#1

COMPLETE

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Q1

Name

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Q2

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Q4

Business Name/Practice

McLaren Health Care

Q5

Title

Chief Academic Officer/ VP of Academic Affairs/ ACGME Designated Official

Q6

Practice-Specific Experience & Perspective (Choose all that apply)

Employed/Multihospital/System Setting - involvement in system-level decisions, leadership roles or strategic relationships

,

Private Practice - business management, financial accountability, operations, or payer strategy

,

Academic Medicine - teaching, research, mentoring or engagement with trainees/early-career physicians

,

Public Health/Community - population health, community-based care, rural/urban health challenges

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Q7

Please describe your experience in any of the above areas and how it would inform your contribution to the Board.

Since 1991 I have been involved in all the above mentioned experiences all at leadership levels including board membership locally, regionally, and nationally.

Q8

How has this experience given you insight into the challenges facing physicians today?

By understanding health care from a system perspective but also having experiences outside of medicine, I can view issues from multiple perspectives to help address barriers and issues facing today's physicians. My academic experiences allow me to help young trainees understand and effectually integrate into the current and future health care environments.

Q9

Governance & Board EffectivenessDescribe any experience you have serving on boards or committees. What attributes contribute to being an active, constructive board member?

I have had many experiences. I've learned to see things from multiple perspectives. I have learned to listen to others' perspectives and view before making my own. I consider my strength on being a "constructive doubting Thomas" and am not afraid to ask the hard questions.

Q10

Organizational Change & Strategic Decision Making Under PressureHow do you approach these situations? Describe a time when you helped make a significant strategic decision in an organization facing financial pressure, declining revenue or major disruption. What was your role, what options were considered and what was the outcome?

I utilize the frameworks of inversion thinking and complexity science. When appropriate I apply QI principles especially lean six sigma and the 7 Steps/ 7 Tools approach. Since 1997, the positions I have taken were due to the organization needing someone to strategize and implement strategies to address significant issues.

MSMS Board of Directors ApplicationPlease respond concisely using specific examples from your experience. If a question does not apply to your background, you may indicate “not applicable.”

Q11

Financial Understanding & Business ExperienceDescribe your experience with financial oversight or business decision-making. Have you been involved in budgeting, evaluating sustainability, managing a practice/business, revenue growth, profitability or addressing financial challenges?

I have and MBA and MPH which provide additional skills needed to function as an effective manager and leader. My positions have given me extensive experiences both positive and negative that provides continuous learning for myself. I am a life-long learner.

Q12

Membership Value, Growth & EngagementMembership organizations must continuously demonstrate value. What experience have you had with membership organizations (aside from MSMS)? How did those organizations demonstrate value to their members?

Yes. These include Association of Professors in Obstetrics and Gynecology, American College of Obstetricians and Gynecologist, American College of Health Care Executives, Michigan Alliance in Maternal Innovation, advocacy for many organizations including the Ohio State Medical Association and the Ohio Collaborative on Infant Mortality. These organizations all prioritize providing value to their members and customers

Q13

Innovation & Future of MedicineHave you ever been in a leadership position in which you introduced new technology or innovative practices? If so, expand on this experience. How do you see these shaping the future of physician organizations?

Yes. Have taught new technology, approaches, and innovation in many settings. Regardless of what is introduced, the basic mindset is what value is being provided including the 5 why's and cause and effect diagrams.

Q14

Advocacy & Policy PerspectiveWhat experience do you have with healthcare advocacy, public policy or working with governmental or regulatory bodies? How should an organization evaluate the effectiveness of advocacy efforts?

I have extensive advocacy experience in multiple organizations. Some of these advocacy focused on women's health, maternal health, infant mortality, protection of physicians from felonies due to politically-based legislation, scope of practice, and others.

Q15

Contribution & Unique PerspectiveWhat do you see as your most valuable contribution to the MSMS Board should you be elected?

The experience in preparing medical students and residents for the future will be my contribution. Teach them the need to understand advocacy and why participation is necessary throughout their career.

MSMS Board of Directors ApplicationPlease respond concisely using specific examples from your experience. If a question does not apply to your background, you may indicate “not applicable.”

Q16

Mission & VisionWhat do you see as the mission of MSMS? What is your vision for how that can best be achieved?

The MSMS mission statement is "to promote a health care environment which supports physicians in caring for, and enhancing the health of Michigan citizens through science, quality, and ethics in the practice of medicine" To be an effective board member, they must be aligned with that mission without having their own agenda that is contrary to it. I feel that the mission should apply to helping employed physicians which now account for 85% of physicians in Michigan.

Q17

Fiduciary Responsibility MSMS Board of Directors duties include a Duty of Loyalty. To make decisions based exclusively on what the person believes to be in the best interests of MSMS. No director should vote or take a position on an MSMS issue based on personal interests or on the interests of another organization. If elected, will you be able to fulfill this duty?

Yes

#2

COMPLETE

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Page 1

Q1

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Q4

Business Name/Practice

Mark Komorowski MD

Q5

Title

Owner

Q6

Practice-Specific Experience & Perspective (Choose all that apply)

Private Practice - business management, financial accountability, operations, or payer strategy

Q7

Please describe your experience in any of the above areas and how it would inform your contribution to the Board.

Instrumental in coalescing four independent PO's into GLPO which has now expanded over 15 counties and a 500+ physician membership. Solo private practice over 30 years.

Q8

Respondent skipped this question

How has this experience given you insight into the challenges facing physicians today?

Q9

Governance & Board EffectivenessDescribe any experience you have serving on boards or committees. What attributes contribute to being an active, constructive board member?

Board Chair MSMS, Chief of Staff McLaren-Bay. Listening, being available, reliable timely communication, understanding the vision of the organization, engagement with stakeholders, building relationships and allegiance to the process.

Q10

Organizational Change & Strategic Decision Making Under PressureHow do you approach these situations? Describe a time when you helped make a significant strategic decision in an organization facing financial pressure, declining revenue or major disruption. What was your role, what options were considered and what was the outcome?

As Board Chair of MSMS it was my decision to move in a different direction by removing the CEO. Faced with over a decade of declining revenue and absent solutions despite obvious signs under other Chair leadership continuing the course would have been fatal. Three years later financial losses have been stemmed and due to innovative thinking and relationship development revenue is beginning to increase.

Q11

Financial Understanding & Business ExperienceDescribe your experience with financial oversight or business decision-making. Have you been involved in budgeting, evaluating sustainability, managing a practice/business, revenue growth, profitability or addressing financial challenges?

Chair of the Financial Committee of Great Lakes Physician Organization; developing 3 and 5 year plans, Recently engaged with our financial advisor to change our investment strategy to a more aggressive approach.

Q12

Membership Value, Growth & EngagementMembership organizations must continuously demonstrate value. What experience have you had with membership organizations (aside from MSMS)? How did those organizations demonstrate value to their members?

GLPO has provided its members the ability to maintain their private practice environment through contract negotiations, IT services at a discount and introducing the importance of local advocacy

Q13

Innovation & Future of MedicineHave you ever been in a leadership position in which you introduced new technology or innovative practices? If so, expand on this experience. How do you see these shaping the future of physician organizations?

Respondent skipped this question

Q14

Advocacy & Policy PerspectiveWhat experience do you have with healthcare advocacy, public policy or working with governmental or regulatory bodies? How should an organization evaluate the effectiveness of advocacy efforts?

Past Chair MDPAC, current Chair and developer of GLPO-PAC. Before effectiveness can be measured relationships need to be developed especially in a term limit environment. Board members should be contributors to the PAC and have access to their district legislators. I have initiated Town Hall meetings inviting the public to discuss kitchen table healthcare and extending the inviyation to the local legislators. A podcast is in the early stages

Q15

Contribution & Unique PerspectiveWhat do you see as your most valuable contribution to the MSMS Board should you be elected?

Being the Ghost of Christmas, past, present and future. I was present for the failed expansion of the Board. I saw that independent practice PO's would bring salvation five years ago. Developing long range vision is my forte

Q16

Mission & VisionWhat do you see as the mission of MSMS? What is your vision for how that can best be achieved?

Primarily, advocacy. Develop landing pads for physicians entering private practice either initially or after being employed. Collaborate with PO's to show membership value.

