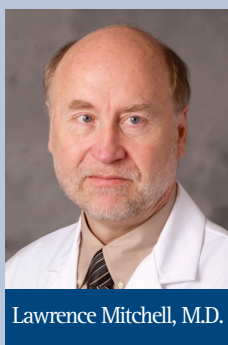


MESSAGE FROM THE PRESIDENT

As 2015 begins and we begin to celebrate the 100th anniversary of Henry Ford Hospital, I can't help but look back in amazement at all of the accomplishments of Henry Ford Health System over the past 100 years.



Lawrence Mitchell, M.D.

We began in 1915 as a single hospital built by Henry and Clara Ford for the purpose of ensuring that every person, regardless of circumstances, could have the best healthcare available. Since then we have grown into one of the country's leading health systems; driving innovation, creating answers where before there were none, and becoming an anchor for not only the city of Detroit, but for all of Southeast Michigan.

Through the century since we were established, many things have changed: we have lived through world wars, city riots, advancements, inventions and technological breakthroughs, all bringing us to where we are today. In the past 15 years, we have witnessed more technological growth than we have seen in the previous 85 years. But with all this, Henry Ford Health System has stood the test of time and grown to become an example of healthcare service and advancement for the world to emulate.

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JOSEPHINE FORD CANCER INSTITUTE

An exceptional level of service and expertise

The Josephine Ford Cancer Institute (JFCI) at Henry Ford Health System is one of the largest adult cancer institutes in Michigan. The cancer experts at JFCI have treated patients from every continent and all 50 states. JFCI physicians have a long history of innovation, and are constantly researching new therapies and applying new technologies to combat cancer not only in Michigan, but throughout the United States and the world.

JFCI doctors continually travel all over the world training other physicians in procedures pioneered at JFCI, such as invasive bronchoscopic, and robotic, surgery. Additionally, JFCI offers a complete range of diagnostic tests, treatment, and support services for cancer patients.

Notably in 2014, JFCI was granted a three-year accreditation with commendation by the Commission on Cancer of the American College of Surgeons, receiving compliance ratings on all 34 standards including six commendations for clinical trial accrual, cancer registrar education, public reporting of outcomes, nursing care, abstracting timeliness and data quality/

accuracy of data. The Commission's standards represent the full scope of the cancer program – cancer committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement.

The Josephine Ford Cancer Institute offers teams of cancer specialists to help develop personalized treatment plans for patients with primary or metastatic cancer in need of a first or second opinion on cancer treatment options. JFCI offers a multidisciplinary approach to treatment, with more than 13 different site specific tumor boards meeting regularly to evaluate and discuss the best treatment options based on each

patient's cancer diagnosis and specific medical needs.

The Josephine Ford Cancer Institute is currently conducting more than 200 cancer research trials. Clinical trial therapies are considered as part of treatment planning when appropriate for each patient.

For more information on the Josephine Ford Cancer Institute, or to refer a patient, call 1-877-434-7470 or visit henryford.com/cancer.



Robert Chapman, M.D., director of the Josephine Ford Cancer Institute

CENTER FOR CANCER SURGERY AT JOSEPHINE FORD CANCER INSTITUTE: *A Multidisciplinary Approach*

The Center for Cancer Surgery, the surgical arm of the Josephine Ford Cancer Institute (JFCI) at Henry Ford Hospital, offers comprehensive care through a multidisciplinary approach.

Steven Kalkanis, M.D., chair of the department of Neurosurgery and co-director of the Neuroscience Institute, serves as medical director for the Center for Cancer Surgery. “JFCI offers unparalleled surgical expertise and technology not found at other institutions,” says Dr. Kalkanis. “Because of our volumes and our experience, we have the capability to treat the rarest and most complex types of cancer cases, with outcomes that are among the best in the world.”

FACTORS THAT DIFFERENTIATE

Multidisciplinary Approach – With 13 tumor boards, JFCI brings together on a weekly/bi-weekly basis: surgical, radiation and medical oncologists, as well as other experts, to review cases and determine the most effective, evidence-based treatment for individual patients. Physicians and surgeons practice in a highly collaborative environment, working side by side and calling upon one another’s expertise as needed.

Robotic and Minimally Invasive Surgery – Henry Ford surgeons have among the largest experience in the world performing robotic tumor resections, including robotic prostatectomy, TORS for head and neck cancer, and robotic kidney surgery. In fact, many robotic and minimally invasive procedures were pioneered at Henry Ford Hospital.

