DetroitRegionalChamber

LEADERSHIP DETROIT 46

Health and Wellness

THE KRESGE FOUNDATION

HENRY FORD HEALTH℠

DetroitRegionalChamber

LEADERSHIP 46 DETROIT

Breakfast

Signature Plating Catering

THE KRESGE FOUNDATION

HENRY FORD HEALTH

DetroitRegionalChamber

LEADERSHIP 46 DETROIT

Welcome

Dorian Grey, Senior Director
Leadership, Entrepreneurship, and Innovation,
Detroit Regional Chamber

THE KRESGE FOUNDATION

HENRY FORD HEALTH

DetroitRegionalChamber

LEADERSHIP DETROIT 46

The State of Public Health and the Economic Impact of Health Care Industry

Laura Appel, Executive Vice President
Government Relations and Public Policy,
Michigan Health and Hospital Association

THE KRESGE FOUNDATION

HENRY FORD HEALTH

The Economic Impact of Health Care and Upcoming Funding Challenges

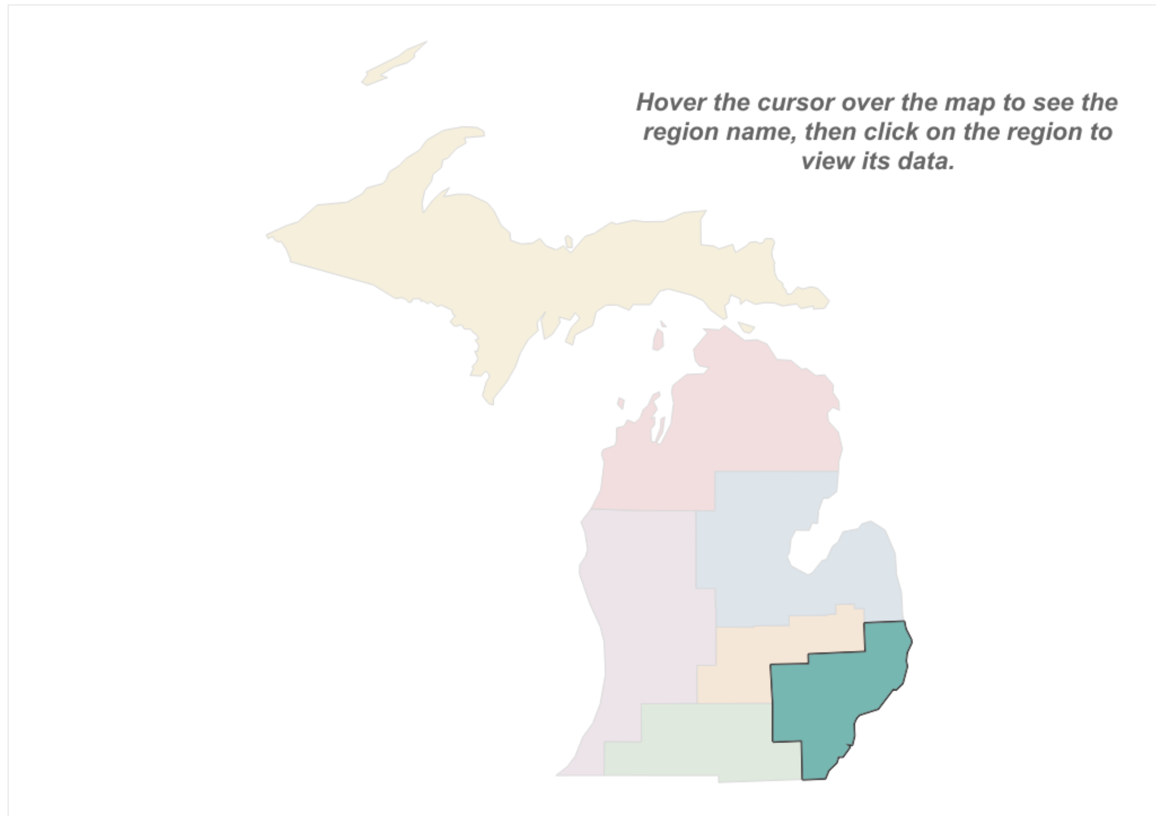
THE
ECONOMIC IMPACT
OF HEALTHCARE IN MICHIGAN

Statewide	
Direct Jobs	592,790
Indirect & Induced Jobs	471,084
Total Jobs	1,063,874
Direct Wages & Salaries	$49,168,701,015
Indirect & Induced Wages and Salaries	$29,939,558,048
Total Wages & Salaries	$79,108,259,063
Federal, State & Local Tax Revenue	$23,575,049,591
Total Value Added by Healthcare	$106,368,742,769

The healthcare sector includes hospitals, offices of healthcare providers (physicians, dentists and other healthcare providers), nursing and residential care facilities (nursing, community care and residential mental health/substance abuse facilities), other ambulatory services (outpatient care centers, medical and diagnostic laboratories, and other ambulatory healthcare services), and home health services. The information presented here was compiled using IMPLAN® cloud software and 2023 data, along with 2023 data from the American Hospital Association Annual Survey (the most recent data available).

TWENTIETH EDITION • SPRING 2025

THE ECONOMIC IMPACT OF HEALTHCARE IN MICHIGAN



Region: Southeast

Direct Jobs	313,880
Indirect and Induced Jobs	238,562
Total Jobs	552,442
Direct Wages and Salaries	$26,597,378,065
Indirect and Induced Wages and Salaries	$16,474,362,526
Total Wages and Salaries	$43,071,740,591
Federal, State & Local Tax Revenue	12,230,929,128
Total Value Added	$57,619,856,274

Once income has flowed out of a county, region or other geographic area, it cannot generate any additional multiplier effects in the original county, region or geographic region. Adding the county figures for jobs or wages will result in different statewide totals due to the change in boundaries used in the economic model. The information presented here was compiled using IMPLAN® cloud software and 2023 data, along with 2023 data from the American Hospital Association Annual Survey (the most recent data available).

Hospital-Specific Information

58,000

Total Number of Michigan Hospital Employees Hired in 2024

Hospitals filled nearly 58,000 positions in 2024.

14.1%

Current RN Turnover Rate

Michigan hospitals are outperforming other states with an RN turnover rate of 14.1%, which is 2.3 percentage points lower than the national RN turnover rate average of 16.4% from NSI Nursing Solutions.

222,000

Total Number of Michigan Hospital Employees

Of the 222,000 full- and part-time hospital employees, 64,500 are registered nurses.

Medical infrastructure acts as a "quality-of-place" amenity that helps recruit/retain workers and, in some settings, raises regional innovation—both central to firm location decisions.

When a hospital exits, the *place* becomes less attractive—income falls, jobs leave, and residents travel farther.

MHA

Health Status

Wayne County Population Health and Well-being - 2025

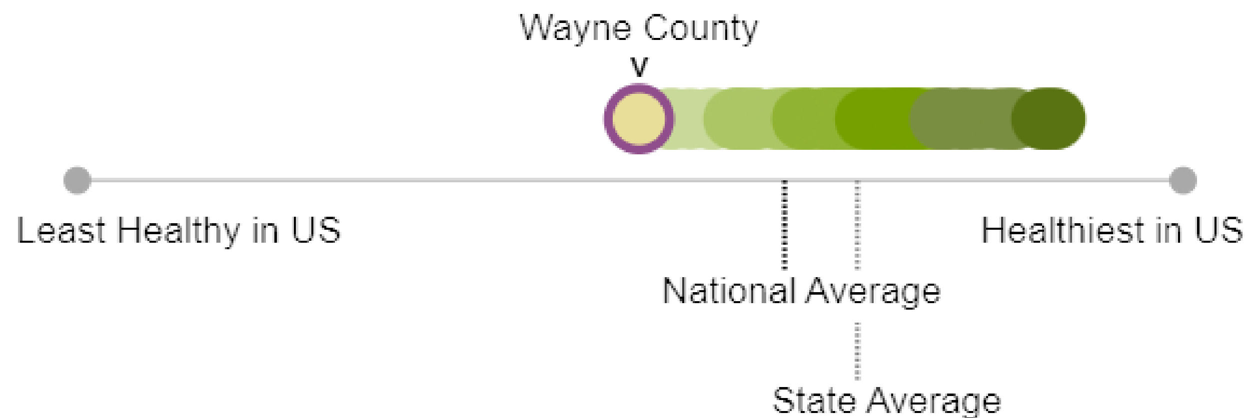


Diagram summarizes data released on 03/19/2025

Wayne County is faring worse than the average county in Michigan for Population Health and Well-being, and worse than the average county in the nation.

Oakland County Population Health and Well-being - 2025

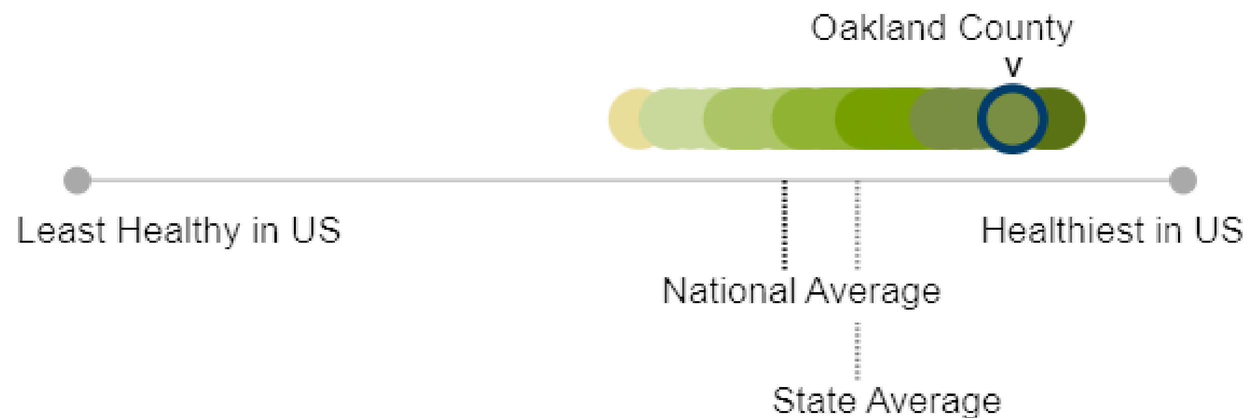


Diagram summarizes data released on 03/19/2025

Oakland County is faring better than the average county in Michigan for Population Health and Well-being, and better than the average county in the nation.

The Impact of Diabetes in Michigan

- Approximately 965,000 people in Michigan, or 12% of the adult population, have diagnosed diabetes.
- An additional 240,000 people in Michigan have diabetes but don’t know it.
- There are 2,700,000 people in Michigan, 34.7% of the adult population, who have prediabetes Every year an estimated 59,000 people in Michigan are diagnosed with diabetes.

.

The Impact of Diabetes in Michigan

Diabetes is expensive

- People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes.
- Total direct medical expenses for diagnosed diabetes in Michigan were estimated at $7 billion in 2017.
- **Another $2.7 billion was spent on indirect costs from lost productivity due to diabetes.**

Preventable Hospital Stays in Michigan

Preventable hospital stays per 100,000 Medicare enrollees

6,000
5,000
4,000
3,000
2,000
1,000
0

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

Year

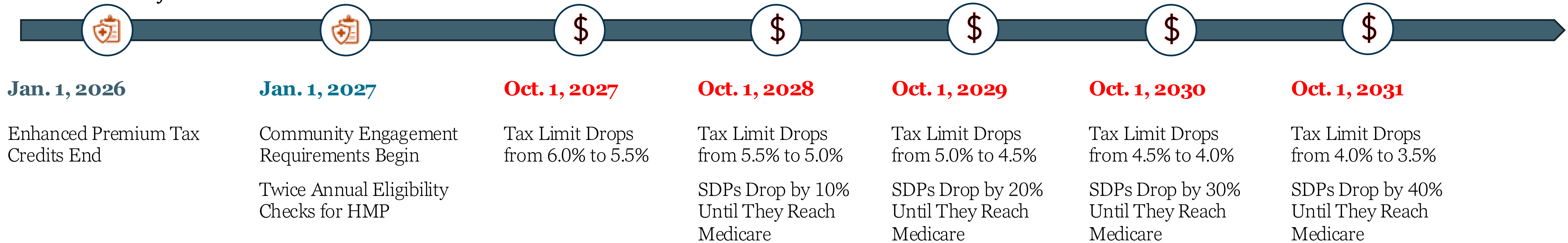
Michigan United States

Find <a href="/health-data/methodology-and-sources/data-documentati
trend data and documentation.

Learn more about measuring progress and using trends.

