President’s message

Thank you for the honor and privilege to serve as your 2017 MCACHE president. I continue to be impressed by the level of commitment of so many of our members who serve on our executive committee and board and provide outstanding service, program planning, coaching and mentoring and much more. Thank you to all of our more than 1,000 members, your continued participation and involvement makes MCACHE a premier chapter of ACHE. MCACHE is your professional organization and I am committed to ensuring we continue to provide programming and resources that provide you professional and personal support and guidance.

This year we will continue to experience many changes and opportunities in health care nationally and locally in our communities. MCACHE is committed to providing education and resources to navigate these changes and opportunities. I encourage you to get involved and here is how you can do so:

**Attend a MCACHE education program:** Our committees are planning many educational and networking events that will provide excellent information on health-care trends and changes.

**Join a committee:** Our committees lend an opportunity for building new friendships and are working to provide many educational programs and support for our membership and some fun too! [Willingess to Serve Form]

**Encourage your colleagues to join:** Our organization has more than 1,000 members and we are always hoping more will join!

**Networking:** Meet other health care professionals and build new friendships and networks.

**FACHE** – Take the journey to obtain the FACHE credential: Attend a Board of Governors review session hosted by the Career Development Committee. Becoming a fellow is an opportunity to highlight your commitment to the health profession and your personal development. We have many current fellows who can assist you on this journey.

I look forward to leading MCACHE as your president but need your assistance. I am looking for innovative and creative ideas and suggestions to share with our members. Send any suggestions you may have to me at mcache@achemail.net. I look forward to seeing you at an upcoming MCACHE event. To learn more about upcoming events and various volunteer opportunities go to the [MCACHE website](https://www.mcache.org).

I wish you a very Happy New Year!

---

**What’s Inside**

CEO profile.........................2
CareerEDGE..........................3
MACRA here to stay.....................4
MCACHE ambassador program.6
Social media.............................7
Regent's message......................8
FACHE status changes..............8
‘Healthy Michigan’ future.........10
Events.................................12
Melany Gavulic, chief operating officer, Hurley Medical Center

Q: Tell us a little about you, your career path and what words of wisdom can you share with fellow MCACHE leaders?

A: I’ve been very fortunate in my career to have many opportunities presented to me, all of which I took on with great trepidation but ended up enjoying each and every one. Many of these opportunities were well beyond my comfort zone, but you learn in every situation and the harder a situation is, the more you take away from it. Keeping an open mind about people who you may consider challenging is a required skill. There is always a reason for someone to bring an issue forward, you may have to listen a little longer, or listen with a greater patience than normal, but even those individuals who seem “blustery” have a reason for which they are sharing their view. You can always find a pearl in their communication if you keep an open mind.

Q: What do you believe is the biggest challenge facing health care leaders today?

A: There are so many challenges, however, a summary would be the sheer volume of change that is going on amidst the health care industry. Many of us in leadership enjoy change. It’s what keeps things interesting and keeps us challenged. However, it feels as though change is coming on every front, and it is on a larger scale than what we’ve experienced before.

Q: What are the top skills that are needed to excel in a leadership role in health care today?

A: The ability to communicate and the ability to communicate in the face of adversity. As I mentioned, the amount of change that is occurring in the industry is intense. Many individuals look to leadership to “control” the pace of this change and so much of it is beyond our control. What it takes is our leadership to help navigate our teams through the necessary maneuvers to adapt to the change. This requires communication that not only compels the team to want to face the challenge, but also requires a belief that the change is truly in the best interest of advancing health care for all. Keeping patients’ needs in focus when communicating changes keeps the conversation centered. If you can’t articulate how a particular change – whether it be a change to a role, or a policy, or a practice, etc. – is going to positively impact the care of the patient, than you are probably not going to be successful in creating the necessary motivation to adhere to the change.

Q: Based on your experiences, what is the value of being a member of a professional organization and why do you think everyone should participate in these programs?

A: Being a member of a professional organization broadens your horizons. You are naturally cohoited around a particular area, e.g., being a health care executive, so that foundational similarity brings you together, but you are afforded the opportunity to observe and discuss how others are handling similar challenges that you are faced with. Casual conversations can often be the most informative and validating for those of us who take on the role of a health care executive.

