutions.



✓ **OPPOSE MANDATED STAFFING RATIOS:**

Coordinated, facilitated and hosted member advocacy opportunities with legislators to provide direct communication about why staffing mandates are wrong for Michigan. The MHA Advocacy Day in September 2023 featured more than 150 member attendees and 118 meetings with lawmakers. Countless other meetings, tours and in-district touchpoints continue.

✓ **OPPOSE MANDATED STAFFING RATIOS:** Created and led a coalition of 17 Michigan business and healthcare organizations who can stand with the association and provide advocacy in opposition to proposed staffing mandates.

✓ **WORKFORCE DEVELOPMENT:** Worked with stakeholders to implement new funding designed to expand access to Bachelor of Science in Nursing (BSN) degrees through partnerships between community colleges and four-year universities and advocate for more coordinated curricula and training resources for healthcare technician fields such as surgical, laboratory and pharmacy technicians to better allow individuals to utilize existing credits if they go on to pursue degrees in

more advanced healthcare fields. The MHA redeployed its hospital workforce survey in early 2024 to support association workforce efforts.

✓ **COMMUNICATION STRATEGY:** Continued the healthcare career marketing campaign designed to attract future workers to the sector and educate existing professionals about career options in healthcare. Supported the 2024 HOSA annual conference to reach more high schoolers.



✓ **EDUCATIONAL PARTNERSHIPS TO GROW PIPELINE:**

Engaged in partnerships with other organizations to promote healthcare careers, increase clinical faculty and nurse preceptors, address high staff turnover rates in rural areas, promote healthcare career options. Partnered with higher education to support the Michigan Achievement Scholarship. Worked with HOSA and local ISDs to reach younger age cohorts with health career information, and shared MI Hospital Career campaign assets with education institutions for sharing on their channels.

✓ **SUPPORT INNOVATION:** Worked within member legal, HR, data and endorsed business partner groups to examine how technology, such as artificial intelligence (AI), can be employed to improve patient outcomes and enhance workforce efficiency and workflow, but also what regulatory, compliance, privacy, and legal guardrails might be needed to provide more guidance to providers and the public as these platforms are created and employed. Formed a member taskforce charged with creating a framework for safe, ethical, and equitable use of AI in healthcare.

INNOVATION

✓ **MHA SERVICE CORPORATION (MHASC) SUPPORT:**

Continued to identify and enhance endorsed business partners (EBPs) with services that strengthen association workforce priorities. MHASC vetted more than 50 potential partners, of which a small few best-in-class companies were selected as new EBPs to support workforce and other areas of priority. Continued to expand the Unemployment Compensation Program (UCP) to offer high-quality human resources support in this area to members and other clients. During calendar year 2023, **MHA UCP saved clients nearly \$216 million**, meaning clients paid an average of only 5% of their potential liability on claims. MHA UCP received the NASWA National Award for Outstanding Performance for the third consecutive year.



✓ **MHA KEYSTONE CENTER:** Supported 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. Trained more than 100 caregivers on safe patient handling; provided training on accurate worker injury data collection; provided active shooter training with MHA EBP HSS to member hospitals.

✓ **HOSPITAL/PHYSICIAN INTEGRATION:** Used physician membership category and continued engagement with hospital chief medical officers to strengthen hospital/physician relationships and engage physician expertise and enhance advocacy. Continued to better engage physician leaders that manage non-hospital-based care.



ADVOCATING FOR HOSPITALS

Fought against harmful legislation:

- ▶ Mandatory nurse staffing ratios
- ▶ Local preemption
- ▶ Certificate of Need

Fought for pro-healthcare legislation:

- ▶ Increased penalties for assaulting healthcare workers
- ▶ MHA state retention negotiation provision sunset extended
- ▶ Affordable Care Act codification
- ▶ Healthy Michigan Plan statute "clean-up"
- ▶ Living Organ Donor legislation
- ▶ Overdose fatality review act
- ▶ Pharmaceutical manufacturer liability
- ▶ Telemedicine access
- ▶ Behavioral health parity

More Advocacy Activity:

- ▶ State budgets fully support MHA priorities and special pools
- ▶ Auto no-fault "fix" legislation passed Senate
- ▶ 340B contract pharmacy legislation introduced
- ▶ Behavioral health access improvement bills introduced
- ▶ Sharps containers access improvement
- ▶ Maternal and Infant Health legislation passed House Committee
- ▶ Behavioral Health Provider credentialing introduced
- ▶ Step therapy introduced
- ▶ Submitted comment letters on 8 state and 12 federal proposed policies.