Federal Policy Impact

OBBBA Timeline



* Kaiser Family Foundation Analysis

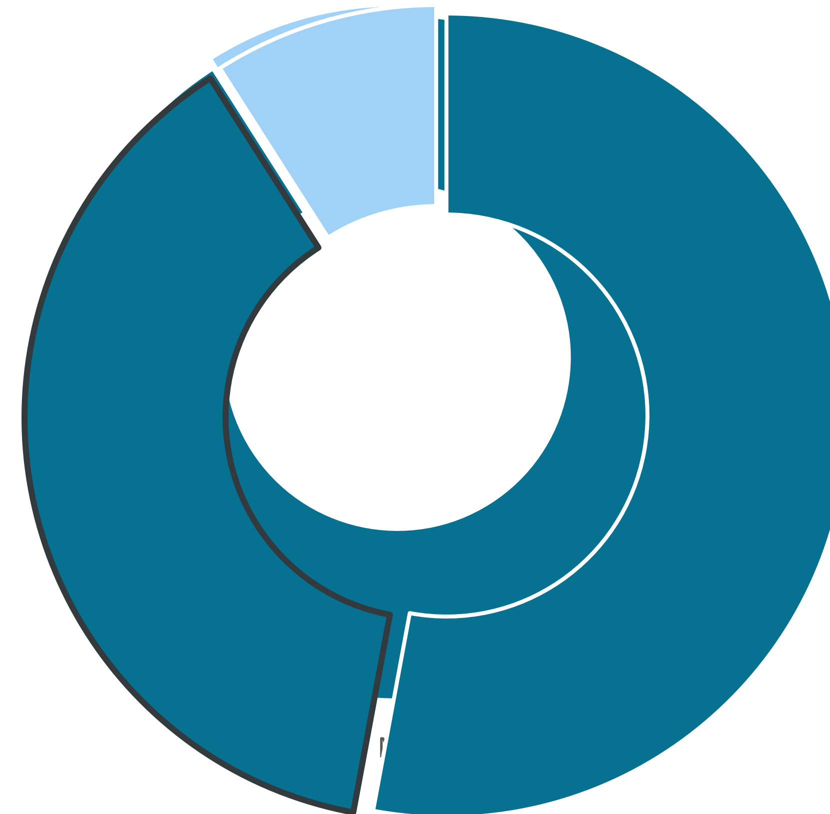
MHA

ACA Marketplace Insurance Enrollment

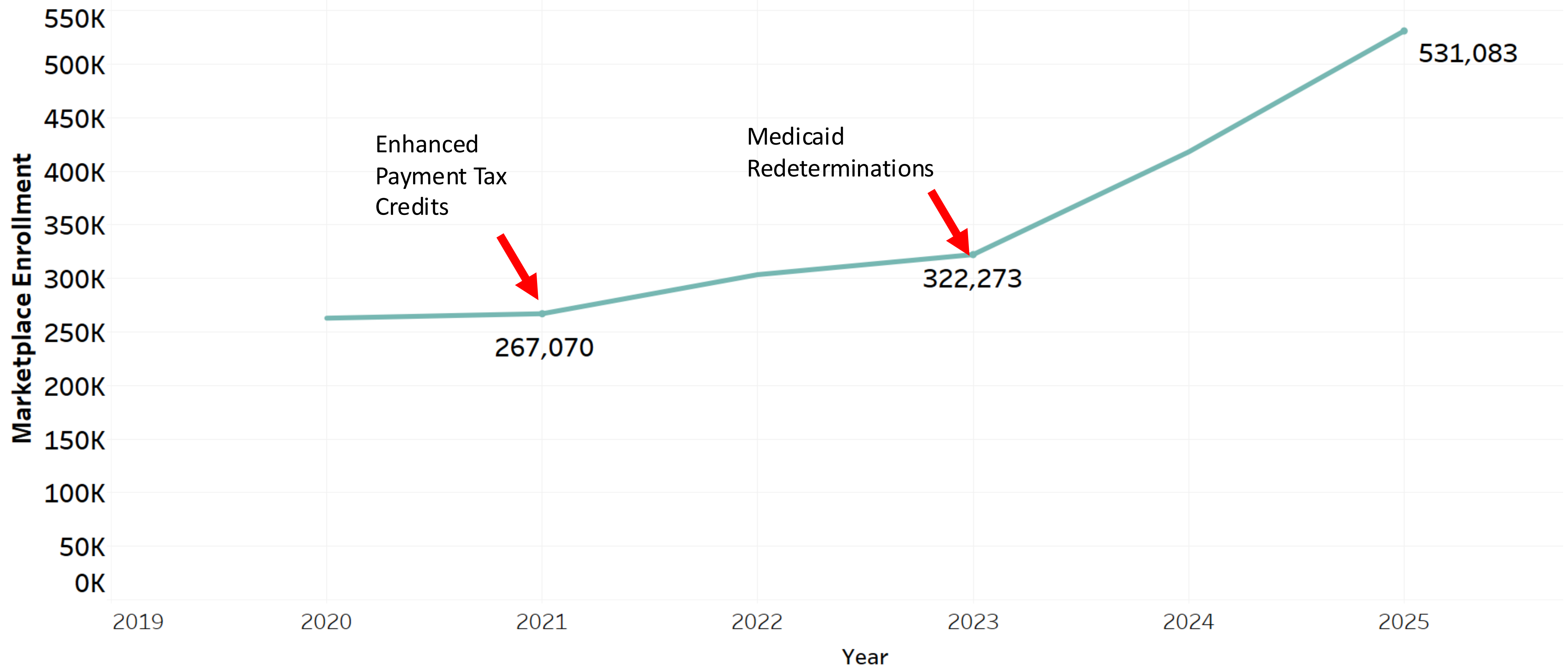
531,000 Enrollees in Michigan

90% receive Tax Credits

41% ≤ $10 Premium



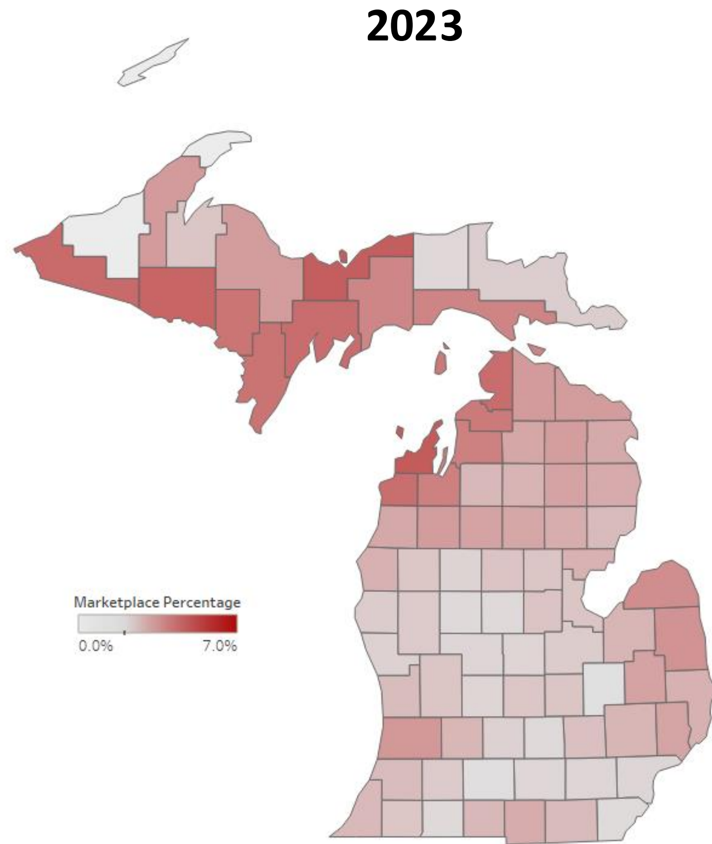
ACA Marketplace Enrollment

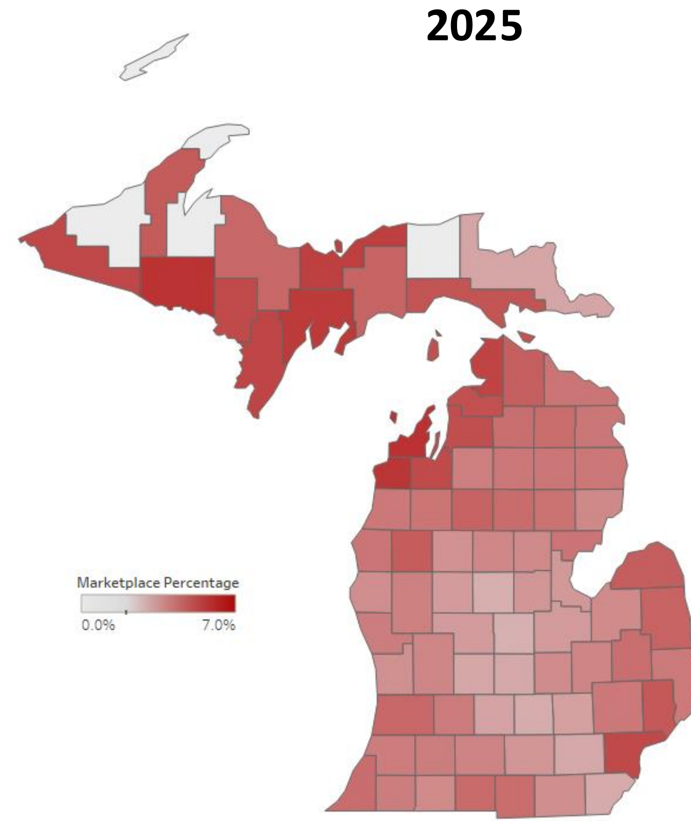


Government Shutdown

- House Republicans passed a "clean CR" in September—no plans to return until the Senate passes a CR.
- Senate Republicans continuing to vote on "clean CRs."
- Congressional Democrats insisting on continuation of Enhanced Premium Tax Credits.

% of Population Using ACA Subsidies





OBBBA Topline Impacts to Michigan

More than $6 billion of Medicaid funding is cut over the next 10 years

Coverage declines → Uncompensated care

Medicaid cuts impact hospital staffing and resources → ability to staff EDs, provide specialty care or keep L&D/maternity units open.

Significant impact to rural and underserved communities that have Medicaid as major payor.

Medicaid Work Requirements

- Beginning 1/1/27 workforce engagement reporting required.
- Enrollees must complete:
  - 80-hours of work, community service, job training program.
  - OR be at least half-time student.
- Exemptions:
  - Pregnant women.
  - Parents of children aged 14 or under.
  - Elderly (enrollees on Medicare).
  - Individuals who are medically frail or have special medical needs - includes substance abuse disorders or other significant behavioral health impairments.

Medicaid: Redeterminations

- Beginning 1/1/27 eligibility verification required every six months.
- Redetermination experience following end of public health emergency: 25% reduction in enrollment, 10% reduction in claims.
- Retroactive reimbursement moved from 90 days down to 30 days in most cases

% of Population Enrolled in Medicaid

% pop in Medicaid

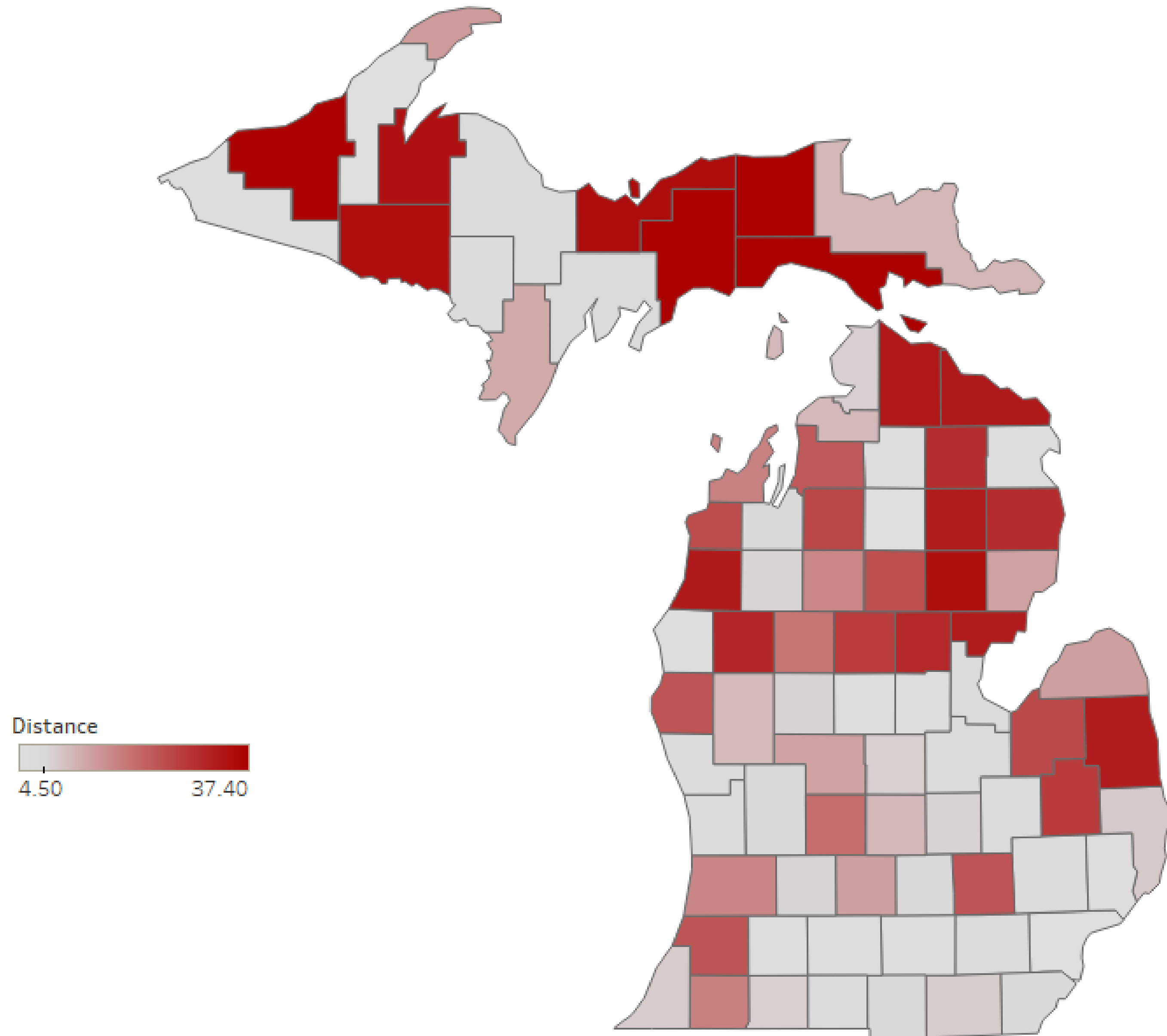
11.3%

41.0%

Rural Transformation Fund

- Legislature includes $250 million appropriation from the Rural Health Transformation Program as included in OBBBA.
- Funding is in no way guaranteed—contingent on federal government award process
- MDHHS application due by Nov. 5th.
- The rural health transformation program restores only 5% of the total Medicaid cuts in OBBBA.
- **Only 10% of RHT funding can be directly paid to hospitals.**

Distance to Maternity Care



H-1B Visa Issues

Fee increase to $100,000 for new H-1B petitions filed for employers

- Urging a healthcare exemption

400,000 H-1B visas approved nationwide in 2024

- 4% for medicine and health occupations
  - 2% of those for physicians and surgeons

