President’s message

We are having a beautiful warm summer in Michigan, and I hope you have had the time to enjoy some of the splendor and scenic adventures that Michigan has to offer. I have had the opportunity to travel to northern and mid-Michigan to enjoy some of the beautiful sites and have made new friends. The conversations we had were quite enjoyable. Some of them even gave me some tips to improve my golf game! I know we will stay connected.

As I reflect on my summer travels, I also thought about the relationships I have built with so many MCACHE members. From networking, career advice, professional development, access to innovations and new developments to learning new skills and having fun! These relationships and friendships are treasured.

Over the next several months there are many excellent programs and networking opportunities that are planned and I hope that you have the opportunity to participate. Bring a friend or colleague with you too! The “Calendar” tab on the MCACHE website offers a thorough list of many educational and networking events.

Earlier this summer, two of our members received the Regent’s Awards, which recognizes outstanding achievements and the immense dedication brought to ACHE and MCACHE. Angela DeLaere, co-chair of the Student Activities committee, received the Emerging Leader award, and Rick Hillbom, chair of the Membership Committee, received the Senior Leader Executive award. Both have demonstrated strong leadership and an unwavering commitment to assisting MCACHE in achieving our goals.

This issue of the MCACHE newsletters offers two articles on cyber security that I encourage you to read. The nature of the personal data we collect in health care makes us a target for hackers. There are steps that can be taken to prevent future attacks.

I look forward to seeing you at an upcoming program or networking opportunity. Your MCACHE board is committed to achieving our strategic objectives by creating professional development and networking opportunities that will help you achieve your goals.

Enjoy the rest of the Summer!

A Typical Cyber Incident…and Response

By Claudia Rast, Butzel Long

An early-shift employee notices the tell-tale screen announcing that his data is inaccessible and encrypted, and a count-down clock posts a 24-hour deadline to meet a bitcoin demand. Ransomware is traversing the IT environment, encrypting servers and work stations as it goes.

Apparently, during the test of a company server, an employee modified certain server settings that allowed open access to the Internet. At the conclusion of his work, he did not close the setting. The open Internet-facing server became vulnerable to an opportunistic malware attack that

continued on page 3
Much like a top chef going for his Michelin Star, Wright Lassiter III spent his career imagining and striving for what may be considered the unattainable. Akin to how a chef must possess creativity and curiosity to stand out and be innovative, Lassiter states you must be willing to imagine, go for and accomplish what you previously deemed unimaginable.

If it wasn’t for his successful journey in health care administration — which has led to his most recent role as president and CEO of Henry Ford Health System — Lassiter contemplated a career in the restaurant business. His love for community and wellness, however, outweighed his love for food. Much like the ebbs and flows of a high-end kitchen, Lassiter has — throughout his career — experienced pivotal seasons that have been fueled by what he calls an “absolute fire” for change, prioritization of goal-setting and becoming a leader in areas he thought he could not lead.

Lassiter reflected that the most pivotal moments of his career were when he had opportunities to improve a procedure or situation. He began as a project manager at Methodist Health System in Dallas. During this time, he was tasked with accomplishing the then-CEO’s system goal to move toward a paperless clinical environment. This was Lassiter’s first exposure to hospital administration. To this day, he credits the person who hired him — John Carver — as the person who got him to where he is today. Carver oversaw corporate services and they would meet regularly to discuss the project and, most importantly, to discuss Lassiter’s career. During these meetings, Carver shared about his role as an administrator, which later prompted Lassiter to ask, “What would be my next steps if I want to do what you do?” At the time, Lassiter had an undergraduate degree in chemistry. He was advised to seek out business classes. He consequently earned his master’s degree in Healthcare Administration at Indiana University.

Lassiter returned to Methodist Health System as an administrative fellow, leading to a post-fellowship position that gradually grew in responsibility and ultimately led to a junior administrator role, followed by a system vice president position. Lassiter enjoyed overseeing traditional operations responsibilities at Methodist, which was a community and quasi-academic medical center. However, around 2002, he began to crave new challenges. This was a critical juncture for Lassiter in which he found himself at a crossroad: Continuing a traditional path or seeking something different – an exhilarating challenge, filled with opportunities for growth and creativity.