Q17

Fiduciary Responsibility MSMS Board of Directors duties include a Duty of Loyalty. To make decisions based exclusively on what the person believes to be in the best interests of MSMS. No director should vote or take a position on an MSMS issue based on personal interests or on the interests of another organization. If elected, will you be able to fulfill this duty?

Yes

#3

COMPLETE

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Page 1

Q1

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Q4

Business Name/Practice

Mosaic Clinically Integrated Network, Henry Ford Health

Q5

Title

President

Q6

Practice-Specific Experience & Perspective (Choose all that apply)

Employed/Multihospital/System Setting - involvement in system-level decisions, leadership roles or strategic relationships

,

Academic Medicine - teaching, research, mentoring or engagement with trainees/early-career physicians

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Public Health/Community - population health, community-based care, rural/urban health challenges

Q7

Please describe your experience in any of the above areas and how it would inform your contribution to the Board.

I currently serve as President of Mosaic Clinically Integrated Network, the largest physician network in the state and one of the largest and most advanced value-based care companies in the country. We bring together all HFH employed and hundreds of independent physicians. We represent over 7,000 providers / 1 million aligned lives. I lead a team of 150+ FTEs that contracts for $8B in annual health spending for HFH. As the healthcare environment around reimbursement continues to evolve, I will be able to contribute unique expertise related to managing payer relationships, practice sustainability, and physician performance.

Q8

How has this experience given you insight into the challenges facing physicians today?

My network includes physicians from various practice environments -- employed, PSA, affiliated (MSU), and independent. My role involves a great deal of travel around the state to interact with these physicians so that I best understand their unique challenges and how the CIN can support sustainability of their practice. Sustainability means something different in each setting, from pajama time or challenges navigating referral pathways to prior auth and declining reimbursement. This experience directly translates to what MSMS needs in board members looking to reflect the value of the organization to membership.

Q9

Governance & Board EffectivenessDescribe any experience you have serving on boards or committees. What attributes contribute to being an active, constructive board member?

I started in organized medicine and the MSMS as a medical student in 2007. After a hiatus for medical reasons, I rejoined the AMA delegation in 2019 where I now serve as secretary. I also serve on the candidate selection committee for GLSC and have authored multiple resolutions adopted by the MSMS and AMA HOD. The most recent adopted at A26 implements a scorecard to help focus the AMA on its key priorities.

Q10

Organizational Change & Strategic Decision Making Under PressureHow do you approach these situations? Describe a time when you helped make a significant strategic decision in an organization facing financial pressure, declining revenue or major disruption. What was your role, what options were considered and what was the outcome?

I guided the merger of six contracting entities affiliated with Henry Ford Health. Individuals familiar with the PO structure in Michigan know it is in upheaval as Blue Cross pushes away from traditional fee-for-service. The future was uncertain. The work took almost five years to complete and required both vision for the organization and the technical expertise to advance the objective through a host of internal and external barriers. The result of that work is Mosaic CIN, a nation-leading model for value-based care and key strategic initiative for HFH that reorients the enterprise business model.

Q11

Financial Understanding & Business ExperienceDescribe your experience with financial oversight or business decision-making. Have you been involved in budgeting, evaluating sustainability, managing a practice/business, revenue growth, profitability or addressing financial challenges?

I'm ultimately responsible for a $250M budget at Mosaic CIN and all operational/business decisions.

Q12

Membership Value, Growth & EngagementMembership organizations must continuously demonstrate value. What experience have you had with membership organizations (aside from MSMS)? How did those organizations demonstrate value to their members?

The CIN is a membership organization. We must continuously help our members, employed or not, understand the value of the organization. Providing real value and communicating that value are the foundation of our success. Measured in contract performance, membership and revenue.

Q13

Innovation & Future of MedicineHave you ever been in a leadership position in which you introduced new technology or innovative practices? If so, expand on this experience. How do you see these shaping the future of physician organizations?

I have led a physician organization since 2019. As President/CEO of the Jackson Health Network, we built custom platforms for quality gap closure and network operations because no sufficient solutions existed in the market. Now at Mosaic, we are leaders in implementation of AI tools to both assess, support, and drive network performance. Technology is just part of the "people, process, and technology" equation. My team leverages all three together to drive performance against objective KPIs. For my organization, it has changed how I design the team and prioritize work. Other physician organizations are no different. MSMS, I believe, has the opportunity to provide thought leadership in how technology will change practice, and provide support to guide decisions physicians make around where to invest and how to implement technology. Technology also will impact MSMS priorities. For instance, scope of practice is a core issue for MSMS but I believe AI is a significant threat to APPs and will replace much of their algorithm driven work. Caps on loans also make APP training less accessible. These macro trends should influence our on this issue as we prioritize resources for impact. I also believe there are ways MSMS could diversify revenue by either white labeling or developing technology to support areas like credentialing to streamline/accelerate physician onboarding and payer enrolment.

Q14

Advocacy & Policy PerspectiveWhat experience do you have with healthcare advocacy, public policy or working with governmental or regulatory bodies? How should an organization evaluate the effectiveness of advocacy efforts?

Michigan AMA Delegation: 2019-present, current delegation secretary
MDPAC Board: 2019-present
AMA Council on Medical Service (Medical Student): 2009-2011
AMA Regional Delegate (Medical Student): 2008-2011

Q15

Contribution & Unique PerspectiveWhat do you see as your most valuable contribution to the MSMS Board should you be elected?

The entire landscape for medicine and how we practice is changing quickly. I wake up each day thinking about making practice sustainable for physicians. I bring both a strategic and operational perspective, executing at scale, that I believe translates to how the MSMS can both create and articulate value to its members.

Q16

Mission & VisionWhat do you see as the mission of MSMS? What is your vision for how that can best be achieved?

Practice sustainability. That may mean something different based on the setting, but pressure continues to mount on physicians and the MSMS exists to support doctors so that they can care for their patients. Despite most of my focus at the AMA, I believe the ROI to influence policy is most significant at the state level. Medicaid is a state program. States regulate health insurance. Scope of practice is a state decision. The hospital ecosystem in our state is mostly local. In the near future as a pure membership organization, the MSMS will continue to face financial challenges. The organization needs to further refine its value proposition, based on unique differentiable assets, and consider new ways monetize those assets in service of its goals. I believe MSMS is uniquely positioned as a convener of physicians in the state to not only speak on our behalf but also grow its offering of services that support practice sustainability.

Q17

Fiduciary Responsibility MSMS Board of Directors duties include a Duty of Loyalty. To make decisions based exclusively on what the person believes to be in the best interests of MSMS. No director should vote or take a position on an MSMS issue based on personal interests or on the interests of another organization. If elected, will you be able to fulfill this duty?

Yes

#8

COMPLETE

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Page 1

Q1

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Business Name/Practice

Center for Physical Medicine and Rehabilitation P.C.

Q5

Title

President

Q6

Practice-Specific Experience & Perspective (Choose all that apply)

Employed/Multihospital/System Setting - involvement in system-level decisions, leadership roles or strategic relationships

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Private Practice - business management, financial accountability, operations, or payer strategy

,

Academic Medicine - teaching, research, mentoring or engagement with trainees/early-career physicians

,

Public Health/Community - population health, community-based care, rural/urban health challenges

Q7

Please describe your experience in any of the above areas and how it would inform your contribution to the Board.

Over the past 30 years, I have had the privilege of serving patients, physicians, and our community in a variety of leadership, clinical, educational, and governance roles that have provided me with a broad perspective on the challenges and opportunities facing medicine today.

As a founding partner and owner of a private medical practice for nearly three decades, I have been directly responsible for all aspects of operating a healthcare organization. Unlike physicians practicing within large health systems, private practice physicians must independently navigate the complexities of healthcare delivery, including changing CMS regulations, reimbursement reductions, compliance requirements, staffing challenges, contracting, budgeting, technology implementation, and ongoing operational management. With the exception of a two-year period when our group was hospital-employed, I have personally led our organization through continual changes in healthcare policy and payment models while maintaining a commitment to high-quality patient care. This experience has provided me with a practical understanding of how policy decisions affect physicians, practices, and patients at the front lines of care.In addition to private practice leadership, I have held numerous leadership positions within hospitals and organized medicine. I have served as President of the Medical Staff, Department Chair, Chief of Physical Medicine and Rehabilitation, Medical Director of multiple rehabilitation programs, and currently serve as Treasurer of the Macomb County Medical Society. These experiences have strengthened my understanding of governance, strategic planning, physician engagement, quality improvement, credentialing, financial stewardship, and organizational decision-making.

