Hello and welcome to the summer edition of the MCACHE newsletter. In past editions, we typically open the article referencing the Michigan weather; possibly the heat, cold, rain or snow. Today you will read about environmental sustainability and begin to consider what the health care industry is, or has contributed, to global warming and what we as health care leaders can do to decrease or even eliminate our carbon footprint.

Like most industries, health care continues to face exponential challenges and change. Not only is our population aging, but we are seeing sicker patients with multiple co-morbidities that will continue to impact our efforts to be good stewards of our environment.

Environmental sustainability can be found in many forms; from as simple as eliminating the use of bottled water, recycling, reusable vs. disposable products, and use of solar and alternative sources of energy, to name just a few. It can also mean eliminating unnecessary testing and reducing length of stay and if done thoughtfully, each of these examples are also opportunities to significantly reduce cost, adding to its importance.

I hope that what you read in this issue will help you evaluate opportunities about how you can make a difference in your health system (or whatever contributing industry you represent). As leaders, we must be diligent in finding ways to contribute new ideas to increase efficiencies, decrease cost and, of course, improve our margin to continue the mission.

In closing, this quarterly newsletter, as well as the great work of our many committees, are also a few of the ways we hope to provide you with continued education, networking opportunities and ongoing value as a member of MCACHE. Enjoy the rest of your summer, and I look forward to seeing you at an event soon.

Sustainability in health care: Literature Review

By Joe Colombo

Hospital administrators face constant pressure to reduce costs and increase efficiency in their health systems. Practice Greenhealth is dedicated to doing just that, by implementing strategies to reduce a hospital’s environmental footprint. A potential annual savings of $2.95 billion in health care can be attained by implementing strategies focused on reducing environmental waste. The operating room is a primary target for these strategies.

The figures that Practice Greenhealth report are staggering. Hospitals average 11 OR surgical suites each with an opportunity to save $56,000 annually, per OR. In 2017, UCSF’s neurosurgery department observed that each OR case resulted in $968 of wasted supplies, equaling $2.9 million of wasted supplies annually.

Financial savings are not the only impactful statistics Practice Greenhealth reports. In 2017, Cleveland Clinic was able to avoid 162 tons of waste, 3.8 million kW of energy, and eliminated 2,848 metric tons of carbon dioxide equivalents. It is estimated that a concerted effort...

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We had the privilege of talking with Chip Amoe, director of Sustainability for Henry Ford Health System about his background and the challenges he faces as he leads HFHS to become more ‘green.’

Q: Tell us about yourself, your career path and how you came to be the director of Sustainability for HFHS.

A: I spent most of my career in government affairs. After law school and graduate school, I worked in Washington, DC as legislative counsel for the American Medical Association and then in federal affairs for the American Society of Anesthesiologists before coming to Henry Ford Health System in 2011 as the assistant director of Government Affairs. However, I have always had an interest in the environment and specifically how our built environment can impact our health and well-being. This challenge presented itself and I accepted, hoping to make a difference.

Q: What are the strategic short term and longer-term goals that HFHS hopes to accomplish by implementing the Sustainability Program?

A: I would like to see HFHS become a leader in sustainability and green health care. As an anchor institution in Michigan, I feel we have a unique opportunity to lead by example and help influence the sustainability policies and actions of government officials and other businesses in our state and region.

In the short term, I’m focused on reducing our plastic and Styrofoam waste and establishing a system-wide waste and recycling program. I’m also exploring ways for us to reduce our greenhouse gas emissions through energy reduction, lighting, transportation and other initiatives.

Q: What are the three top issues or trends that you wish every health care leader would be familiar with regarding sustainability in health care?

A: I’d say the top two are just realizing how much of an impact health care and hospitals have in terms of greenhouse gas emissions and the waste we generate. Not only do hospitals run 24/7 and power a lot of equipment, we also have unique requirements on how we operate our HVAC systems to control infection. Plus, some of the anesthesia gases used for surgery are over 10 times more potent than standard CO2 emissions.

Studies show that if you combined the greenhouse gas emissions from all the US hospitals they would rank, on a scale of nations, as the world’s 13th largest greenhouse gas emitter, just behind Great Britain. That’s roughly 8% of all greenhouse gas produced in the world, which significantly contributes to negative health impacts from poor air quality and climate change. In addition, health care generates a disproportionate amount of hazardous and plastic waste due to the nature of our operations. We, as an industry, need to be thinking of ways to reduce the amount of waste we generate on the front end, so we don’t have to throw away as much on the back end.