Lassiter chose the route of “something different” and joined JPS Health Network, a publically-sanctioned organization in Fort Worth. He had never imagined himself in public health care, but he believed in the CEO’s vision to provide “as great of care as the private hospitals around it.” It presented an interesting and exciting challenge for Lassiter. This opportunity opened another door for him: the CEO’s office of another publically sanctioned health system in California — Almeda Health System. Once CEO, he discovered a number of conditions that weren’t fully shared with him during the interview process. “The board was not highly functioning at the time; there was a lot of leadership turnover, unionization, financial and quality challenges that were not disclosed at the time of the hiring process,” Lassiter said.

Lassiter initially thought he would be at Almeda for about five years. He ended up staying for nearly 10 because he “was committed to improving the hospital and community.” It was during his tenure at Almeda that Lassiter experienced challenges that led to personal growth as an administrator. They include:

- A period of intense turnover. “The hospital was on fire,” in the sense that it was eagerly turning a new leaf and it provided a fresh start for those professionals who could ride the changing tides.
- A focus on goal-setting. It was imperative to define new goals for the organization as “loftier than you

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previously thought you could achieve.”

• A refined calling. The challenges of the first two seasons brought Lassiter to a time of self-discovery, in which he saw and learned he could be a leader in areas he previously had never dreamed he’d achieve.

Throughout this time, Lassiter found his true calling as a health care administrator. Although he hadn’t planned to leave Almeda just yet, HFHS sought him out and after a courting period, Lassiter eventually followed the calling to Michigan.

The state’s cold weather almost kept Lassiter and his wife in California, he recalled jokingly. However, after months of conversations, a visit to California from HFHS’ board chair and, finally, a visit to HFHS, it became apparent this was the next great calling at a great organization. He and his wife agreed it was “the right job, at the right time, for the right purpose,” Lassiter said.

Just like a novice cook often seeks to follow a set recipe, many early careerists may be tempted to stick to a traditional path. However, Lassiter encouraged early careerists to “remain flexible and to be open-minded.”

“We should not think of a career as a standardized process,” he advises. Instead, young professionals must seek opportunities to learn something new every day and “act like a sponge.”

Work with mentors and advisors to find opportunities in areas “where you don’t have confidence or exposure,” he added. The field of health care is ever-changing and, likewise, the nature of career progress in this field does, too. Lassiter finds that “managing change early in careers is more important now than it ever was,” finding it especially important to develop skill sets that “maximize the people-side of your career in order to leverage the greatest results.”

Early careerists should leverage all their resources, human attributes and creative thinking to achieve innovative outcomes. It’s like pairing a good meal with a good wine. The meal is even more satisfying and masterful when served after bringing a diverse group together around the table to experience it.
Since HFHS’s scheduled patching had already taken place before the WannaCry attack, Harper had little concern that the ransomware had attached its system.

Think of patching like “patching a hole,” explained Harper. Software can have particular holes or vulnerabilities that are native to certain software that enable the software to work in the way the designers intended. Hackers can use this vulnerability to their advantage. Software companies can offer patches to end-users. For instance, HFHS’ practice is to apply a patch within three weeks of the patch coming out and then test it before moving it into production. This allows time to ensure the patch does not impact other systems or applications critical to operations. The best thing an organization can do to prevent an attack such as this, Harper said, is to “have a strong patch-management strategy that includes patching appropriately and on time.”

Harper believes sharing best practices and promoting a supportive community amongst the IT industry is crucial to combat data breaches.

“The industry needs to become more practical and tactical versus vendor sales pitches [at conferences and through communication channels] . . . we need to become more transparent regarding malware threats,” said Harper.

That’s why she continues to speak on panels such as the one on May 12. Harper appreciates that HFHS’ culture allows her to “talk about failures more than anything,” so she can share with other what they’ve learned in the process.

