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GLACHE is seeking volunteers to help on Marketing & Communications committee. If interested, please email

Carrie Gray at carriegrays@gmail.com.

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President's Report

Patrice M. Hatcher, MSA, FACHE



The holiday season is coming fast and is always a busy time for everyone with end of the year deadlines, holiday celebrations and planning for the year ahead. As the end of the year draws near it is a good time to pause and reflect on the past year; goals accomplished, relationships developed, your own development and the progress of your teams. This practice for me always involves a great deal of gratitude, and as I reflect this year, I am extremely grateful for those who have helped our Chapter succeed.

I want to thank you for allowing me to serve as President of this GLACHE Chapter, our Chapter's success is the result of all of you and your contributions. I would like to recognize each of you for your contributions to GLACHE:

- Thank you to our **Members** for their support, input and engagement that help us strive to make GLACHE the healthcare association of choice for healthcare leaders in our region. The GLACHE Board of Directors will be using the feedback from the Member Survey to aid in development of 2019 goals.
- Thank you to all our **Volunteers** who continue to give their time and energy to our Mission. Whether you served on a committee, helped coordinate a program, served as a speaker on a panel, or offered a sponsorship, your time and support of GLACHE is much appreciated!
- Thank you to our **Board of Directors**, your commitment and passion for the success and health of GLACHE is inspiring. Thanks for all you have done over the last year!

As 2019 wraps up, make sure to take a little time to reflect upon, celebrate and enjoy each special moment that the Holiday Season brings. As we ramp up for 2020, we can expect continued changes and challenges in health care.

The rate of change will continue at an accelerated pace and we all will need to keep abreast of what changes lie ahead and help our organizations prepare accordingly. As leaders, we must equip ourselves as well as our teams for continuous change. Keeping informed about ongoing changes in the industry, continuous learning and professional development are critical to be an effective leader.

As you are considering your goals for 2020, please consider the value of obtaining your FACHE Credential if you have not yet done so. Watch this video to hear what motivated other Fellows to pursue the credential.
<https://youtu.be/2BP8fMLquao>

Staying informed as a healthcare leader and building a network with other leaders are important benefits that the Great Lakes Chapter of ACHE can provide. As a member, I encourage you to take advantage of these opportunities and participate in educational and networking events to meet and share ideas with other leaders. Our Program Committee is planning a great slate of programs for 2020.

As we prepare for 2020, please join me in welcoming Kris Drake our current President Elect as he steps into his new role as President for the 2020 calendar year. His passion and energy for GLACHE is remarkable. I also want to send a special thanks to Kira Carter Robertson our Immediate Past President for her mentoring and advice throughout the year.

A heartfelt thanks to Kira Carter Robertson, Steven Berkshire and Marilyn Skrocki, Shelly Johnson and Tonya Smith, who will be transitioning off the Board. Your time, talent and dedication to GLACHE is much appreciated. In addition, join me in welcoming the following new and re-elected board members (elected to serve a 2-year term; January 1, 2019 – December 31, 2020):

- Jasmine Ahuja, CPT, MHA, Quality Improvement, McLaren Medical Group
- Ondrea Bates, DNP, RN, FACEH, NEA-BC, Sr. VP & Operations Continuum of Care, Henry Ford Allegiance Health
- Patrick Brillantes, FACHE, VP of Consumer & Caregiver Engagement, Sparrow Health System
- Carrie Gray, MBA, DHA Candidate, Central Michigan University
- Kim Hyung, MD, MBA, FACHE, President & CEO Mercy Health Saint Mary's
- Helen Johnson, RN, MSN, NEA-BC, FACHE, COO, Spectrum Health Ludington Hospital
- Rashelle Ludolph, MBA, MHA, Dir. Operations, Spectrum Health
- Dale Saunders, DO, DHA, MBA, Dir. Health Administration, Alma College

Finally, I would like to recognize the following chapter members for their recent accomplishments, as well as welcome our new members to the Great Lakes Chapter.