The third is to realize that sustainable solutions require system-wide thinking. For example, saving money through lighting is no longer just about changing out traditional bulbs to LEDs. Today’s lighting has sensors that can track occupancy and room usage, adjust the lighting, and power the internet of things, which can have significant cost-saving benefits across many departments.

Q: What are the biggest challenges you face in implementing this program?

A: The biggest challenges for me are two-fold: 1) A lack of centralized, usable data, and 2) The current recycling market coupled with logistics. As a large health system, we have multiple lists and data sources that are maintained by multiple departments. The problem is there are often inconsistencies and gaps in the information collected, so it can be difficult to get an accurate picture of where we stand regarding our sustainability metrics.

One of my first priorities is to consolidate the various streams of information into one database so it can be shared system-wide to help inform our work. The second challenge is the state of the US recycling market. Just over a year ago China announced that it would no longer be accepting recycled material from the US. Up to that point the US had been shipping a majority of its plastic and other

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Proton Beam Therapy comes to Beaumont Hospital — Royal Oak

By Caitlyn N. Hakim

Craig Stevens, MD, Beaumont Health chair of Radiation Oncology and chief of Radiation Oncology (Royal Oak) presented an overview of the hospital’s Proton Therapy Center (PTC) to a group of MCACHE members on May 13.

Beaumont successfully installed and commissioned the first PTC in Michigan, meeting the critical Certificate of Need (C.O.N) timeline requirements in order to treat the first proton adult patient and pediatric patient in Michigan. Additionally, they developed robust proton-specific processes to optimize the patient experience.

The initial plan for the center dates back to 2007, but the five-room plan was tabled due to the financial crisis. Dr. Stevens shared that the PTC was re-introduced following his recruitment in 2013, receiving approval from the Executive Board in 2014.

The creation of PTC stems from the side effects of radiation therapy. Proton Therapy greatly reduces these side effects. Main chemotherapy drugs harm heart muscles, but the benefits outweigh those side effects. Imaging is a crucial part of the process; it helps to find where the cancer is, enabling beam precision in order to have smaller margins.

The Proton Therapy Ethics Committee was formed to help with triaging the appropriate patients for new therapy. A Patient Access Center was also opened to facilitate referrals and coordinate care. Both Dr. Stevens and Dr. Peyman Kabolizadeh gave tours of the Proton Therapy Center following the presentation.
A place in health care

By Chanice A. Howard

I am a second year student at University of Michigan’s Health Management and Policy Program. This summer, I had the pleasure of interning at Cleveland Clinic in the Office of Professional Staff Affairs (OPSA). Before beginning my internship, I had a list of goals and experiences I intended to achieve. Being a non-traditional health management student, with a background in community health research and health programming, I wanted to find my place in the vast world of health administration. As such, I intended to gain experience in what seemed to be the core of health care. I wanted projects in insurance, clinical operations, and staff management. While I gained experience in these competencies, I also learned much more about myself this summer.

During the internship, I learned what it meant to own a project and work with teams composed of physicians, external vendors, and other administrators. My project portfolio was diverse. I managed a scribe specialty integration project, aided in an undergraduate administrative internship, and analyzed trends in part-time staff, and created an overview of staff diversity and inclusion initiatives for physician leaders. My projects reinforced what I learned in the first year of my health management program, but, surprisingly, pulled in my community health and research experience from undergrad.

One of my favorite projects was assisting in the build of an EPIC based population health tracking tool, medical neighborhoods. My role was two-fold. I helped to improve electronic consultations between primary care physicians and specialists, and recommended measures to track medical neighborhoods’ overall success.

During this project, I analyzed quantitative and qualitative data of physicians’ experiences using the system. I also interviewed patients to record how these consultations improved patient satisfaction. Throughout this project, I saw how beneficial my time in research was. I had experience in collecting and analyzing data, making conclusions, and presenting recommendations. Most importantly, I was using these same skills for the same purpose: to improve the lives of vulnerable communities.

Cleveland Clinic is a large organization with thousands of caregivers in domestic and international locations. Despite its size, I saw the relevancy of my project work to enterprise goals. Having projects in OPSA and clinical operations, I was able to see the translation of strategy into action. I had the opportunity to assist organization leaders in reducing physician credentialing time, addressing physician burnout, and creating population health tools.