“We are a powerhouse of internationally renowned surgeons,” adds Scott Dulchavsky, M.D., chair of Surgery, who notes that four department chairs are surgical oncologists (Steven Kalkanis, M.D., Neurosurgery; Adnan Munkarah, M.D., Women’s Health Services; Ted



Steven Kalkanis, M.D. medical director for the Center for Cancer Surgery pictured with Ian Lee, M.D.

Parsons, M.D., Orthopedic Surgery; and Mani Menon, M.D., Urology).

Intraoperative MRI – IMRI is used routinely by brain tumor and other cancer surgeons to better define tumor margins and safely remove tissue.

Nanoknife® – Henry Ford physicians were the first in Michigan to employ Nanoknife electroporation, to irreversibly damage the membrane of cancer cells. They currently use Nanoknife in the operating room during open surgery for pancreatic tumors, and in the Interventional Radiology suite for kidney and liver cancers.

Research and Clinical Trials – JFCI offers patients more treatment-related clinical trials than any other cancer institute in the Midwest.

Physician and Patient Services – JFCI provides referring physicians and their patients “one stop shopping” for even the most complex cancer cases. The Center for Cancer Surgery’s service commitment includes:

- Prompt patient appointments.
- Nurse navigators to help collect necessary medical records, test results, etc., for a consult or second opinion.
- Seamless patient experience. Most of our multidisciplinary cancer clinics offer all testing and physician exams in one visit.
- Concierge assistance to help patients navigate through the hospital for their clinic appointments.
- Partnering with referring physicians, providing timely communications and resources on available treatments and clinical trials.

“The work of our general and sub-specialty cancer surgeons has been continually recognized by peers, patients and the national media,” says Nancy Schlichting, president and CEO of Henry Ford Health System. “They have devoted their lives to the fight against cancer, and are personally committed to doing whatever it takes, to deliver the best outcomes and the best experience for our patients and their referring physicians.”

- 24-hour cancer referral line, to connect referring physicians with the appropriate surgical oncologist at 877-434-7470.

HENRY FORD HAS THE EDGE™ IN RADIOSURGERY

Henry Ford Hospital was the first institution in North America, and the second in the world, to offer treatment with the Edge™ radiosurgery system. Since March 2014, Henry Ford Hospital radiation oncology team has utilized the Edge to treat more than 100 patients, primarily for inoperable tumors of the central nervous system, and also for tumors in the lung, upper abdomen and other sites.

Developed by Varian Medical Systems, the Edge is an advanced linear accelerator that delivers high-dose radiation with submillimeter accuracy, and uses new real-time tumor tracking technology and motion management capabilities to improve both safety and comfort for patients.

Henry Ford Health System is well known for its leadership in radiosurgery – especially for the treatment of spine and brain tumors, and has conducted numerous national studies. The Edge represents a significant advancement in radiosurgery technology and Salim Siddiqui, M.D., director of the Stereotactic Radiosurgery for Henry Ford Health System, considers this new system to be the cornerstone of his program.

“When delivering high doses of radiation at high rates, we must have confidence that the delivered treatment conforms accurately to the planned treatment,” says Dr. Siddiqui. “The Edge has capabilities to target the tumor and spare important structures, such as the spinal cord, even more precisely and more accurately than we could have in the past.”

Offering a breadth and depth of experience in stereotactic radiation that few institutions can match, Henry Ford radiation oncologists are now helping introduce this technology to other institutions. At least once a month, Henry Ford Hospital hosts site visits from radiation oncologists who observe patient treatment planning and delivery with the Edge.



Benjamin Movsas, M.D., chair of Henry Ford Department of Radiation Oncology

“We worked with Varian for almost a year on the clinical research and development of the Edge before it was commissioned,” said Indrin Chetty, Ph.D., director of radiation physics, Henry Ford Department of Radiation Oncology. “Our experience with the Edge is unparalleled.”

In March, Henry Ford Hospital will be the first institution in North America to present a formal training course on the Edge. The three-day seminar is designed for radiation oncologists and other specialists who have recently acquired or are considering acquiring an Edge radiosurgery system. Attendees will observe a multidisciplinary tumor board at Henry Ford Hospital to learn how patients are triaged to the Edge, as well as receive training in treatment planning and delivery.

As Benjamin Movsas, M.D., chair of Henry Ford Department of Radiation Oncology explains, “Beyond cutting-edge technology, a major strength of our stereotactic program is our extensive experience, having treated more than 4,000 patients with stereotactic radiation.”