Members who passed the Board of Governors Exam and have become new Fellows:

- John C. Shull, FACHE, Grand Rapids

Recertified Fellows:

- Kris Drake, FACHE, Grand Rapids
- Mary Kay VanDriel, FACHE, Grand Rapids
- Steven D. Berkshire, EdD, FACHE, Santa Fe, NM
- Lisa L. Pascoe, FACHE, Lansing
- Marita A. Hattem-Schiffman, FACHE, Alma
- James El Aldrich, FACHE, Grand Rapids
- Sarah B. Bannon, FACHE, Grand Ledge
- Peter U. Bergmann, FACHE, Kalamazoo
- Patrice M. Hatcher, FACHE, Grand Blanc
- Myron D. Lewis, FACHE, Zeeland

New Members

- Don Beery, Grand Rapids
- Julie Bonewell, Grand Rapids
- Michael Steele, Roscommon
- Debra R. Thompson, Paw Paw
- Christine Conran, Wyoming
- Denice D. Johnson, JD, Flint
- David Lopez, Gaines
- Sibi Mathew, Lansing
- James P. McEvoy, East Lansing
- Marla E. Stuck, Marshall
- Holly A. Sullivan, Grand Rapids
- Sam Watson, CPPS, Hastings
- Carolyn Whatley, MD, MPH, East Lansing
- Denese Doyle, Kalamazoo
- Loretta M. Gulley, MBA, Battle Creek
- Scott Kastning, Breckenridge
- Richard C. Lindsey, Jr., JD, Marshall
- Mario J. Orsini, DO, Grand Rapids
- Ross M. Ramsey, MD, Elkton
- Nancy Schwallier, PA-C, Ada
- Ashley Tylutki, Spring Arbor
- Alexandria Bilbo, DeWitt
- Joshua J. Bloomquist, Portage
- James, D. Crocker, Grand Rapids
- Ann E. Dull, Midland
- Brett Garten, Ludington
- Danielle DeWitt, Grand Rapids
- James Doelling, Battle Creek
- Tina Osatoski, MBA, Harbor Beach
- Lindsay Peters, Eaton Rapids

- Desiree B. Brewer, MPH, MPA, Cedar Springs
- Kelly A. DeBolt, RN, Freeland
- Kurt Dietsch, Grand Rapids
- Christine Fox, Benton Harbor
- Kamal T. Ghazi, Brooklyn
- Guillermo A. Salinas, Kalamazoo
- Amy Watkins, Horton

On behalf of the Board, thank you to our members who have invested/reinvested in the FACHE credentials. We also appreciate every member who has chosen to join our chapter; we are committed to ensuring you receive value from your membership. There are many opportunities to get involved in our Great Lakes Chapter. If you are interested in joining a committee (Education, Membership, Sponsorship), please contact me at Patrice.Hatcher@mclaren.org

Happy Holidays and Best Wishes for a fantastic New Year,

Patrice M. Hatcher, MSA, FACHE
Great Lakes ACHE, President
Sr. LD Consultant, McLaren Health Care

The Great Lakes Chapter of the American College of Healthcare Executives (GLACHE) is soliciting a request for providing administrative functions for the GLACHE. The GLACHE will be awarding one, three-year contract. The contract is subject to a formal performance review process each fiscal year. Contract renewal will be based solely on performance.

[Download RFP](#)

GLACHE Sponsorship

GLACHE seeking 2019 sponsors

Your support reaches over 600 healthcare leaders throughout Michigan

GLACHE is a professional organization is a trusted partner for healthcare professionals providing educational opportunities that focus on emerging healthcare trends, networking opportunities and legislative updates.

As a sponsor, an organization will gain exposure to the top healthcare leadership teams and show its support for the advancement of the healthcare profession. Our sponsorship program enables an organization to put its message in front of the area's leading healthcare industry decision makers. Sponsors gain visibility, establish relationships through networking with industry leaders and position products and services in front of key decision makers.

Sponsorship support will also place your company's logo alongside the ACHE - GLACHE brand, which is recognized as the national leading professional organization for healthcare executives

We serve healthcare leaders, working in a variety of settings including hospitals, health plans, medical practices, consulting firms, pharmaceuticals, nursing homes, academia and other healthcare fields. Our members represent the healthcare industry, throughout central, western and northern Michigan, including the Upper Peninsula region. As a member of GLACHE you may have taken advantage of the numerous educational and networking opportunities that our Education Committee provides annually. These forums provide insight into timely healthcare topics as well as opportunities to network with colleagues and vendors. It is through sponsorship support that we are able to provide these exceptional offerings at a minimal cost to our members

If you are interested or know of an organization that would be interested in becoming a GLACHE sponsor, please contact Ondrea Bates at Ondrea.Bates@HFHS.org or at 517-205-7201 for more information.