Education and physician development have also been central to my career. I have served as an Assistant Clinical Professor at both Wayne State University School of Medicine and Michigan State University College of Osteopathic Medicine. Over the years, I have worked closely with countless medical students, residents, and young physicians, providing clinical training, mentorship, and career guidance. This ongoing involvement has given me valuable insight into the challenges facing the next generation of physicians, including workforce shortages, physician burnout, educational debt, and the evolving expectations of medical practice.My practice experience has also provided exposure to diverse patient populations across Michigan. For many years, our group maintained an office in Detroit, and I have cared for patients in urban, suburban, post-acute, and underserved settings. These experiences have helped me appreciate the disparities in healthcare access and outcomes that exist across our state and the importance of advocacy efforts that address the needs of all Michigan patients and physicians.

Collectively, these experiences have given me a unique perspective that spans private practice, hospital leadership, organized medicine, medical education, community service, and patient advocacy. If elected to the Board, I would bring a practical understanding of the realities facing practicing physicians, a commitment to thoughtful governance and fiscal responsibility, and a dedication to ensuring that the Michigan State Medical Society remains a strong and effective voice for physicians and patients throughout Michigan

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Q8

How has this experience given you insight into the challenges facing physicians today?

My experience as a private practice physician, hospital leader, educator, and advocate has provided me with firsthand insight into the challenges physicians face every day. I have navigated declining reimbursement, increasing regulatory and administrative burdens, workforce shortages, rising practice costs, and the rapid pace of healthcare change while continuing to provide high-quality patient care. Through my work with medical students, residents, and organized medicine, I have also gained an appreciation for the challenges facing the next generation of physicians, including burnout, educational debt, and maintaining professional satisfaction in an increasingly complex healthcare environment. These experiences allow me to bring both a practical and broad perspective to discussions affecting physicians across Michigan.

Q9

Governance & Board EffectivenessDescribe any experience you have serving on boards or committees. What attributes contribute to being an active, constructive board member?

Throughout my career, I have served on numerous boards, committees, and leadership organizations at the local, state, national, and hospital levels. I currently serve on the Board of Polio Health International, an organization that faces many of the same challenges as other membership-based organizations, including maintaining relevance, growing engagement, and addressing declining membership. I have also served on hospital boards and committees, the Macomb County Medical Society Board of Directors, medical school advisory and educational boards, and community organizations including the Birmingham Rotary Board. These experiences have taught me that effective boards require active participation, thoughtful preparation, respectful dialogue, and a willingness to consider diverse viewpoints while remaining focused on the organization's mission. Constructive board members listen carefully, ask thoughtful questions, contribute their expertise, and engage in healthy discussion while supporting the board's collective decisions. I believe successful board members balance strategic thinking with practical problem-solving, maintain fiduciary responsibility, and always place the long-term interests of the organization above personal interests.

Q10

Organizational Change & Strategic Decision Making Under PressureHow do you approach these situations? Describe a time when you helped make a significant strategic decision in an organization facing financial pressure, declining revenue or major disruption. What was your role, what options were considered and what was the outcome?

Throughout my leadership experience, I have been involved in several organizations facing significant financial pressures, membership challenges, organizational change, and strategic disruption. In these situations, I believe it is important to first gather objective data, understand the organization's mission and long-term goals, engage stakeholders, and carefully evaluate all available options before making decisions that may have lasting consequences.

One recent example is my service on the Board of Polio Health International (PHI). Like many membership organizations, PHI has faced declining membership and financial pressures as the population of polio survivors continues to age. As a board, we explored numerous strategies to remain sustainable and relevant. We hired a consultant to evaluate our organizational structure and provide recommendations regarding our future direction. We considered partnerships with multiple organizations, expanded educational offerings through webinars, updated our website and communication strategies, increased outreach through national medical societies and professional organizations, and explored various methods to increase membership and engagement. After considerable analysis and discussion, the Board ultimately decided to pursue integration with the Christopher & Dana Reeve Foundation. I was actively involved throughout that process, including evaluating strategic alternatives, discussing potential partnerships, reviewing recommendations, and helping guide the organization through a significant transition. The decision was not made lightly, but it reflected a recognition that partnering with a larger, well-established organization would better preserve PHI's mission, educational resources, and advocacy efforts while ensuring long-term sustainability for the polio survivor community. I have also faced similar challenges in hospital leadership. As President of the Medical Staff during the implementation of Ascension's system-wide medical staff bylaw changes, I was responsible for helping navigate concerns raised by physicians while also working collaboratively with hospital administration. This required balancing differing viewpoints, maintaining open communication, and identifying solutions that protected physician representation while supporting broader organizational objectives.

Additionally, I have been involved in significant operational transitions within rehabilitation programs, including the transition of an inpatient rehabilitation facility to a contracted management model.

Q11

Financial Understanding & Business ExperienceDescribe your experience with financial oversight or business decision-making. Have you been involved in budgeting, evaluating sustainability, managing a practice/business, revenue growth, profitability or addressing financial challenges?

As a founding partner and owner of a large private medical practice for nearly 30 years, I have been directly involved in all aspects of financial oversight and business decision-making. My responsibilities have included budgeting, strategic planning, physician recruitment, contract negotiations, capital investments, staffing decisions, revenue cycle management, and navigating ongoing reimbursement reductions from both government and commercial payers. I have continually evaluated the financial sustainability of the practice while balancing patient care, employee retention, and organizational growth. In addition, my leadership roles within hospitals, rehabilitation programs, and medical societies have provided experience in financial stewardship, resource allocation, and long-term strategic planning during periods of significant healthcare change and financial pressure.

Q12

Membership Value, Growth & EngagementMembership organizations must continuously demonstrate value. What experience have you had with membership organizations (aside from MSMS)? How did those organizations demonstrate value to their members?

Throughout my career, I have been actively involved in numerous membership organizations, including the Macomb County Medical Society, Michigan Academy of Physical Medicine and Rehabilitation, hospital medical staffs, Birmingham Rotary, and Polio Health International. Like many professional and service organizations, these groups have experienced challenges with declining membership, reduced engagement, changing member expectations, and increasing competition for members' time and attention.

These experiences have reinforced my belief that membership organizations must continually demonstrate value through meaningful advocacy, professional development, networking opportunities, leadership development, community engagement, and providing members with a voice in issues that affect them. The organizations that have been most successful are those that remain relevant to their members' evolving needs, actively engage younger members, communicate effectively, and create opportunities for members to contribute and develop professionally.

Q13

Innovation & Future of MedicineHave you ever been in a leadership position in which you introduced new technology or innovative practices? If so, expand on this experience. How do you see these shaping the future of physician organizations?

As the owner and managing partner of a private medical practice for nearly 30 years, I have led the implementation of multiple electronic medical record systems and other technology initiatives designed to improve clinical efficiency, regulatory compliance, patient care, and practice operations. I have also worked with outside firms to modernize our website, strengthen our digital presence, and develop new methods to engage referral sources and the broader community.

In my role on the Board of Polio Health International, we are currently exploring the use of artificial intelligence to improve member outreach, engagement, recruitment, and educational initiatives. I believe technology and AI will play an increasingly important role in physician organizations by improving communication, personalizing member engagement, streamlining administrative tasks, enhancing educational offerings, and providing data-driven insights that support strategic decision-making.

Q14

Advocacy & Policy PerspectiveWhat experience do you have with healthcare advocacy, public policy or working with governmental or regulatory bodies? How should an organization evaluate the effectiveness of advocacy efforts?

I have been actively involved in healthcare advocacy through the Michigan State Medical Society, specialty medical societies, hospital medical staffs, and local physician organizations. I have worked with colleagues through the American Academy of Physical Medicine and Rehabilitation on legislative and regulatory issues, including efforts to preserve physician-led electrodiagnostic medicine and oppose initiatives that would allow non-physician providers to independently perform EMG studies without equivalent training and qualifications. I have also met with numerous elected officials and policymakers, particularly at the local and county levels, to discuss issues affecting physicians, patients, and healthcare delivery.

Q15

Contribution & Unique PerspectiveWhat do you see as your most valuable contribution to the MSMS Board should you be elected?