Harper advises individuals to think about their personal vulnerabilities as well. She offers these tips:

- Change your passwords at least every 90 days.
- Be smart about your social media accounts and the information you post. This information gives hackers clues for potential passwords and personal information.
- Don’t approve everyone on social media – use discretion.
- Be cautious of attachments. Don’t open an attachment you aren’t expecting or that doesn’t look right.
- Read emails carefully – bogus emails often have misspellings, European spellings, bad grammar, etc.

Given the current climate of cyber attacks and the dependency on information technology in our daily lives and especially our industry – it is not a matter of if we get attacked, it is a matter of when, warns Harper. Be prepared!
The future of primary care

By John Crist
University of Michigan MHSA Candidate 2018

The supply and quality of primary care has been associated with both improved health and reduced costs in numerous studies, possibly due to factors such as increasing access, preventing disease, and managing diseases early and appropriately. Therefore, to effectively make the shift from volume to value, strengthening primary care is a strategy with strong potential. That strategy should include the right resources, the right support, and the right motivation.

Meaningful Use mandates and insurance regulations cause frustration in all service lines, but may have the biggest impact on primary care services. Increasing documentation requirements takes time out of patient care, and causes many Primary Care Practitioners (PCPs) to work late into the evening to finish charts. The advent of EHRs allows us to capture population data that was previously hard to assemble, but putting the onus of health maintenance reporting on PCPs removes even more of the human element from the provision of care.

Documentation is especially difficult considering the national focus on cost reduction in the delivery of services. Front end voice recognition (VR) software reduces and may eliminate costly transcription services. Employing Physician Assistants (PAs) and Advanced Practice Nurses (APNs) reduces wage expenses while potentially increasing service volume. There is a growing body of literature suggesting that APNs and PAs can provide primary care that is similar to that of a PCP. These studies demonstrate the potential for cutting salary and wages expenses while addressing the primary care shortage. Automated transcription and physician extenders may be the right choice for some providers and some systems. But consider this perspective:

Dr. Jones chose to specialize in family medicine to provide patient-centered care that would reduce the need for stressful, expensive treatment. Knowing that family practice does not pay as well as other specialties, she made her decision based on the joy of keeping people healthy. Unfortunately, Dr. Jones spends only one-third of her days with patients—much of which is spent checking boxes in the EHR—and evenings charting. She fumbles with front-end voice recognition, which has far-from-perfect recognition and can’t keep up with her normal rate of speech, lengthening her work time further. And as she repeats this cycle day after day, she is told that PAs and NPs can do her job just as well despite less training.

By focusing on short-term cost reduction, health systems run the risk of causing burnout in some of the most compassionate people in medicine. According to Medscape’s 2017 Physician Lifestyle Report Family and Internal Medicine providers have ranked in the top five specialties for burnout for the past three years (55% each in 2017). In 2017, bureaucratic tasks were the primary cause of burnout, with long work hours and increased computerization close behind. Working to improve these statistics will help today’s providers and may attract more medical students to primary care specialties.

Managing costs, quality, and satisfaction is not a zero-sum game. There are many ways to achieve those three goals, such as those offered by Dr. Christine Sinsky. One that I have personally is the use of a “core team” of physician, nurse, and Certified Medical Assistants (CMAs) which enables physicians to manage active problems and be present with patients, while nurses and/or CMAs manage prevention care and management tasks. Physicians can connect with their patients, while nurses practice to the extent of their license while providing education, and CMAs are exposed to more of the care process. It is a win for everyone, and ultimately saves time, meaning fewer evenings of charting and a more productive practice and greater provider satisfaction.

She will be missed…

It is with a heavy heart that we share with you the loss of our dear friend and valued MCACHE colleague, Deb Ellis. Deb passed away in early June after a long, yet brave battle with cancer.