About the Edge Radiosurgery System

FULLY INTEGRATED PLATFORM

- The Edge provides a comprehensive system for planning and delivering stereotactic radiation to tumors of the brain, spine, head and neck, adrenal gland, lung, liver and pancreas, among other sites.
- An integrated system synchronizes all aspects of imaging, patient positioning, motion management, beam shaping and dose delivery technology.

GREATER SPEED AND PRECISION

- PerfectPitch™ treatment couch is adjustable along six axes of motion and positioned with submillimeter accuracy.
- RapidArc® delivers precise beam radiation while gantry rotates continuously around the patient.
- With a dose rate of up to 2,400 monitor units-per-minute, treatment takes 10-20 minutes, compared to more than an hour with other systems.

REAL-TIME TUMOR TRACKING AND MOTION MANAGEMENT

- Optical surface monitoring tracks any tumor motion during treatment.
- An automated accuracy check every 10 milliseconds ensures the beam remains on the focal point.
- Real-time motion management immediately corrects for any change in movement, such as patient breathing.

For more information, go to henryford.com/edge.

ADVANCEMENTS IN SURGERY:

Preserving Fertility in Women with Cervical Cancer

For women of childbearing age with early-stage cervical cancer, surgeons in the Henry Ford Division of Gynecologic Oncology offer radical trachelectomy, an innovative surgery that has been shown to help preserve fertility while providing excellent cancer control.

“A radical hysterectomy has historically been the standard protocol for women with cervical cancer,” says Adnan Munkarah, M.D., chair of the Henry Ford Department of Women’s Health Services and a board-certified gynecologic oncologist. “In our experience, it’s possible to effectively treat some early stage cervical cancers without removing the uterus and, along with that, a woman’s opportunity to bear a child.”

During the procedure, surgeons excise the cervix and a portion of the upper vagina. If a clean margin can be achieved, the rest of the uterus is left intact. A new cervical opening is created with a cerclage suture inside the bottom of the uterine cavity, then the uterus and vagina are sutured back together. Neighboring pelvic lymph nodes also are removed.

Cancer recurrence and death rates for radical trachelectomy and radical hysterectomy are similar. Published research has demonstrated no significant differences in five-year survival rates.

Fertility preservation among cervical cancer patients is a concern because many diagnosed women are of childbearing age. Nearly 40 percent of new cases are diagnosed in women ages 20-44, according to the most recent data from the National Cancer Institute’s Surveillance, Epidemiology, and End Results Program (SEER).

“We’ve seen post-trachelectomy patients conceive a child – either naturally or with reproductive assistance, and successfully carry a pregnancy to term,” says Henry Ford gynecologic oncologist Nabila Rasool, M.D., who notes the babies are delivered via cesarean section. “When young women find out they have cervical cancer, they assume they’ll never be able to have children. It’s so rewarding to see a woman beat cancer, and then have a baby when she never thought it could be possible.”

A Memorial Sloan-Kettering Cancer Center study of reproductive outcomes for 105 women who underwent radical trachelectomy with pelvic lymphadenectomy and cerclage found that the many of the women who attempted to conceive were successful, and most of their pregnancies resulted in full-term births. The median age was 32 (range, 25-38 years), and most patients (75%) had stage IB1 disease.

MORE INFORMATION

Indications for Radical Vaginal Trachelectomy

- Stages IA-IB1 cervical cancer
 - squamous carcinoma, adenocarcinoma
- Localized cancer, tumor < 2 cm
- Patient interest in preserving fertility

For more information or to refer a patient to the department of women’s health services, call 1-877-434-7470.



Adnan Munkarah, M.D., chair of the Henry Ford Department of Women’s Health Services

NATIONAL CLINICAL TRIAL STUDIES:

Transoral Robotic Surgery

The Henry Ford Department of Otolaryngology – Head & Neck Surgery is a recognized leader in transoral robotic surgery (TORS) for the treatment of oropharyngeal cancers, which present in the throat, tongue base, tonsils, soft palate and the walls of the pharynx.

Tamer Ghanem, M.D., Ph.D., director of Head and Neck Oncology and Microvascular Surgery Division, was among the first in the United States to perform TORS with the da Vinci® Surgical System when it was approved by the U.S. Food and Drug Administration in December 2009.

Dr. Ghanem, along with head and neck surgery colleagues Steven Chang, M.D., and Francis Hall, M.D., collectively have performed more than 150 TORS oncological procedures. Henry Ford Hospital serves as a major tertiary referral center for head and neck cancer patients, and the three fellowship-trained surgeons are experienced in highly complex resections and reconstructions.