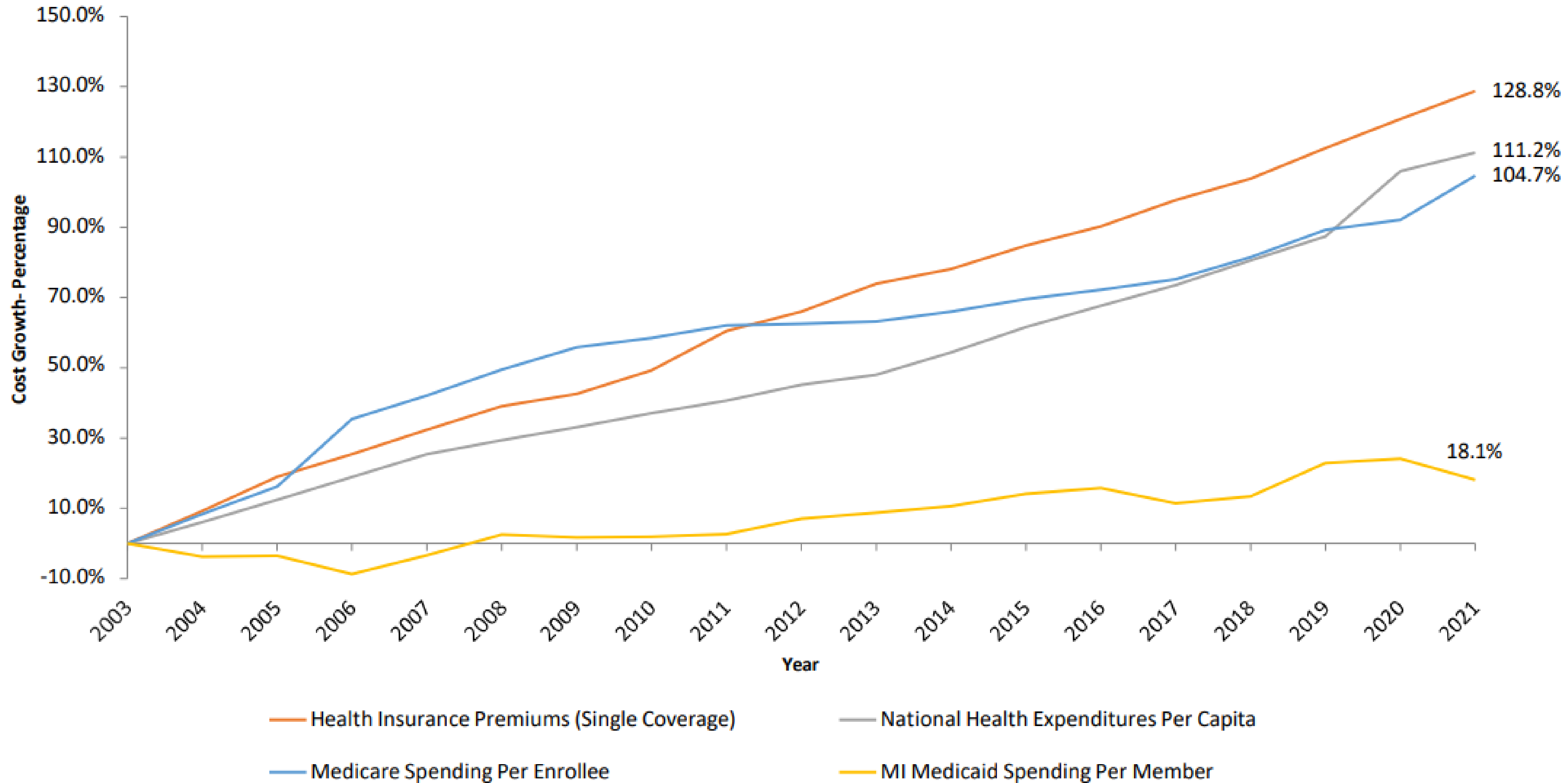
Michigan hospitals had 900 H-1B visas approved from 2022-2024

- Largest share in the Detroit area, followed by Grand Rapids

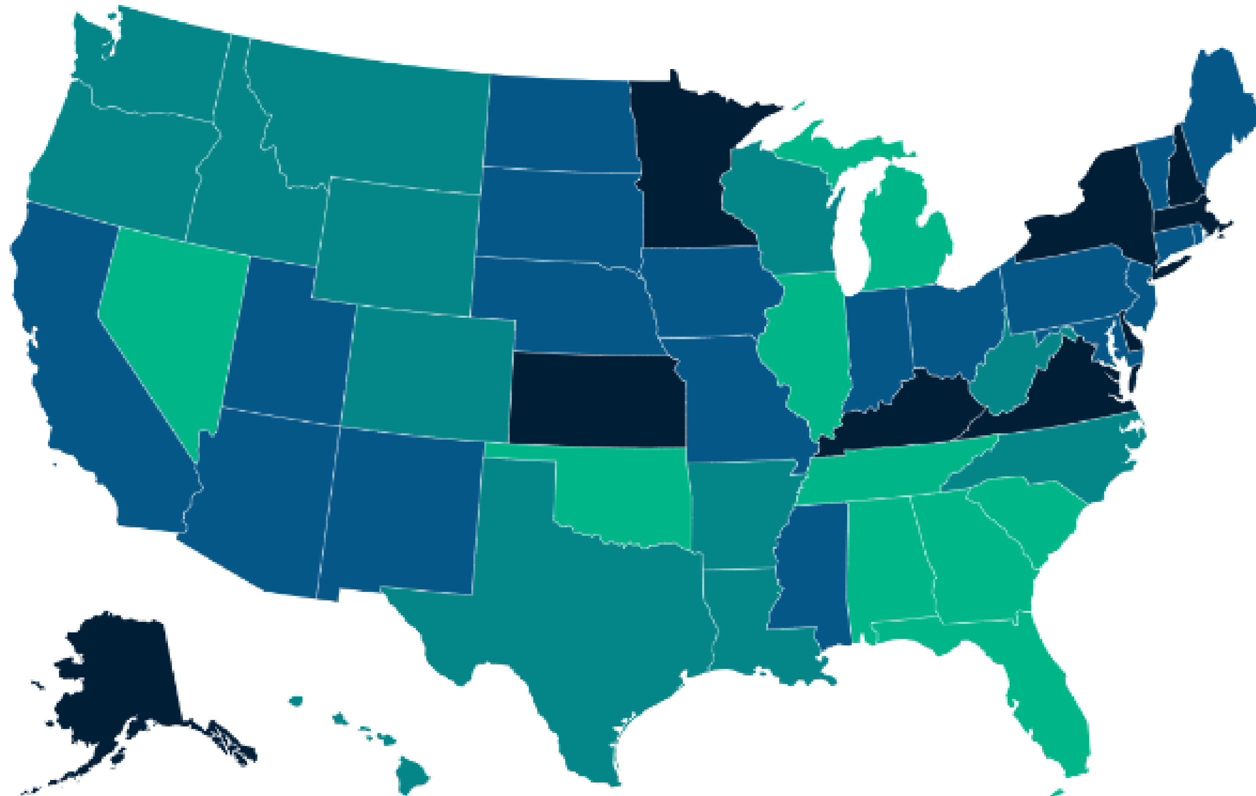
State Budget Impact

MHA

Medicaid is Cost Effective



Michigan Spends Less per Medicaid Enrollee



Note: National per-enrollee spending for full-benefit Medicaid enrollees was $7,593. Data include full-benefit enrollees who were enrolled in at least one month of Medicaid in 2021. They may not have actually used any services during this period, but they are reported as enrolled in the program. Washington D.C. (not reflected in the figure) spent $12,425 per enrollee, the highest across all states. Spending data in 2021 for Mississippi and West Virginia was unusable according to the DQ Atlas, so 2020 data was used instead.

Source: KFF analysis of the T-MSIS Research Identifiable Files, CY 2021 • Get the data • Download PNG

KFF

State House Budget Issues

- $2.5 billion in provider tax payments jeopardized
- $100 million eliminated from Specialty Network Access Fee which supports physicians caring for patients with Medicaid coverage
- $10 million eliminated from Maternal Levels of Care verification to support birthing hospitals
- $40 million not included to reimburse hospitals for healthcare provided to Department of Corrections contractor Wellpath
- $5.3 million eliminated from Michigan Clinical Consultation and Care Program (MC3)

The Final Budget: FIXED

The Simple Budget Fix to Support Hospitals

Remove Unnecessary Red Tape

Return the $2.5 billion moved to a contingency fund back to the appropriate line items. **This was not required by the federal Medicaid changes.**
$0 general fund impact (HFA Analysis, p. 74, Item #4)

FIXED: Funding removed from contingency and no longer requires additional approvals.

Support Physicians

Restore the unnecessary $100 million cut from the Special Network Access Fee (SNAF) program.
$0 general fund impact (HFA Analysis, p. 78, Item #40)

FIXED: Funding fully restored.

Help Moms and Babies

Restore the $10 million cut to Maternal Levels of Care verification and participation in the Michigan Alliance for Innovation on Maternal Health (MI-AIM). These funds support work to improve outcomes for births. **There is no funding for abortions in this appropriation.**
(HFA Analysis, p. 78, Item #36)

FIXED: Funding fully restored.

Help Kids Struggling with Behavioral Health

Restore the $5.3 million cut from the Michigan Clinical Consultation and Care Program (MC3), which **supports primary care clinicians serving children with mental illness and behavioral health challenges.**
(HFA Analysis, p. 75, Item #14)

FIXED: Funding fully restored.

DetroitRegionalChamber

LEADERSHIP 46 DETROIT

How Our Major Health Care Institutions Contribute to Regional Economic Development

Marc Corriveau, Vice President, Corporate Government Affairs, Henry Ford Health

Kristina Ko, Vice President, Government Relations and Public Policy, and Chief Government Affairs Officer, Corewell Health

Kimberly Ross, Chief Government Relations Officer, Michigan Medical

Diedra Wilson, Corporate Senior Vice President, Government Relations and Public Policy, McLaren Health Care

***Moderator:* Laura Appel**, Executive Vice President, Government Relations and Public Policy, Michigan Health and Hospital Association

THE KRESGE FOUNDATION

HENRY FORD HEALTH

DetroitRegionalChamber

LEADERSHIP 46 DETROIT

Detroit PAL Tour and Class Photo

THE KRESGE FOUNDATION

HENRY FORD HEALTH SM

DetroitRegionalChamber

LEADERSHIP 46 DETROIT

Lunch

Signature Plating Catering

THE KRESGE FOUNDATION

HENRY FORD HEALTH

DetroitRegionalChamber

LEADERSHIP 46 DETROIT

How Policy Changes Impact Health Care Delivery in Michigan

Elizabeth Hertel, Director, Michigan Health and Human Services, State of Michigan

THE KRESGE FOUNDATION

HENRY FORD HEALTH

Michigan's Medicaid Program

Director Elizabeth Hertel
Michigan Department of Health and Human Services

October 2025

Michigan's Medicaid Program has a Vast Reach

MDHHS
Michigan Department of Health & Human Services

Medicaid covers 1 in 5 individuals living in the U.S. In Michigan, the coverage rate is even higher – **1 in 4 residents of Michigan**.

In FY24, Michigan's Medicaid program afforded health coverage to more than **2.6 million residents** each month, including:

- **1 million children**;
- **300,000 people** living with **disabilities**;
- **168,000 seniors**; and
- **750,000 adults** in **Healthy Michigan Plan (HMP)**.

45% of births in Michigan are covered by Medicaid.

In Michigan, Medicaid Covers:

1 in 5 adults ages 19-64.

2 in 5 children.

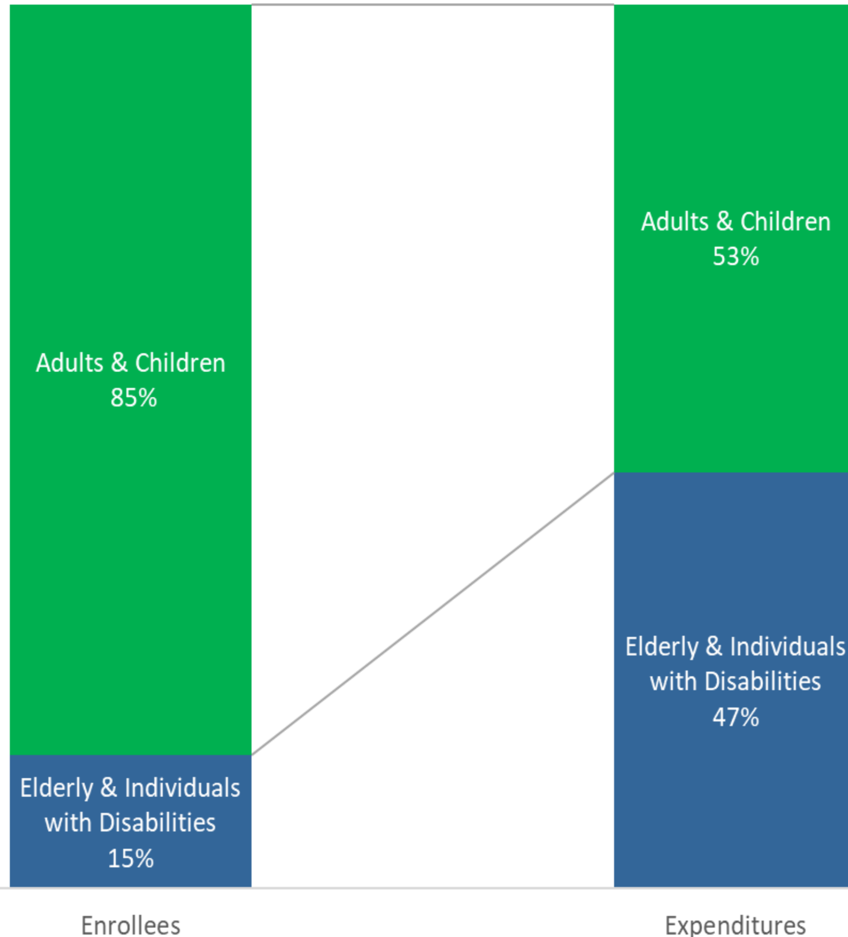
3 in 5 nursing home residents.

1 in 6 Medicare beneficiaries.

3 in 8 working-age adults with disabilities.

Medicaid Helps Seniors and Individuals with Disabilities

MDHHS
Michigan Department of Health & Human Services



- Nationally, **Medicaid pays for more than half of spending on long-term care.**
- Michigan Medicaid covers seniors and individuals with disabilities paying more than $2,000 per month per person.
- Michigan Medicaid pays an average of $6,200 per month for an individual needing nursing home care.