[Sponsorship Benefits](#)

[Sponsorship Form](#)

Regent's Report
Derk Pronger, FACHE
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Michigan Hospital Association Annual Meeting



In November the Midwest and Great Lakes Chapters held their annual meeting in Dearborn and Lansing, respectively. The annual meetings are a special time for the chapter to conduct business, provide an educational program, engage in networking, and most importantly recognize exceptional members who are leading the efforts in executing the strategy for ACHE. The Midwest and Great Lakes Chapters are national leaders when it comes to ACHE chapter performance, with each chapter winning awards at this year's Congress.

If you are attending your chapter's annual meeting reach out to thank those being recognized, including our dedicated chapter board members who volunteer their time to drive chapter excellence for our region.

2019 Fellows Recertification Class

If you are like me and part of the 2019 recertification class then you will need to recertify by December 31, 2019. I provided a summary of the recertification requirements below.

Completion of continuing education activities Recertifying Fellows must complete a minimum of 36 continuing education hours related to healthcare management and administration within the last three (3) years.

- Twelve (12) hours must be ACHE Face-to-Face Education.
- The balance of 24 hours may be additional ACHE Face-to-Face education hours or Qualified Education from other organizations that provide healthcare management and administration education.
- OR *Re-take and Pass the Board of Governors Exam* Recertifying- Fellows may re-take the Board of Governors Exam in lieu of demonstrating continuing education hours earned. If Fellows wish to recertify by Exam, please contact ACHE Customer Service at contact@ache.org. *Completion of four (4) volunteer activities* Volunteer activities must be completed during the previous three (3) years, or since the last recertification. Recertifying Fellows must complete/participate in two (2) healthcare-related activities and two (2) community/civic activities *Recertification Fee of \$200* For each three-year interval, there is a recertification fee of \$200. The fee must be paid when the recertification application is submitted.

Some of our members may want to take advantage of a recertification waiver. Recertification Waivers Fellows are for fellows age 60 or older and who are planning to retire in the next five years may be eligible to receive a five-year recertification waiver. With this waiver, Fellows are exempt from recertifying during their mandatory recertification year and throughout the subsequent four years. Unemployed Fellows can also request a recertification waiver.

Derk Pronger, FACHE
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Articles of Interest

U.S. Medical Students Choosing Primary Care Specialties in an Eight-Year Decline

Despite hospital systems and health officials citing the need for more primary care doctors, graduates of U.S. medical schools are becoming less likely to choose a specialization in this field.

According to the 2019 National Resident Matching Program—the nonprofit group that determines where medical students will study in their chosen specialties after graduation—the percentage of primary care positions filled by fourth-year medical students was the lowest on record. The 2019 report shows that of the 8,116 internal medicine positions offered, only 41.5% were filled. Family medicine and pediatrics reflected a similar trend. In fact, according to an analysis of historical Match data, the percentage of U.S.-trained physicians matched into primary care positions has declined since 2011.

Meanwhile, recent data from the American Association of Colleges of Osteopathic Medicine shows that medical colleges granting MD degrees graduate nearly [three-quarters of U.S. students](#) moving on to become doctors. The rest graduate from osteopathic schools that grant DO degrees. The five medical schools with the highest percentage of graduates choosing primary care are all osteopathic institutions, according to a 2019 [U.S. News & World Report survey](#).

Physicians trained at foreign institutions, including both U.S. and non-U.S. citizens, accept unfilled primary care residency positions as well. In the 2019 match, 68.9% of foreign-trained physicians went into internal medicine, family medicine and pediatrics.

Despite osteopathic graduates and foreign-trained doctors taking up primary care spots, a primary care physician shortage is still expected. In April 2019, the Association of American Medical Colleges [predicted](#) a shortage of between 21,100 and 55,200 primary care physicians by 2032.