VIABILITY

✓ **MEDICAID FUNDING:** Maximized Medicaid funding through the provider tax program by working with the Michigan Department of Health and Human Services (MDHHS) to submit a state-directed payment program preprint application to CMS to maximize the Medicaid provider tax program and continue to support the work to increase the supplemental managed care payments to as close to average commercial rates as possible under federal limits. **The MHA's efforts increase Medicaid funding to members by more than \$1 billion net this year,** and potentially in future years.

✓ **MEDICAID FUNDING:** Provided staff and operational support to the MHA Board-appointed subcommittee charged with creating recommendations to address community benefits, funding equity, and member unity related to potential increases in the Medicaid managed care supplemental payments. Prepared recommendations for, and initiated implementation of, an MHA Advisory Panel on community benefit collaboration.

✓ **MEDICAL LIABILITY:** Opposed changes to existing law to weaken noneconomic damages caps, criteria for expert witnesses and expansion of gross negligence.

✓ **STATE BUDGET:** Ensured continuation of appropriations to fully fund the Healthy Michigan Plan. Continued to work with an MHA-led coalition of stakeholders on Medicaid redetermination, ensuring Michigan remains a good performer in maintaining coverage for eligible beneficiaries.

✓ **PHARMACEUTICAL COSTS:** Protected the 340B program and supported initiatives to fight the significant rise in pharmaceutical costs facing hospitals and health systems. Engaged in significant federal advocacy efforts to protect 340B and got House Bill 5350 introduced in Michigan to prohibit drugmakers from limiting contract pharmacy arrangements. The House Insurance Committee took testimony from several MHA members on HB 5350, the bill to protect 340B hospitals. Supported legislation requiring drug price transparency, which passed House Committee.

✓ **CON:** Consistent with the long-standing MHA Board position statement, supported preservation of the state Certificate of Need (CON) Program. Made significant efforts to fight changes to the Rural Emergency Hospital (REH) program that would make it more challenging for a hospital to convert to an REH or convert back to their previous status. Successfully advocated against legislation that would have undermined the entire CON program.

✓ **LEGISLATIVE ADVOCACY:** Actively followed relevant state and federal legislation and advocated for the association and membership priorities. The MHA tracked 149 bills that could impact hospitals and healthcare; submitted 51 official positions on bills; testified on multiple issues; and supported 36 bills that became law. No legislation that the MHA opposed became law during the program year.



✓ **ELECTION STRATEGY:** Exceeded the \$400,000 Health PAC goal and continued to effectively use Health PAC to support elected healthcare champions at the state and federal level. Supported healthcare champions at the state and federal level with 95% of Health PAC supported candidates winning their election last cycle.



✓ **STATE BUDGET:** Ensured continuation of the long-term strategy negotiated in 2016 to provide funding for graduate medical education (GME), small and rural providers, and obstetrical care.



FISCAL YEAR 2023 IMPACTS OF SPECIAL MEDICAID PAYMENTS TO HOSPITALS TOTALED:

**\$45
million**

for traditional
disproportionate share
hospitals

**\$163
million**

for GME

**\$15
million**

for rural hospitals

**\$8
million**

for rural OB hospitals

**\$1.87
billion**

in quality assurance assessment program funding for hospitals to
provide acute, rehabilitation and psychiatric services to the state's
most vulnerable populations

ADDITIONAL FY 2024 BUDGET SUCCESSSES:

**\$60
million**

annually to support
hospitals with Level I and II
trauma centers

**\$34
million**

annually to support
hospitals that provide
inpatient psychiatric care

VIABILITY

✓ **PAYER STRATEGY:** Continued to collaborate with all payers on mutually beneficial issues. Worked with the American Hospital Association (AHA) to develop a plan to address health plan behaviors for federally regulated health plans; to regulate non-federally regulated health plans in the Michigan insurance code; and to regulate Medicaid managed care in the Michigan insurance code. Worked with Blue Cross Blue Shield of Michigan (BCBSM) through a formal committee structure to facilitate non-binding input from member hospitals on germane matters. Worked with the Michigan Association of Health Plans to implement Medicaid managed care supplemental payments following federal approval of the enhanced program. Worked with key partners to fix a defect in the Medicare inpatient payment system pricer tool, which is used by auto carriers to price auto no-fault claims for hospitals.

