Meet Michigan Medicine

This past January, we kicked off the year by introducing Michigan Medicine, our new name that better reflects the three-part mission of our academic medical center. Michigan Medicine represents our integrated organization—delivering patient care, educating the next generation of health care leaders, and leading discovery research and medical innovations—and all of our incredible faculty, staff and trainees.

With our new name comes an even stronger vision for our future. We continue to build and enhance how we deliver health care by achieving milestones like earning Magnet designation, the highest honor in nursing, from the American Nurses Credentialing Center. We’re also dedicating our attention and resources to enhancing the patient experience in all aspects, from the first phone call for an appointment to the final follow-up visit.

Our medical school curriculum continues to evolve: training tomorrow’s health care leaders, and encouraging students to use initiative and innovation to shape the future of health care. We are also finding more and more ways to share our knowledge and expertise to impact and improve health care around the world.

Discovery research remains at the core of medical advancements, and our scientists are making new breakthroughs every day that give us greater understanding of disease, diagnosis and most effective therapies.

We are proud to share our stories about the incredible people here at Michigan Medicine, as well as the communities and families we are honored to serve. I hope you enjoy our stories and find inspiration in how we can impact lives, every day.

Marschall S. Runge, M.D., Ph.D.
Dean, University of Michigan Medical School
Executive Vice President for Medical Affairs, U-M
CEO, Michigan Medicine
Michigan Medicine KEY FACTS

- 1,000 Licensed beds Medical and Surgical
- 3 Hospitals
- 40 Outpatient facilities
- 5,000 Nurses
- 1,199 Residents in training
- 105 Specialties
- 708 Medical students
- 26,000 Employees
- 48,793 Discharges
- 300K Patient days
- 104K ER/urgent care visits
- 2.1M Outpatient clinic visits
- 54K Surgeries
- 4,400 Babies Delivered

Michigan Medicine hospitals, clinics and affiliations locations

City
- Alpena
- Ann Arbor
- Brighton
- Canton
- Chelsea
- Dexter
- Flint
- Grand Blanc
- Grand Rapids
- Howell
- Jackson
- Lansing
- Livonia
- Midland
- Milford
- Novi
- Petoskey
- Saline
- Southfield
- Toledo, Ohio
- Traverse City
- Wyndham

Legend
- Hospitals
- MidMichigan Health
- Metro Health
- Clinics

THIS YEAR AT MICHIGAN MEDICINE

August 2016
- Michigan Medicine becomes equity partner in Together Health Network

November 2016
- Michigan Medicine launches University of Michigan’s campus wide strategic plan to increase diversity, equity and inclusion

December 2016
- University of Michigan School of Medicine introduces its new name

January 2017
- University of Michigan marks 200th year with bicentennial celebration

February 2017
- University of Michigan Hospitals and Health Centers earn Magnet status

April 2017
- Michigan Medicine earns Grade A on Hospital Safety Score from Leapfrog

May 2017
- MidMichigan Medicine serves as one of two Michigan Medicine’s cancer centers to be named a National Cancer Institute Comprehensive Cancer Center

June 2017
- MidMichigan affiliation agreement with Michigan Medicine extended for 20 years
Michigan Medicine provides exceptional care to Ann Arbor and surrounding communities. As a Trauma 1 hospital with Survival Flight helicopters and emergency teams, the health system is expanding its footprint across the state to increase specialty and emergency care for all Michigan communities.

Today, the hospitals and health centers conduct more than 2 million patient clinic visits, 48,000 hospital discharges, 54,000 surgical cases and 104,000 emergency room visits.

EXPANDING AND ENHANCING OUR PATIENT CARE

As a compassionate 9-year-old who loved to babysit children in her neighborhood, Amber Parker knew she wanted to spend her life helping people. “My dream was to become a nurse,” Amber said. “I wanted to be there for people when they’re at their most vulnerable.”