Why the decline? One reason may be as simple as higher income. According to a recently published [Medscape survey of physicians](#), the annual salaries of internal medicine practitioners average \$243,000—a little over half of what orthopedic physicians bring home. Family medicine and pediatrics reportedly earn even less.

Another deterrent to choosing within the primary care field may be the time primary care physicians spend on paperwork and completing electronic medical records. According to the Medscape data, in 2012, 53 percent of physicians completed approximately 1 to 4 hours of administrative tasks per week. The 2019 report shows that the numbers have risen to 74 percent and about 10 hours per week.

Tellingly, only 62% of internal medicine doctors in the survey said they would choose to go into their specialty again; the lowest percentage on record for all physician specialties surveyed.

—Adapted from "[American Medical Students Less Likely To Choose To Become Primary Care Doctors](#)," by **Victoria Knight**, *Kaiser Health News*, July 3, 2019.

Improved Communication Leads to Higher Patient Outcomes, Lower Readmission Rates

Aside from top-quality providers and the latest technology, what do the most successful hospitals have that others do not? The answer is clear and effective communication across all levels and areas of care. Effective communication is central to the patient experience and important for both short- and long-term episodes of care, but it is particularly critical at key transition points in care, most notably at discharge.

Collaborative communication across the care team is just as vital as direct communication with patients. In leading patient experience surveys the question “How well did hospital staff work together as a team?” is highly correlated with overall patient satisfaction. That correlation makes perfect sense. When patients receive clear, consistent information from every caregiver, they are more confident about what to both during a hospital stay and after discharge.

Communication in a hospital or other care setting is more challenging than in virtually any other industry. This complexity traces to a number of industry-specific issues, including a high number of unique transactions during and across care episodes; traditionally siloed work processes related to diagnosis and treatment; and longstanding hierarchical barriers among care teams. Clear, open communication builds trust reduces confusion and increases patients’ confidence, which contributes directly to better outcomes and reduced readmission rates.

Following are three overarching strategies to help organizations change the way frontline staff think about communication:

1. Create a culture of communication first. To improve interactions, staff members have to understand what effective communication looks and feels like at all levels of the organization. Leaders must demonstrate best practices and reinforce communication as a priority every time they interact with staff and patients, through strategies such as organization-wide town hall meetings, attendance at individual departmental meetings and regular rounds at the frontline.

2. Make it easier to communicate internally. If an organization’s culture is one that encourages open, transparent communication, then providers will feel free to question and investigate discrepancies and gaps in information. While the latest comprehensive electronic health records facilitate information exchange, they don’t replace effective interpersonal communication, either among the care team or with patients and families.

3. Fully embrace a customer-centric mindset. With focused training and mentoring from managers, healthcare professionals can develop the communication skills that improve interactions with one another and with patients. An investment in improved communication practices and competencies is an essential part of improving not only patient experience, but also patient outcomes.

Ample research establishes that effective communication is essential to attaining better health outcomes. To be sure, changing both the culture of communication and the specific practices and tools used on the ground entails a significant organization-wide commitment, but the results will be well worth the effort.

—Adapted from "[How Better Communication can Improve Patient Outcomes and Lower Readmission Rates](#)," by Burl Stamp, *Healthcare Business & Technology*, Feb. 26, 2019.

National News

FACHE® Recertification: It's Never Too Late to Begin Planning

Earning the distinction of board certification in healthcare management as an ACHE Fellow is a great career accomplishment. Whether you are one of the many members set to recertify this year or within the next three years, you can get a head start now to maintain this prestigious credential.

To ensure that all Fellows maintain the integrity of the ACHE credentialing program, Fellows are required to recertify every three years. To continue demonstrating your professionalism, ethical decision making, competence, leadership and commitment to lifelong learning, please be sure to [recertify your FACHE credential by Dec. 31](#).

Visit [My ACHE](#) to check your recertification status, including the current number of continuing education credit hours you have earned so far.