Serving as a pillar of MCACHE from the beginning, Deb’s warm presence and welcoming face had become familiar to many of us. During early MCACHE’s days, Deb assisted with the board agenda and minutes for what was then the Michigan Healthcare Executive Group & Associates (MHEGA), while working as an administrative assistant at the Southeast Michigan Hospital Council (SEMHC).

Deb’s role with MCACHE quickly grew into that of administrative assistant for the Chapter. While officers and board members changed, it was Deb who kept the Chapter operations consistent. Deb was a huge contributor to MCACHE’s success over the years. We will all miss you Deb, rest in peace dear friend and know how much you were appreciated.
A group of 125 volunteers – 14 of them MCACHE members – grabbed their shovels and planted almost 1,000 trees for this annual event. This year’s efforts focused on Rouge Park.
Message from your regent

Derk Pronger, FACHE

The MHA Annual Membership Meeting was held on Mackinac Island June 28-30. ACHE has a tradition with the MHA in conducting an annual state membership meeting and breakfast at the conference. This year's guest speaker was David Schreiner, FACHE, ACHE Governor for District 3. David provided an overview on the health care environment and ACHE's strategic plan in leading and improving health care for all.

One of the key responsibilities of being Regent is maintaining a strong relationship with our hospital association. I will be discussing with chapter board members and the Regent Advisory Council on how best to improve the MHA event for our members. If you have an opinion, feel free to send me an email.

Culture of Patient Safety

ACHE has been working with the National Patient Safety Foundation (NPSF) developing leadership practices in creating and sustaining cultures of safety. The partnership has created a document entitled, “Leading a Culture of Safety: A Blueprint for Success.” This document is an evidence-based, practical resource with tools and proven strategies to assist you in creating a culture of safety—an essential foundation for achieving zero harm. It is the ACHE & NPSF hope that this guide will inspire and motivate, while providing approaches and tactics leaders can implement in driving cultural change, with the goal of elevating healthcare into the realm of recognized industries that have succeeded in reducing error and harm. I believe this document will serve as a great resource in organizations striving to reduce patient harm. I encourage you to download the document and have discussions with your leaders on what your organization can do to achieve zero harm.

http://www.npsf.org/page/cultureofsafety

Regent Award Winners

A big congratulatory shout out to our Regent Award winners:
Emerging Leader – Angela DeLaere, Beaumont Health, MCACHE
Senior Career – Rick Hillbom, Gift of Life Michigan, MCACHE
Faculty – Kim McVicar, Ferris State University, GLACHE
Student – Maria Dunneback, Grand Valley State University, GLACHE

Thank you for all who submitted nominations and participated in the selection process. A formal presentation of award winners will take place at a future chapter meeting.

Meet this year’s Regent Advisory Council

The function of the Regents Advisory Council (RAC) is to provide advice to the Regent on matters of ACHE policy, promote the interests of all ACHE members represented by the Regent in the services and operations of local ACHE chapters and coordinate the activities of local ACHE chapters, Higher Education Network participants, and other health care organizations to promote the mission of ACHE.

The RAC term is one year, and appointees may be reappointed. The RAC is not empowered by ACHE Bylaws and has no formal role in the governance of ACHE. The RAC and its members serve as an advisor and assistant to the Regent and may not substitute for the Regent in any meeting of the Council of Regents or the district.

Final decision-making authority and accountability for any decision within the scope of the Regent always resides with the Regent and may not be delegated to the RAC. The RAC does not have the authority to make any policy statements or statements that could be construed to be the policy or position of ACHE.

Members of the RAC are:

Kira Carter-Robertson
Sparrow Health System, Lansing
Tina Freese-Decker
Spectrum Health, Grand Rapids
Patrice Hatcher
McLaren Healthcare, Flint
Tom Lemon
Otsego Memorial Hospital, Gaylord
Brian Madison
The HCS Group, Plymouth
Kathryn Perkins
Sincera Supportive Care, Perrysburg, Ohio
Nancy Susick
Beaumont Health, Troy
MCACHE hosted “Becoming a Model System: How Intermountain Healthcare Leverages Transformational Strategies to Achieve Greater Systemness,” in May with Albert (Bert) Zimmerli, CPA, executive vice president and CFO at Intermountain Healthcare in Utah, as the keynote speaker.