Q: As a leader of a very large health care facility in mid-Michigan, what can you tell our readers about how to prepare for health care in the future?

A: I broadly mentioned “change” and the scale of change that is coming at us in my previous response. The patient-physician relationship is one of the arenas that has seen a drastic amount of change over the past few years. As a health care executive, it is important for us to understand that physicians count on us to create environments for them to easily care for their patients and to be assistive to them in the care of their patients.

The patient relationship starts with a physician. I can’t admit a patient to our hospital, nor can a nurse, or a pharmacist or a technician, only a physician has admitting privileges. That doesn’t mean that the nurse, pharmacist or technician is unimportant, it simply means that we have to understand where the patient relationship is starting and that we are there to be supportive to that existing relationship. Our goal needs to be centered around adding value to their care through the provision of a safe, high quality, cost efficient hospital related service.
A closer look at CareerEDGE with Cachet Colvard

ACHE CareerEDGE is a unique, interactive and comprehensive tool for planning and managing your career. It is a complementary benefit for ACHE members. ACHE CareerEDGE Student Edition (CareerEDGE SE) is a version of CareerEDGE specifically designed to give student associate members a strong start to their career.

We recently spoke with Cachet Colvard, second year Masters of Health Science Administration student at the University of Michigan, regarding her experience with CareerEDGE SE. Nearing the end of her graduate program and preparing for her post-graduate fellowship with the Cleveland Clinic, Cachet utilized the CareerEDGE SE program to explore her own career values, preferences and ensure a close alignment with the health care market needs.

Cachet explained that the program is self-directed, and she completed it at her own pace.

To benefit from it, you need to commit the time; a few hours over a couple days would be ideal, she noted.

There are five steps to the program. The first two walk you through a series of self-assessments which Cachet found to be fairly easy and beneficial in getting to know herself, her values and career preferences and what will likely keep her motivated throughout her career. Through this introspective process, she became aware of her subconscious career preference drivers. She understands that deliberately exploring them will help her to remain true to those preferences. For instance, is salary a core value? Is it a work-life balance and family? Once you understand these things about yourself, you can go into your career planning with your eyes wide open, knowing what career path aligns with your core values.

During Step 3, Cachet was introduced to the health care job market. She explored market needs and how her identified preferences and values aligned with market trends. Cachet found these tasks a little more challenging as she is entering the market for the first time in her health care career. Through this step, the learner explores the job skill needs, beyond what was learned in school, that would support pursuing a manager or director role. Cachet felt this step, though not easy, was a necessary part of the planning process. Had she been an early or mid-careerist, these skills may have been easier to identify.

The program has some assigned readings from an early and mid-careerist, and Cachet found these very helpful in understanding the career path of others like her. She also noted that as she moved through the program she was continually and intentionally grounded in her career values and preferences to ensure alignment. She enjoyed how well it came together as she completed the final steps.

The fourth step guided Cachet through creation of her career plan. She had often heard of the benefits of creating a plan but also knew that it was something that very few actually complete. The CareerEDGE SE program offered Cachet guidance on who should create a plan, what it should include and how often she should revisit the plan. It included a template with simple to follow directions. Cachet can see herself referring back to the plan she created throughout her career cycle in order to keep her plan relevant and up to date.

In the final step, Cachet explored eight ways to successfully launch her career which included an hour-long presentation on career navigation. This and all of the exercises, assessments and presentations can be downloaded and referenced at any time. Cachet felt this was a great way to transition from student to early careerist and noted that the expert advice she received through this program would undoubtedly assist her in launching her new career. To Cache, the time and effort was well worth it.

About ACHE CareerEDGE and CareerEDGE SE

This is a free benefit with a membership or student membership with ACHE and can be accessed through the MCACHE website. If you are passionate and serious about aligning your career plans with your own personal mission, consider exploring the program by watching this short informational video ACHE CareerEDGE.
MACRA is here to stay. Are you ready??

By Mark Werner, MD, CPE, FAAPL and
Alexandra Schumm, MBA, MPH
The Chartis Group

MACRA, the Medicare Access and CHIP Reauthorization Act of 2015, is the latest accelerant in our nation’s migration from volume-based health care delivery and reimbursement to a value-based environment.