But with a growing family and a husband in the military serving overseas, Amber had once given up that dream and accepted that getting a nursing degree wasn’t going to happen. “Life had sort of gotten in the way, and that was ok,” she said. “I would have been perfectly happy raising my family with my husband.” But her plans changed when her daughter’s health care challenges reignited Amber’s quest to help others. And it led her down a path to Michigan Medicine, where she now works as a nurse on 6B at University Hospital.

An unconventional journey

In 2011, Amber found out that her fourth child — due several months later — was going to be born with spina bifida, a common birth defect caused by the spinal cord not developing properly in the womb. Many spina bifida patients deal with varying levels of paralysis and excess fluid in the brain that must be drained by a shunt.

“We knew we were going to have a lot of work ahead of us,” Amber said about caring for her daughter Avery.

At the time, Amber had been mulling whether or not to return to nursing school to get her degree. “The timing wasn’t going to work with the challenges Avery was going to face,” Amber said. “I wanted to make sure I was there for her and for everyone in my family.”

After she was born, Avery spent a month and a half in the neonatal intensive care unit at C.S. Mott Children’s Hospital. At five months old, Avery got a respiratory infection and required even more specialized care from Michigan Medicine experts. “Avery had so much pressure on her brain stem that her brain wasn’t telling her body to breathe while she was asleep,” Amber said.

Doctors fitted Avery with a trach, which improved her breathing and oxygen levels but added complications to the care Amber and her husband were already providing for Avery.

OUR NURSES KNOW: PASSION

Amber Parker, left, with her daughter Avery and son Gage.
Training for the trach was intense, learning how to clear it out and keep it working as it needed to,” Amber said. “I truly became my daughter’s nurse. That gave me another glimpse into the world of nursing and actually kept me going.”

Serving as a resource
As Avery got older and her health improved, Amber decided the time was right to return to her dream and pursue a nursing degree.

“I had just spent the last two years in and out of Mott with my daughter,” Amber said. “I saw the incredible care everyone provided and became active in the patient and family-centered care (PFCC) programs.”

She served on a number of advisory committees with doctors, nurses and administrators. She also met regularly with parents of children who are born with spina bifida or have been fitted for a trach. Those efforts continue to this day.

“Michigan Medicine allowed me to become a resource for others. Parents can ask questions and share concerns with somebody who has gone through everything before,” Amber said. “After my experience with PFCC, I knew that one day I wanted to join Michigan Medicine as a nurse.”

“A gift to all of us”
Amber entered a nursing program in Toledo four years ago, graduating in 2016, and joined the organization in June of that year. She said her experience caring for Avery and working with patients and families through PFCC has made her a better nurse.

“I understand my patients and families so much better than I would have before Avery was born,” Amber said. “I can empathize with their frustrations and better share in their successes.”

There’s one other habit that Avery has helped Amber adopt.

“Avery always has a smile on her face, no matter the situation. That’s the attitude I bring to work every day.

“She’s been such a gift to all of us.”

SMALL DEVICE, HUGE IMPACT
Carey Larabee met Edward Hurvitz, M.D., in 1997 when he was 17 years old. It was to discuss a pump medical device he hoped would allow him to live and attend college independently.

“I was diagnosed with cerebral palsy at birth,” Larabee said. “I had a lack of oxygen to my brain, and it affected my central nervous system. It made me a quadriplegic and I experienced lots of muscle spasticity.”

After meeting with Hurvitz, professor and chair of the Department of Physical Medicine and Rehabilitation at Michigan Medicine, and his colleagues, they agreed Larabee was a good candidate for the intrathecal baclofen pump.
The pump, inserted into his lower left abdomen, includes a catheter that releases a liquid form of baclofen, a medication to treat muscle spasticity, into the spinal canal over 24 hours.

Larabee says the hockey puck-shaped device improved his symptoms to an amazing degree.

“The pump, along with physical therapy, have really helped me to have more controlled muscle tone and have freer movements,” Larabee said. “It allowed me to be able to go to the bathroom independently, shift and transfer my weight easier and assist my family or whomever is helping me.”