Bert has accounting and Master of Business Administration (MBA) degrees from the University of Wisconsin. He won the Elijah Watt Sells Award for receiving the second highest CPA exam score in the nation for his year. Prior to joining Intermountain in 2003, Bert was the executive VP and CFO at the Methodist Hospital System in Houston, partner in Ernst and Young’s Houston office, along with other vital roles.

The May 18 event encompassed four key takeaways: Live your mission with fanatical consistency; focus relentlessly on safety, quality, access, and cost; work as a system with no unnecessary variation; and innovate continuously.

He said these principles have guided Intermountain’s journey toward greater operational and financial performance. He added that having the lowest fixed rate yield, an improved swap portfolio, enhanced diversification, and reduced interest expense are necessary for best financial stability in the industry.

Bert said that a health care organization will excel when it reduces variation and waste, length of stay; refine procedures and surgical methods; and evaluate systems and processes for consolidation and standardization.

He said the three core expectations of agencies are solid balance sheet ratios that involve liquidity and reasonable leverage, well-defined strategies, and an established track record and credibility possessing the underlying values of competence, integrity, and government.

He added that it is important to “always do the right thing. Remember that health care is a team sport.”

While variation is needed, it must be executed in moderation. Learn best practices from other industries and countries to promote an environment of continuous improvement, focusing on safety, quality, access, stewardship, and growth, he said. Research and Development for kaizen concepts must be supported by data and metrics. Bert follows the slogan “Process without metrics is religion.” He offers that health care should keep in mind that the best health care in the world does not make a difference if it is not affordable and accessible.

Serving as panelists for the event were Anthony Tedeschi, MD, CEO, Detroit Medical Center, Kevin Webb, PhD, FACHE, chief acute care officer at Promedica, and Carolyn Wilson, RN, MBA, executive vice president & COO, Beaumont Health.

Dan Riina, FACHE, managing partner, DCR Healthcare Advisors, LLC, served as moderator. The panel’s message was that having a common goal allows for collaboration and is necessary for merging systems. Also, while health care systems are moving towards mergers and consolidation, it is important to first work with what you have before going bigger.
MCACHE Early Careerists share impressions of ACHE’s Leaders Conference

Earlier this year MCACHE held a competitive opportunity for MCACHE Early Careerists (as defined by ACHE under the age of 40) to attend the ACHE’s “Leaders Conference” held in May in St. Petersburg, Fla. The competition required early careerists to submit a statement about how their attendance at this conference would complement their long range career goals and a letter of support from a C-Suite individual at their workplace.

A selection panel of MCACHE members who are ACHE Fellows selected Branden Hill and Ken Rates who share their impression of the conference below.

Ken Rates…
Good leaders never stop learning. Leadership is about doing the right thing. Leaders are made, not born. Whatever maxim you subscribe to, there are few events within an emerging leaders’ career that stand out as defining moments. Events that help them grow as leaders; that help shape them as individuals; and that reignite their passion and fire for health care. One such event for me was my attendance at the 2017 Leaders Conference. I attended through a scholarship presented by ACHE and MCACHE.

This two-day event focused on a variety of leadership capabilities. Perhaps the most useful tool was the completion of a DISC Assessment, which simply put, measures how one prefers to do things. Having an understanding of one's preferences is not only critical to one's success as a leader, but also understanding and identifying how others prefer to do things is an effective leadership tool. My involvement in the DISC assessment not only analyzed my preferences, but also taught me how to view the preferences of others and how to best approach various individuals in order to become an effective leader.

Another invaluable topic centered on how one creates an executive presence. Discussing what an executive presence is, what it looks like, and how to find one’s own executive presence and style are tools that will serve to benefit me as I progress throughout my career.