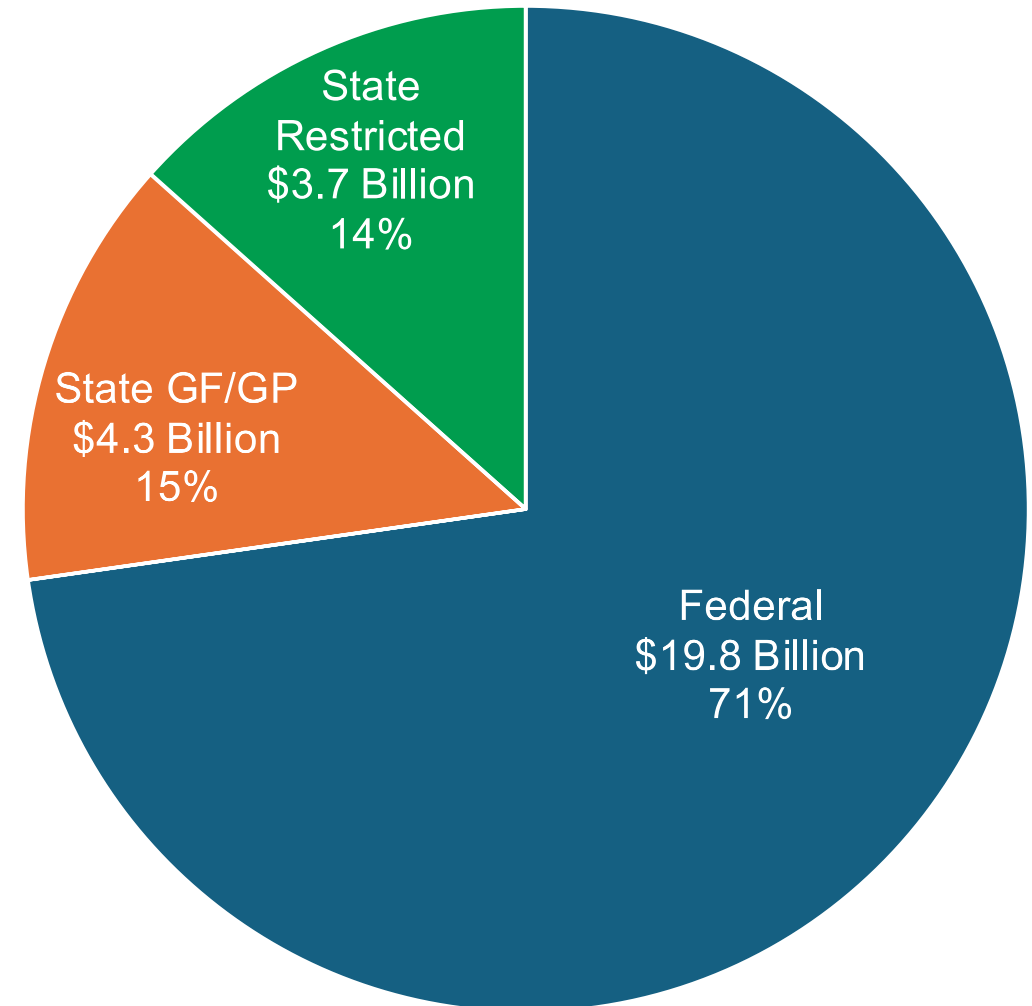
How is Medicaid Funded and Where Do Medicaid Dollars Go?

MDHHS
Michigan Department of Health & Human Services

Michigan Medicaid Budget

MDHHS
Michigan Department of Health & Human Services

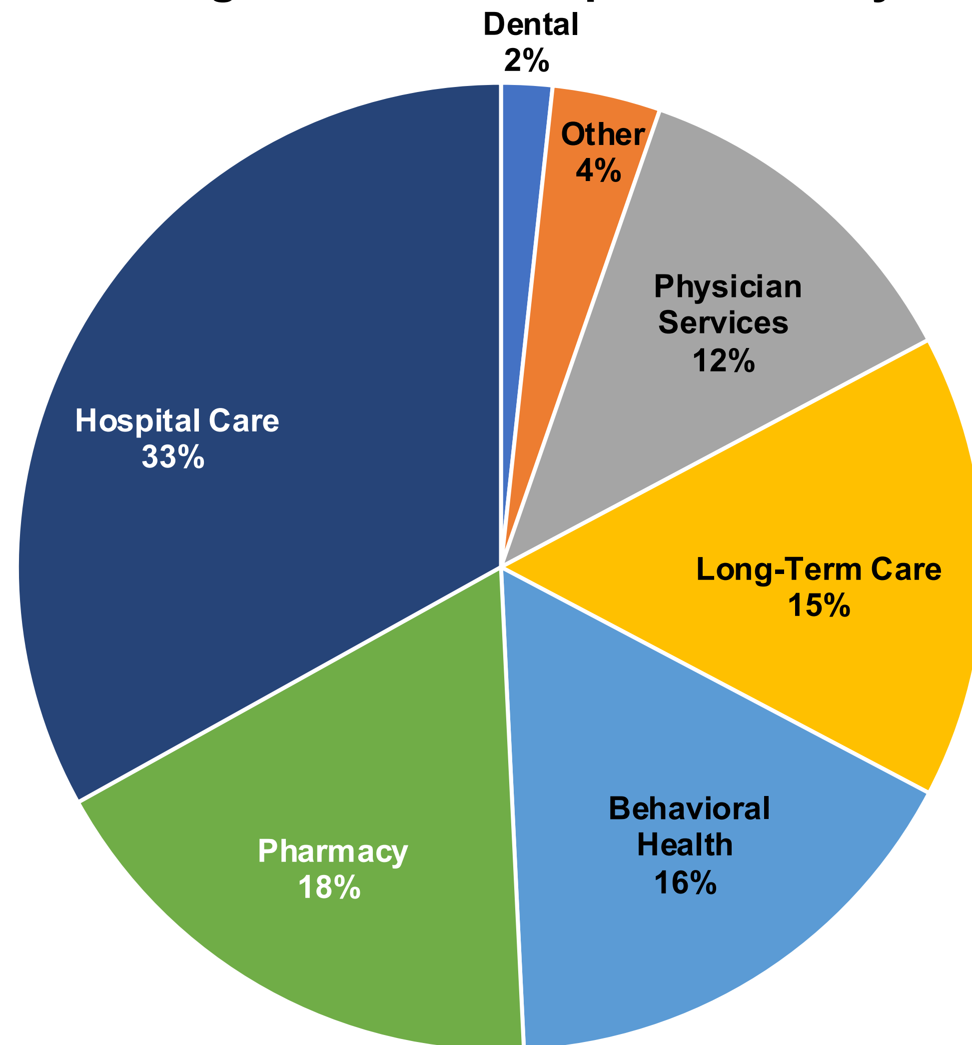
- Michigan's FY25 Medicaid budget is approximately $27.8 billion and 34% of the state's overall budget.
- **More than 70% of the Medicaid budget comes from federal funding.**
- Federal match rates are higher for states with lower per-capita income.
  - Michigan's federal match rate is ~65%.
  - **For every dollar Michigan spends, the federal government contributes an additional $1.87.**
  - For every dollar Michigan cuts, $2.87 is lost for people and providers.



Medicaid is a Major Payor in the Health Care System

MDHHS
Michigan Department of Health & Human Services

- Nationally, Medicaid accounts for one-fifth of all health care spending.
- It is the **largest payor of mental health services, long-term care services and births.**
- As such, it plays a critical role in assuring the sustainability of hospitals, community health centers, physicians and nursing homes.



Medicaid Helps Providers

MDHHS
Michigan Department of Health & Human Services

- Michigan's **hospitals receive nearly $9 billion** in Medicaid funding annually, which accounts for almost one-fifth of the state's hospitals' net patient revenue.
- Medicaid supports the local **Community Mental Health system with nearly $3.5 billion** annually.
- Michigan's **nursing homes receive more than $3 billion** in Medicaid annually.
- Home- and Community-Based Services (HCBS) providers support **vulnerable seniors and persons with disabilities living in the community with more than $1.5 billion** in Medicaid dollars each year.
- Michigan's **safety net health centers receive $483 million** from Medicaid each year, accounting for 63% of their patient services-related revenue.
- In the 2023 school year, Michigan **schools received $160.5 million** from Medicaid for services to students.
- Michigan's **Emergency Medical Services providers receive $130.5 million** from Medicaid annually to support lifesaving emergency services.
- More than **200,000** Medicaid-enrolled providers across Michigan communities deliver essential care.

Key Medicaid Provisions in H.R. 1
Eligibility

MDHHS
Michigan Department of Health & Human Services

Major Eligibility Changes

MDHHS
Michigan Department of Health & Human Services

New Work Requirements

- Applies to many HMP enrollees ages 19–64.
- Must work, train or volunteer at least 80 hours/month.
- Non-compliance will lead to loss of coverage.

Effective Date:
Jan. 1, 2027

Six-Month Redeterminations

- Eligibility checks for HMP now every six months instead of annually.
- Increased risk of coverage interruptions due to paperwork gaps.

Effective Date:
Jan. 1, 2027

Retroactive Eligibility Limited

- No more 90-day retroactive coverage.
- HMP: One month prior to application.
- Other Medicaid enrollees: Two months prior to application.

Effective Date:
Jan. 1, 2027

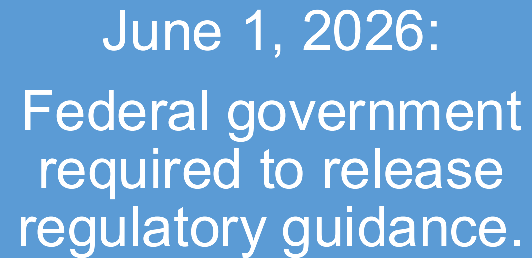
Limits on Non-Citizen Eligibility

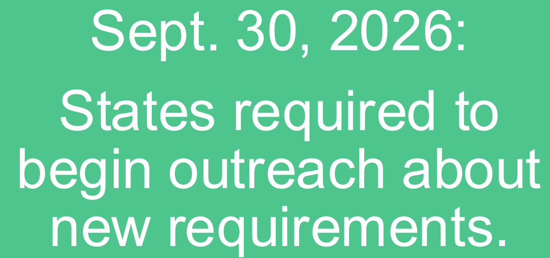
- Fewer pathways to coverage for lawfully present non-citizens.
- Affected individuals will lose full coverage → Moving to Emergency Services Only (ESO) coverage.

Effective Date:
Oct. 1, 2026

Medicaid Work Requirements Key Dates

MDHHS
Michigan Department of Health & Human Services



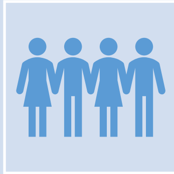


Jan. 1, 2027:

Work requirements required to go into effect.

Medicaid Work Requirements Overview

MDHHS
Michigan Department of Health & Human Services



Beginning **January 2027**, certain HMP will be subject to new work requirements to keep their Medicaid benefits.

Eighty hours per month of approved activities required for non-exempt individuals.

Verified at application and renewal.

Medicaid Work Requirements Qualifying Activities and Exemptions

MDHHS
Michigan Department of Health & Human Services

Qualifying Activities

80 hours per month of:

- Work.
- Community service.
- Participation in a "work program."

- Half time+ enrollment in an education.
- Any combination of the above totaling 80 hours per month.
- Monthly income equal to minimum wage × 80 hours.
- Seasonal workers with a six-month average monthly income equal to minimum wage × 80 hours.

Exemptions

Parent, guardian, or caretaker of:

- Dependent children under age 13.
- Disabled individuals.

- Pregnant or postpartum individuals.
- Foster youth or former foster youth under age 26.
- Medically frail.
- Participating in a substance use disorder (SUD) program.
- Meeting SNAP/TANF work requirements.
- American Indians and Alaska Natives.
- Disabled veterans.
- Incarcerated or released from incarceration within the past 90 days.

Hardship Exceptions

Individuals who were in:

- Inpatient hospital.
- Nursing facility.
- Intermediate care facility.
- Inpatient psychiatric hospital.

- Individuals who reside in a county with:
  - A federally-declared emergency or disaster.
  - High unemployment (above 8% or 1.5X national rate.
- Individuals who traveled outside their community for extended medical care (for self or dependent).

Six-Month Renewals and Retroactive Coverage Limits

MDHHS
Michigan Department of Health & Human Services

Six-Month Renewals

- Beginning **January 2027**, people covered through HMP will need to renew their health coverage every six months, instead of annually.
- All other Medicaid beneficiaries continue to have their eligibility renewed every 12 months.

Retroactive Coverage Limits

- Also starting **January 2027**, individuals who apply for Medicaid or forget to turn in a piece of paperwork and have a gap in coverage will see a change in how far coverage can go back (called retroactive coverage).
  - ❖ HMP: Will cover one month back instead of three months.
  - ❖ Other Medicaid programs: Will cover two months back instead of three months.

Non-Citizen Eligibility

Michigan Department of Health & Human Services

- Beginning **October 2026**, some people who are legally residing in the U.S., but are not citizens, will not qualify for full Medicaid coverage.

Remain Eligible	No Longer Eligible
• Lawful permanent residents (generally subject to a five-year waiting period). • Cuban/Haitian Entrants. • Compact of Free Association (COFA) migrants.	• Refugees. • Humanitarian parolees. • Asylum grantees. • Certain abused spouses and children. • Victims of human trafficking.

Impact of Eligibility Provisions

MDHHS
Michigan Department of Health & Human Services

What's at stake for Michigan:

- Significant new administrative costs to support implementation needs, including system upgrades, staffing and compliance efforts.
- Potential loss of coverage for more than **500,000** individuals.

Significance of these changes:

Administrative Burden = Coverage Loss
Many enrollees meet requirements but may lose coverage due to complex paperwork and red tape.

Higher Churn Rates → Delayed Care
Frequent churn caused by paperwork issues disrupts care continuity, hinders access and leaves individuals vulnerable during medical emergencies.

Rising Uninsured Rates
Parallel Affordable Care Act changes limiting Marketplace access could leave many individuals without access to coverage, driving up the uninsured rate across the state.