Independence in college and beyond

Born and raised in Michigan, Larabee was excited for the opportunity to go to college and decided on U-M. He graduated in 2002 with a degree in sports management and communications from the School of Kinesiology. After an internship with the Detroit Tigers and the Ann Arbor Center for Independent Living, a nonprofit organization that benefits people with disabilities, Larabee decided he was tired of the cold weather and ready for a challenge and change.

In 2005, he moved to Orlando, Florida, and took a job at Walt Disney World at the ESPN Wide World of Sports Complex.

“I’ve worked there for 12 years, all at the sports complex because I love sports. It’s been great to meet a lot of good people and friends,” he said. These achievements would have been a lot more difficult without the pump.

“I’m on my fifth pump and I’m still able to live on my own in my own apartment with caregivers who check up on me,” Larabee said. “The pump has done a great deal for me.”

As did, he said, his Michigan Medicine care team.

“Other than my parents, I owe a great deal of my success and independence to the Michigan Medicine Department of Physical Medicine and Rehabilitation,” Larabee said. “I’m very thankful to Dr. Hurvitz and his team.”

In February 2017, Michigan Medicine was notified that the University of Michigan Hospitals earned Magnet recognition, the highest honor in nursing from the American Nurses Credentialing Center. This designation was received due to the work done in partnership with UMPHC/MNA.

Only six percent of U.S. hospitals earn the coveted honor, given to organizations that meet rigorous standards for quality patient care, nursing excellence and innovations in professional nursing practice. The recognition serves as proof that the organization is successfully carrying out its mission of constantly improving a patient’s experience, safety and satisfaction. And it firmly establishes Michigan Medicine as a worldwide leader when it comes to advancing nursing standards, practice and empowerment—all attributes that will help attract and retain top talent from across the globe. 🏆
A new hybrid operating suite at Michigan Medicine’s Frankel Cardiovascular Center will make complex heart procedures safer and easier to perform, using the most advanced technology. The Frankel CVC faculty will perform a variety of open and endovascular procedures in the Robert and Ann Aikens Hybrid Suite, including the endovascular repair and replacement of heart valves, treatment of aortic pathologies, hybrid coronary interventions and electrophysiology procedures.

In a hybrid cath lab–OR, catheter-based interventions and open surgeries can be performed simultaneously in the same space. At 1,200 square feet, the Aikens suite is twice the size of a regular OR and equipped with advanced imaging. The Aikens hybrid room ushers in a new era of cardiovascular care, the minimally invasive treatment of structural heart disease. Already the state’s largest transcatheter aortic valve replacement (TAVR) provider at more than 900 procedures, the Frankel CVC will be able to take on more of these endovascular cases each week with the opening of the Aikens suite.

First in the U.S.
The creation of the new hybrid suite is all thanks to a generous $7.5 million gift from U-M alums Robert and Ann Aikens, as part of the Victors for Michigan campaign. With its futuristic equipment, this suite will allow U-M to remain one of the leading pioneers and innovative institutions in the development of all cardiovascular specialties. The Aikens Hybrid Suite’s advanced technology will also improve teaching capabilities, whether students are onsite or working remotely.

In addition, a large viewing area will allow medical students, residents, fellows and community physicians the opportunity to observe cases onsite.

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The University of Michigan Medical School has a long-standing tradition of being a pioneer and leader in education. The first medical school to build a hospital in 1869 for physician instruction, the UMMS was also one of the first to introduce a modern science-based curriculum to its students and to admit women and underrepresented groups.

Today, the medical school carries on the tradition of being a pioneer by implementing a new curriculum that introduces students to clinical care in their first year of training. It also offers courses and mentoring in areas like health care disparities and cultural awareness, and fosters multi-disciplinary teamwork.

A $10 problem doesn’t need a $1,000 solution.

Take it from Stephen John, a U-M Medical School student whose infant respirator invention has already garnered recognition and some funding, and could soon be helping premature newborns breathe easier in several developing countries.