✓ **PAYER STRATEGY:** Worked with the MHA CFO Council to identify issues hospitals experience with Medicaid managed care organizations and all commercial insurers, such as delayed authorization for care, payment denials and audits, step therapy requirements, coverage denials, site of care restrictions, and network adequacy. Developed appropriate strategies to mitigate these issues and improve the payer administrative environment. Worked with the MDHHS on the Medicaid managed care contract procurement process, including providing stakeholder input on health plan accountability measures. Facilitated discussion between hospitals and BCBSM to improve the impact of BCBSM's emergency department policy and claims analyzer tool, limiting the scope of the program and reducing its negative impact to Michigan hospitals by 75%. Sent letters resulting in extension of the pause and convened a task force of MHA members to provide non-binding input.

✓ **MHASC:** Continued to diversify and increase opportunities to support member's financial viability through potential products, business opportunities and EBP relationships. Enhanced partnerships and services to address revenue cycle, supply chain and business solutions. Organized the partnership program into solution-based verticals to connect to members' greatest areas of need. Launched a quarterback program to improve efficiency for mutually reviewing partner solutions. Launched three new endorsed partnerships, bringing us to 21 EBPs. Hosted 12 EBP webinars and council presentations to share national thought leadership. Worked with cybersecurity partner to address issues related to the Change Healthcare attack and increased engagement with Healthcare Security Operations Center. Hosted Cybersecurity Tabletop Exercise for members to address incident preparation and response strategies.



✓ **MHA KEYSTONE CENTER:** Maintained a long-term, diversified funding strategy for the MHA Keystone Center via Patient Safety Organization (PSO) memberships and established partnerships with the Superior Health Quality Alliance and other partners. Continued to develop the Keystone Proposal Team to diversify funding. This program year, the team submitted eight proposals. Diversified and solidified multi-year contract for maternal health efforts through Health Resources and Services Administration. Collected 100% of PSO dues.

✓ **ASSOCIATION EFFICIENCY:** Continued to assess and adjust association staffing, facility operations, cybersecurity, technology, non-dues products, field engagement and other offerings to ensure member services are provided in a cost-effective and efficient manner.

MHA BY THE NUMBERS



331
TOTAL MEMBERS

128

community hospital
members

42

associate member
organizations

37

physician members

21

Endorsed Business
Partners



ENGAGING MEMBERS



Multiple educational webinars

on mass casualty response; diversity, equity & inclusion; labor laws; behavioral health; and more.

600 members

participated in three member conferences in 2023-2024



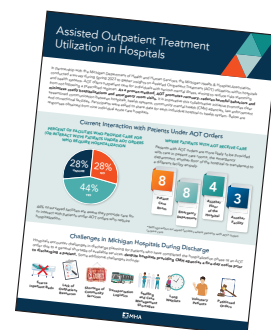
BEHAVIORAL

✓ BEHAVIORAL HEALTH BED ACCESS & CAPACITY:

Advocated for appropriate statewide capacity and funding for high-need inpatient treatment options for pediatric patients, children with developmental/intellectual disabilities and patients with historically violent tendencies. Participated in MDHHS Advisory Committee on creation of Psychiatric Bed Registry. Launched new member ED boarding survey to better understand behavioral issues statewide. Initiated tours with MDHHS leadership of inpatient psychiatric hospitals across the state. Administered a **\$50M grant program** to expand access to pediatric inpatient behavioral health services. Continued facilitation of \$10 million grant program to establish psychiatric residential treatment facilities.

✓ BEHAVIORAL HEALTH CRISIS PREVENTION & EDUCATION:

Built partnerships with crisis service partners such as law enforcement and first responders and collaborated to offer cross-sectional education and training events focused on providing crisis intervention services. Launched a behavioral health webinar series for full membership and hospital trustees. Surveyed membership on use of Assisted Outpatient Treatment, and developed summary infographic report to use to advocate for increased funding and resources for hospitals.