MACRA’s unprecedented design will forcefully push forward a transformation in the way health care is delivered in our nation – if CMS’ past models have been “carrots,” MACRA is a carrot that comes with a clear and meaningful stick. The implications of MACRA include new and demanding performance requirements for physicians; meaningful financial impact on physician practices; and the triggering of a new wave of consolidation, alignment and integration.

While the new administration calls into question the future of the 2010 Affordable Care Act, as well as many other policies enacted over the last eight years, almost all recent commentary from health care experts and policy analysts posits that MACRA will not be repealed and is unlikely to be changed in a meaningful way, in part because of the strong bipartisan support it has had from the start, and because it is budget-neutral. Some details embedded in MACRA may be impacted – if the Medicare Shared Savings Program is unwound, for example, qualifying criteria for Advanced APMs will have to be redefined. In addition, to reduce the burden on clinicians, it is possible that the timing for MACRA roll-out will be lengthened with an extended “transition” period, and the qualifying threshold may be raised in order to exempt a larger number of clinicians from the Merit-based Incentive Payment System (MIPS).

Given that the initial reporting period for MACRA started in January, there is compelling urgency for physicians and their health system partners to act now. A careful assessment of current performance and underlying capabilities along with consideration of options to address deficiencies is mandatory.

An effective MACRA strategy will need to include elements of clinical care transformation, advancement of IT/data management/analytics capabilities, an elevation of alignment and integration among physicians and health system partners, and strong vision and leadership. Those who procrastinate are missing an exceptional strategic opportunity and in fact taking a significant strategic risk. The health care marketplace is transforming and regardless of potential policy changes enacted by the new administration, we believe the market will increasingly seek to reward those who can meaningfully distinguish themselves in terms of quality and performance. How physicians address MACRA is one more piece in that puzzle.

Resources:

Click here for the planning guide with important discussion questions for hospital, health system and physician group leadership and to view a presentation on the final rule and 2016 election implications.
MCACHE annual meeting

More than 100 MCACHE members attended the annual meeting in November at the Dearborn Inn where outgoing president Denise Brooks-Williams passed the torch to Nancy Susick, introducing her as MCACHE president for 2017. Guest speaker Kim Byas, Sr., regional executive for AHA (Regent Five) spoke about the future of health care with the new administration, and the panel answered the audience’s questions that included similar and differing viewpoints.

University of Michigan students proudly surround their professor, Peter Jacobson, JD, MPH, who served on the panel for MCACHE’s 2016 Annual Meeting.
A perspective on the MCACHE ambassador program

By Catherine Robertson
Senior student at University of Detroit Mercy

Why did you volunteer for this program?
A professor of mine at University of Detroit Mercy, Dr. Fockler, encouraged me and fellow classmates in the Health Service Administration program to join the ACHE as a tool to help make decisions about a career in health care. I joined the program last March and really had no clue how to navigate through all the resources that were available to me. It wasn't until June that I became aware of the Ambassador program when MCACHE member Kenneth Rates reached out to me and offered to help guide me through the benefits of the program. Ken is a graduate student from UDM which having that common connection and seeing that he worked at the school made me feel comfortable and confident that the Ambassador program would be beneficial.

What were the benefits of the program?
The benefits of the program include having a current member serve as liaison to guide students like me through what the ACHE has to offer. It introduced me to the MCACHE (local chapter), and my ambassador was able to answer questions and he offered to accompany me to attend my first networking event for no charge. As an undergraduate student with little to no experience, it was intimidating to attend these events at first. Having a current member attend with me was a great ice breaker because he knew some familiar faces and was able to introduce me. I had no idea how valuable these networking events are. Some are educational, some are purely social, and other events allow you to give back to the community. Either way these events are a great way to stay connected and meet people.

What was the time commitment?
The time commitment is how much time you want to put in. Initially Ken reached out to me via email welcoming me and offering assistance if I had any questions. I was able to meet with him and discuss where I was in my education and career, what my goals were, and any questions I had. I also got to learn about his pathway and where it had taken him. This meeting was only an hour but we were able to keep in touch through email.

MCACHE provides several networking opportunities throughout the year so you can attend whichever events fit into your schedule. Some events can last anywhere from an hour to half a day to a couple days depending on the type of event. It is optional to attend these events but highly recommendable.