John was an undergraduate engineering student on the hunt for a senior project when his pediatrician father posed a problem: the small hospital where he worked in Nepal couldn’t afford the type of dual-pressure ventilators often required to help very young babies breathe on their own. Common in western hospitals, traditional ventilators come with a high price tag that is often a barrier in developing countries, where the vast majority of neonatal deaths (in the first four weeks of life) occur.

“Respiratory issues are a leading cause of deaths in premature infants, and the ventilators are expensive,” said John. “But when you strip away all of the electronics—the bells and whistles—you’ve actually got a relatively simple mechanical engineering problem.”

Returning to a simpler past

John imagined an attachment that could transform a bubble continuous positive airway pressure (CPAP) machine, which delivers constant, single-pressure ventilation, into a dual-pressure ventilator. Bubble CPAPs date back to the early 1970s and have given way to newer ventilation technology in many western hospitals. But they are affordable and still in wide use elsewhere in the world.

His vision was simple: Develop a device with no electronic display, input keys or alarms. It wouldn’t even require electricity, as bubble CPAPs can run on compressed air. The earliest prototypes were assembled in his kitchen from things like milk cartons, pipe cleaners, PVC pipe and empty single-serving yogurt cups.
When I told some of my business school friends that we could make this thing for about one-hundredth the cost (of traditional ventilators)—or even far less—they didn’t believe it,” said John, a second-year med student who holds undergraduate engineering and biology degrees from Western Michigan University. John’s elegant solution, essentially an inverted cup-valve, is suspended in the water of the CPAP machine. The cup captures the discharged bubbles, becomes light, and floats toward the surface (higher pressure) before releasing the air and sinking back toward the bottom (lower pressure). Critical parameters like the high- and low-pressure settings and the number of cycles per minute can be independently adjusted.

Low maintenance and the right price
Because there is only one moving part and no electronics, training is easy and maintenance is simpler still. And, John’s device costs about $25 (USD). Meanwhile, most stand-alone, dual-pressure infant ventilators in use today start at around $2,500 and can cost as much as $25,000.

His ventilator invention has earned several awards, including a $15,000 first prize in a national 2015 collegiate inventors competition. It also captured the attention of Respiratory Therapists without Borders; the non-profit has supported the project from the earliest stages and is helping to organize a limited patient trial early next year—at the same hospital where John’s dad works. If all goes well, more widespread trials will follow across several countries.

Not bad for a 22-year-old.

As the medical school curriculum evolves, medical students are actively participating in various curriculum committees and also volunteering to participate in pilot courses and programs.

Ryan Howard, class of 2017, was one such volunteer. He piloted the IMPACT program, a new offering that gives students an opportunity to impact a pressing health care issue. Ryan’s project focused on reducing the amount of excess opioid medication entering the community after surgery.

“Leftover painkillers are a huge contributor to the current opioid epidemic,” Howard says. “When we started asking patients how much medication they actually needed after surgery, the vast majority were not using their entire prescription.”

For example, after gallbladder surgery, patients would typically be prescribed around 50 painkiller pills, but Howard’s team found they rarely took more than ten. Extra pills would remain in medicine cabinets, with the potential for future misuse by family or friends.

Howard then developed smarter prescribing guidelines for pain medication post-surgery. The smarter guidelines call for health care providers to prescribe smaller amounts of prescription painkillers combined with over-the-counter drugs like Tylenol and Motrin.

Implementation of these new guidelines in the surgery department have prevented approximately 5,100 pills from entering the community during a 6-month.

“Now we’re working on building a toolkit so that hospitals around the state can make a similar impact on the opioid epidemic,” said Howard. “It has been phenomenal as a student to change the way we deliver care, in one small way.”

The IMPACT program is expected to become a permanent feature of the medical school curriculum in fall 2018.
The first-ever kidney transplant procedure in Ethiopia was performed by Michigan Medicine surgeons a little more than a year ago. In 2016, a university in India, in partnership with the U-M Medical School (UMMS), launched that country’s first-ever masters-level Health Professions Education course aimed at teaching doctors to be better instructors for residents and fellows.