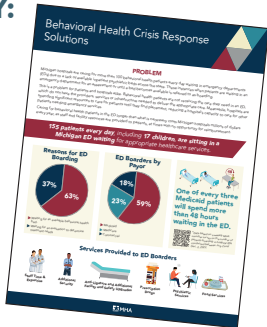
✓ COMMUNITY MENTAL HEALTH (CMH) SYSTEM REFORM:

Identified gaps within the existing CMH system by commissioning a report from Health Management Associates. Proposed solutions to state partners and policymakers that provide patient-centered, equitable and cost-effective behavioral care.

HEALTH

✔ **STATE (FORENSIC) BED SUPPLY:** In light of proposed reductions in the number of state forensic beds, pursued regulatory reform to allow qualified private providers to serve this population of severely mentally ill patients at established rates. Advocated for expanded accessibility of services and new provider types.

✔ **COMMUNICATION STRATEGY:** Established a policy-informed communication strategy to support the MHA's work related to behavioral health, including using data to enhance key audiences' understanding of behavioral health challenges. Published a behavioral health infographic for advocacy purposes and launched new web page to showcase behavioral health data to tell our story.



✔ **BEHAVIORAL HEALTH LEGISLATIVE EFFORT:** Created a four-bill package of legislation to address board-identified issues in the behavioral and mental health system such as coverage parity and CMH shortcomings. Created a coalition of support and launched communication tactics to advocate for bills.

✔ **DATA SUPPORT FOR BH ADVOCACY:** Used MHA Keystone Center and MHA Data Services to measure responsiveness and outcomes involving intersection of CMH and traditional healthcare system. Modified behavioral health survey to collect additional data on wait times and payer categories to address policymakers' questions. Presented poster at National Update on Behavioral Health Emergencies.



✔ **MHA KEYSTONE CENTER SUPPORT:** Continued work in the substance abuse disorder arena, especially funded projects focused on medication for opioid use disorder (MOUD) and wraparound services. Secured \$1 million additional funds for ED MOUD efforts statewide. Secured \$8.3 million in governor's budget to support hospital peer recovery coaches. Engaged members in the ED MOUD and Inpatient MOUD programs. Collaborated to provide free peer-to-peer learning opportunities with clinical consultants to increase awareness for ED MOUD work and decrease opioid-related injury and death.

✔ **MHASC:** Enhanced partnerships to support behavioral health needs through technology, services and expertise including exploring a partnership for behavioral health travel staff projects; now evaluating 20 companies providing behavioral health solutions and soliciting member expert feedback.



HEALTH EQUITY

- ✓ **EQUITY & BEHAVIORAL HEALTH:** Issued report of the MHA Keystone Center Health Equity Taskforce to the MHA Board of Trustees. Transitioned taskforce into a full-time MHA Council.



- ✓ **EQUITY & BEHAVIORAL HEALTH:** Worked with the Michigan Association of Local Public Health (MALPH) and the MHA Public Health Task force to advocate for increased behavioral health access in underserved communities by partnering with local health departments, philanthropic entities and faith-based partners. Hosted de Beaumont Talking Health Event with a national leader in public health communication. Provided funding to the State to launch a survey on assessing qualified interpreter workforce gaps and access needs.

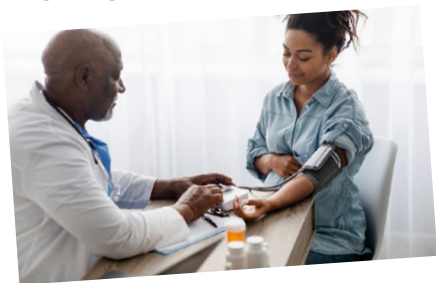
- ✓ **EQUITY & ENVIRONMENTAL STEWARDSHIP:** Developed a standing Health Equity Council guided by the results of the Health Equity Task Force. The Council, once active in the new year, will share best practices with members about health equity, community benefit and sustainable healthcare best practices, recognizing that advancing the health equity of individuals and communities means being a good environmental steward.

- ✓ **MATERNAL CARE:** Supported hospital assessments and achievement of appropriate maternal levels of care and pursued opportunities from funds established in the state budget to close racial health equity gaps. Secured \$10 million to support hospitals.

- ✓ **EMERGENCY PREPAREDNESS:** The MHA evaluated and determined a deliberate role for itself in emergency preparedness activities, including existing staff emergency preparedness experience and resources, engagement with state and federal emergency preparedness officials/collaboratives, and future needs. Explored state models for emergency preparedness funding management. Enhanced MHA collaboration with the State to improve member engagement. Continued to use grant funding to address active violence training needs and risk assessments. Engaged with cybersecurity partners to prepare for and mitigate cybersecurity incident damages.