Finally, being able to network with and learn from young, up-and-coming leaders and executives from around the country is something that will stay with me throughout my career. The opportunities offered by MCACHE, their level of support, and their confidence in me as a leader truly shows how committed they are to developing and growing the next crop of health care executives.

Branden Hill…
First and foremost, I would like to thank MCACHE for the opportunity to attend the 2017 ACHE Leaders Conference this past May. This conference is designed specifically for emerging leaders and pulled attendees from throughout the country. At this conference, I had the privilege to learn from top ACHE educators, network with a broad spectrum of emerging health care leaders, and explore the beautiful city of St. Petersburg with fellow attendees in the off hours. All of this made for an exceptional experience.

Prior to attending the conference there was some pre-work that needed to be compete. This consisted of a DISC assessment and a 360 degree leadership assessment. The Dominance, Influence, Steadiness, and Compliance (DISC) assessment helped me identify my leadership behaviors style, at the same time gave suggestions on how to work with other leaders of different styles. The 360 degree leadership assessment was compiled from six individuals made up of my direct supervisors, peers, and direct reports. Each had to provide a rating based on their assessment of my leadership abilities. This assessment tends to be the biggest take away for most attendees. I know it was for me.

Not long after this conference, I took a job that has really put my leadership abilities to the test. Between this conference and the strong support from MCACHE I feel I have been given some of the fundamental resources needed to be successful. This conference is a testimony to ACHE’s continued efforts towards lifelong learning and the development of future healthcare leaders.
And the survey says…. 

In February, we stated that we are overhauling our social media presence. We asked you to think about the ways you use social media, how you interact with colleagues online, and how we could improve our communications with you using various online resources.

In April, you received a social media survey with these questions, and more. We would now like to share the results of this survey, which will be driving our social media strategy moving forward.

Overall, survey results indicate that e-mail has been the source of choice for members to learn about upcoming events and connect with the organization. Some members were unaware that MCACHE had a Facebook or Twitter presence and had previously not interacted with us online apart from e-mail. Many stated they would prefer a different method for being notified of events, such as Facebook and Twitter. For the MCACHE Communications Committee, this serves as a great opportunity to jumpstart our social media campaign.

Our most significant survey finding was that despite a large portion of our members using LinkedIn professionally, only a limited number are connected with the MCACHE LinkedIn Page or are a member of the MCACHE LinkedIn group. The Communications Committee uses LinkedIn as well as Twitter and Facebook to post upcoming events, share speaker details, and ensure members are kept up-to-date on the latest news from MCACHE.

We are excited that most of our members responded they would be interested in interacting with MCACHE through social media. To spearhead further engagement from our members, we have been featuring a series of tutorials on how to find and engage with MCACHE online, from Twitter to LinkedIn and beyond. We look forward to “seeing” you online.

-MCACHE Communications Committee

Survey results

A quick tutorial on connection to us via LinkedIn

Don’t miss out on MCACHE updates, connect with other members, and see what’s going on in the health care world. Join us on LinkedIn! Connect with MCACHE via LinkedIn profile and become a member of the MCACHE group to broaden your engagement and experience.

Below, we have a tutorial on how exactly to do so. We look forward to seeing you online!

How to add MCACHE as a Connection

1. Once you’re signed in to your account, search “MCACHE” in the search bar on the top left-hand corner of the LinkedIn home page.

2. Click on the “MCACHE – Midwest Chapter of ACHEx” profile from the search box.

3. Once you see our profile on your screen, click on the three grey dots on the right side above our name. This will give you more options.

4. Click on “Connect”? Feel free to send us a message, but it is not required. We check with a list of approved MCACHE members before connecting with anyone on the website.
LinkedIn Tutorial continued from page 10

5. Wait for us to approve the connection – it shouldn’t take too long for us to get back to you!

How to find the MCACHE Group on LinkedIn

So, you’ve connected with us on LinkedIn… now what? Now it’s time to join the conversation in the MCACHE Group. Here’s how:

1. Search for the “Midwest Chapter of the American College of Healthcare Executives” in the search bar on the top of the left-hand corner of your LinkedIn homepage. We will be one of the first few names to come up as soon as you start typing. Make sure the text underneath says, “Group.”