Who do you recommend the program for? What type of member?
I recommend the Ambassador program to all new members especially students. Because health service administration is a broad field, it can be difficult for those starting their career to narrow down what they want and can do. Meeting experienced administrators can really help guide students and help them get a foot in the door when beginning their career. I also learned that administration in health care is a small world and it is important to be connected. I know this is true because the president of MCACHE who I met at my first event was also the CEO of Henry Ford Wyandotte where I did my internship.
MCACHE Social Media: Moving forward into 2017 and beyond

By: Jessica Baker

Social media has become a significant player in every aspect of our daily lives, including health care. Physicians use social media to read the latest health news, engage with colleagues around the world, share their own original content, and collaborate with others in real time. Patients also engage with providers, share their health struggles, recoveries, or tips and routines online, and use social media as a means to get the most out of their health care experience.

Why should this interest us, as ACHE members? Social media is a powerful tool for executives and administrators to engage with employees and create a more meaningful experience for the populations they serve. For the American College of Healthcare Executives, social media can be a powerful tool to connect us with and across chapters, share what we know, and create a more united community within our field.

Beginning in 2017, MCACHE plans to overhaul its social media presence. Through increased use of Twitter, Facebook, and most of all, LinkedIn, the Communications Committee hopes to further the online MCACHE brand. We hope to improve the way we communicate with our members, how our members communicate with us and each other, and increase membership by spreading the word about how an ACHE/MCACHE membership benefits both the individual and the organization.

The Communications Committee aims to use LinkedIn as a source for news on individual successes, health care innovation, and a forum for conversation and networking. Twitter and Facebook can be used in similar ways, connecting members who have met at events and want to share photos, thoughts, simply connect with others, or share what MCACHE does with friends and family.

Currently, MCACHE is exploring the use of a smartphone application which members can download that could greatly enhance the MCACHE member experience, both during events and throughout the year. The ideal application will offer unique content and a simple user interface that connects members with one another and with social media. It would serve as a way to elevate MCACHE’s social media presence.

We would like to hear from our membership to ensure our approach is on target to meet member’s needs. Do you currently utilize social media for professional purposes and networking? Perhaps you would like to expand your use of social media. Consider whether you, as a MCACHE member, might be interested in downloading an app to share business cards, connect with others, read about panelists, have a digital map of the space for large events such as ACHE Congress, and many other features. Would you be interested in engaging with MCACHE online, through Twitter, Facebook, and LinkedIn? Are you eager to see photos from events, news articles, and updates posted on these various sites? Please let us know! The Communications Committee will be sending out a brief survey to gauge member interest in expanding our social media platform in 2017 and beyond. Keep an eye on your email and we look forward to hearing your thoughts.

-MCACHE Communications Committee
All the best for 2017 and beyond!

Christina M. Freese-Decker, FACHE Regent for Michigan & Northeast Ohio

As we embark on a new year, we have many exciting things to look forward to in 2017 and the years that follow.

First, I would like to congratulate our new regent, Derk Pronger, chief operating officer at Munson Healthcare in Traverse City. Derk’s vision and commitment to health care leadership will be a great asset for our regions going forward. We transition the regent role at the end of March.

It has been a privilege to serve as your regent for the past three years. I am grateful for all we have accomplished in Michigan and Northwest Ohio. We boosted collaboration across chapters, brought innovative best practices to our educational efforts and increased engagement in volunteerism.

We also expanded learning opportunities for members and increased the value of their ACHE membership. Thank you for your willingness to try new approaches and to explore new ways of connecting. I learned a great deal from this experience, right alongside you and your chapters. Our ACHE experiences position us well for the changing health care landscape.

And we know, change will become the norm. I expect health care to evolve significantly over the next three years. Consumers will play a greater role in informing and impacting health care. They will demand affordability. Our traditional approach to financing health care will be disrupted, in part due to a need to control health care costs for government payers. The use of digital and other new technologies will transform how consumers interact with our organizations, as well as impact how we do business. I am fascinated by emerging science, especially the field of genomics and how personalized medicine will become more affordable and mainstream.

I look forward to participating in this transformational time for our industry. We will need to embrace a curious approach, be innovative and partner with others to be successful. ACHE has prepared us well as leaders to meet these challenges through educational classes, insight from industry experts and networking that gives us the skills as leaders to tackle these opportunities. It’s a very demanding yet exciting time to be a leader in health care. I wish you all the best in learning and leading.