All cases are brought before a weekly multidisciplinary head and neck tumor board, during which head and neck surgeons, radiation oncologists, medical oncologists, neuroradiologists, and pathologists design an individualized treatment plan for each patient.

The TORS approach allows the surgeon to access tumors through the opening of the mouth, thus reducing the risk of possible nerve damage and physical disfigurement associated with large incisions.

“We’ve utilized TORS for five years (since it was FDA approved), and consistently achieve good tumor margins while reducing possible damage to structures of the mouth and throat,” says Dr. Ghanem. “We continue to expand our experience with TORS, and our understanding of which combination of surgery, radiation and/or chemotherapy is the best treatment approach for each cancer type.”

Henry Ford Hospital currently is participating in a national clinical trial to study the effectiveness of a newer robotic cancer surgery for the treatment of advanced-stage oropharyngeal cancer. The clinical trial will study patients who undergo tumor resection with TORS followed by radiation and chemotherapy, compared to those who only receive radiation and chemotherapy. The study also will examine the safety and efficacy of TORS and patient quality of life following treatment.

Henry Ford Hospital is the only Michigan institution participating in this Phase II clinical trial, which is administered through the Radiation Therapy Oncology Group and sponsored by NRG Oncology and the National Cancer Institute. Study participants must have a primary, HPV-negative oropharyngeal tumor, resectable through TORS with anticipation of resection-free margins.

For HPV-positive oropharyngeal cancers, Henry Ford head and neck cancer surgeons recently embarked on another clinical trial to help determine the most effective treatment protocols. Sponsored by the Eastern Cancer Oncology Group, the randomized Phase II trial will evaluate how transoral robotic surgery (TORS) followed by low-dose or standard-dose radiation therapy works in treating patients with HPV-positive Stage III-IVA oropharyngeal cancer. Henry Ford Hospital is one of only 20 sites in the United States, and the only site in Michigan, participating in the study.

To refer a head and neck cancer patient or to request a consult, call (877) 434-7470 24 hours a day. For more information on head and neck cancer clinical trials, call (313) 916-9826.



Tamer Ghanem, M.D., Ph.D., director of Head and Neck Oncology and Microvascular Surgery Division

BREAST CANCER SURGEON JOINS HENRY FORD HOSPITAL

Breast cancer surgeon Erica N. Proctor, M.D., has joined the comprehensive medical team at Josephine Ford Cancer Institute at Henry Ford Hospital. "I was interested in joining the team at Henry Ford because of the strong reputation of clinical excellence and commitment to providing high quality, compassionate and personalized treatment. Henry Ford Health System is delivering complex cancer care that is multidisciplinary, innovative and patient centered."

In her role at Henry Ford, Dr. Proctor will see patients in clinic each week and will perform breast cancer surgery at Henry Ford Hospital. She also serves as the director of Breast Cancer Disparities Research, focusing on opportunities that will improve treatment of high risk breast cancer subtypes and access to screening, thereby improving breast cancer health outcomes for patients. "Screenings such

as mammograms and clinical breast exams are very important in the early detection of breast cancer." Dr. Proctor says, "When breast cancer is detected early, we have more treatment options and better outcomes for our patients."

According to the Surveillance, Epidemiology and End Results (SEER) Program of the National Cancer Institute, older African Americans in southeast Michigan have disproportionately higher rates of cancer and have significantly higher mortality rates compared to Caucasians in the region, as well as African Americans nationally.



Erica N. Proctor, M.D.

Dr. Proctor's research will focus on triple negative breast cancer (TNBC), an aggressive form of breast cancer which lacks the three receptors often targeted in other types of breast cancer and for which there is no targeted therapy. Her research focuses on finding novel markers for TNBC that can serve

as effective targets for new medications. "Triple negative breast cancer is more likely to affect younger women, African American women and women with the inherited breast cancer gene, BRCA1." Her goal is to reduce breast cancer mortality in the state of Michigan.

Dr. Proctor brings a great deal of experience to the program, having served as a scholar for the Translational Health Disparities Course at the National Institute on Minority Health and Health Disparities.

Additionally, she was a research fellow for the African Ancestry project, a collaboration between U-M, Henry Ford and Komfo Anoyke Teaching Hospital in Ghana to study triple negative breast cancer and African ancestry. Dr. Proctor travels to Ghana each year to continue work on this research project.

Dr. Proctor comes to Henry Ford from the University of Michigan Health System where she received her medical degree from U-M Medical School and completed her residency in general surgery and fellowship in surgical breast oncology.

She is member of the American College of Surgeons, Society of Surgical Oncology and the American Society of Breast Surgeons.