Increased Uncompensated Care and Medical Debt
Hospitals and local safety nets will be forced to absorb the costs of caring for those who have lost coverage, while patients face unaffordable bills and medical debt.

Key Medicaid Provisions in H.R. 1 Financing

Provider Tax Changes

What Happened in H.R. 1

The law changes how provider taxes — used by 49 states to fund Medicaid — can be structured, making Michigan's Insurance Provider Assessment (IPA) impermissible as it is currently structured. The IPA today secures $475M in federal funds to offset General Fund Medicaid costs.

What's Happened Since

While CMS may allow up to a three-year transition period, Michigan acted proactively. With bipartisan support, the Whitmer administration and legislature enacted PA 25 of 2025, establishing an immediate replacement structure to protect Medicaid funding and access to care.

What's Next

Michigan will continue working with CMS to determine the transition period. PA 25 of 2025 protects Medicaid coverage and funding stability regardless of federal timing.

Provider Tax and State-Directed Payment (SDP) Limits

MDHHS
Michigan Department of Health & Human Services

<u>Provider Tax Cap Reduction:</u>

New Tax Limits for Medicaid Expansion States like Michigan

- Gradual reduction of provider tax cap from 6% to 3.5%.
  - 2028 – 2032; 0.5 percentage points per year.
- Michigan will need to significantly reduce hospital taxes to comply.
- Further restricts ability to raise any provider tax beyond current levels.

<u>State-Directed Payment (SDP) Limitations:</u>

New Medicare-Based Cap for Medicaid Expansion States

- SDPs to providers cannot exceed Medicare payment levels.
- Replaces previous cap based on average commercial rates.
- Michigan SDPs impacted:
  - ❖ $5.07 billion Hospital Rate Adjustment (HRA) – supports hospital access.
  - ❖ $610 million Specialty Network Access Fee (SNAF) – supports physician access.

Additional Financing-Related Provisions

MDHHS
Michigan Department of Health & Human Services

Disproportional Share Hospital (DSH) Reduction

- Unless Congress intervenes, Medicaid DSH payments to states are scheduled to be reduced by $8 billion in FY26.
- This will impact Michigan's State Psychiatric Hospital DSH claim, creating an $87 million gap in funding starting in FY26.

Audit-Related Financial Penalties

- Beginning in 2030, CMS will be required to recoup funds from states with audit-related error rates of 3% or higher.
- The full federal share of erroneous payments above this threshold will be assessed in penalties after this date.

Federal Match Reduction for Emergency Services Only (ESO) Coverage

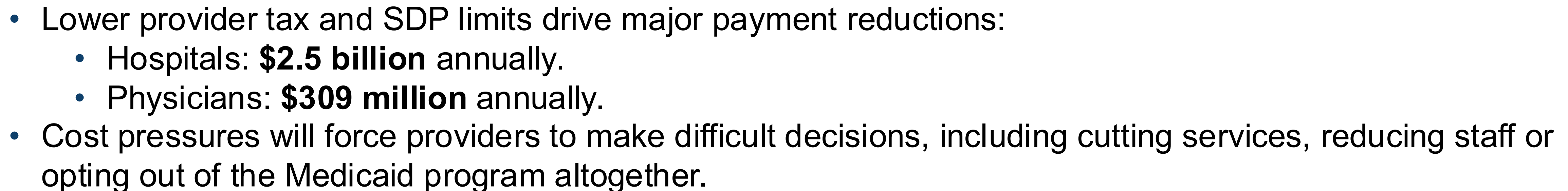
- Beginning October 2026, the federal match rate for all ESO coverage will be reduced to the state's traditional Medicaid match rate (~65% in Michigan).
- Restricts states from drawing higher match rates for expansion or CHIP enrollees.

What these changes mean for Michigan

MDHHS
Michigan Department of Health & Human Services

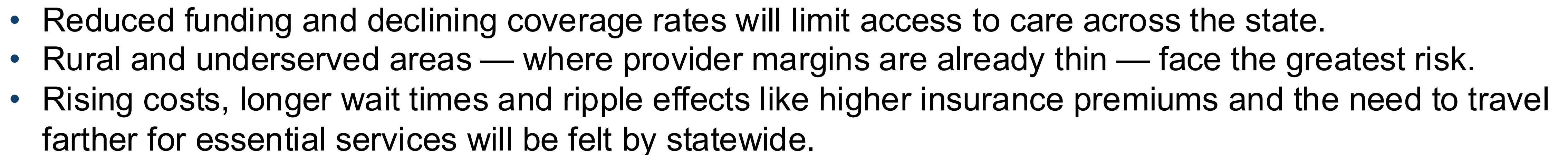
State Budget Impact:

- Loss of critical state flexibility to finance Medicaid without relying on the General Fund (GF).
- Annual loss of **$160 million** in revenue previously used to offset GF/core program costs.
- Risk to the state's ability to respond to future economic downturns and unforeseen events that increase demand for safety-net services.



Provider Impact:

- Lower provider tax and SDP limits drive major payment reductions:
    - Hospitals: **$2.5 billion** annually.
    - Physicians: **$309 million** annually.
- Cost pressures will force providers to make difficult decisions, including cutting services, reducing staff or opting out of the Medicaid program altogether.



Individual Impact:

- Reduced funding and declining coverage rates will limit access to care across the state.
- Rural and underserved areas — where provider margins are already thin — face the greatest risk.
- Rising costs, longer wait times and ripple effects like higher insurance premiums and the need to travel farther for essential services will be felt by statewide.

** Total includes lost supplemental payments and reductions in base payments supported by lost provider tax revenue.*

Questions?

MDHHS
Michigan Department of Health & Human Services

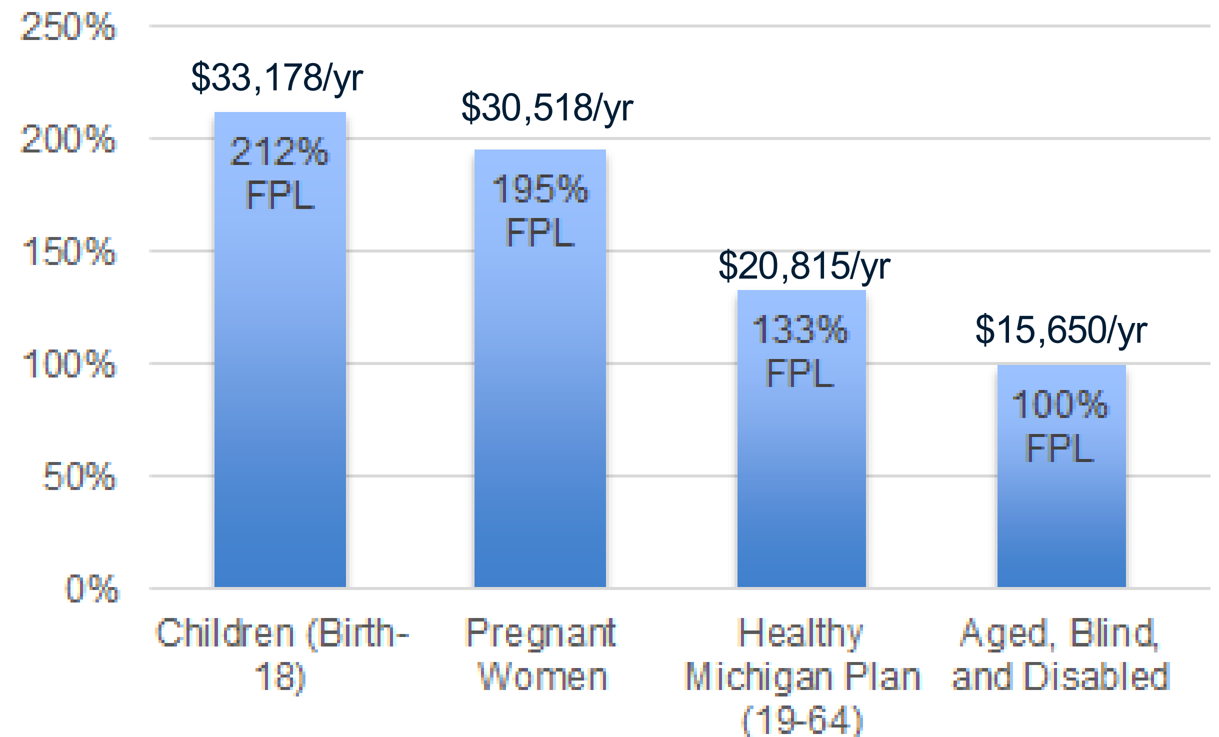
Appendix

MDHHS
Michigan Department of Health & Human Services

Medicaid Program Background

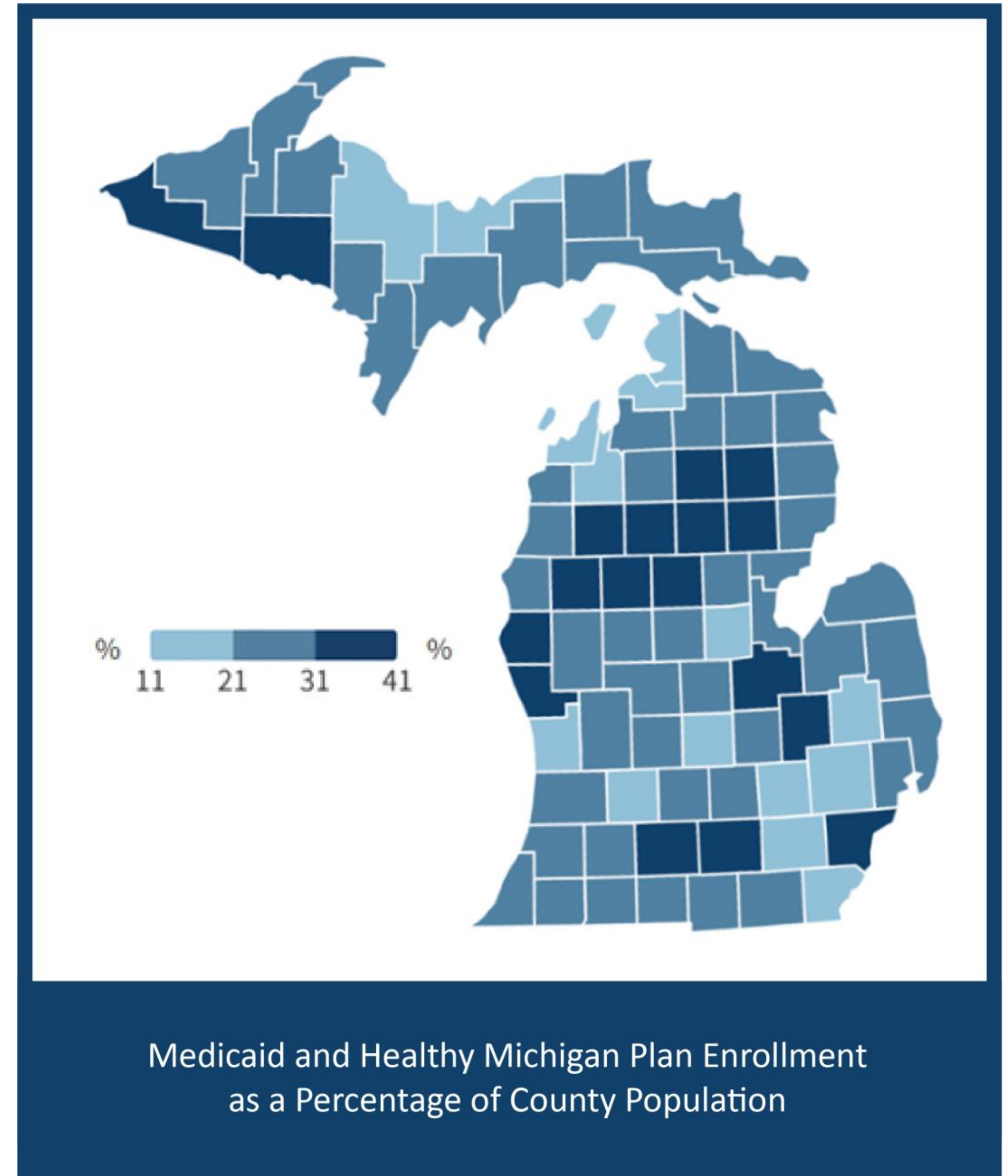
Michigan Department of Health & Human Services

- Medicaid is the **largest health insurance program** in the U.S.
- A means-tested entitlement program providing **comprehensive health coverage for eligible populations**, including:
  - Low-income children and families.
  - Elderly and disabled individuals.
  - Pregnant women.



Medicaid Enrollment

Percentage of County Population

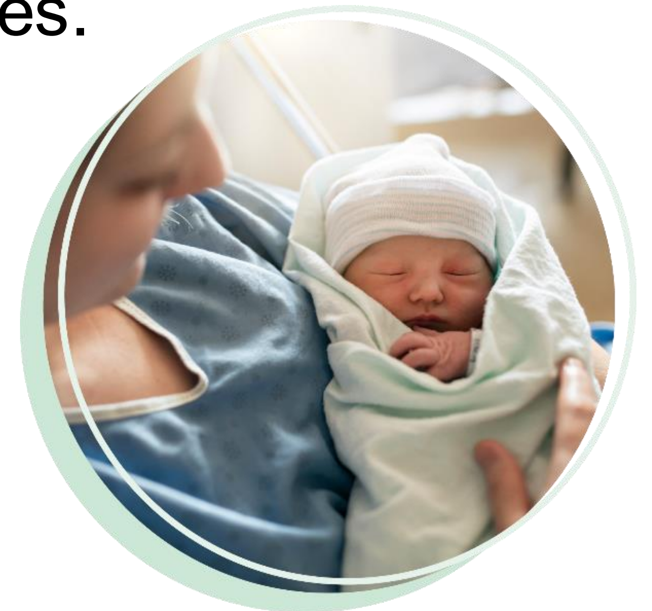


Medicaid and Healthy Michigan Plan Enrollment as a Percentage of County Population

Medicaid Helps Rural Communities

MDHHS
Michigan Department of Health & Human Services

- **More than one-third of small town and rural** Michiganders are covered by Medicaid.
- States that did not expand Medicaid experienced **more hospital closures, especially in rural communities.** Hospitals are six times more likely to close in non-expansion states.
- Rural hospitals will struggle to keep **labor and delivery** open if Medicaid payments are reduced.
- The local hospital is often the **largest employer in many Michigan rural communities.**



Medicaid is good for our future

Medicaid Kids → High Earners

MDHHS
Michigan Department of Health & Human Services

- Medicaid enrollment for children has been shown to:
  - Increase **positive health outcomes**.
  - Increase **educational attainment**.
  - Increase **wages** in adulthood.
  - Increase **future tax revenue** from increased earnings.