If your actions inspire others to dream more, learn more, do more and become more, you are a leader.

- John Quincy Adams

ACHE announces changes to the requirements for FACHE status

Applications received beginning Jan. 1.

One-step Process: Fellow candidates must meet all requirements prior to applying and sitting for the Board of Governors Examination. A completed Fellow application, including all requirements and $250 fee, must be submitted.

Requirements:
- Current Member and three years tenure as an ACHE member
- Master’s degree (or other post-baccalaureate degree) required
- Five years of health care management experience
- Demonstrate 36 hours of health care-related CE within the last three years of advancing to Fellow — 12 hours must be ACHE Face-to-Face (F2F)
- Two examples of community/civic participation and two examples of health care participation
- References: One Fellow (must be structured interview), the second reference may be from a senior-level executive (VP or higher) in your organization—or from a second Fellow

Advance to Fellow and then recertify every three years.

Fellow applications that were received by Dec, 31, 2016, will continue to follow the two-step process.

Any questions please contact Ellie Heinrich, FACHE, chair, MCACHE Career Development Committee at ellie@heinrichsearch.com or Christine Stesney-Ridenour, FACHE, co-chair, MCACHE Career Development Committee at christine.stesney-ridenour@beaumont.org.
Celebrating 2016…looking forward to 2017

MCACHE members gathered to celebrate board members, chairs and co-chairs and volunteers who donated their time and talent to bring meaningful events and opportunities to MCACHE members. Rick Young (holding the framed certificate) was proud to receive the MCACHE Service Recognition Award. Pictured with him are (l to r) Brian Madison, Kip Miller and Rick Hillbom. Other Service Recognition awardees, which recognizes outstanding service and participation to ACHE and MCACHE, include Michael Grisdela, David Brooks, Marie Baloga and Irita Matthews.
“Healthy Michigan” in critical condition?

By Timothy Michling, M.P.A., Research Associate
Citizens Research Council of Michigan

Prognosticating the impact the new federal administration might have on state and local health policy is difficult, to say the least. Nonetheless, it is clear that the state will be impacted, in particular the “Healthy Michigan” Medicaid expansion.

In one possible (albeit increasingly unlikely) scenario, federal funding for Medicaid expansion could be eliminated. If this occurred, some Healthy Michigan beneficiaries could transition back to traditional Medicaid, but most would not. Losing both the 600,000+ enrollees in Healthy Michigan and the 300,000 insured with ACA subsidies, the state would need to decide how to provide coverage (if at all) to aid nearly one million newly uninsured state residents.

In another scenario, Medicaid funding may shift to a block-grant, theoretically providing added flexibility and potential for innovation. States have traditionally run very different Medicaid programs, and as such, federal spending levels differ based upon how much states chose to spend on coverage. Moreover, the amount of state spending covered by the federal match varies across states. Setting new funding levels for block granting has the potential to become a political cage match for the states.

Additionally, funding under any block granting amount would be unlikely to keep pace with inflation (let alone the trend of even greater growth in the cost of health care), and this would be a significant long-term drawback for states. It is unlikely that funding levels of block grants would match program needs without aggressive state action to limit spending, and yet proponents have not yet shared any specific reforms that would yield cost savings. Perhaps it is best to simply say that, by enabling new approaches not previously allowed, block granting of Medicaid offers equal opportunities for either success or failure.

Expanded use of Health Savings Accounts, or HSAs, is another policy alternative. HSAs attempt to rectify the inherent market failure present in third-party payment systems by exposing patients to the true cost of care. No longer shielded from these costs, HSA account users will theoretically be able to make more informed decisions about the benefits of care relative to cost.

If subsidized through state and federal funding, HSAs could be offered not only to beneficiaries of individual health exchange plans, but theoretically also to Healthy Michigan beneficiaries whose incomes are above 100 percent of the federal poverty level. In fact, Healthy Michigan has already utilized a similar innovation, wherein participants contribute two percent of their income into HSAs to cover expenses, with special financial incentives for adherence to identified healthy behaviors. Without state investment to subsidize plans for low income individuals, expanding this approach would not likely be feasible.

Research has shown that HSAs successfully reduce unnecessary utilization of care, however the HSA seems to also lead individuals to sometimes forego needed care due to cost. The risk of deciding to forego needed care seems to be greater among lower-income individuals.