2. Click on the group.
If you are already a member, you will see a blue check next to the word “Member” in the top right-hand corner of the group.

3. If you are not yet a member, the group page will look more like this:

In this case, click on “Ask to join” in the top right-hand corner of the group page. We will get you approved as soon as possible!

As always, we check with a list of approved MCACHE members before approving anyone to join the group, ensuring that it is a safe space for members to interact.

Thank you for following along with this tutorial and we look forward to connecting with you soon!

- MCACHE Communications Committee

Calander

TechTown Detroit
Aug. 31
TechTown
440 Burroughs St
Detroit
5 – 6 p.m. Registration and networking
6 – 7 p.m. Informal Panel Discussion/Q&A
7 – 8 p.m. Networking

Panelists:
Paul Riser, managing director, Technology-Based Entrepreneurship, TechTown Detroit; Zain Ismail, sr. consultant, Enterprise Project Management Office, Strategic Support Services Henry Ford Health System; Connie Chang, managing director, Fast Forward Medical Innovations, University of Michigan; Thomas Fehrenbach, Economic Development and Community Affairs Oakland County / Medical Mainstreet, and Jonathan So, sr. director, Health Care Initiatives, Detroit Regional Chamber

$15 MCACHE members/$20 guests
Register here.

Skate to Where The Puck Is Going: Redesigning Professional Education in a World of Population Health

Sept. 19
VisTaTech Center
(on the Schoolcraft College Campus)
18600 Haggerty Rd
Livonia, MI
(Park in the north parking lot)
7:30 – 8 a.m. Registration, breakfast, networking
8 – 9:30 a.m. program

Panelists:
Rita Pappas MD, FAAP, FHM, medical director, Hospital Operations Cleveland Clinic; Dr. Richard Baker, Vice Dean for Medical Education School of Medicine at WSU

Moderator: Joanne N. Gutowsky, president & CEO, CJ Systems, Inc

Members – $35 / Non-Members – $45 / Students – $10
Click here to register.

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“Looking into the Healthcare Crystal Ball: What’s Next?”
MCACHE & HFMA Co-Sponsored Fall Conference
Oct. 25 – Oct. 26
Inn at St. John’s – Grande Ballroom
44045 Five Mile Road
Plymouth, MI 48170

Panel #1  Oct. 25
1:15-2:45 p.m.
Physician-Hospital Integration in the 21st Century Strategies

Panelists:
Steven D. Brown, MD, FACP, FCCP, VP of Clinical Operations, Trinity Health Provider Network Organization; Peter Watson, MD, FACP, SFHM, medical director, Health Alliance Plan Midwest at Health Alliance Plan, and Mohammad Salameh, Internal Medicine Department chair, IHA
Moderator: Terrance McWilliams, MD, FAAFP, chief clinical consultant, Healthcare Strategy Group, LLC

Panel #2  Oct. 25
3:15 p.m. - 4:45 p.m.
Cost-Effective Health Care = Better Health Care?

Panelists:
Mary Beth Kuderik, chief strategy and financial officer, UAW Retiree Medical Benefits Trust; Vickie Boyle, RN, BSN, director, HEDIS for Quality Management and Population Health, Blue Cross Blue Shield Michigan; Katherine Scher, RN, CCM, director, Population Health Management, Henry Ford Health System, and Paul Harkaway, MD, Senior Vice President, Clinical Integration and Accountable Care, Trinity Health
Moderator: Deborah Sieradzki, PHD, partner, Lubaway Masten
Panel #3 Oct. 26
1:30 - 3:00 p.m.
Leadership Panel – What’s Next? Successfully Leading Change in Health Care Organizations

Panelists:
Ondrea Bates, DNP, MSN, RN, senior VP, Operations & Continuum of Care; John Kerndl, MBA, Executive VP and CFO, Beaumont Health; Jean Meyer, MSN, RN, COO, Ascension Michigan; Marcus Shipley, MBA, senior VP and CIO, Trinity Health
Moderator: Chad Schafer, CPA, Partner, Plante Moran

One panel: $90
Two panels: $150
Three panels: $170

1.5 Face to Face credits per panel
Register: http://conta.cc/2fkrDvQ

Looking to move to FACHE status in ACHE?