In Brazil, where end-of-life care is not commonly taught in medical schools, the University of São Paulo has recently begun sending residents to U-M’s academic medical center to learn palliative care. And several African countries—including Liberia, Cameroon, Malawi and others—have adopted OB/GYN residency training programs modeled after a very successful initiative that UMMS helped launch in Ghana more than a decade ago.

In short, the work that originates from Michigan Medicine doesn’t stay here. Rather, it reaches countries—and countless lives—in nearly every corner of the world, and the division responsible for fostering much of that international work is Global REACH.

Kick-starting collaborations

Founded in 2001, Global REACH (Research, Education, and Collaboration in Health) is an office within the medical school that fosters international collaboration among faculty, as well as learning opportunities and exchanges for medical students, both those at Michigan Medicine and those visiting from abroad.

There are hundreds of UMMS faculty engaged in collaborative research with colleagues and counterparts overseas in nearly every country, with the largest concentrations in China, Brazil, Ghana, Ethiopia and India. Global REACH helps faculty connect with counterparts abroad who share a mutual research interest and in some cases offers small grants to help kick-start new collaborations.
Student programs
In the 2016–17 academic year, nearly 50 UMMS students traveled abroad for educational experiences, engaging in clinical electives and research projects in more than a dozen countries. Global REACH sponsored most of those experiences. With the department’s support, students studied the links between diet and fibromyalgia in Kenya, staffed pop-up health clinics in the jungles of Peru, and helped treat Syrian refugees in Jordan, to name a few.

These students not only learn about medicine in an entirely different (and often resource-scarce) setting, but they also discover things about themselves.

“It made me realize that many of the differences I witnessed in practice are a result of systemic influences, especially insurance and primary care infrastructure,” said Janet Ma, who spent a month last summer doing rotations in various units at Peking University Health Science Center, UMMS’ partner medical school in Beijing.

This has prompted a greater personal interest in public health and policy and how it may affect my daily practice.”

Visiting students, scholars
The exchanges run both ways. Even as UMMS sends learners abroad, it hosts a growing number of foreign students and scholars as well; Michigan Medicine welcomed nearly 250 visiting students and scholars from overseas in 2016–17. Global REACH supports many of these exchanges, helping visitors find everything from housing and transportation to their way around the grocery store.

Titus Beyuo, a Ghanaian physician, spent three months at Michigan Medicine in 2016 observing colleagues in the OB/GYN department. “The whole fellowship experience was fantastic,” Beyuo said. “I expected to observe, but I’ve felt like an active participant in the academic discussion, so it exceeded my expectations.”

Francis S. Collins, M.D., Ph.D., the director of the National Institutes of Health, who may be best known for leading the Human Genome Project, was the featured speaker during the medical school’s 167th commencement ceremony on May 12, 2017. Dr. Collins was a faculty member in the UMMS departments of Internal Medicine and Human Genetics before joining the NIH in 1993.

In his remarks, Collins gave three points of advice to the graduating class of 2017: embrace change, be prepared to make the best of tragedies and failures, and focus on character rather than accomplishments. He added a fourth point, which was not to forget to have fun.

Dr. Collins ended his remarks by strapping on his guitar, and singing his own rendition of the Bob Dylan song, “Times are a Changing.”
Breakthroughs at Michigan Medicine are helping researchers understand how prostate cancer develops—and how to stop it. Half of all prostate cancer tumors harbor a certain genetic anomaly in which the genes TMPRSS2 and ERG relocate on a chromosome and fuse together. Discovering the “on switch” for prostate cancer development is one thing. Turning that switch off is another. ERG is challenging to target with the kind of small-molecule inhibitors that have had recent successes for treating cancer.

But a novel new strategy pioneered at the University of Michigan Comprehensive Cancer Center targets the ERG gene fusion using large molecule peptides and is showing promise following studies in cell lines and animal models.