- Increasing the proportion of low-income pregnant women on Medicaid improved the **economic mobility outcomes** of their children in adulthood.
- The Congressional Budget Office estimates that **long-term** fiscal effects of Medicaid spending on children could **offset half or more** of the program's upfront costs.

Proven Healthy Michigan Plan Successes

In 2014, Michigan expanded Medicaid and launched Healthy Michigan Plan (HMP). Today, HMP covers nearly 750,000 Michigan residents.

HMP underwent extensive assessment to measure its impact. A University of Michigan evaluation found:

- Michigan's **uninsured rate went down**. Michigan's uninsured rate is one of the best in the nation — currently right around 5.4%. Prior to states being able to expand Medicaid, the national uninsured rate was more than 17%.
- Hospital **uncompensated care decreased by more than 50%.** Uninsured people don't stop getting sick, they wait until they are sicker to receive more expensive care. When they cannot afford to pay the bill the costs for everyone else at that facility increase – making check-ups, procedures and insurance more expensive for everyone.
- More people **accessed primary care**. By providing access to timely, effective care, individuals were able to better control chronic conditions and **avoid more expensive visits to emergency departments**.
- **Higher financial well-being** because beneficiaries can access medical care without taking away money for grocery bills and housing or without being forced into expensive medical debt. Positive effects were demonstrated on employment as some beneficiaries reporting gaining access to medical treatments that allowed them to begin or continue working.

Medicaid Helps Hospitals

MDHHS
Michigan Department of Health & Human Services

- Because Medicaid covers a quarter of the state's population, Michigan's **uninsured rate** continues to improve and is now **among the best in the country** (5.4% in Michigan compared to 8.2% nationally).
- Since the launch of Medicaid expansion in 2014, **hospital uncompensated care** has fallen dramatically – **decreasing by more than 50%.**
- Michigan's hospitals receive **nearly $9 billion** in Medicaid funding annually, which accounts for **almost one-fifth of the state's hospitals' net patient revenue.**

Medicaid Helps the Economy

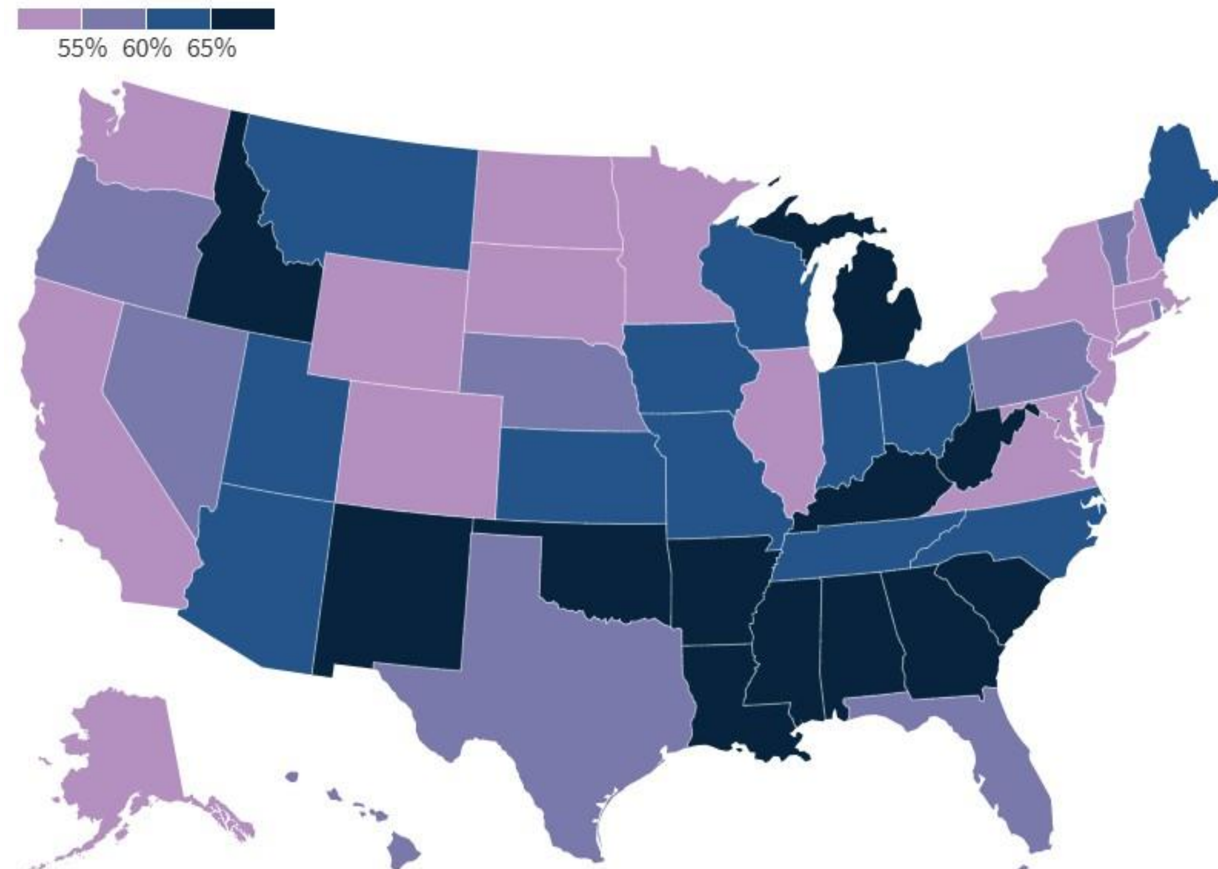
MDHHS
Michigan Department of Health & Human Services

- According to the Michigan Health and Hospital Association, Michigan's health care industry has a total economic impact of **$77 billion** per year – **greater than any other industry in the state**.
- A University of Michigan study found that Medicaid expansion alone sparked the creation of **more than 30,000 new jobs every year**.
  - One-third in health care and 85% in the private sector.
- These jobs boost the **personal spending power** for Michigan residents by about **$2.3 billion each year** and result in an additional **~$150 million in tax revenue annually.**

How Michigan Medicaid is Financed

MDHHS
Michigan Department of Health & Human Services

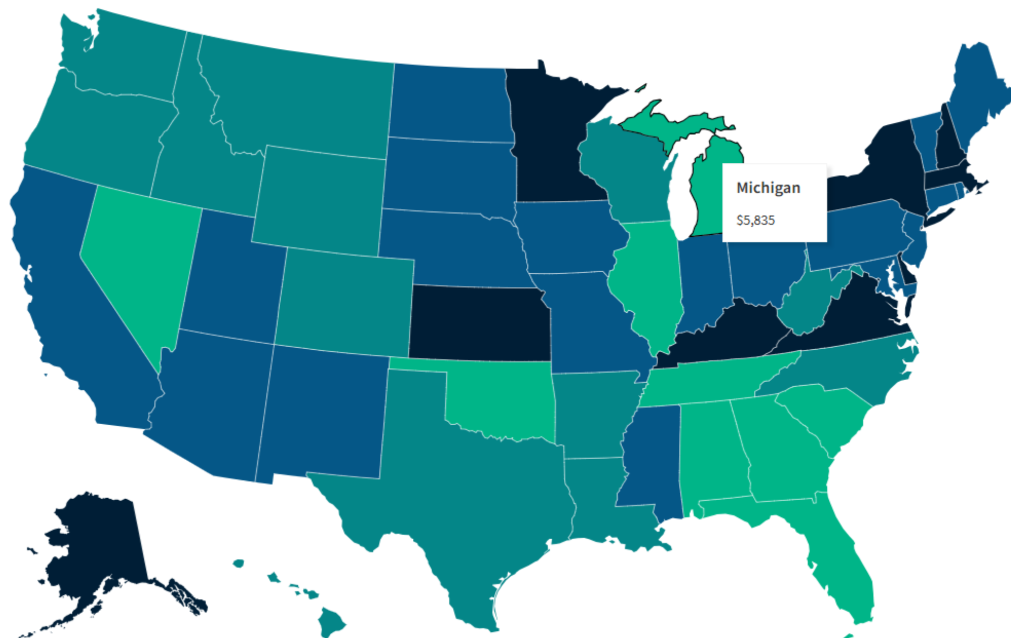
- Medicaid is **jointly funded** by the state and federal governments.
- The federal match rates for most Medicaid enrollees vary by state following a federal formula that provides a **higher federal match rate for states with lower per capita income**.
  - Michigan's FY25 **federal match rate is ~65%**.
  - The remaining **~35% is covered by the state** through a combination of state appropriations, provider taxes and local revenue.
- **HMP**, Michigan's Medicaid expansion program, qualifies for **90% federal match**.
- Medicaid **administrative expenditures** are covered by the federal government at **50%, 75% or 90%, depending on the type of expenditure**.

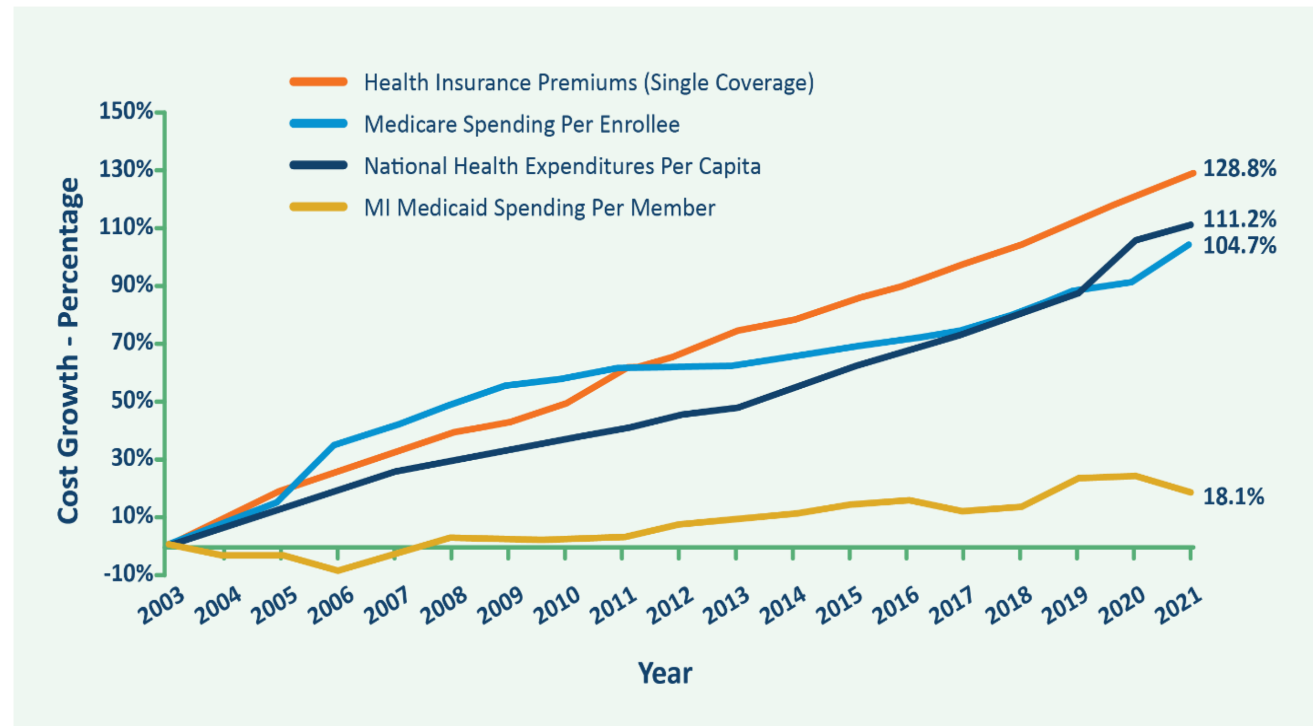


Michigan Medicaid is Cost-Effective

MDHHS
Michigan Department of Health & Human Services

Michigan's Medicaid program has long been recognized for its cost-effectiveness, providing high-quality coverage to millions while maintaining per-enrollee spending below the national average. However, this efficiency means the program has less room to cut.





Medicaid's Required Coverage and Services

Who must be covered under federal law?

- Older adults (age 65 and older) who receive Medicare and also qualify for Medicaid.
- Individuals who are blind.
- Individuals with disabilities.
- Supplemental Security Income (SSI) recipients.
- Pregnant women.
- Children under age 1.
- Children in foster care.
- Very low-income families with children.
- Non-citizens for limited emergency services only.

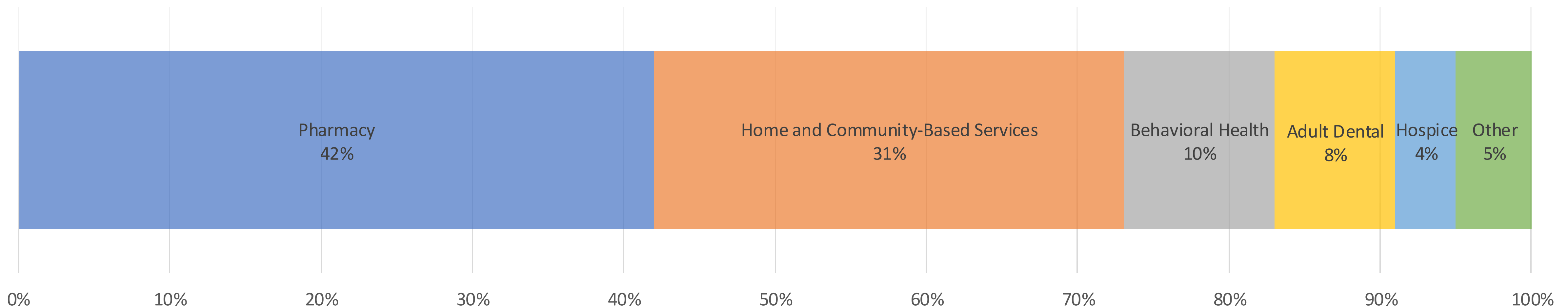
What services must be covered under federal law?