I believe my most valuable contribution to the MSMS Board would be my broad perspective across the continuum of healthcare. As a private practice physician and practice owner, hospital leader, educator, and advocate, I have firsthand experience with the challenges facing physicians in independent practice, health systems, academic medicine, rehabilitation, post-acute care, and community-based care. Having served in numerous leadership roles at the practice, hospital, county, state, and national levels, I bring a practical understanding of healthcare operations, physician concerns, organizational governance, and strategic decision-making that can help MSMS effectively serve physicians and patients throughout Michigan.

Q16

Mission & VisionWhat do you see as the mission of MSMS? What is your vision for how that can best be achieved?

I believe the mission of the Michigan State Medical Society is to advocate for physicians, promote the highest standards of patient care, and ensure that physicians remain a strong and effective voice in shaping healthcare policy in Michigan. As healthcare becomes increasingly complex and physicians face growing administrative burdens, declining reimbursement, workforce shortages, and loss of professional autonomy, MSMS plays a critical role in representing the interests of both physicians and patients.

My vision is that MSMS should focus on issues that unite physicians rather than issues that may unnecessarily divide them. Physicians come from diverse backgrounds, specialties, practice settings, and personal viewpoints. To maintain a strong and growing membership, MSMS should concentrate on matters that affect all physicians—whether they practice in private practice, hospitals, academic centers, rural communities, or urban settings. By focusing on patient access to care, physician workforce issues, reimbursement, regulatory reform, physician well-being, and preserving the physician-patient relationship, MSMS can maintain a unified and influential voice. As physicians continue to face challenges from increasing consolidation and external influences within healthcare, it will be increasingly important for MSMS to bring physicians together around common goals that improve patient care while supporting the profession of medicine.

Q17

Fiduciary Responsibility MSMS Board of Directors duties include a Duty of Loyalty. To make decisions based exclusively on what the person believes to be in the best interests of MSMS. No director should vote or take a position on an MSMS issue based on personal interests or on the interests of another organization. If elected, will you be able to fulfill this duty?

Yes

#10

COMPLETE

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Page 1

Q1

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Q4

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Sight Eye Clinic

Q5

Title

MD

Q6

Practice-Specific Experience & Perspective (Choose all that apply)

Private Practice - business management, financial accountability, operations, or payer strategy

Q7

Please describe your experience in any of the above areas and how it would inform your contribution to the Board.

A substantial portion of the core membership of MSMS is from the private practice setting. Many of these members pay full membership dues. I believe it is important to have representation on the board for physicians in small private practice. My practice background also gives me understanding of both the clinical and business sides of medicine.

Q8

How has this experience given you insight into the challenges facing physicians today?

Small, private practice physicians directly experience the challenges of modern medicine. We are directly impacted by payer issues, prior authorizations, and cuts in reimbursement accompanied by the increased costs of everything else. Private practice physicians see both the clinical and business side of medicine firsthand.

Q9

Governance & Board EffectivenessDescribe any experience you have serving on boards or committees. What attributes contribute to being an active, constructive board member?

I have served on the board of MSMS for 7 years. I have been involved in many committees and chaired several of them. I served as vice speaker and most recently as speaker of the House of Delegates. I also serve on the board of my local PHO and chair the contracting committee. I am on the board of my condo association as well and was the managing partner of our local surgical center. I believe my best attribute as a board member is to help summarize the deliberations of the board and translate them into a relevant action plan. Often boards have deliberations, but do not come up with a concrete action plan. I believe it is important for a board to focus on things that are relevant to the core mission of the organization; and establish clear action plans to move things forward.

Q10

Organizational Change & Strategic Decision Making Under PressureHow do you approach these situations? Describe a time when you helped make a significant strategic decision in an organization facing financial pressure, declining revenue or major disruption. What was your role, what options were considered and what was the outcome?

My first example is my recent participation in the MSMS Board. The organization made the decision to dramatically change the structure of the organization to reflect the challenges of membership loss. This occurred after years of floundering with trying to increase membership. It was clear significant change was warranted. I was not excited about some of the changes, but the overall plan was sound and necessary. My role as a board member and as speaker of the house involved helping to facilitate passage of the bylaw revisions required to enact these changes.
My second example involves my position on the board of my local surgical center. After years of conflict with our local hospital, the option of a sale of the center to the hospital was discussed. I was instrumental in helping to construct terms for the sale and managed our real estate interest for the decade following the initial sale. There was initially significant opposition to selling to the hospital we had been fighting, but the final terms received an overwhelming vote of support. The deal benefited both parties and ultimately healed many of the previously strained relationships.
My final example is my local county medical society. Like MSMS, the Ottawa County Medical Society has struggled with declining membership for many years. Even when I first started with the organization, events were mostly attended by retirees. Attempts were made to rejuvenate the organization, but it became clear that we had no real purpose. Unlike MSMS, which still has an important advocacy role, our county medical society no longer had a clear mission, or the means or interest to develop a new mission. We are currently in the process of dissolving. An organization without a purpose or reason to exist is only consuming resources that could be used in better ways. Our hope is to form a regional medical association with Kent County that will strengthen Kent and provide a home for our few active members.

Q11

Financial Understanding & Business ExperienceDescribe your experience with financial oversight or business decision-making. Have you been involved in budgeting, evaluating sustainability, managing a practice/business, revenue growth, profitability or addressing financial challenges?

I have been in a small private ophthalmology practice for 20 years. The entire time I have been involved with managing the practice. I have oversite of hiring, firing, budgeting, equipment purchases, and all the things that go with managing a practice that has been around for 90 years. In my tenure we have moved our entire office to a new building, quadrupled our staff, put an addition on our building, and recently hired an additional physician to grow our practice.
I have also been on the board, or solely in charge of several real estate entities. I managed our local surgical center building for a group of 16 physicians for a decade. I have also been on the board of a condo association for 5 years dealing with running the finances and daily operation of the organization.

Q12

Membership Value, Growth & EngagementMembership organizations must continuously demonstrate value. What experience have you had with membership organizations (aside from MSMS)? How did those organizations demonstrate value to their members?

I have been on the contracting committee for my local PHO for nearly a decade and was recently elected to the board of directors. Our PHO has demonstrated value to our membership through many mechanisms, but most prominently through our role in contracting with payors. Most of these payor arrangements have become very complex, and the PHO has filled a role that private practices cannot do themselves. We have also initiated social events for physician comradery and mental wellness. More recently we have taken a role in financial support for physician recruitment. All of these have provided value to members.

Q13

Innovation & Future of MedicineHave you ever been in a leadership position in which you introduced new technology or innovative practices? If so, expand on this experience. How do you see these shaping the future of physician organizations?

I have been involved with introducing new technology in my clinical practice for years. Technology in ophthalmology is ever changing and staying up to date is important for the best patient experience.
My involvement with physician organizations has involved more innovative practices than technology changes. I was instrumental in suggesting the MSMS Board's practice of picking a few critical areas in which to focus our efforts each year. I helped increase MDPAC contributions through the MDPAC ribbons at the HOD to recognize contributors on their nametags. MSMS needs innovative ideas along with ways to trial these ideas on a small scale to judge their effectiveness before they are scaled up.

Q14

Advocacy & Policy PerspectiveWhat experience do you have with healthcare advocacy, public policy or working with governmental or regulatory bodies? How should an organization evaluate the effectiveness of advocacy efforts?

I have participated in several advocacy events at MSMS where we meet with politicians and help educate them on healthcare policy. The effectiveness of advocacy should be evaluated based on outcomes. The ultimate measure is legislative results.

Q15

Contribution & Unique PerspectiveWhat do you see as your most valuable contribution to the MSMS Board should you be elected?

I feel I would be a good representative for private practice physicians based on my years of experience in organized medicine. I also hope to continue to encourage the board to focus on key areas that improve physicians' daily practice. The best way to improve membership is to demonstrate relevance to Michigan's physicians. It is important for the board to establish clear goals and action plans to address the issues that impact physicians on a daily basis.
I am also intending on running for President of MSMS in the next election. I look forward to representing MSMS and our advocacy efforts in Lansing and beyond and am hopeful that I may do this as president should I be fortunate enough to be granted this honor.

Q16

Mission & VisionWhat do you see as the mission of MSMS? What is your vision for how that can best be achieved?