The most important lesson I learned this summer is my past experiences are what make me most valuable. I am not sure if population health, insurance services, or clinical operations are my exact fit. What I do know is that all of my past experiences, along with my current education, will propel my work in health administration. I came to Cleveland Clinic unsure about how my skills would translate but left knowing that I certainly have a place in health administration.

Board of Governors Exam fee waiver campaign extended

MCACHE has elected to extend the $200 Board of Governor’s Exam fee waiver campaign through the end of the year. Act now, as the waiver will be limited to the first five members to apply. We encourage you to take the next important step in your career by advancing to Fellow status. You will find that Fellow status benefits your professional goals and strengthens the health care management profession overall.

Submit your Fellow application now and contact Brian Vargo (brian.vargo@beaumont.org) to have MCACHE reimburse your $200 exam fee. Fellow applicants must also submit their completed Fellow application, $250 application fee and all required documents (references and organization chart).
Michigan and Ohio as Top 10 healthiest states: What would it take to get there?

By Tayler Thelen and Caitlyn N. Hakim

What factors impact Michigan and Ohio’s health rankings and how can they move up to a top 10 healthiest state? That’s what attendees learned about at MCACHE’s second quarter event held at the Westin in Southfield, Mich. Gloria Wilder, MD, CEO of Core Health and vice president of Innovation & Preventive Health, Centene, was the keynote speaker. David Brooks served as moderator, and Carrie Rheingans, of Center for Health & Research Transformation, and Abdullah Hammoud from the Michigan House of Representatives were panelists who provided insight on factors that impact Michigan and Ohio’s health rankings. They discussed strategies, policies and actions that the states could take to move into the top 10. They also shared how New York moved to a top 10 healthiest state from a 40th ranking.

According to their discussion, childhood poverty and graduation rates are fundamental to population health. Five key areas that should be addressed to promote and build health across a lifespan include:

- Economic stability – living wage is a health issue
- Education
- Social and community content – cannot have a health county where there is high crime
- Health care
- Neighborhood built environment

Discussion included the need for diversity because it impacts health outcomes. MCACHE’s diversity initiatives will continue to pave the road to success in health care.

Joe Pawluszka (l to r) joined the panelists, Carrie Rheingans and Abdullah Hammoud, keynote speaker Dr. Gloria Wilder and moderator David Brooks.

Bryan Wickersham, David Juhnn, Carrie Rheingans, Dr. Ronald Charles, Abdullah Hammoud, Timothy Abrahiem, and Tayler Thelen

Moderator David Brooks (l to r) with keynote speaker Dr. Gloria Wilder and panelists Carrie Rheingans and Abdullah Hammoud.
How joining a board can position you for success

MCACHE partnered with InForum HealthcareNEXT to co-present “How Joining a Board Can Position You for Success.” A diverse group of panelists discussed how board participation can enhance your leadership skills, allow opportunities for strategic networking and provide personal satisfaction. The inspirational session encouraged people to be vocal about their interest in serving on a board, connect to people who can recommend you for service and find an organization that aligns with your passion.

Look! It’s your shadow

The Student Activities Committee has chosen February for its annual Job Shadow Day. February was selected for this event because of Groundhog Day and its significance with “shadowing.”

We have a new format this year and are recruiting executives earlier so that the graduate student/Executive matching can take place in November. We will notify the students of their match in early December. We made this change to provide more time and flexibility to schedule the actual job shadowing.

We ask that those who are directors and above to please consider participating in our Job Shadow Day. We appreciate that you share your time and expertise with our future administrators! View the PDF manual

Click here to register

Thank you in advance for your support!
Tour of Michigan Healthcare Security Operations Center underscores efforts of cybersecurity

During a tour of the Michigan Healthcare Security Operations Center (MI-HSOC), MCACHE members received an overview of the MI-HSOC and learned about how four health care organizations – Beaumont Health, Michigan Medicine, Munson Healthcare, and Michigan Hospital Association – are working together to continuously monitor and improve cybersecurity at its state-of-the-art data operations center. MI-HSOC is designed to support any size health care organization, streamline their information security programs and leverage shared technologies, process, and skills to prevent, detect, analyze, and respond to cybersecurity events.