- Inpatient and outpatient hospital services.
- Nursing facility services.
- Physician services.
- Lab and X-ray services.
- Home health services.
- Non-Emergency Medical Transportation (NEMT).
- Federally Qualified Health Centers & Rural Health Centers.
- Family planning services.
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services (under 21).
- Medication Assisted Treatment (MAT).

Federally Optional Medicaid Spending

MDHHS
Michigan Department of Health & Human Services

- While federal law defines a core set of required Medicaid services, many "optional" benefits — like pharmacy and Home- and Community-Based Services (HCBS) — are essential to cost-effective, community-based care.
- Cutting these supports doesn't reduce waste — it removes critical tools that prevent hospitalizations, delay institutional care and stabilize individuals in their homes and communities.



DetroitRegionalChamber

LEADERSHIP 46 DETROIT

The Truth is in The Trigger: Map and Decode the Triggers Driving Your Stress and Burnout and Progressive Muscle Relaxation

Princess Castleberry, Global Keynote Speaker and Leadership Strategist, Castleberry Global

THE KRESGE FOUNDATION

HENRY FORD HEALTH℠

DetroitRegionalChamber

LEADERSHIP 46 DETROIT

Well-Being at Work: Being Intentional

Sandy Goel, Owner
Go Well Advisory

THE KRESGE FOUNDATION

HENRY FORD HEALTH

Well-Being at Work: *Being Intentional*

Leadership Detroit 46
Health and Wellness Session
Detroit Regional Chamber
October 30, 2025

Sandy Goel, PharmD
Owner, Go Well Advisory LLC
Adjunct Clinical Faculty, U-M College of Pharmacy

Go Well Advisory LLC ©2025

Minute to Arrive

01:00

Search Inside Yourself, Google Inc.

Go Well Advisory LLC ©2025

Being Intentional

Have you thoughtfully considered the well-being of your team, department, or organization?

Go Well
ADVISORY

Go Well Advisory LLC ©2025

Being Intentional

- What is your current workplace well-being strategy? Do you have one?
- How are you addressing your employees' needs? What are they?
- What do you do with your survey results?
- Are people telling you the truth or what you want to hear?
- Do you have psychological safety in your organization?
- Do you have trust in your organization? Do your employees trust you?

How do you know?

Go Well Advisory LLC ©2025

Being Intentional

What does workplace well-being mean to you?

Go Well Advisory LLC ©2025

Agenda

1. **Myth-busting**
2. Why this matters
3. Burnout & well-being literacy
4. Positive practices for leaders
5. Leadership well-being scenarios

Go Well
ADVISORY

Go Well Advisory LLC ©2025

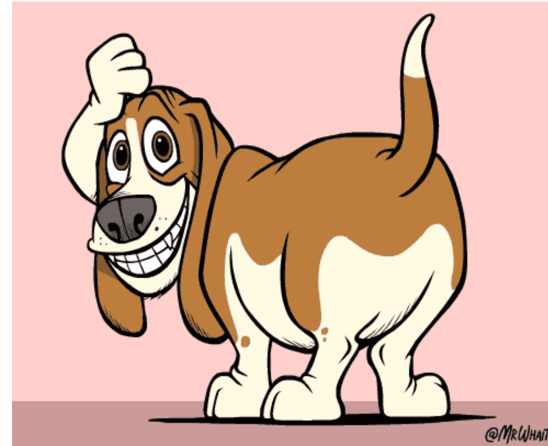
Fact or Myth

MYTH

This is mushy stuff

It ***IS*** the stuff

Your culture is what you tolerate



Go Well Advisory, LLC ©2025

Fact or Myth

Well-being is HR’s responsibility

It can be *IF*

→HR has a seat at the executive table, and

→advocates for workforce well-being as part of the overall organizational strategy; and

→has the support of executive leadership and other key partners

Go Well Advisory, LLC ©2025

Well-being is up to the individual

→Personal responsibility matters

→*However,* it is not just achieved through employee assistance programs, mindfulness training, or individual coping strategies

→Focused, system-level organizational strategy that involves input and leadership at all levels determining **how work is prioritized, accomplished, and communicated**

Go Well Advisory, LLC ©2025

Fact or Myth

FACT

Leaders are the most important for employee well-being

Because

→They set the tone for workplace well-being and culture (including psychological safety)

→A workplace well-being strategy is part of a broader organizational strategy

→No quick fix, requires time investment from leaders

→Culture is top-down – everyone is watching

Go Well Advisory, LLC ©2025

Fact or Myth

MYTH

Employee appreciation events are important to show employees gratitude

→Not really, is that what they want?

→Gimmicks like parties, water bottles, t-shirts do not last

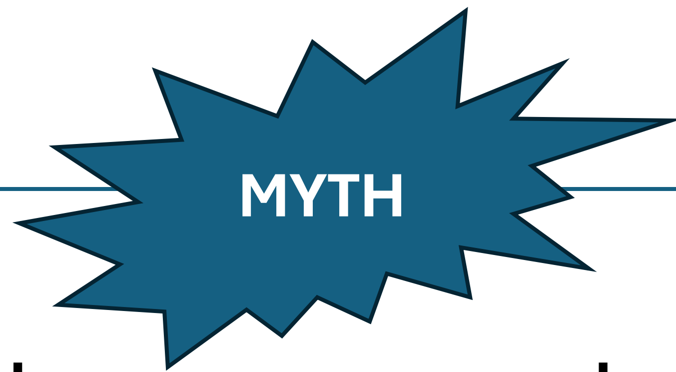
→Gaslighting

→Employees want to be respected, valued, and connected to

- → Leaders
- → Purpose
- → The work

Go Well Advisory, LLC ©2025

Fact or Myth



People will think we are weak or ineffective leaders if we focus on this more than other KPIs

→ This is your competitive edge

Go Well Advisory, LLC ©2025

Fact or Myth

We need investment of time and money for a well-being strategy

→ More time than money

Go Well Advisory, LLC ©2025

Fact or Myth

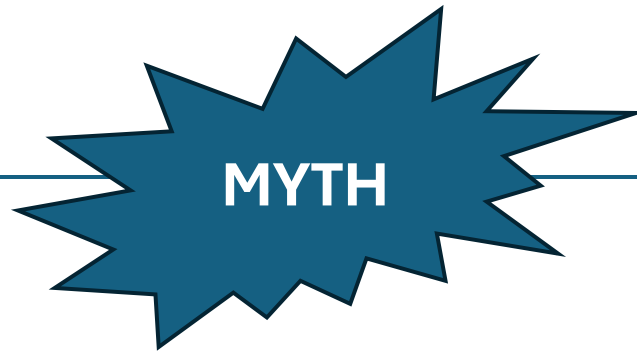
KIND OF

We need to offer more mental health and counseling services

→ 80% of burnout originates in the system, not the individual
→Do they have time to access them?
→Do they feel safe to access them?
→What happens when they return to the unit or department?
→Fix the system first ***(stressors, not the stress)***

Go Well Advisory, LLC ©2025

Fact or Myth



People need to be more…*the "R-word"*

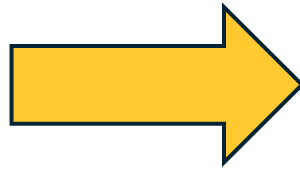
→ Workplace well-being is more about ***how*** we do our work than ***who*** is doing it

→ Focus more on systems than individuals

Chronic workplace stressors can overwhelm the resiliency of otherwise resilient individuals

Go Well Advisory, LLC ©2025

Instead...



Resilience

Tolerate conditions
Blames employee
Shifts Responsibility
Symptom, not the Source

Engagement

Energized

motivated, alert, balanced work/life

Dedicated

involved, committed, empathetic

Encouraged

effective, accomplished, recognized, valued

Go Well Advisory LLC ©2025

Agenda

1. Myth-busting
2. **Why this matters**
3. Burnout & well-being literacy
4. Positive practices for leaders
5. Leadership well-being scenarios

Go Well Advisory LLC ©2025

Why a Workplace Well-Being Strategy Matters

Intention-to-Leave/Retention

51%
employees open to leaving their organization

30-200%
Salary in replacement costs

42%
of leaving is preventable

Employee Engagement

31%
of US employees engaged

17%
of employees actively disengaged

69%
quit over a bad boss

Top Reasons for Leaving

41%
of US employees cite engagement and culture

28%
of employees cite well-being and work-life balance

Gallup 2024

Go Well Advisory LLC ©2025

Why a Workplace Well-Being Strategy Matters

- Managers and leaders are responsible for keeping employee morale and productivity high
  - When trying to improve worker well-being, many do not know where to start
  - And tend to focus on fixing the person

"fix-the worker" strategies do little to resolve the source of the stress

Gallup 2024

Go Well Advisory LLC ©2025

Workplace Well-Being: System vs. Individual

80%

System (workforce well-being)

Focuses on the stressors

Prevention

Mitigation

Interventions

Identify what in the system is impacting well-being (Organization-wide solutions)

Individual (wellness)

Focuses on the stress

Treatment

Counseling
Group Facilitation

Interventions

"Burnout manifests in individuals but originates in systems." --Christine Sinsky, MD

Go Well Advisory LLC ©2025

"… burnout is not a problem of people so much as it is of the social environment in which they work."

— Christina Maslach

Suggesting burnout is **a systemic issue**, NOT a personal failing

Go Well
ADVISORY

Go Well Advisory LLC ©2025

Agenda

1. Myth-busting
2. Why this matters
3. **Burnout & well-being literacy**
4. Positive practices for leaders
5. Leadership well-being scenarios

Go Well Advisory LLC ©2025

Burnout Defined (WHO 2019)

- Burnout by definition is an **occupational phenomenon**

  …resulting from chronic work stressors…

- Hallmark signs of burnout include:
  - *Emotional Exhaustion* + energy depletion
  - *Detachment* – mental distance, negativity or cynicism towards one's job
  - *Low sense of accomplishment* or professional efficacy, feeling unproductive

The absence of burnout does not mean well-being

Note: Burnout is not a medical or mental health condition

Go Well Advisory LLC ©2025

Contributors of Burnout

Organizational Contributors

Leadership behaviors, decision-making, work expectations, culture, policies, technology, psychological safety, compensation plans

Daily Work Contributors

Workload, staffing, scheduling, workflow inefficiencies; long hours (use of personal time); administrative burden; lack of autonomy, control or flexibility; lack of respect among colleagues

Individual Contributors

Self-criticism/perfectionism, over-commitment, poor coping or self-care strategies, work-home imbalance, no sleep, relationships, lack of social support

Go Well Advisory LLC ©2025

Consequences of Burnout

Organizational Consequences

Turnover, replacement costs, impact on quality or service, reputation

Daily Work Consequences

Interpersonal conflict; decreased productivity; detachment from colleagues, customers or patients; loss of joy in work/professional dissatisfaction

Individual Consequences

Low morale; physical, emotional and mental health; strained relationships; alcohol and substance use; isolation; suicidal ideation; neglecting personal needs

Go Well Advisory LLC ©2025

Work System Factors

Job Demands
- Excessive workload, unmanageable work schedules, and inadequate staffing
- Administrative burden
- Workflow, interruptions, and distractions
- Inadequate technology usability
- Time pressure and encroachment on personal time
- Moral distress
- Patient factors

Job Resources
- Meaning and purpose in work
- Organizational culture
- Alignment of values and expectations
- Job control, flexibility, and autonomy
- Rewards
- Professional relationships and social support
- Work-life integration

Energy Management

National Academy of Medicine. Taking Action Against Clinician Burnout. A Systems Approach to Professional Well-Being. 2020.

Go Well Advisory LLC ©2025

Workplace Mental Health and Well-Being

Learning

Opportunity for Growth

Accomplishment

Safety

Protection from Harm

Security

Social Support

Connection & Community

Belonging

Dignity

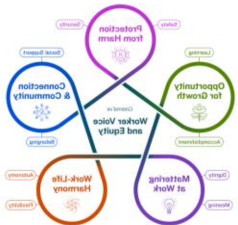
Mattering at Work

Meaning

Work-Life Harmony

Autonomy

Flexibility



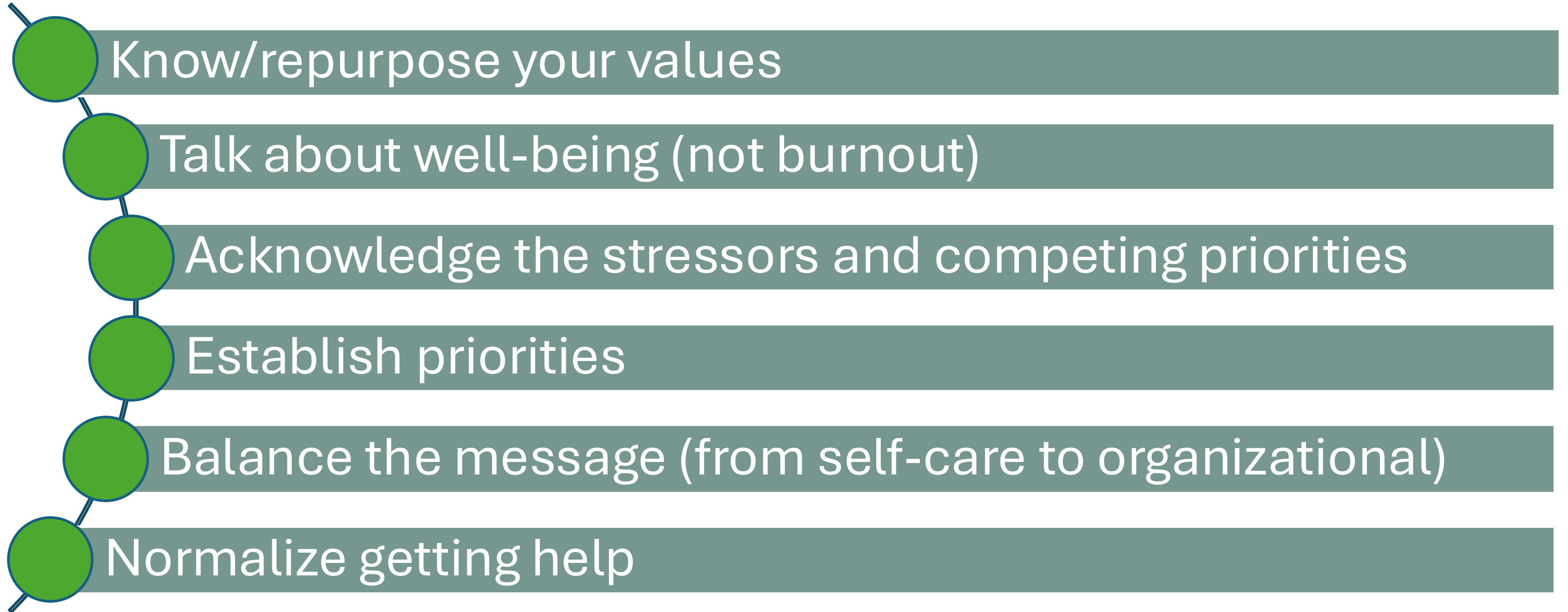
U.S. Department of Health and Human Services
Enhancing the health and well-being of all Americans