I believe the core mission of MSMS is currently advocacy at a state level. We have had many other missions in the past, but many of these have been usurped by other agencies or organizations. The recent reorganization of MSMS has made us a more appropriately sized organization for our membership levels, but it also necessitates a focus on our core mission. I am hopeful that our recent changes will allow us to recruit more members who appreciate the value of our work and the need to support it. Without MSMS, there is no consolidated physician voice in Lansing.

MSMS Board of Directors ApplicationPlease respond concisely using specific examples from your experience. If a question does not apply to your background, you may indicate “not applicable.”

Q17	Yes
Fiduciary Responsibility MSMS Board of Directors duties include a Duty of Loyalty. To make decisions based exclusively on what the person believes to be in the best interests of MSMS. No director should vote or take a position on an MSMS issue based on personal interests or on the interests of another organization. If elected, will you be able to fulfill this duty?	

#11

COMPLETE

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Q1

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Q2

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Q3

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Q4

Business Name/Practice

University of Michigan Medical School

Q5

Title

Vice Dean for Medical Education, Professor

Q6

Practice-Specific Experience & Perspective (Choose all that apply)

Employed/Multihospital/System Setting - involvement in system-level decisions, leadership roles or strategic relationships

,

Private Practice - business management, financial accountability, operations, or payer strategy

,

Academic Medicine - teaching, research, mentoring or engagement with trainees/early-career physicians

,

Public Health/Community - population health, community-based care, rural/urban health challenges

Q7

Please describe your experience in any of the above areas and how it would inform your contribution to the Board.

My career started in private practice with nine other clinicians, where I was one of two managing partner. We took care of 39,000 covered lives and employed a nurse practitioner and physician assistant. Our practice provided full spectrum family medicine, except for deliveries. We had a moderate complexity lab, long bone xrays, a DEXA scanner and did cardiac stress testing. During that time, I was department chair, peer review chair and then elected by our 700-member medical staff to be chief of staff. I taught medical students and residents and spent my days off teaching at my former residency. After 13 years, I was topped out as far as leadership growth and pivoted to be the program director of my former residency program in a competing health system. One of the jobs of a residency program director is to teach the faculty who are teaching the residents. It just so happened that my former program director was suddenly one of my faculty. Sincerely wanting to legitimately add to his education and mine I obtained a masters in health professions education from the University of Michigan Department of Learning Health Sciences during my 8-year tenure as program director. I was also the Associate Vice President of Academic Affairs for our 12-hospital health system. When the health system decided to close residencies, I suggested since we were in a primary care shortage area we should transfer the residency program to my former hospital. I wrote a new program application, built a new family medicine building and transferred all 62 residents, faculty, and staff to the new program. The patients only had to drive 10 minutes further south to get to us. Once that program was up and running with one class of graduates, I was recruited by the University of Cincinnati to run their 102 residency programs across all specialties and help them broaden their education footprint at another one of their hospitals. After 4 years I was recruited back to my alma mater, University of Michigan to consider being the chair of family medicine or the Senior Associate Dean of Medical Education. I was fortunate enough to be a finalist for both positions and chose the Senior Associate Dean position. I was subsequently promoted to Vice Dean of Medical Education in while role I oversee the education of 2,400 medical students, residents and fellows and the continuing medical education of 3500 faculty, plus medical education at the Ann Arbor VA. I have nine medical education deans reporting up to me and I report directly to the Dean of the University of Michigan Medical School.
My experiences span the full spectrum of a medical career from training through various practice models from private to employee, and in various settings from community hospital to academic medical centers, from primary care to specialty collaboration. I care deeply about giving back to my profession with as much energy, evidence, and excellence as I possibly can. To advocate on behalf of my colleagues is a privilege I take particular seriously and thoroughly enjoy.
As it relates to contributions to the board:

- The Michigan State Medical Society membership spans the full spectrum of physician practice settings with a large contingent of private practice physicians who need boots-on-the-ground practice advocacy, which I am familiar with having run my own private practice for over a decade. I also see patients weekly in my clinic and have taught over 57 family medicine residency graduates billing, coding, and prior authorization. I was the co-physician lead of our office team for 13 years. Financial stewardship and accountability were paramount for survival in private practice. We had to make well-vetted decisions which included all practice partners. These lessons were learned in my formative years as an attending and are carried forward with the budget management that is my responsibility for the nine medical education deans who are my direct reports and their reporting units. I also chair the education subcommittee of the Michigan Medicine Leadership Group. This group is the senior leadership group of Michigan Medicine formed to meet weekly over the past year to engage in, and respond to, the rapidly changing federal environment. My team consists of attorneys, subject matter experts, medical education deans, financial analysts, business analysts and learners. Additionally, I’m one of four vice deans on the University of Michigan Dean’s Cabinet, which also meets weekly. We have one vice dean for each of our missions: education, clinical, faculty affairs, and research. This allows me to be acutely aware of all issues pertaining to all our missions.
- As a member of an academic medical center with 3,500 faculty, especially in this climate of needed state and federal advocacy, it is also important to be able to articulate the value of membership to my colleagues. Group membership from Michigan Medicine would be mutually beneficial to all involved by addressing an acute need of rapidly declining MSMS membership and the non-dues decline in revenue from $6.7M in 2008 to $2.6M in 2025. It would also give broad mentorship and role-modeling of advocacy to our students and residents.
- I am on the MSMS delegation to the American Medical Association and therefore well positioned to take resolutions from the MSMS House of Delegates to the AMA for national support as appropriate.
- I am the AMA University of Michigan Medicine Student Chapter faculty representative and pay for their annual memberships. As member of the board I would be willing to extend support of student membership to MSMS for 10 students a year.

• As a family physician, community-based care is a core pillar of our specialty, along with first contact, comprehensiveness, and continuity. I am trained to work within the community in which I live or work and apply a public health lens to the lifelong care I provide. With this perspective, I have, over three decades, been engaged in public health initiatives for the broader good of our patients. I was also a participant in the COVE/Moderna trial so I could advocate for, and to, patients who were disproportionately affected by COVID. This resulted in over 150 multimedia engagements including as a regular contributor to MSNBC and sessions for 3M, NPR, and TMZ.

Q8

How has this experience given you insight into the challenges facing physicians today?

In my current role I have the privilege of having a front row seat hearing the challenges of the full lifespan of the physician journey and being able to engage in John Kotter’s 5th stage of change which is empower action – providing resources, both human and material, as well as advocating for people and programs. These insights, as well as my well-nurtured network of colleagues from across the country, will help inform my work of the board as it has for the past two years.
My previous service on the MSMS board as the Academic Director is one to which I was elected at my first annual MSMS meeting. I will bring the voice of the educator in the context of a complex academic medical center with regional affiliates and am able to amplify the concerns of the 6,000 individuals in my daily preview, be they learners or faculty educators. I serve on the University of Michigan Medical Group board which represents the clinical interests of all the clinicians at Michigan Medicine. Additionally, as a member of the Washtenaw County Medical Society executive committee, I have the opportunity to meet with our Michigan representatives monthly.

Q9

Governance & Board EffectivenessDescribe any experience you have serving on boards or committees. What attributes contribute to being an active, constructive board member?

Describe any experience you have serving on boards or committees. What attributes contribute to being an active, constructive board member?

I have been on boards of single community hospitals and large health systems. The role of a board member in each of those positions was to fully understand the mission of the institution/organization and the vision its leadership. The board and the HOD are dutybound to the fiscal stewardship of the organization and the mission. The board would also be responsible for the CEO as its employee.

I am currently on the University of Michigan Medical Group board which is the employed physician limb of our organization. I provide medical education subject matter expertise to my colleagues on the board much like I would hope to do on the MSMS Board.

Attributes of exceptional board members are the following:

- Distinct "Systems Thinking" (Fiduciary Duty to the Whole)

Exceptional board members understand that they represent the entire membership, not just their own personal network, geographic region, or specific industry niche. They possess the ability to balance local or individual member desires with the long-term financial and strategic health of the entire organization. When making decisions, they prioritize the collective mission over personal agendas or vocal minority factions.

- High Emotional Intelligence & Collaborative Diplomacy

Nonprofit member boards are inherently collaborative and often highly visible to the constituents they serve. Outstanding board members practice active listening, respect diverse viewpoints, and can navigate healthy dissent without creating division. Once a vote is cast, they champion the board's collective decision externally, maintaining a unified front to the membership.