Postgraduate Fellowships: Creating Future Leaders

Postgraduate fellowships contribute to the development of future leaders and provide tangible benefits to sponsoring organizations and the profession. The [Directory of Postgraduate Administrative Fellowships](#) gives sponsoring organizations the tools needed to develop a fellowship, including detailed resources on logistics, compensation and benefits, recruiting, onboarding and assessing candidates. Organizations that

post opportunities in the directory increase their visibility for students seeking postgraduate administrative fellowships on a national level.

Whether you are an organization creating a fellowship, a student seeking a postgraduate administrative fellowship, or an organization ready to post or update a current listing, you'll find a variety of resources available at [ache.org/PostGrad](https://www.ache.org/PostGrad).

Community Forums Enhance Members' Experience

ACHE members with affiliated interests can communicate, collaborate and advance. Through participation in one of four community groups. These groups include the [Asian Healthcare Leaders Forum](#), the [LGBT Forum](#), the [Healthcare Consultants Forum](#) and the [Physician Executives Forum](#). Members can explore one forum or more for missions and benefits that align with their professional backgrounds and commitment to diversity and inclusion. Inform members in your area of these communities and encourage them to join the ones that best meet their professional needs and goals.

Join for an annual fee of \$100 each, in addition to your ACHE membership dues. All benefits are accessible online and include a quarterly newsletter, an exclusive LinkedIn Group and special designation in ACHE's online [Member Directory](#).

Healthcare Consultants Forum Member Directory: Connecting Executives to Consultants

The [Healthcare Consultants Forum Member Directory](#) offers a robust search functionality to help you identify a consultant who meets your needs. And if you are a consultant looking to gain visibility with decision makers, consider joining the [Healthcare Consultants Forum](#). The forum also offers resources tailored to a healthcare consultant's specific career development needs.

Local Prep Course Offered for the BOG Exam

A new chapter-led review course is available to help ACHE Members prepare for the Board of Governors Examination. The course, titled "BOG Exam Prep: Brought to You by ACHE and Your Local Chapter," includes a thorough content review of the 10 knowledge areas addressed in the Exam, practice test questions and test-taking strategies. Participants may earn up to 12 hours of ACHE Face-to-Face Education credit when they complete the course. Members can contact their local chapter regarding an offering of the course in their area.

The course is also available as an ACHE [Choice](#) program. Contact Katherine M. Stack, FACHE, manager, program development, Department of Professional Development, at (312) 424-9304 or kstack@ache.org for more information.

ACHE Joins a Partnership Focused on Improving Diagnostic Quality and Safety

Did you know that inaccurate or delayed diagnoses are responsible for roughly 80,000 deaths per year in the U.S.? ACHE recognizes the importance of supporting improvements in diagnostic quality and safety in medicine, which is why we have joined the Coalition to Improve Diagnosis. The coalition is a collaboration of more than 50 leading healthcare organizations convened and led by the Society to Improve Diagnosis in Medicine.

For more information about the Coalition to Improve Diagnosis, visit improvediagnosis.org/cid/. For more information about ACHE's leading for safety efforts, visit ache.org/Safety.

Planning for the Continuation of Your Career

Whether you're starting a new position or planning for retirement, building a comprehensive approach is critical to achieving your goals. To help you drive long-term success in a new role, ACHE's [Onboarding Resources](#) is a great place to begin. If you are nearing the end of your career, our [Encore Career Resources](#) will help you make sound intellectual, psychological and financial considerations. No matter where you are in your career, we remain devoted to your success. For more on these and additional tools, visit ache.org/CareerResources

2019 Premier Corporate Partners

ACHE's Premier Corporate Partners play a vital role in supporting ACHE's vision of improving health, including the creation of a culture of safety. These corporations provide funding that helps ACHE develop relevant, timely programming, career resources, enhance networking opportunities, and provide additional educational lectures at our Clusters and special programs. Through their support, the Premier Corporate Partners are fostering innovative solutions to the challenges healthcare leaders face and helping to transform healthcare through the delivery of safe, effective and efficient care. By partnering with ACHE, these companies are clearly demonstrating their commitment to supporting ACHE's patient safety initiatives and supporting your growth as a leader in an era of transformative change.



aramark.com/healthcare



baxter.com



bd.com



cardinalhealth.com



cerner.com



changehealthcare.com



ibm.com/watson/health/



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