SAVE THE DATE

HENRY FORD MEDICAL GROUP ALUMNI
AND HENRY FORD MEDICAL GROUP
BOARD OF GOVERNORS

2015 JUBILEE REUNION

OCTOBER 9-11, 2015

Dinner: Saturday, October 10
MGM Grand Hotel, Detroit

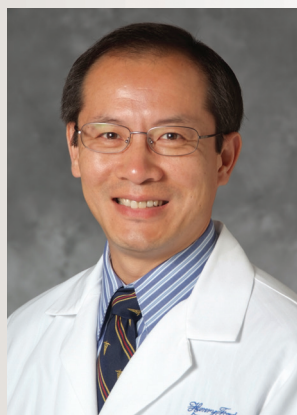


RESEARCHERS HOPE NEW CLINICAL TRIALS WILL ADVANCE IMMUNE THERAPY WHEN TREATING CANCER

Researchers from the Josephine Ford Cancer Institute (JFCI) at Henry Ford Hospital are participating in new clinical trials, testing systemic anti-neoplastic therapies that have been essential in reversing certain cancers, as well as prolonging and preserving the quality of life for cancer patients.

"The advancement of science and technology have offered patients more therapeutic options that have prolonged the life of many of our cancer patients and therefore the valuable time shared with their families" said Ding Wang, M.D., Ph.D., director of the Phase I Clinical Trials Program at the Josephine Ford Cancer Institute and medical director of the Clinical Trials Office, for Henry Ford Health System.

In the EMR100070-001, a Phase I, open-label, multiple-ascending dose trial to investigate the safety, tolerability, pharmacokinetics, biological and clinical activity of MSB0010718C in subjects with metastatic or locally advanced solid tumors and expansion to selected indications, Dr. Wang and other medical oncologists have been using an antibody that immunologically targets the PD-L1 molecule. The goal is to help the body overcome the cancer-induced immunosuppression, generating an anti-cancer immunity to fight and contain the cancer without requiring chemotherapy. "We have been the only Phase I site in Michigan who has used this protocol and we have treated more than 12 patients with metastatic lung, breast, urinary bladder, ovarian and adrenal cancers, and we are very encouraged by the results," said Dr. Wang.



Ding Wang, M.D.

The preliminary results from five of these patients with metastatic lung or breast cancer who had only been on this immune therapy without chemotherapy, showed no cancer growth from six to nine months. "The results are so promising the protocol has been amended to advance this immune therapy as a front line therapy by treating some of the metastatic lung cancer patients who have never received chemotherapy," said Dr. Wang.

Another clinical trial under the direction of Dr. Wang also focuses on human body immunity in treating cancer. This MEDI6469 Phase I protocol tests the advancement of immune therapy by combining anti-OX40 with the anti-PD-L1 antibody. The scientific rationale of two-antibody combination is to synergistically enhance body immunity against cancer not only from lifting the immunosuppression induced by the cancer, but also further stimulate the human body immunity by activating the OX-40 molecule, a member of the Tumor necrosis factor (TNF) super family.

"As there are only three centers in the United States that treat patients under this protocol, we have been contacted not only by physicians beyond Henry Ford Health System but also by patients and families who have located us through an internet search," said Dr. Wang.

"We are proud that our program offers various novel and unique treatment options to our patients when they desperately need help, and therapeutic alternatives to fight their deadly disease."

To find out more about these and many other active clinical trials at Henry Ford, call Tiffany Pearce, practice manager of the Clinical Trials Office at 313-916-1784.

IN MEMORIAM

Janet Reed, Ph.D.

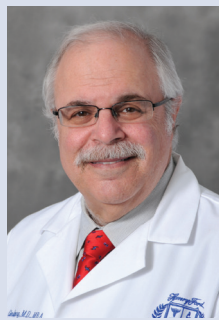


Janet, a Henry Ford Health System neuropsychologist, passed away unexpectedly after a skiing accident on Dec. 13.

Janet was an excellent neuropsychologist, colleague and friend to many. She joined Henry Ford in July 2005 as a senior staff neuropsychologist in the Department of Behavioral Health Services. In 2009, she was named clinical director of the Department of Pediatrics Center for Autism and Developmental Disabilities. She was well known in the local community for her advocacy and volunteer work as well as frequent presentations on autism, learning disabilities, Attention Deficit Hyperactivity Disorders and other topics. Janet will be truly missed by her family, peers, friends and patients.

IN MEMORIAM

Kenneth Ginsburg, M.D.