- A Deep Understanding of the Member Value Proposition

They are keenly aware of why members join, why they renew, and what they expect in return for their dues (e.g., advocacy, professional development, networking, credentialing, licensure). Exceptional board members constantly look ahead to ensure the organization's programs and benefits evolve to meet the changing needs of the profession or community, preventing organizational stagnation.

- Strategic Governance Focus (Not Micro-Management)

There is a clear line between governance (setting policy, monitoring fiscal health, and defining strategic direction) and management (day-to-day operations, staffing, and execution). Exceptional board members respect this boundary. They empower the executive director or CEO and staff to manage operations, while they focus their energy on high-level strategy, risk management, and long-term sustainability.

- Active Ambassadorship and Advocacy

Great board members don't just show up to meetings; they act as the organization’s primary champions. They use their professional networks to recruit new members, mentor emerging leaders within the organization, and amplify the association's voice in broader policy, industry, or community conversations. They are visible, accessible, and passionate advocates for the mission and lastly, they ALWAYS come prepared!

6. Rigorous Generational Foresight & Succession Mindset

The best leaders are constantly building the runway for those who will follow them. Exceptional board members actively identify and cultivate leadership talent within the general membership. They advocate for inclusive pathways to leadership, ensuring that committees and future board cohorts reflect the changing demographics and future direction of the membership base.

The primary role of a member-organization trustee is to balance the immediate expectations of today's dues-paying members with the stewardship required to keep the organization viable for the next generation.

Q10

Organizational Change & Strategic Decision Making Under PressureHow do you approach these situations? Describe a time when you helped make a significant strategic decision in an organization facing financial pressure, declining revenue or major disruption. What was your role, what options were considered and what was the outcome?

I have a masters in health professions education which had competency in organizational change. Applying Kotter’s 8-steps of change is one of the most useful tools I learned for this competency, and I have been using it ever since.
Kotter's 8 Steps for Leading Change are as follows:

1. Create a Sense of Urgency: Highlight the importance of change to motivate stakeholders.
2. Form a Powerful Coalition: Assemble a group with enough power to lead the change.
3. Develop a Vision and Strategy: Create a clear vision to direct the change effort and develop strategies for achieving that vision.
4. Communicate the Vision: Share the vision and strategies with all stakeholders to gain support.
5. Empower Action: Identify and eliminate barriers to change, empowering employees to take action.
6. Create Short-Term Wins: Plan for visible improvements and recognize and reward those involved in the change.
7. Consolidate Gains and Produce More Change: Use increased credibility to change systems, structures, and policies that don't align with the vision.
8. Anchor New Approaches in the Culture: Reinforce the changes by embedding them in the workflow.

I was program director when our health system decided it was too expensive to train residents. The plan was to shut all training programs down. I was able to leverage existing, carefully nurtured relationships at competing hospitals and use my accreditation expertise, write a new application and transfer all 62 residents, faculty and staff to a new institution. Since most family medicine residents stay in the communities in which the train, this preserved the pipeline of primary care physician for decade to come with graduates taking care of 1800 patients each.

Q11

Financial Understanding & Business ExperienceDescribe your experience with financial oversight or business decision-making. Have you been involved in budgeting, evaluating sustainability, managing a practice/business, revenue growth, profitability or addressing financial challenges?

- I was the physician office lead for the largest private practice in my town, managing payroll for 10 clinicians, and a total of 35 employees and the renvenue from 39,000 patients with Medicare, Medicaid and private insurance. The financial management of that practice was a component of my portfolio. I ran a family medicine residency for 7 years and had full financial responsibility for all funds flow, profit and loss, CMS funds, indirect graduate medical education funds, direct graduate medical education funds. I also currently lead 9 units, one of which is the University of Michigan Medical School medical student program which has tuition revenue from almost 900 students and employees over 2500 faculty. I also have a professorship which is donor funding specifically for initiatives of my choosing. The stewardship of these dollars is critically important to me and my donors, Dr. David M. Wu, MD and Dr. Bernadine E. Wu, MD.

Q12

Membership Value, Growth & EngagementMembership organizations must continuously demonstrate value. What experience have you had with membership organizations (aside from MSMS)? How did those organizations demonstrate value to their members?

- American Medical Association – chair-elect of the Council on Medical Education, executive committee, former chair nominating committee – my role as nominating committee chair was to recruit individuals to the review committees of the Accreditation Council for Graduate Medical Education. Those individuals had to be members of the AMA to apply for the AMA-designated seat on the review committees. Having a conversation with qualified individuals about the benefits of membership in the AMA. As faculty sponsor, I also recruit medical students at my institution to the AMA. This required patient teaching of what advocacy is and how to have impact at a national level in the areas they are interested. Membership Value Expressed (MVE): access to national leadership roles in education
- Michigan Academy of Family Physicians, member; Membership Value Expressed (MVE): joint Performance Improvement projects for continuing board certification
- Washtenaw County Medical Society, executive committee, legislative committee. Membership Value Expressed (MVE): direct access on a monthly basis to our legislative partners
- American Academy of Family Physicians, member, Membership Value Expressed (MVE): national and legislative advocacy for issues of concern to family physicians across the nation
- Association of Family Medicine Residency Directors, former member – Membership Value Expressed (MVE): building community for new and experience program directors
- Ohio State Medical Society, former delegation to the AMA: Membership Value Expressed (MVE): advocacy experience at the state and national level for Ohio’s physicians and patients
- Ohio Academy of Family Physicians, former awards committee, Membership Value Expressed (MVE): recognition for distinguished career, service, humanitarian and research awards
- Academy of Medicine of Cincinnati, former member, membership committee: Membership Value Expressed (MVE): developing community for collaboration across health systems and service lines
- Cincinnati Medical Association, former member, membership committee – Membership Value Expressed (MVE): largely to grow the Black community of physicians in Cincinnati and provide a home and mentorship for young physicians and new attendings. The value was physician community support.
- Academy of Medicine of Toledo and Lucas County, former member, membership committee – I was an Academy Corner writer for one of the local paper. Membership Value Expressed (MVE): gave me a regular opportunity to speak about our work on behalf of physicians and espouse the benefits of membership.
- National Association of Designated Institutional Officials, emeritus member, Membership Value Expressed (MVE): mentorship of new designated institutional officials of large and small institutions.

Q13

Innovation & Future of MedicineHave you ever been in a leadership position in which you introduced new technology or innovative practices? If so, expand on this experience. How do you see these shaping the future of physician organizations?

Have you ever been in a leadership position in which you introduced new technology or innovative practices? If so, expand on this experience. How do you see these shaping the future of physician organizations?
My professorship is centered around the development of precision education where learner-specific data is utilized for their own learning. For example, a surgical resident can get a map of their hand motions using haptic technology during particular a surgery to help them understand their inefficiencies going back to the mayo stand to collect instruments or what their knot tying efficiency or cognitive load is during a part of the operation. I support the simulation center which provides this type of data to 16,000 health professions learners annually.
As user of ambient technology for patient visits, I have shaved off over 3 hours of work from my work week. This has drastically improved my work efficiency and wellbeing as I care for patients.

Q14

Advocacy & Policy PerspectiveWhat experience do you have with healthcare advocacy, public policy or working with governmental or regulatory bodies? How should an organization evaluate the effectiveness of advocacy efforts?

I have been in advocacy since I was a medical student as president of my medical school class in 1995, advocating for such things as students to have call rooms. I have been a member of the AMA since 1992, an active member of the Ohio State Medical Association for 25 years, serving on multiple committees and actively on the delegation to the AMA. I have won three national elections, one to the Organized Medical Staff Section Governing Council of the AMA which represents medical staffs and most recently was re-elected to the AMA Council on Medical Education. In those positions I regularly attend the National Advocacy Conference in Washington, DC and directly advocate on the Hill. I also have advocated at the Michigan State House and the same in Ohio.
I think it is incumbent on the organization to show where time and treasure is spent and what the outcomes were. This not only motivates our membership to keep giving both, it validates the work we are doing and guides our future strategy and actions. I think we have to specifically track each dollar given via MedPAC, all legislation we support and disseminate that to our membership on an annual basis.

Q15

Contribution & Unique PerspectiveWhat do you see as your most valuable contribution to the MSMS Board should you be elected?