Sustainability in health care continued from page 3

effort among all health care systems could yield a reduction of landfill waste of 265,000 tons each year. Hospitals that have embraced environmentally conscious initiatives have implemented strategies ranging from reusing clinical plastics, switching to LED lighting, HVAC setback programs, OR kit formulation, and properly segregating clinical waste. The Association of Perioperative Registered Nurses (AORN) released a statement describing specific ways to boost sustainability in health care.

AORN suggests conserving natural resources by implementing systems that use renewable energy and/or programming lights, computers, and other equipment to power down when not in use. To reduce waste, AORN suggests to segregate medical waste and install closed fluid management systems with reusable canisters.

Some of these initiatives are not overwhelmingly complex or difficult but requires an organized group within the hospital focused on sustainability of health care operations.

Hospitals placing a focus on sustainability will not only benefit from cost savings but will also benefit from procuring more talent. “A 2016 study by Cone Communications found that 79 percent of millennials consider a company's social and environmental commitments when deciding where to work”. Health systems focusing on sustainability will have a valuable selling point to attract future health care professionals including nurses, protecting themselves from the impending nursing shortage.

The data is conclusive, there is real potential for big savings in health care by simply reducing a hospital's environmental footprint. In a time where health care costs and environmental concerns are both front-page news, health systems would be prudent to start initiatives to increase the sustainability of health care.

References


On June 27, the MHA held its ACHE Annual State Membership Meeting and Breakfast on Mackinac Island. Unfortunately, I could not be there to present the Regent Awards. On Tuesday of that week, I was made aware that The Joint Commission arrived at my hospital for their unannounced visit to survey Munson Medical Center. Serving as both the Chief Operating Officer and Interim Hospital President, I had to delegate my Regent duties to the MCACHE and GLACHE Presidents to present on my behalf. A huge thank you to Chris Stesney-Ridenour (MCACHE) and Pat Hatcher (GLACHE) for filling in for me on such short notice. Not all the Regent Award winners could be present on the Island, therefore, I have the privilege of presenting all of the award winners at each of the respective chapter’s annual meeting. Let me tell you who among our great members won this year’s Regent Awards.

Early Career Healthcare Executive
Almir Karamovic; McLaren Health Care, MCACHE
Kenneth Rates; Michigan Medicine, MCACHE

Senior Career Healthcare Executive
Kira Carter-Robertson, FACHE; Sparrow Health System, GLACHE

Faculty Member
Raymond Higbea; Grand Valley State University, GLACHE

Student Award
Jenny Dondzila; Grand Valley State University, GLACHE
Megan Fisher; Oakland University, MCACHE

Congratulations to this year’s Regent Award winners!

Do You Want To Be The Next Regent?

Politicians near the end of their terms have said “I need to get re-elected because I just started making change…” The Regent serves one, three-year term, and I share that sentiment about just getting started. In part that it takes a while for the learning curve to kick in, and once it does, it is time to handoff to the next leader. Well, as I enter my last nine months as Regent, my focus will be on ensuring a proper and seamless handoff. My words of advice for those wanting to be the next Regent:

- The MCACHE and GLACHE chapters are high performing chapters when compared to the rest of the nation. They have dedicated members and strong boards who are committed to the ACHE values and being the best in the nation. The chapters deserve the Regent’s full respect.

- It does not matter where the Regent is located, as long as there is a commitment to serve both the GLACHE and MCACHE chapters. The Regent needs to feel at home in both chapters not just the chapter of residence. Trust me, the chapters can tell if there is dedication or not.

- As great as both chapters currently perform, the Regent must continue to push the chapters to the next level as it relates to the three strategies driving ACHE:
  - Catalyst for the field of healthcare management
  - Connector across the continuum of the leadership community
  - Trusted Partner for our members

- The candidate for Regent has no pre-requisites of being in previous chapter leadership roles. There is a benefit to being experienced at the chapter level, however, the Regent needs to be one who can drive ACHE’s strategies and we will all have the opportunity to determine who is best to lead those efforts.

All Fellows who wish to run for election must submit a letter of intent to elections@ache.org by August 23, 2019. The primary election will commence on September 16, 2019, and will end on October 4, 2019.

Learn to hone skills at upcoming summit

Do you prefer collaboration, not competition? Would you like to hone your adaptive leadership skills?

If you answered yes, then you must “save the date” for our inaugural Emerging Leader Summit!