Ken passed away in February at his home at the age of 60. He started his medical career at the Chicago Medical School and Baylor School of

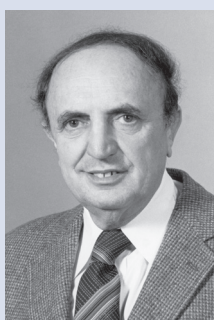
Medicine where he completed his medical education and residency in obstetrics and gynecology.

In 1987, he came to Detroit and attended Wayne State University, where he did his fellowship training in reproductive medicine and infertility. Following his fellowship, Ken was invited to join the faculty where he went on to become a full professor of obstetrics and gynecology. From 2001-2006, he also served as Assistant Dean for Clinical Services at Wayne State Medical School. He came to Henry Ford Hospital in 2007 as a member of the senior staff and was appointed Division Director for the Center of Reproductive Medicine in 2009, where he remained for four years.

"Dr. Ginsburg was a great clinician, devoted teacher, compassionate provider and, last but not least, a sensitive human being," stated Adnan Munkarah, M.D., chair of the Henry Ford Department of Women's Health Services. "He cared immensely about every individual he interacted with. He was committed to his patients, his students and the health system."

He is survived by his wife, Dr. Bonnie Sowa; daughter, Katherine (Patrick) Kempany; and son Kevin Ginsburg. He is also survived by loving family, friends and colleagues.

Peter A. Haas, M.D., F.A.C.S.



Peter passed away in October at the age of 91.

Born in Budapest, Hungary in 1923, Peter graduated from the University

of Budapest medical school in 1950 and began his residency in surgery. In 1969, Peter escaped from Hungary to Italy and eventually came to the U.S., where he became licensed to practice medicine in Pennsylvania in 1972, and then became a citizen in 1977.

In 1974, Peter became licensed to practice medicine in Michigan and shortly thereafter came to Henry Ford Hospital where he worked as a colorectal surgeon for many years.

He is survived by his wife, Martha, and his son Dr. Gabriel (Marian) Haas, and his grandchildren Gabriel, Adam and Alexander Haas.

Guruswamy Balakrishnan, M.D.



Bala, as he was known, received his medical degree from Madras Medical College at the University of Madras in India. He did his residency in

Anesthesiology at the Metropolitan Hospital Center at New York Medical College.

Bala joined Henry Ford Hospital in 1985, after completing a pediatric anesthesia fellowship with the Children's Hospital of Michigan. In 1986, he began serving as chief of the Division of Pediatric Anesthesia, and then in 1993 as medical director of anesthesia services. Previously, he

was chief of Henry Ford Hospital's Division of Neuro-Anesthesia and coordinator of its Anesthesia Residency Program.

Active in numerous professional societies, Bala was a member of the American Society of Anesthesiologists, Michigan Society of Anesthesiologists, Society of Pediatric Anesthesia, Society of Neuro Surgical Anesthesia and Critical Care and the Society for Education in Anesthesiology.

Olufunmilola O. Daramola-Ogunwuyi, M.D.

Funmi was born in Lagos, Nigeria

in 1967. She completed medical school in 1991, at the Obafemi Awolowo University in Ife, Nigeria (formerly University of Ife).



She did her rotational internship at LUTH, Idi Araba, Lagos, Nigeria, and later completed her residency in Internal Medicine at Sinai Hospital in Detroit, Michigan in 1997. She then joined Henry Ford Hospital, where she practiced as an internist and completed a fellowship (sub-specialization) in nephrology.

Funmi and her husband Charles lived in Detroit for many years. After her fellowship, they moved to Orlando, Florida, where she started her own practice.

Funmi is survived by her loving husband Charles, her sons Ademide and Adekitan, her parents Professor & Professor (Mrs) Taiwo Daramola, and her siblings, Iyabo, Mobo, Tinu, Tayo, Samson and Yinka.

IN MEMORIAM *(continued)*

Alexander Dekovich, M.D.



Alex passed away in July after a year-long battle with cancer.

He was a member of the faculty of MD Anderson Cancer Center

in Houston, Texas. Prior to joining MD Anderson, he graduated from Wayne State University School of medicine in 1974, where he also did his residency.

Alex then came to Henry Ford Hospital for his fellowship in Gastroenterology from 1978-1980. After his fellowship he joined the staff at Henry Ford Hospital.

Dr. Dekovich is survived by his wife Kathleen, his children, Kathryn,

Matthew, Stephen and Laura, and his three grandchildren.

James Theodore Howell, M.D.