I have had two careers, private practice and hospital leadership with some medical student and resident education and the second half medical education in a community hospital setting, non-academic large health system and two academic medical centers. I have a state and national perspective within accreditation having served seven years on the family medicine review committee of family medicine, three of those as chair. I was elected by delegates of at least 321 organizations I interviewed with in the course of running for the AMA Council on Medical Education. I was re-elected for a second 4-year term and was just elected as chair-elect at the recent annual meeting. This group provides the subject matter expertise for the AMA HOD, writes responsive and proactive reports, and proffers testimony on existing and new HOD policy.
I would do for MSMS what I do for the AMA - provide subject matter expertise on medical education to the board. For example, my masters in health professions education will ensure that our board documents reflect the correct use of "evaluation" vs."assessment" as it relates to medical education matters. This type of detail helps legitimize our medical education policy and action on a state level education stage or if a policy is moved to the AMA, on a national stage.

Q16

Mission & VisionWhat do you see as the mission of MSMS? What is your vision for how that can best be achieved?

The mission of MSMS is to “defend against threats to your ability to deliver high-quality patient care.” Those threats have many faces and come from many places to disrupt the full spectrum of the physician journey. I believe MSMS has to be agile, responsive, and adaptable in this rapidly evolving practice climate of emerging technology and politically motivated changes to how we practice and how we develop knowledge to care for patients. We have to demonstrate value to physicians across this state without equivocation.
My vision is to make Michigan a destination not only for those who have roots here but those who touch down as learners and show them it is a great place to stay.
Achieving my vision for MSMS involves ascribing clear value to the work we do so those who would benefit from it know it. It involves a multimedia dissemination of our advocacy action

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MSMS Board of Directors ApplicationPlease respond concisely using specific examples from your experience. If a question does not apply to your background, you may indicate “not applicable.”

Q17	Yes
Fiduciary Responsibility MSMS Board of Directors duties include a Duty of Loyalty. To make decisions based exclusively on what the person believes to be in the best interests of MSMS. No director should vote or take a position on an MSMS issue based on personal interests or on the interests of another organization. If elected, will you be able to fulfill this duty?	

#16

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Page 1

Q1

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Q2

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Q4

Business Name/Practice

Michigan State University Neurology and Ophthalmology

Q5

Title

Associate Chief Medical Officer, Medical Director of the Neurology and Ophthalmology Clinical Trials Unit, Division Director of Neuromuscular Medicine, and Director of the Muscular Dystrophy Association Center of Excellence.

Q6

Practice-Specific Experience & Perspective (Choose all that apply)

Academic Medicine - teaching, research, mentoring or engagement with trainees/early-career physicians

Q7

Please describe your experience in any of the above areas and how it would inform your contribution to the Board.

My career has been remarkably varied, having navigated in-patient call settings at major hospitals, out-patient clinics, clinical research, basic science research, teaching, advocacy, public health boards and administration.
Employed/Multihospital/System Setting: As Associate Chief Medical Officer for MSU Health Care, I drive system-level clinical governance and strategic change, including laying the groundwork for Joint Commission external accreditation.

Private Practice: I actively engage in operational management and payer strategy through my seven years as Medical Director for the MSU Department of Neurology and Ophthalmology coordinating care for 25,000 outpatients annually, alongside service on the Blue Cross Blue Shield Clinical Customer Advisory Council and the AANEM MACRA task force.

Academic Medicine: As a three-year chair and vice-chair of the MSU College of Osteopathic Medicine Advisory Council and a representative to the MSU Faculty Senate, I routinely advise the Dean on governance and vision execution, while actively mentoring early-career clinician-scientists, including 11 mentees presenting at national conferences in 2026.

Public Health/Community: I address population health and community-based care challenges through my service on the Michigan Department of Health and Human Services (MDHHS) Behavioral Health Advisory Council and as the only physician executive on the Ingham County Health Department Health Equity Council.

Q8

How has this experience given you insight into the challenges facing physicians today?

My experience has shown me that physicians face an increasingly arcane system that leaves them with little autonomy and independence. Physicians need to have the same labor relationship with hospitals that professional athletes have with sports teams. "In the weeds" issues—such as non-compete reform, tort reform, facility fee reform, and APP scope of practice—are the critical factors that make a profound difference in our daily lives and practice sustainability.
I believe firmly that physicians must speak out on these issues, and I have made it a priority to do so. I was featured in an MSMS video regarding our Health Equity efforts, representing just one of hundreds of media appearances I have done to advocate for our profession and patients. I have also taken direct action by organizing letters on behalf of the physicians at MSU concerning changes to modifier 25 and the vital need for ongoing access to telehealth through Medicare. Furthermore, when new therapies for our Duchenne boys became available but were denied coverage, I partnered with numerous MDA clinic directors across the state to forcefully write about the impact these denials had on our patients.

Q9

Governance & Board EffectivenessDescribe any experience you have serving on boards or committees. What attributes contribute to being an active, constructive board member?

I have received extensive training in board operations, media relations, mediation, and communications. I regularly interact with and present to the MSU Health Care governing board, ensuring I am well-versed in high-level organizational oversight. Additionally, I serve as the MSMS Designate to the Michigan Health and Hospital Association (MHA) Keystone Center Board of Directors and as a Board Member for the Myasthenia Gravis Foundation of Michigan, managing the medical advisory board and annual conference. Constructive board members must utilize this professional training and their emotional intelligence to build consensus, prioritizing organizational health and measurable outcomes over individual agendas.

Q10

Organizational Change & Strategic Decision Making Under PressureHow do you approach these situations? Describe a time when you helped make a significant strategic decision in an organization facing financial pressure, declining revenue or major disruption. What was your role, what options were considered and what was the outcome?

Decisions need to be made using three time frames: short, medium, and long. They also need to be guided by the vision and values of the organization, as every board-level decision has a long-term implication. I combine this philosophy with a human-centered, yet highly technical methodology. For example, when executing the groundwork for Joint Commission external accreditation during a period of organizational pressure, I led an audit of over 800 elements of performance and implemented a system-wide security assessment. By linking clinical quality directly to financial performance, we successfully balanced short-term operational needs with the organization's long-term sustainability and vision.

Q11

Financial Understanding & Business ExperienceDescribe your experience with financial oversight or business decision-making. Have you been involved in budgeting, evaluating sustainability, managing a practice/business, revenue growth, profitability or addressing financial challenges?

In my time as Associate Chief Medical Officer and Medical Director, I have confronted the financial challenges of modern practice, including watching real physician compensation fall. To drive revenue growth and sustainability, I have launched ancillary service lines, including an infusion center designed to recapture drug authorization overhead. Additionally, I heavily advise the Joint Operating Agreement (JOA) of the joint venture linking in-patient and out-patient neurology care in mid-Michigan, which includes the strategic recognition of DRGs applicable to our service line. As healthcare transitions to at-risk payment models, I continue to actively participate in their development and implementation through my work with the Mosaic Clinically Integrated Network (CIN). As a member of the credentialing committees for Mosaic and MSU Health Care, I have helped both organizations navigate the many ways that providers are human and the many ways that systems can fail.

Q12

Membership Value, Growth & EngagementMembership organizations must continuously demonstrate value. What experience have you had with membership organizations (aside from MSMS)? How did those organizations demonstrate value to their members?

Membership organizations demonstrate value by providing evidence-based resources that directly improve daily practice and patient safety. Through the MHA Keystone Center, we demonstrate value by offering data-driven safety and quality initiatives that hospitals voluntarily adopt to improve outcomes. Additionally, in my governance work with the Myasthenia Gravis Foundation of Michigan, our board continuously delivers value by organizing annual conferences and fostering direct connections between patients and specialized care networks.

Q13

Innovation & Future of MedicineHave you ever been in a leadership position in which you introduced new technology or innovative practices? If so, expand on this experience. How do you see these shaping the future of physician organizations?

As Medical Director of the Clinical Trials Unit, I recently set new goals for mentoring emerging clinician-scientists and building new bridges to pharmaceutical sponsors, expanding our facilities twofold. This program has already contributed to the FDA approval of five new pharmaceutical agents. Furthermore, as we enter an era with AI in medicine, physician organizations must proactively shape its integration. I currently sit on the AI task force for the Myasthenia Gravis Foundation of Michigan, where we have begun to think through and establish critical "red-lines" for its use. At the system level, I have also helped MSU Health Care navigate the introduction of AI dictation tools, ensuring careful implementation. Establishing strong governance around emerging technologies like AI, while embracing data-driven clinical trials and innovative therapeutics, is essential for shaping an agile, forward-looking physician organization.