This first of its kind event offers professional development and networking with powerful speakers and leaders from different health care and community organizations.

Join us Thursday, October 17 at the Durfee Innovation Society in Detroit!

Click here for more details and register today. We look forward to seeing you there!
Meet Chip Amoe continued from page 2

recyclables to China for use in the manufacture of goods for export. The reason given was the level of contamination (non-recyclable or inconsistent materials) mixed in with the products. This decision had a ripple effect throughout the industry because American recycling facilities had nowhere to sell and ship their materials, so plastic began piling up and ultimately had to be disposed of in landfills. As a result, recyclers are now requiring much more sorting of products before accepting them. This presents a challenge in health care where there is already very limited space to collect and store recycling for pick up and where the types of plastics are very different than a typical household waste stream.

Q: How can health systems in our area best collaborate to lessen the individual burden to become sustainable?

A: Two things: One, I think we can collaborate to advance policies that will help reduce the health impacts from climate change. That includes everything from promoting more bikeable, walkable, sustainable communities with more green space and storm water management, as well as renewable energy and efficiency incentives to curb greenhouse gas emissions.

Second, and we’re currently exploring this at HFHS, is figuring out a way to more efficiently reduce and recycle the unique waste streams generated at our health care facilities. If we pooled our resources together with other suppliers and vendors, we could create a cost-effective program that could significantly reduce the amount of plastic and other waste we send to landfills each year.

Q: Anything else you’d like our membership to know?

A: If you believe strongly in protecting our environment and improving public health, please find ways to communicate to other senior health care leaders that sustainability needs to be a priority at your facilities, and then offer to help. I have found that most health care leaders are supportive, they just need help making it a priority and integrating sustainable policies into their daily operations.
Welcome new members!

Tom W. Adamczyk  
Imani Adegbuyi  
Anita Altawan  
Lauren Aouate  
Michael A. Biddle  
Joseph C. Brown, DHA  
Linnea Chervenak  
Taylor I. Clark  
Kori M. Crosby  
Sara Damiano  
Brandon Fjerstad  
Sunina Gaddipati  
Meghan Glabach, MSN, RN  
Beth A. Glovier  
Justin F. Gray  

Terry Hamilton  
Heidi L. Hartz  
Rachel Hebert  
Ben Henig  
Beth Hill, MSN, MBA  
Robin L. Jakovich  
Neeharika Jaldanki  
Anthony N. Jurayj  
Tae Kim  
Katie Li  
Ashley A. Maier  
Brande K. Mazzeo  
Lisa B. McLaughlin  
Chris Nichols  
Robin Phillippe  

Brady J. Phillips, MSN, RN  
Chantel D. Pizarro, MBA  
Nancy Rampe, PharmD, MBA  
Emily Reasoner, MHSA  
Teresa Robinson, MD  
Paul A. VanAssche, JD  
Asad U. Wali  
Jodi Woerle  
Anthony N. Wong  
Ryan Zayance  

Fellows  
Stephen T. Surprenant, FACHE

Fellows Advancement Information Session  
Tuesday, Sept. 17  
4 to 6 p.m.  
Beaumont Service Center, 26901 Beaumont Blvd.,  
Southfield, Mich.

The session will concentrate on advancement criteria  
and the Board of Governor’s Exam. We will also  
discuss the criteria for advancement including requirements related to academic preparation.

Cost: FREE If you will be attending, please RSVP to  
Susan Stokes mcache@achemail.net so we have sufficient handouts for all attendees.

On-Location Program – Leading and Managing in Changing Times  
Thursday, Sept. 19 and Friday, Sept. 20  
The James B. Henry Center for Executive Development, 3535 Forest Road Lansing, Mich.

During this interactive seminar, expert faculty will discuss the coaching skills needed to drive performance through daily problem solving and continuous staff development.

12 ACHE Face-to-Face Credits.  
Registration fee: $870 (GLACHE’s and MCACHE’s sponsorship of this program allows us to offer you this seminar (normally $1,565) for the significantly reduced price.

For more information, click here:

Patient Safety Symposium  
Thursday, Sept. 26  
7:30 a.m. to 4:15 p.m.  
Marriott Troy, 200 W. Big Beaver, Troy, Mich.

The MHA Safety & Quality Symposium is a forum for health care leaders and clinical teams to lend expertise, be a voice and work together to improve quality and safety. This year’s event focuses on creating a sustainable safety culture, reducing violence and the effects of “second victim,” and eliminating inequalities.