James came to Henry Ford Hospital in 1945, and stayed for 28 years serving as chief resident, medical division chief, and ultimately

executive director from 1965-1969.

He then went on to become National Director for Health Consulting with the Peat, Marwick Mitchell KPMG CPA firm, specializing in academic medical center planning and management from 1969 to 1980. He continued to work as a consultant

and director of planning in both private and public university medical centers and large ambulatory-based health care delivery systems for the remainder of his career.

He is survived by his wife of 62 years, Sarah Lee Dunn Howell, his daughter, Mary Lee Howell Lobach, M.D., and his son-in-law, David F. Lobach M.D. PhD., and five grandchildren, all currently in Durham, North Carolina.

A memorial donation is a special way to remember a friend or colleague. Making a memorial gift in their honor can be a wonderful tribute to their life, and may be designated to a specific department or program at Henry Ford. For more information, call (313) 876-1031 or visit henryford.com/giving.

PRESIDENT'S MESSAGE *(Continued from Page 1)*

Throughout 2015, there will be many exciting events to mark this epic anniversary, but none more than our Jubilee on Oct. 9-11. It should be a fabulous weekend, so save the date.

I am proud to be a doctor and healthcare service provider in this system. As we move into our 100th anniversary year, I cannot help but marvel at all we have accomplished – together. With the hard work, dedication and innovation that has been the cornerstone of this system, we will continue through the next 100 years carrying on the mission that

Henry Ford and the original physicians of Henry Ford Hospital started: providing exceptional quality and cost-effective care that is strengthened by education and research, and making it available to everyone.

May I wish you and your family the best of health and happiness for the new year.

Sandra C. Mitchell

NANCY SCHLICHTING CEO OF HENRY FORD HEALTH SYSTEM ANNOUNCES HER RETIREMENT AND HER SUCCESSOR



Nancy M. Schlichting, CEO

Nancy Schlichting, CEO, Henry Ford Health System, announced recently that she will retire in December 2016. As part of a two-year succession plan, she announced the appointment of a new president for the health system.

Wright L. Lassiter III, most recently CEO at Alameda Health System in Oakland, California began his new role as president of Henry Ford Health System on Dec. 15.

"It is very important to me to have a smooth transition in leadership, and that I continue to serve in my role for a period of time alongside the individual we identify as the next CEO to ensure that Henry Ford Health System is best positioned for future success," says Schlichting.

"The Board of Trustees and I are confident this plan will take Henry Ford into the next 100 years with the expertise and personal qualities to build on our history of clinical care, research and educational excellence, and our national reputation as a premier health system."

"During the next two years, I will be working closely with Wright and

Bob Riney, who will continue his excellent work as Chief Operating Officer," says Schlichting. "Bob's deep experience in our system and knowledge of the Detroit community will compliment Wright's CEO track record as a national leader in public health systems."

"I am honored to lead one of the nation's premier health care systems," says Lassiter. "I am equally thrilled to be part of the renewal of Detroit - a city that the California media are now calling the 'new San Francisco' - and the role Henry Ford is playing in the city's rebirth."

Lassiter is a seasoned CEO with 20 years of experience in large, complex health systems, including Methodist Health System in Dallas, and JPS Health Network in Fort Worth, Texas.

In his most recent position as CEO at Alameda Health System (AHS) in Oakland, Calif., he led the expansion and turnaround of an \$865 million public health system, achieving eight years of positive financial performance with operating margins as high as 19 percent. Under his leadership, Alameda achieved The Joint Commission Top Performer status, increased patient engagement from the 1st percentile to the 80th and was awarded the Press Ganey Spirit of Excellence Award for two consecutive years for employee engagement.

Lassiter also lead efforts to improve quality and patient safety; he is credited with an 18-month effort that reduced patient harm across AHS by 50 percent. His vision for developing an integrated delivery network successfully led to two organizations joining the growing AHS network during 2013-14.



Wright L. Lassiter, III

Lassiter led the master plan for a new \$682-million replacement hospital and campus, successfully garnering the needed funding. Skilled at working with the public sector on understanding the needs of urban health systems, he played a significant role with California's public hospitals in negotiating an agreement with the state that resulted in \$3 billion in supplemental revenue over a five-year period.

"He is a believer that you build a strong health system through trusted partnerships with employees, physicians, patients and the community," says Sandy Pierce, chair of the Henry Ford Board of Trustees. "Highly regarded for his financial and operational acumen, Wright is an avid believer that the most important consideration is the patient and anticipating his or her needs."