These are but a few possible scenarios; the reality is that we still face considerable uncertainty. In health care, uncertainty means risk, and risk, in turn, means cost. The one thing we can absolutely count on is that providers, insurers, and patients will be left to bear the cost of this continued uncertainty.

Save the dates

April 21 and 28
Board of Governers exam

May 18
Evening educational program featuring Bert Zimmerli, CPA, EVP and CFO of Intermountain on Achieving System-ness. Check the online calendar for details.
Changes to health care in Trump’s America: A student’s perspective

By John Crist  
Master of Health Services Administration Candidate, Class of 2018  
University of Michigan School of Public Health

Despite a noticeable absence of health care talk in the inaugural address, it is all but inevitable that President Trump and the GOP will make big changes to Obamacare. When setting the stage for change, they focus on the act’s weaknesses: among them, rising premiums in marketplace plans; an individual mandate that is both toothless and (in their eyes) unfair; and sicker-than-anticipated enrollees in places like Arizona, where insurers have left the marketplace and therefore left vulnerable sick people without affordable coverage.

Students at the University of Michigan have discussed all these weaknesses and more while considering the impact of the Affordable Care Act. The policy hasn’t been able to effectively incentivize the healthy and young to buy insurance, or reverse the trend in rising health expenditures.

But despite those weaknesses, the ACA has been able to provide health coverage for 20 million people. It has slowed the rate of increase in premiums overall, and reduced premiums for people over 55. And, it has provided better coverage for young and old with essential health benefits and mandated minimum coverage rates.

All told, the ACA has more benefits than I have been able to count. So of course most, if not all of my classmates were distraught when Trump and the GOP, who vowed to repeal it, gained the power to do so.

Why not keep the ACA, which has (admittedly imperfectly) improved coverage and costs of health care in America, until a plan that works better is identified? Why rush to enact partial repeal that the Congressional Budget Office has predicted will result in 32 million more uninsured people and doubled premiums in the next decade?

We in the health care industry, and students, must be vocal about our concerns with the total and partial repeal of the ACA. Our voices need to be heard if we are to prevent regressive health policy. There are people on both sides of the aisle supporting the ACA, including Michigan’s Republican governor, Rick Snyder. This policy, and this point on the political timeline, are a window of opportunity to collaborate across party lines to do what is best for America’s long-term health. I urge you to contact your governor, representative, or senator to share what you know about how the ACA helps the people of America, and your support for legislation that improves upon, rather than derails, the work that has been done to improve health care over the last six years. By voicing our opinions while acknowledging the different viewpoints among the diverse people of America, we can collaborate to create health policy that builds upon the work done thus far and incorporates a more diverse set of needs, concerns, and experience. Make your voice heard!

Senator Debbie Stabenow (D-MI)  
202-224-4822

Senator Gary Peters (D-MI)  
202-224-6221

Senator Sherrod Brown (D-OH)  
202-224-2315

Senator Rob Portman (R-OH)  
202-224-3353

Senator Majority Leader Mitch McConnell (R-KY)  
202-224-2541

Speaker of the House Paul Ryan (R-WI)  
202-225-3031

When calling, ask for the “Health Legislative Assistant.”
**Events**

**MCACHE General Diversity in the Workplace**  
**March 1**

Schoolcraft College – VisTa Tech  
18600 Haggerty Rd.  
Livonia

- 5:30 – 6:15 p.m. – Registration and networking  
- 6:15 – 7 p.m. – Dinner  
- 7 – 8:30 p.m. – Presentation/Panel/Q&A

Jocelynn Giagrande, founder of SASHE, LLC, will moderate the panel consisting of John Carlson, senior corporate relations manager, Eastern Michigan University; Susi Hovsepian, co-founder and CEO, PAUL Foundation; Kevin Schnieders, president and CEO, Educational Data Systems, Inc., and Michele Shelton, owner and principal consultant, Shelton Consulting Group, LLC.

1.5 face-to-face education credits.

Register by clicking [here](#).

---

**2017 MHA Patient Safety and Quality Symposium**  
**March 7 and 8**

The Henry  
Autograph Collection  
Dearborn

**March 7**

- 9 - 11:30 a.m. for three preconference sessions  
- 12 noon (registration) - 5:30 p.m. for sessions, keynote address and awards

**March 8**

- 7:30 a.m. (registration) - 2 p.m.