Participating in an exam review course is one of the best ways to gain the confidence and knowledge you need to successfully pass the Board of Governors Exam.

MCACHE will be offering a Board of Governors Exam review session on Sept. 29 and Oct. 6, 2017. Mark your calendar now!!! Registration details will be sent via Constant Contact and on MCACHE’s website.

If you are unable to attend on the above dates—ACHE is offering review course Oct. 25-27 in Atlanta. More information about that course is available on ACHE’s website.
Select Medical began operations in 1997 and has grown to be one of the largest operators of specialty hospitals, outpatient rehabilitation clinics and occupational health centers in the United States based on the number of facilities. As of June 30, 2017, Select Medical operated 102 long term acute care hospitals and 21 acute medical rehabilitation hospitals in 28 states and 1,608 outpatient rehabilitation clinics in 37 states and the District of Columbia. Select Medical’s joint venture subsidiary Concentra operated 315 centers in 38 states. Concentra also provides contract services at employer worksites and Department of Veterans Affairs community-based outpatient clinics. At June 30, 2017, Select Medical had operations in 46 states and the District of Columbia. Information about Select Medical is available at www.selectmedical.com.

About McLaren Macomb
In January 2012, Mount Clemens Regional Medical Center became McLaren Macomb.

McLaren Macomb is a 288-bed acute care hospital located in Mount Clemens, Mich. More than 400 physicians and nearly 2,000 employees work at McLaren Macomb making it one of Macomb County’s top employers. McLaren Macomb provides a full range of services, including cancer and cardiovascular care. As Macomb County’s first verified trauma center, the hospital operates the busiest emergency department in Macomb County and is also an accredited chest pain center. McLaren Macomb has a rich history of providing high quality, compassionate health care and holds a strong position in the community it serves. To learn more, visit mclaren.org/macomb or subscribe to our blog mclaren.org/macombblog.

About McLaren Health Care
McLaren Health Care, headquartered in Flint, Michigan, is a fully integrated health network committed to quality evidence-based patient care and cost efficiency. The McLaren system includes 12 hospitals, ambulatory surgery centers, imaging centers, the state’s only proton therapy center, an employed primary care physician network, commercial and Medicaid HMOs covering more than 250,000 lives, home health and hospice providers, retail medical equipment showrooms, pharmacy services, and a wholly owned medical malpractice insurance company. McLaren operates Michigan’s largest network of cancer centers and providers, anchored by Karmanos Cancer Institute, one of only two National Cancer Institute-designated comprehensive cancer centers in the state. McLaren has 21,000 employees and more than 25,000 network providers. Its operations are housed in more than 300 facilities serving a 54-county market and 75 percent of Michigan’s population. Learn more at mclaren.org.
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MCACHE provides a local forum for the open exchange of information and viewpoints. In doing so, we help enhance the decision-making expertise and professional growth of the professionals with a major responsibility for healthcare management in southeastern Michigan and northwest Ohio – all while promoting the mission of the American College of Healthcare Executives (ACHE).

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If you have suggestions or story ideas for the Newsletter, please contact:

Terri Gocsik, RNA, M.S. 
Communications Committee Chairperson 
tgocsik@chartis.com

Erika Arndt 
Communications Committee Co-Chairperson 
erika.arndt@beaumont.org

Newsletter designer: 
Tish Wirth 
Riverchase Media, LLC 
tishwirth@riverchasemedia.com

Website: 
Chris Anderson 
canderson3@bcbs.com

Social Media Coordinator: 
Jessica Baker 
jrrbaker@umich.edu