“Targeting this gene fusion product has been a major challenge. We had to approach this through a different angle,” says senior study author Arul M. Chinnaiyan, M.D., Ph.D., director of the Michigan Center for Translational Pathology and S.P. Hicks professor of pathology at Michigan Medicine.

After skin cancer, prostate cancer is the most common type of cancer among men in the United States. About one man in seven will be diagnosed with prostate cancer during his lifetime, according to the American Cancer Society. It is the third-leading cause of cancer death among American men.

To address the disease at its genetic source, Chinnaiyan and his fellow researchers identified a panel of peptides that interacted specifically with the ERG protein. They tested the panel in cell lines harboring the gene fusion and found the peptides disrupted ERG function. In cells without the gene fusion, the peptides had little or no impact on gene expression.

In subsequent animal trials, more than a third of the mouse tumors showed no signs of recurrence a month after extended treatment.

“This is an example of how we can deliver precision therapy for prostate cancer. Only patients who have the ERG gene fusion would be matched with this agent. But it’s useful because the ERG fusion is so prevalent,” Chinnaiyan says.
Of those who talked to their doctor about costs, 67% of providers recommended a less expensive drug.

Of those who talked to a pharmacist about costs, 49% of older adults who said their drug costs were a burden had not talked to their doctor about costs.

A majority of Americans age 50 or older take two or more prescription medicines to prevent or treat health problems. Many of them say the cost weighs on their budget, a new poll finds. But many older adults aren’t getting—or asking for—help from their doctors and pharmacists to find lower-cost options, suggesting an opportunity for health professionals and patients alike to be more proactive in discussing drug costs.

The findings come from the University of Michigan National Poll on Healthy Aging, an initiative based at the U-M Institute for Healthcare Policy and Innovation and sponsored by AARP and Michigan Medicine. The effort was led by Preeti Malani, M.D., chief health officer for the University of Michigan.

“We already know that cost can keep patients from taking the drugs they need to maintain health or prevent complications, but these new data suggest that many older adults aren’t talking to their doctors or pharmacists about cost and less-expensive alternatives as often as they could,” says Malani. “We encourage patients to speak up and ask about ways to reduce the cost of their prescriptions. Equally, we see a need for health professionals to find ways to more routinely engage with patients about cost—especially through formal medication reviews such as the one that Medicare will cover.”

The presence of bacteria in an unexpected place suggests that a vicious cycle of inflammation and microbiome disruption may influence illnesses such as sepsis and acute lung failure.

University of Michigan Medical School scientists have discovered gut bacteria in the deepest reaches of failing lungs—an environment where such bacteria normally aren’t found and can’t survive. The more severe the patients’ critical illness, the more their usual lung bacteria were outnumbered by the misplaced gut bugs.

The findings, published July 2016 in *Nature Microbiology*, could have big implications for intensive care patients who are prone to whole-body sepsis inflammation as well as sudden lung failure known as acute respiratory distress syndrome (ARDS).

“Our results suggest that in our past attempts to find treatments for sepsis and ARDS, we may have been overlooking a major part of the story,” says lead author Robert P. Dickson, M.D., a critical care physician and laboratory scientist. “Virtually all of our attempts to treat these critical illnesses have been aimed at fixing the disordered inflammation and tissue injury we can see in our patients. But our study raises the possibility that this inflammation and injury may actually be downstream consequences of an upstream source: disordered bacterial communities in the gut and lung.”

Millions of Americans each year develop sepsis and more than 200,000 develop ARDS. Nearly half of ARDS patients die from it. Physicians have known for decades that the gut microbiome is somehow linked to a person’s chances of surviving a critical illness, but the new findings shed further light on the nature of those connections.
The researchers suggest that the original cause of the patient’s or animal’s illness triggers a “chicken and the egg” feedback loop. Changes in the microbiome lead to inflammation as the body’s immune system tries to fend off what it sees as invaders. That inflammation in turn injures the delicate lung tissue. The injury and inflammation then change the environment within the lung, allowing microbes that don’t normally grow there to invade—or to bloom if they were already present in low levels.