The brochure listing sessions, speakers and events, along with registration information is available [here](#).

This symposium is in collaboration with the Michigan Health & Hospital Association, and MCACHE members may attend for the same price as MHA members.

The event qualifies for seven hours of ACHE Qualified Education Credit (not Face to Face credit).  
MCACHE is underwriting 75 percent of student’s program tuition (limited to seven students).

---

**Welcome!**

**Members who recently passed the Board of Governors Exam**

**September**

John M. Sheehan, Toledo

**October**

Susan Hawkins, Walled Lake

**December**

Donna M. Kopinski, Rochester

**Fellows**

**October**

Patricia A. Adams, FACHE, Detroit  
Sarah B. Bannon, FACHE, Waterford  
Debra A. Guido-Allen, RN, FACHE, Sterling Heights  
Todd J. Spero, FACHE, Hartland

**November**

Denise Z. Fair, FACHE, Novi  
Patricia J. Frank, FACHE, Napoleon

**December**

Animesh Anand, FACHE, Ann Arbor  
Angela R. DeLaere, FACHE, Saint Clair

**New Members**

**November**

Mohamad Abou Ahmad, Ann Arbor  
Branden Hill, Mount Clemens  
Almir Karamovic, Rochester  
Tai T. Nguyen, Warren  
Marguerite Nowitzke, Monroe  
Michele Sampson, Grosse Ile  
Sue Szymanski, Perrysburg  
Ruth L. Webb, Clarkston  
Brandon Young, Taylor

**December**

Doria M. Chege, Ann Arbor  
Dennis J. Cunningham, MD, Mount Clemens  
Eric Hess, Northville  
Matt Hussmann, Royal Oak  
Robin Silas, Mount Clemens  
Tayler K. Thelen, South Lyon  
Valerija Vushaj, Macomb
Beaumont Health is Michigan’s largest health care system, based on inpatient admissions and net patient revenue. A not-for-profit organization, it was formed in 2014 by Beaumont Health System, Botsford Health Care and Oakwood Healthcare to provide patients with the benefit of greater access to extraordinary, compassionate care, no matter where they live in Southeast Michigan. Beaumont Health consists of eight hospitals with 3,337 beds, 168 outpatient sites, nearly 5,000 physicians and 35,000 employees and about 3,500 volunteers. In 2015, the organization had $4.1 billion in net revenue with 177,934 inpatient admissions, 17,151 births and 530,860 emergency visits. For more information, visit beaumont.org.

The Detroit Medical Center operates eight hospitals and institutes, including Children’s Hospital of Michigan, Detroit Receiving Hospital, Harper University Hospital, Huron Valley-Sinai Hospital, Hutzel Women’s Hospital, Rehabilitation Institute of Michigan, Sinai-Grace Hospital, and DMC Heart Hospital. The Detroit Medical Center is a leading regional health care system with a mission of excellence in clinical care, research and medical education. The Detroit Medical Center is proud to be the official health care services provider of the Detroit Tigers, Detroit Red Wings and Detroit Pistons.

For more information, visit www.dmc.org. “Like” us on Facebook at www.facebook.com/dmcheals, follow us on Twitter at @dmc_heals or check out our YouTube page at www.youtube.com/DetroitMedicalCenter.
Thanks to all of our MCACHE sponsors

Diamond Spotlight

Beaumont HEALTH

DMC
Detroit Medical Center

Platinum Sponsors

Henry Ford West Bloomfield Hospital
Henry Ford Macomb Hospitals
Henry Ford Wyandotte Hospital

Gold Sponsors

Select Medical Corporation

Silver Sponsors

P.T. Services Rehabilitation Inc.
The HCS Group
LMC
Heartland Health Care Centers

Bronze Sponsors

Hall Render

Killian Heath & Lyman

Blue Cross Blue Shield Blue Care Network of Michigan

SCHOOL OF PUBLIC HEALTH
HEALTH MANAGEMENT & POLICY
UNIVERSITY OF MICHIGAN
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).

Contact MCACHE at:
22732 Alger Street, Suite 200
St. Clair Shores, MI  48080
586-218-4442
mcache.org

FOLLOW MCACHE ON:

We want to hear from you…

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