He recently received the Legacy Award from the Jobs & Housing Coalition for his contributions toward improving healthcare in Oakland. In 2012, Lassiter was named one of the Top 25 Minority Healthcare Executives in U.S. Healthcare by *Modern Healthcare*. In 2011, Health Leaders magazine named Wright one of "20 People Who Make Healthcare Better" in the U.S., and *Fast Company* published an article about his achievements.

An avid community leader, Lassiter has held volunteer positions at the United Way, Salvation Army and YMCA. He also serves on the BETA Healthcare Group Board, the KLAS Advisory Board, California Health and Wellness and he is chair-elect of the Metropolitan Hospital Governing Council of the American Hospital Association. Additionally, he serves on the Executive Committee of the Boards of the California Hospital Association and America's Essential Hospitals.

He was awarded his master's degree in healthcare administration from Indiana University and completed his bachelor's degree with honors in chemistry from LeMoyne College in Syracuse, where he now serves on the Board.

HENRY FORD MEDICAL GROUP NEWS

- **Nancy Schlichting**, Henry Ford Health System's CEO, has been named by Modern Healthcare magazine as one of the "100 Most Influential People in Healthcare." This is the seventh time that Schlichting has been honored by the magazine, more than anyone else in Michigan.
- **William Conway, M.D.**, CEO of Henry Ford Medical Group has been selected by Modern Healthcare magazine as one of the "50 Most Influential Physician Executives in Healthcare." This is the second year in a row that Dr. Conway has been selected.
- **John Popovich, M.D.**, president and CEO of Henry Ford Hospital, **Vanessa Robinson, M.D.**, internist and **Jerry Yee, M.D.**, division head of nephrology, were honored recently for their commitment to excellence and service by the Michigan chapter of the American College of Physicians. Dr. Popovich received the lifetime achievement award for "his outstanding achievements and accomplishments as an internist, and pulmonary and critical care specialist, as well as his major contributions to medical education nationally."

Dr. Robinson received the volunteerism and community service award for her "tireless efforts in volunteering in Detroit and many other countries."

Dr. Yee received the Raymond H. Murray Governor's Award, for being "clearly a local, national and international leader in his chosen field, an active and eager participant in our Michigan chapter and an accomplished educator."

- **Robert A. Chapman, M.D.**, director of the Josephine Ford Cancer Institute at Henry Ford Health System, has been appointed to a three-year term on the Michigan Cancer Consortium Board of Directors.
- **Mani Menon, M.D.**, director of the Henry Ford Vattikuti Urology Institute, received the Hugh Hampton Young Award for Outstanding Contributions to the study of genitourinary tract diseases. Dr. Menon was honored "for innovation in robotic surgery, changing the field of surgical therapy for prostate cancer and improving the quality of life for many patients."
- **Kathleen L. Yaremchuk, M.D., MSA**, chair of the Henry Ford Department of Otolaryngology-Head & Neck Surgery, has been elected as chair-elect for the Women in Otolaryngology (WIO) Section of the American Academy of Otolaryngology-Head & Neck Surgery.
- **Michael Chopp, Ph.D.**, scientific director of the Henry Ford Neuroscience Institute, won the 2014 Abraham White Distinguished Science Award by George Washington University for his discovery of the role of a protein in the treatment of brain injuries and neurodegenerative diseases. Dr. Chopp also won the prestigious 2015 Thomas Willis Lecture Award. The award recognizes major contributions to the investigation and management of strokes. It is given annually by the International Stroke Conference Program Committee and the American Stroke Association's Council on Stroke of the American Heart Association.
- **Lydia Baltarowich, M.D., FACEP, FACMT**, was recently recognized for 30 years of certification by the American Board of Emergency Medicine (ABEM).
- Family medicine physician **Earlexia Norwood, M.D.**, director of Community Health Education at Henry Ford Health System, recently received the National Black College Alumni Hall of Fame's 2014 Legacy of Leaders Distinguished Alumni of the Year Award
- **Dr. Jan Rival**, and his wife **Eva**, were honored earlier this year with the Education Room at Henry Ford Hospital dedicated in their name. The Dr. Jan and Eva Rival Education Room was dedicated in honor of Dr. Rival's 45 years of service as a senior staff internist and preceptor to medical residents. Dr. Rival joined Henry Ford Hospital in 1969 and has served as division head within the Department of Internal Medicine from 1985-1996, Governor of the Michigan chapter of physicians 1998-2002, and president of the Henry Ford Medical Association 2000-07. He has also been awarded the Fred W. Whitehouse, M.D., Distinguished Career award in 2008 and the Distinguished Alumni Award in 2010.



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ROUNDS

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