Q14

Advocacy & Policy PerspectiveWhat experience do you have with healthcare advocacy, public policy or working with governmental or regulatory bodies? How should an organization evaluate the effectiveness of advocacy efforts?

My advocacy experience includes serving on the Behavioral Health Advisory Council for the Michigan Department of Health and Human Services and the MSMS Task Force to Advance Health Equity. Organizations should evaluate advocacy effectiveness through tangible metrics. For example, the Ingham County Health Equity Council successfully distributed $250,000 in grants to 18 local organizations, reaching thousands to measurably close care gaps for underserved populations.

Q15

Contribution & Unique PerspectiveWhat do you see as your most valuable contribution to the MSMS Board should you be elected?

I am dual board-certified in adult neurology and neuromuscular medicine and a nationally recognized expert in myasthenia gravis. Paired with my engineering background and role as the MSMS Designate to the MHA Keystone Center Board, this cross-disciplinary training allows me to approach MSMS Board issues with a highly analytical mindset. I seamlessly blend academic, clinical, and systems-engineering perspectives to solve complex organizational challenges while driving health equity.

Q16

Mission & VisionWhat do you see as the mission of MSMS? What is your vision for how that can best be achieved?

The mission of MSMS is to tirelessly advocate for physicians, protect the integrity of the physician-patient relationship, and advance public health. My vision for achieving this involves streamlining the regulatory environment, advancing sensible public health policies, and empowering physicians through innovative, data-driven, and physician-led clinical frameworks that prioritize both patient safety and health equity.

MSMS Board of Directors ApplicationPlease respond concisely using specific examples from your experience. If a question does not apply to your background, you may indicate “not applicable.”

Q17	Yes
Fiduciary Responsibility MSMS Board of Directors duties include a Duty of Loyalty. To make decisions based exclusively on what the person believes to be in the best interests of MSMS. No director should vote or take a position on an MSMS issue based on personal interests or on the interests of another organization. If elected, will you be able to fulfill this duty?	

#17

COMPLETE

Collector:	Web Link 1 (Web Link)
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Q1

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Q2

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Q3

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Q4

Business Name/Practice

Wayne State University School of Medicine / Corktown Health

Q5

Title

Associate Professor; Vice-Chair - Department of Internal Medicine; Assistant Diector of Clinical Outreach at Karmanos Cancer Institute Office of Community Outreach and Engagement;

MSMS Board of Directors ApplicationPlease respond concisely using specific examples from your experience. If a question does not apply to your background, you may indicate “not applicable.”

Q6

Practice-Specific Experience & Perspective (Choose all that apply)

Employed/Multihospital/System Setting - involvement in system-level decisions, leadership roles or strategic relationships

,

Private Practice - business management, financial accountability, operations, or payer strategy

,

Academic Medicine - teaching, research, mentoring or engagement with trainees/early-career physicians

,

Public Health/Community - population health, community-based care, rural/urban health challenges

Q7

Please describe your experience in any of the above areas and how it would inform your contribution to the Board.

I have just complete the Executive Leadership in Academic Medicine (Healthcare) Fellowship at Drexel University School of Medicine and this has definately enhanced my knowledge in areas of Health systems leadership, business, finance and more. This builds on the education that I have from Harvard T.H. Chan School of Public Health and real leadership experience I have from being a medical director for 8+ years, Associate Director at an NCI-Designated Comprehensive Cancer Ceneter and Director of curriculum at WSUSOM.

Q8

How has this experience given you insight into the challenges facing physicians today?

I feel that I have a 360 degree view of the work that Physicians do in all sectors and the advocacy needs for each individually and collectively, as these things are specific and different. My previous time on the MSMS BOD, in leadership of Wayne County Medical Society as President have also openned my eyes to the challenges of physicians in the State of Michigan.

Q9

Governance & Board EffectivenessDescribe any experience you have serving on boards or committees. What attributes contribute to being an active, constructive board member?

I have served on the MSMS Board of Directors for 1 year; Wayne County Medical Society of SE MI board for 10 years; Cranbrook Educational Community BOD for 8 years; BuildOn Detroit for 1.5 years. I believe that board members needs to listen to all voices, examine things objectively and collaboratively and consider the situations at hand to manage all issues. Strategic, inclusive, and equitable thinking strategies need to be employed at all times.

Q10

Organizational Change & Strategic Decision Making Under PressureHow do you approach these situations? Describe a time when you helped make a significant strategic decision in an organization facing financial pressure, declining revenue or major disruption. What was your role, what options were considered and what was the outcome?

While on the board of Wayne County Medical Society, we have had to make these decisions often in the last few years. We try to serve our members based on the mission, but with vision of the future of the organization and sustainability. We had to decide when to use money from our investments to sustain the organization and sometimes that means having virtual program and investing in students and future membership goals. KNow that if we invest in our future early we are taking a risk, but one that will help our organization and organized medicine to flourish.

Q11

Financial Understanding & Business ExperienceDescribe your experience with financial oversight or business decision-making. Have you been involved in budgeting, evaluating sustainability, managing a practice/business, revenue growth, profitability or addressing financial challenges?

At Karmanos Cancer Institute I ran an office which a multi-six figure budget. Today, I assist in an office with a multi-million dollar budget at that same institution. As a medical director I helped to open the practice and was responsible for management and operations along with the vice presidents and engaged in all leadership decisions. I have also learned about health systems, medical school operations and governmental fiscal affairs in my recent ELAM fellowship and in leadership at WSUSOM.

Q12

Membership Value, Growth & EngagementMembership organizations must continuously demonstrate value. What experience have you had with membership organizations (aside from MSMS)? How did those organizations demonstrate value to their members?

I am a member of Alpha Kappa Alpha Sorority Incorporated which is an international organization with a memership model. Members have the choice to be connected to a chapter or a general member. We have to keep interest at a local level to keep engagement and grow our international programs at the local level. If we do not, then the chapter does not thrive. My membership in this organization and other similar organizations outside of MSMS and WCMS has taught me this.

Q13

Innovation & Future of MedicineHave you ever been in a leadership position in which you introduced new technology or innovative practices? If so, expand on this experience. How do you see these shaping the future of physician organizations?

At WSUSOM I am the director of Health Systems Science curriculum. I have to stay on top of innovations in medicine that our students need to be sucessful in the future practice environments that they are working towards joining. This sparked our collaboration with the AMA to get memberships for our entering first year students in 2026 and will allow us to use their newest curriculum in educating this generation of future leaders. I would love to share these innovations and more with our membership.

Q14

Advocacy & Policy PerspectiveWhat experience do you have with healthcare advocacy, public policy or working with governmental or regulatory bodies? How should an organization evaluate the effectiveness of advocacy efforts?

I have completed fellowships in Health Advocacy, including the Society of General Internal Medicine's Leaders in Health Policy fellowship in 2018. I have written white papers and resolutions that have been shared with our state leaders in Washington DC. I teach students to do this work too. We need to look at how we align with national organizations and partner with them to move the needle on issues that effect our physicians here in Michigan.

Q15

Contribution & Unique PerspectiveWhat do you see as your most valuable contribution to the MSMS Board should you be elected?

I can share the pulse of academic medicine and healthcare systems in metropolitan areas such as Detroit and beyond with my national networks in tha arena. I also represent primarty care providers and practices. My voice is important and not always heard in organizations like MSMS and I would love the opportunity to represent those physicians on the state and national level.

Q16

Mission & VisionWhat do you see as the mission of MSMS? What is your vision for how that can best be achieved?

I believe the vision of MSMS is to protect and elevate the voices of physicans in all sectors of medicine in the state of mission. We need to protect the practice of medicine for all physicians and the value and respect that come with our field. We need to communicate with physicians from all walks of life across the state and really develop and engage with those entering medical school and in training to ignite the passion for advocacy as early as possible so that the profession flourishes. That flame is getting dimmer by the day and it is up to us to reignite it!

Q17

Fiduciary Responsibility MSMS Board of Directors duties include a Duty of Loyalty. To make decisions based exclusively on what the person believes to be in the best interests of MSMS. No director should vote or take a position on an MSMS issue based on personal interests or on the interests of another organization. If elected, will you be able to fulfill this duty?

Yes