Agenda

1. Myth-busting
2. Why this matters
3. Burnout & well-being literacy
4. **Positive practices for leaders**
5. Leadership well-being scenarios

Go Well Advisory LLC ©2025

Positive Practices (Org Leaders)



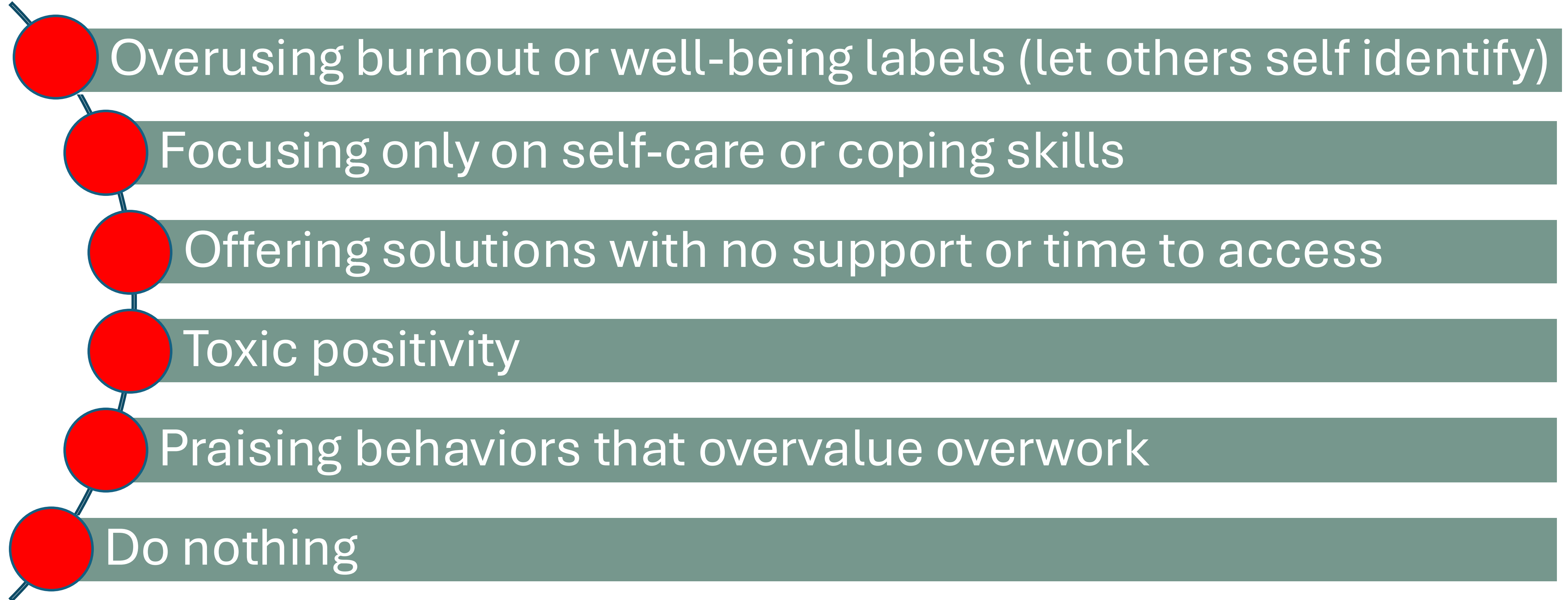
Go Well Advisory LLC ©2025

Positive Practices (Team Leaders)

- Clarify meaning and purpose
- Reprioritize & adjust work (pause or stop). Ask Input!
- Clearly define roles and responsibilities
- Model well-being behaviors. Establish norms. Share stories.
- Acknowledge, pause. Reflect what's working/not.
- Identify well-being as a priority. Honor healthy boundaries.

Go Well Advisory LLC ©2025

Practices to Avoid



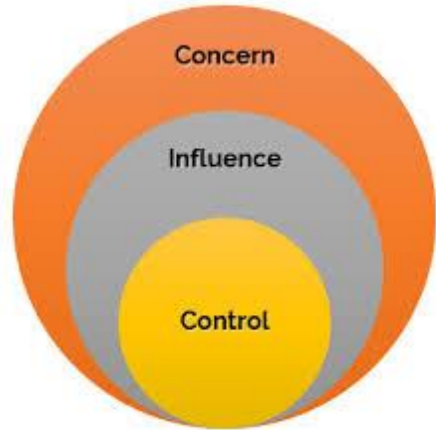
Go Well Advisory LLC ©2025

Check-in when employees...

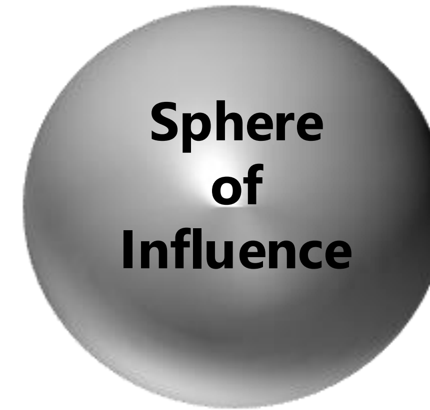
- Look tired or stressed
- Don’t seem themselves
- Become cynical towards work, coworkers, leaders, organization
- Complain a lot
- Become irritable or withdrawn
- Are not taking care of self
- Act unprofessionally

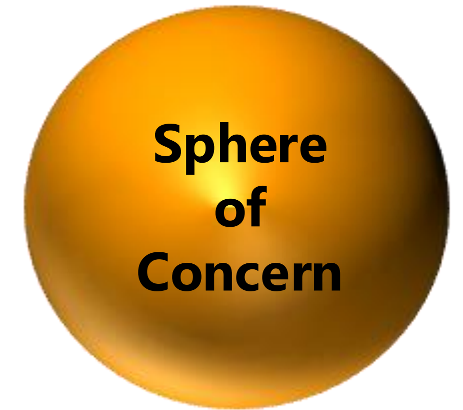
Go Well Advisory LLC ©2025

Spheres of Control, Concern, Influence



Leaders





Requires little permission or extra resources

- Ex: unit workflow, team communication
- Next 3-6 months

Collaboration with others

- Ex: handoffs, different roles
- Task forces to address

Org-level

- Policies
- Benefits

Go Well Advisory LLC ©2025

Ask Ourselves Each Day

- What effect will my actions and decisions today have on my team's well-being?
- What can I do (or stop doing) to facilitate my team's well-being?
- How can I **take care of myself** and each other each day?

Go Well
ADVISORY

Go Well Advisory LLC ©2025

Agenda

1. Myth-busting
2. Why this matters
3. Burnout & well-being literacy
4. Positive practices for leaders
5. **Leadership well-being scenarios**

Go Well Advisory LLC ©2025

Leadership Well-Being Scenarios

Go Well Advisory LLC ©2025

Leadership Well-Being Scenario#1

One of your employees responds to your email while on their vacation.

How do YOU respond?

- Thank them profusely
- Recognize their commitment
- Check your email while on vacation

Go Well Advisory LLC ©2025

Leadership Well-Being Scenario#1

One of your employees responds to your email while on their vacation.

Instead

- Reflect on why they responded at all
- Model good work-home balance
- Give them permission to unplug – make it safe
- Provide options (back up coverage, flexibility with deadlines) to allow them to refresh before and after

Go Well Advisory LLC ©2025

Leadership Well-Being Scenario#2

Your employee engagement and culture survey results come out.

How do YOU respond?

- Talk about it among the leadership team
- Leave it up to individual units to address their results
- Focus on the quantitative results compared to last year
- Ignore them until next year

Go Well Advisory LLC ©2025

Leadership Well-Being Scenario#2

Your employee engagement and culture survey results come out.

Instead

- ➢ Be transparent about the good and bad results
- ➢ Communicate what you learned and what you are doing
- ➢ Pick 2-3 things to prioritize as an organization for the year
- ➢ Ask for input!
- ➢ Study trends YOY and where you have best practices
- ➢ Define your KPIs
- ➢ Don’t forget your qualitative data!!

Go Well Advisory LLC ©2025

Leadership Well-Being Scenario#3

Your leadership team meets and hears employees want to connect more with their leaders.

How do YOU respond?

- Pass out water and snacks at executive rounding days
- Provide end-of-year thank you gifts as recognition for their efforts

Go Well
ADVISORY

Go Well Advisory LLC ©2025

Leadership Well-Being Scenario#3

Your leadership team meets and hears employees want to connect more with their leaders.

Instead

- Listen to their suggestions
- Invite employees to small focus groups to learn more
- Communicate priorities based on their input
- Review qualitative survey feedback for ideas
- Avoid gimmicks

Go Well Advisory LLC ©2025

Leadership Well-Being Scenario#4

You and other leaders recognize it has been a particularly stressful time at your organization. To extend caring at your next town hall...

How do YOU respond?

- ➢ Remind them to practice self-care
- ➢ Refer them to the EAP

Go Well Advisory LLC ©2025

Leadership Well-Being Scenario#4

You and other leaders recognize it has been a particularly stressful time at your organization. To extend caring at your next town hall..

Instead

- Focus on what the system is doing (prioritizing)
- Do not recommend EAP without providing time to access it
- Ensure psychological safety to speak up re: well-being at work
- Make it safe to be open about it – share your own stories

Go Well Advisory LLC ©2025

Leadership Well-Being Scenario#5

Your leadership team is considering a well-being strategy.

How do YOU respond?

- ➢ Partner with HR and others on well-being programs
- ➢ Conduct education on nutrition, sleep, exercise
- ➢ Make sure there are enough resources for EAP
- ➢ Build resource and relaxation rooms

Go Well Advisory LLC ©2025

Leadership Well-Being Scenario#5

Your leadership team is considering a well-being strategy.

Instead

- ➢ Create a separate Well-Being Office (part of the leadership team)
- ➢ Incorporate it as part of your overall organizational strategy
- ➢ Ensure well-being questions are part of your annual survey
  - ➢ Track results over time
  - ➢ Define your KPIs
  - ➢ Evaluate the qualitative comments
- ➢ Add well-being questions to annual evaluations

Go Well Advisory LLC ©2025

*Reducing burnout is not enough to achieve **professional well-being**, though addressing the factors contributing to burnout is fundamental to fostering professional well-being and achieving the goal of a thriving (health) workforce.*

National Academy of Medicine 2022 National Plan for Health Workforce Well-Being

Go Well Advisory LLC ©2025

Go Well Advisory

Helping organizations **(re)define** their **workplace well-being strategy**

Go Well Advisory LLC ©2025

Go Well Advisory Services

Strategic Guidance

- Leadership Consultation
- Well-Being Strategies
- Survey data

Presentations, Workshops, Focus Groups

- Promoting workplace well-being
- Psychological safety
- Building positive teams
- Building well-being culture

Coaching

- Individual
- Leadership
- Well-Being

Go Well Advisory, LLC ©2025

Find Me Here

Sandy Goel, PharmD

Owner, Go Well Advisory LLC

Organizational Well-Being Consulting

www.gowelladvisory.com

gowelladvisory@gmail.com

www.linkedin.com/in/sandygoel

Go Well Advisory LLC ©2025

Attendee Offer

Half hour free of individual coaching or workplace well-being consulting

Go Well Advisory LLC ©2025

And on Substack…well-being and leadership

Sandy Goel, Go Well!

Free to subscribe

No login need

Go Well Advisory LLC ©2025

Happy Halloween!

Go Well Advisory LLC ©2025

Group Discussion

What are three things as a leader you must do to manage your health, wellness, and well-being?

Report out by groups.

Vote on the top three for a class commitment.

DetroitRegionalChamber
LEADERSHIP 46 DETROIT

Defining Moments

THE KRESGE FOUNDATION

HENRY FORD HEALTH

03:00

Detroit Regional Chamber

Leadership Detroit 46

Details for Next Session:

Education and Mentorship

Date: Nov. 20

Location: College Career and Beyond

Time: 8:30 a.m. to 5 p.m.

The Kresge Foundation

Henry Ford Health

Detroit Regional Chamber

LEADERSHIP 46 DETROIT

Accept Your Complimentary Registration

2026 Detroit Policy Conference

January 29, 2026
8 a.m. to 5 p.m.
The Department at
Hudson's Detroit

Scan the QR code or email Pilar Doakes at pdoakes@detroitchamber.com to register.

THE KRESGE FOUNDATION

HENRY FORD HEALTH

DetroitRegionalChamber LEADERSHIP 46 DETROIT

Wrap-up

Missing a session? Fill out the absence form:

THE KRESGE FOUNDATION

HENRY FORD HEALTH℠

DetroitRegionalChamber

LEADERSHIP 46 DETROIT

Wrap-up

Social Hour

The Yard at Corktown

1375 Michigan Ave, Detroit, MI 48226

THE KRESGE FOUNDATION

HENRY FORD HEALTH

DetroitRegionalChamber
LEADERSHIP DETROIT 46

Wrap-up

Complete the session survey below:

THE KRESGE FOUNDATION

HENRY FORD HEALTH

DetroitRegionalChamber

LEADERSHIP DETROIT 46

Health and Wellness

THE KRESGE FOUNDATION

HENRY FORD HEALTH