- ✔ **MATERNAL MORBIDITY DISPARITIES:** Continued to support member participation in the Michigan Alliance for Innovation on Maternal Health (MI-AIM) program to improve measurement and research on disparities in maternal health/birth outcomes. Coached low-performing hospitals on how the pre- and post-partum obstetric hemorrhagic risk assessment can be implemented. Conducted webinars to improve implementation of Quantitative Blood Loss Assessment. Provided patient, family and staff support via hypertension-specific safety bundles to participating hospitals. **Achieved significant participation rates and improved outcomes for participating hospitals.**



- ✔ **RESEARCH HIGH PERFORMERS:** Used MI-AIM and other data to identify high performers and share keys to their success with membership. Worked with Michigan Council on Maternal & Child Health to develop a research project to evaluate the lived experiences of Black women who gave birth in select Michigan hospitals and collect feedback from hospital staff to better understand their perspectives on providing optimal care for birthing individuals.

- ✔ **RACE/ETHNICITY (R/E) DATA COLLECTION:** Used the MHA Keystone Center and MHA Data Services to enhance R/E data collection and development of standardized 'Social Determinants of Health' data collection. Partnered with hospitals to identify how to improve data accuracy and standardization. Identified structural challenges with data collection and use, which are being prepared for a membership report.

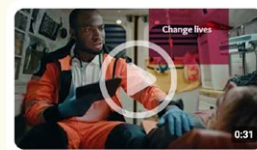
TELLING OUR STORY

38 million

impressions on social media

1,600

MHA MiCare Champion podcast listens



Change Lives - Work in a Michigan Hospital
1.1M views

3.6 million

video views

2,071

earned media mentions to tell hospitals' story



490,000

engagements on social media

36,000

social media follows, a 6% increase over last year



\$160,000

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

WILDCARDS

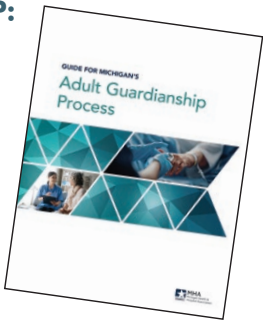
Every year, the MHA encounters major issues that were not on the action plan but require significant association resources. In 2023-2024, some of those wildcard challenges included:

CYBER ATTACKS: The Change Healthcare attack impacted healthcare nationwide, and the MHA was quick to engage to support members. The MHA surveyed the membership to assess impact and communicate with elected officials; kept Congressional members and regulators informed; worked with payers to provide alternative claims solutions and expedite claims processing; offered print materials support; communicated frequently to keep members informed and more.

INFECTION CONTROL: Secured \$756,000 through an earmark appropriation from U.S. Senator Debbie Stabenow (D-MI) for infection control practices in long-term care facilities.

GUARDIANSHIP:

Launched a member-facing guide to help hospital staff navigate the adult guardianship process for hospitalized patients.



PATIENT TRANSPORT: Engaged with partners to improve patient transport between facilities and coordinate payments for EMS transporting patients to new locations of care.

DRUG SHORTAGES: Collaborated with federal partners on mitigating drug shortages and addressing issues impacting hospital procurement ability and supply chain needs.

POPULATION GROWTH: Hosted roundtable with Michigan's Chief Growth Officer to discuss the Growing Michigan Together Council and create opportunities for hospitals and health systems to engage in workforce recruitment and retention strategies, statewide.

SAFETY & QUALITY: The MHA Keystone Center launched a caregiver navigation program and infection control online learning modules; secured a federal earmark to strengthen long-term care infection prevention and control practices; created the Adverse Event Review Committee to mitigate future adverse events; and implemented cross-cutting activities including a new learning management system to continue quality and safety improvement work.



Advancing the health of individuals and communities requires unity of membership, committed leadership, and a passionate and empathetic workforce. The MHA team is proud to partner with every Michigan hospital, every day, to strive toward our shared mission and build a better, healthier tomorrow for those we serve. Thank you for a wonderful year. We look forward to continuing the partnership in the 2024-2025 program year.





MHA
Michigan Health &
Hospital Association



For a directory of the MHA Board of Trustees and staff, please visit mha.org.