Registration fee: $400  
Virtual attendance (per organization): $1,000. Please contact us for team registration discounts and sponsor or student attendee pricing.

For more information, click here:

University of Michigan Biennial Health Symposium  
Friday, Sept. 27  
8 a.m. to 4:30 p.m.  
Griffith Leadership Center Sheraton, 3200 Boardwalk Drive, Ann Arbor, Mich.

For more information, click here:
About Henry Ford Health System

Founded in 1915 by auto pioneer Henry Ford and now one of the nation’s leading health care providers, Henry Ford Health System is committed to improving the health and well-being of our diverse Michigan community.

It is comprised of Henry Ford Hospital Detroit, Henry Ford Hospital Wyandotte, Henry Ford Macomb Hospitals, Henry Ford Kingswood Hospital, Henry Ford Hospital West Bloomfield, Henry Ford Allegiance Health, and numerous medical centers. Henry Ford Health System also includes one of the nation’s largest group practices, the Henry Ford Medical Group, which includes more than 1,200 physicians practicing in over 40 specialties. In 1986, Health Alliance Plan (HAP) joined the Henry Ford Health System family.

With more than 30,000 employees, Henry Ford Health System is the fifth-largest employer in metro Detroit, and among the most diverse. For more information, please visit https://www.henryford.com.

As a global leader in the medical device arena, Medtronic impacts the lives of millions of people each year. Part of the Patient Safety division, Medtronic Situate is committed to ensuring quality outcomes in the operating room and labor and delivery units by eliminating the occurrence of Retained Surgical Items. With a presence in 850+ hospitals throughout the United States, hospitals have identified a way to better protect their patients, clinicians and brand equity of the health systems that they represent. To learn more, please visit Medtronic.com/situate or email brady.j.maloney@medtronic.com.
PwC brings unmatched depth and breadth of capabilities and services to the healthcare market, solving the most complex problems of providers, payers and delivery systems. Our practice focuses on a range of areas including: strategy, operations, technology, finance, people and change, risk and forensics. In this new world, the consumer is at the helm - and success will come to those who go beyond the traditional, one-off interactions of yesterday in favor of pervasive, on-demand health experience that lives up to their rising expectations. PwC is a network of firms in 158 countries with more than 236,000 people who are committed to delivering quality in assurance, advisory and tax services.
Silver Sponsors Spotlight

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 orthopedic, cardiovascular and cancer. 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.

The HCS Group is Michigan’s premier provider of imaging services. Based in Plymouth, Michigan, The HCS Group offers clients comprehensive management solutions along with unparalleled value in the delivery of high-quality imaging services, which includes:

- Advanced mobile imaging services (MRI, PET/CT, CT) – Our turnkey resource management team handles everything from recruiting top notch technical staff to comprehensive marketing and sales services to patient scheduling and pre-authorization services.
- Full-service imaging center management services - Our Imaging Optimization 360 program takes a “retail approach” in the delivery of imaging services that produces an extraordinary customer experience, excellent competitive advantage, and strong financial performance.
- Post-acute x-ray and ultrasound services,- collaborate with hospitals to coordinate imaging services throughout the care continuum (skilled nursing facilities, assisted living facilities, and homecare) as part of our HomeTeam Mobile Diagnostics division.
- Options Staffing 360 - Offers per diem, stop gap coverage, and permanent staffing in all radiology modalities.

At The HCS Group, our culture drives our strategy. We are committed to creating a culture that focuses on people, passion, partnership, and performance. Selected as one of the Detroit Free Press Top Workplaces for two consecutive years, we are grateful for our employees and the commitment they have made to providing exceptional service. To find out more, please visit TheHCSGroup.com.
Blue Cross Blue Shield of Michigan, a nonprofit mutual insurance company, is an independent licensee of the Blue Cross and Blue Shield Association. BCBSM provides health benefits to more than 4.7 million members residing in Michigan in addition to employees of Michigan-headquartered companies residing outside the state. The company has been committed to delivering affordable health care products through a broad variety of plans for businesses, individuals and seniors for 80 years. Beyond health care coverage, BCBSM supports impactful community initiatives and provides leadership in improving health care. For more information, visit bcbsm.com and MiBluesPerspectives.com.
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:
mcache@achemail.net

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We want to hear from you…

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

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