Improving survival of critically ill patients, then, would require breaking this cycle, or figuring out how to keep the microbiome relatively normal. To that end, Dickson and colleagues have already begun capturing samples from more patients at risk for ARDS in the intensive care units of U-M’s University Hospital. U-M is part of the National Institutes of Health’s ARDS clinical trials network called Prevention and Early Treatment of Acute Lung Injury, or PETAL.

The team will also leverage the resources of the Medical School’s Host Microbiome Initiative, which gives researchers access to oxygen-free growth chambers, germ-free animal facilities, and advanced genetic sequencing and cultivation tools. Such tools were important to showing—in the published paper—that the gut bacteria were alive in the lungs not just detectable as DNA from dead bacteria.

“We’re just now sorting out the rules for how these bacterial communities get established, both in health and in critical illness. We need to start thinking of the microbiome as an organ that can fail in critically ill patients,” says Dickson, a member of the U-M Division of Pulmonary and Critical Care Medicine. “The importance of the microbiome in the ICU has been clear for decades, but with these new tools we’re finally able to ask and answer the right questions. It’s a really exciting time.”

In FY16, more than 2,700 sponsored projects were funded and faculty produced more than 5,500 publications. Fourteen departments in the U-M Medical School are ranked in the top 10 by the NIH.
And when the faculty and staff of the Ypsilanti Health Center (YHC) noticed a large number of their patients struggling in these areas, they sprang into action to find a solution.

Last month—after more than a year of research, planning and hard work—YHC opened Maggie’s Marketplace, a first-of-its-kind food pantry serving Michigan Medicine patients.

"If a person doesn’t have ready access to produce and other food, it can affect their health in a myriad of ways," said Maggie A. Riley, M.D., assistant professor and medical director of the YHC. "By providing healthy food and recipes, we aim to improve the physical and mental health of our patients."

"This is something we have to address"

When Riley became the medical director of the YHC, she found a troubling trend among her patients.

"Patients would mention how difficult it is to focus on their medical issues when they don’t have enough to eat or enough to feed their children," Riley said.

So she and her staff conducted a food insecurity survey of their patients, finding that 41.7 percent of YHC patients were concerned that food would run out before they could afford to buy more.

"That’s when we decided that this is something we have to address with an on-site resource," Riley said.

She partnered with U-M medical students, who helped research what it takes to have an onsite food pantry and initiated meetings with Food Gatherers as a community partner.
Riley and Ladele Cochran, administrative manager of yHC, worked to develop a budget and secure funding. Finally, a multi-disciplinary committee of yHC staff members identified and readied a physical space within the health center to house the pantry and created workflows on how patients could access the food.

And with that, Maggie’s Marketplace was born—with staff surprising Riley as the namesake for the first food pantry offered by a Michigan Medicine health center. The pantry received two grants from within the organization to help it get off the ground, and Food Gatherers also provided a Healthy Pantry Grant to help with shelving, basket displays and refrigeration.

“It all came together because everyone in the organization and surrounding community helped make it come together,” Cochran said. “It was truly inspiring.”

An overwhelming response

On May 1, 2017 Maggie’s Marketplace opened its doors—and its impact on the community was felt immediately.

“A patient walked in with her 15-year-old daughter and shared that they had no food or money to feed their family,” Cochran said. “She was in tears when we showed her what we had to offer. She was able to get enough food to last for a week.”

The marketplace is run by yHC staff and carries fresh fruit and vegetables, along with basic staples such as potatoes, milk, cheese and eggs. All the food is purchased from Food Gatherers and given for free to patients or community members. During its first week, Maggie’s Marketplace gave away 70 bags of food to 50 patients and 165 family members with whom they share a home. That number grew to 707 patients and family members during the first month of operation.

Why has the facility been so popular? Cochran thinks much of it has to do with removing the stigma of food insecurity.

“We’re breaking down barriers and making it easier for people to ask for the food they need, often directly from health care providers and nutritionists who help them manage their diet,” Cochran said. “It’s a win-win for everybody.”

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CREATING GREATER DIVERSITY AND INCLUSION

At the University of Michigan, enhancing diversity, equity and inclusion (DE&I) efforts is a top priority across the entire campus, including Michigan Medicine. Over the past year, we have continued to strive to provide the most inclusive, welcoming environment possible for our patients and colleagues, one that truly reflects the diverse communities we serve.

Michigan Medicine’s Office for Health Equity and Inclusion oversees all diversity-related efforts and programs on the medical campus, offering educational and programmatic resources that align the overall University’s strategic DE&I goals. Our diversity initiatives include individually tailored departmental plans to raise awareness and promote inclusive behaviors. A series of unique Diversity Seed Grants fund projects across the medical campus that promote diversity and inclusion efforts, including the creation of new training programs that can be scalable across the entire organization.

PARTNERSHIPS AND AFFILIATIONS

Together Health Network
Michigan Medicine is taking the next step in its partnership with Ascension and Trinity Health—the founding sponsors of Together Health Network. Michigan Medicine is now a minority equity partner in the statewide, physician-led clinically integrated network of health care providers. The network, which launched in 2014, has providers readily accessible to 75 percent of all Michigan residents.

THN includes 25 hospitals, hundreds of ambulatory centers operated by Ascension and Trinity Health and a dozen physician organizations across the state.

Metro Health
Metro Health has joined the U-M Health System, after the board of directors of Metro Health Corporation and the regents of the University of Michigan approved a definitive affiliation agreement.

Together, these two organizations plan to create a clinical care network that builds upon the strengths of the world-class U-M academic medical center and a very successful community-based health system.

The affiliation will enable Metro Health to further expand its primary care and specialty services, as well as enhance its use of complex medical technology in west Michigan.

MidMichigan
This year, Michigan Medicine and MidMichigan extended the affiliation agreement that began between the two health care providers in 2013 for a new 20-year term.

Michigan Medicine will continue to have a small ownership interest in MidMichigan Health, and will continue to share expertise and knowledge to help Mid-Michigan expand the specialty care services provided in their local communities.

COMMUNITY BENEFIT

$6 million worth of community events

$540 million total community benefit*

136,260 meals provided by Ann Arbor Meals on Wheels

*Reported through the Michigan Health & Hospital Association

MICHIGAN MEDICINE ANNUAL REPORT 2017
FINANCIAL OVERVIEW

<table>
<thead>
<tr>
<th></th>
<th>FY17</th>
<th>FY16</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$4,515,613</td>
<td>$4,194,720</td>
<td>$3,914,033</td>
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<tr>
<td>Operating Expenses</td>
<td>$4,470,794</td>
<td>$4,262,210</td>
<td>$3,975,807</td>
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<tr>
<td>Non-Operating Income</td>
<td>$21,666</td>
<td>$148,366</td>
<td>$85,432</td>
</tr>
<tr>
<td>Cash Flow Margin</td>
<td>8.6%</td>
<td>8.3%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Social Media:
- Facebook: MichiganMedicine
- Twitter: Umichmedicine
- Instagram: Umichmedicine
- YouTube: www.youtube.com/c/MichiganMedicine

Websites:
- www.med.umich.edu
- http://healthblog.uofmhealth.org
- http://labblog.uofmhealth.org

Executive Officers of Michigan Medicine
- Marschall S. Runge, M.D., Ph.D.; executive vice president for medical affairs, dean, University of Michigan Medical School; CEO, Michigan Medicine
- David A. Spatzling, M.D.; president, UMHS; executive vice dean for clinical affairs, University of Michigan Medical School
- Patricia D. Hurn, Ph.D., dean, School of Nursing

Regents of the University of Michigan
- Michael J. Behm
- Mark J. Bernstein
- Shauna Ryder Diggs
- Denise Ilitch
- Andrew Fischer Newman
- Andrew C. Richner
- Ron Weiser
- Katherine E. White
- Mark S. Schlissel (ex officio)

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