

# CQI All Faculty and Staff Meeting

November 21<sup>st</sup>, 2025




# HELLO & Welcome





## Agenda

8:30	Check In, Breakfast, & Poster Session
<b>9:30</b>	<b>Welcome &amp; Opening Remarks</b>
9:45	BCBSM Leadership Presentation
10:15	Group Photo 
10:30	--Break--
10:45	Navigating Change Panel
12:00	--Lunch--
1:00	Wake Up Activity 
1:30	Break Out Session 1
2:00	--Break--
2:15	Break Out Session 2
2:45	--Break--
3:00	Meeting Wrap Up & Poster Awards 

# Ozone House Donation Drive



**BCBSM and CQI Operations are excited and proud to host a donation drive benefitting **Ozone House** in Ypsilanti.**

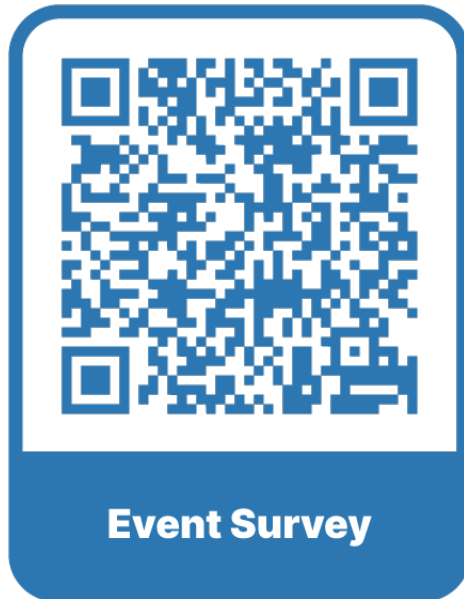
Ozone House provides essential, free, and confidential housing and supportive services to young people (ages 10-24) experiencing homelessness or crisis and is dedicated to providing a safe place with real support for youth in Washtenaw County, offering everything from crisis counseling to emergency shelter and job support.

If you brought any new, unused items to donate with you today, please find a collection box next to the Check In desk.

If you prefer to donate money online, please use the QR code on your agenda.

**Thank you to all those that have already donated!**

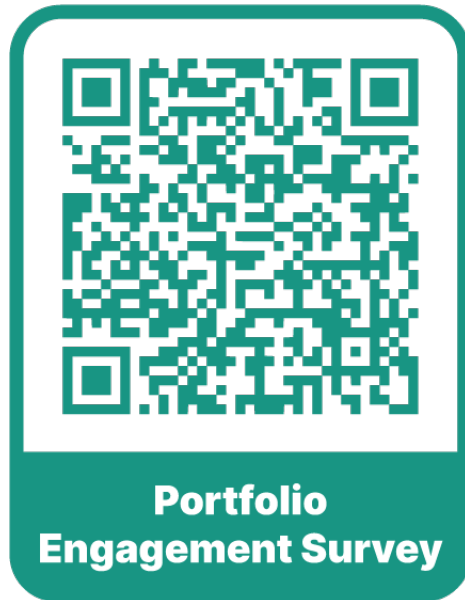
# Meeting Evaluation Survey



## We value your feedback!

Please take a moment after the meeting to complete a brief survey to help us improve future events.

# 2026 Portfolio Engagement Activity —



## We're planning a **portfolio-wide engagement activity** sponsored by **BCBSM** in **2026!**

The Program Managers Advisory Committee (PMAC) has brainstormed some fun activity ideas, and we want faculty and staff to help choose the one that excites you most.

This is a chance to come together, relax, and have some fun outside of work.

Share your thoughts by ranking the activities you'd most like to participate in!



## Thanks to all the CQIs presenting posters at today's meeting!

We encourage you to spend some time reviewing the posters and to vote for the following poster awards:

- Most Impactful Intervention
- Most Innovative Intervention
- Excellence in Collaboration and Teamwork
- Most Effective Use of Data and Analytics

Our goal is to recognize and celebrate projects that demonstrate CQI excellence, creativity, and measurable improvement in healthcare quality.

Use the QR code on your agenda to submit your vote. Poster award winners will be announced at the end of today's meeting.



# Welcome to the CQI All Faculty and Staff Meeting

Mike Englesbe, MD

# Thank you!



*Matt Callow*



*Keli DeVries*



*Tiffany Green*



*Catie Guarnaccia*



*Joey Mastro*



*Melissa Mietzel*



*Judy Mikhail*



*Jennifer Minock*



*Christie Radden*



*Jake Reiss*



*Stephanie Renwick*



*Rachel Ross*



*Kelly Shelton*



*Jessica Souva*



*Deborah Turner*

# Thank you!



*Rachel Wiltse Thompson*



*Jason Robertson*

*The 2025 CQI All Faculty and Staff Meeting  
Steering Committee*

# The Steering Committee's Purpose



*“To hold an inclusive and dynamic **All Faculty and Staff Meeting** that celebrates and elevates the collaborative spirit and innovative practices of our diverse Michigan CQIs’ faculty and staff.”*

Many examples of impactful CQI work on display here today in the

## Poster Presentations





 **Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan**

Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

 **CQI**  
COLLABORATIVE • QUALITY • INITIATIVES

**YOU!**

 **MUNSON  
HEALTHCARE**

 **HENRY  
FORD  
HEALTH+**

 **Corewell  
Health**

 **McLaren**

 **MHA**  
Michigan Health &  
Hospital Association

 **M**  
**MICHIGAN MEDICINE**  
UNIVERSITY OF MICHIGAN



**Patients and Families**

# Impactful ideas come out of rooms like this



Opioid Prescribing



Social Determinants of Health



Population Health CQIs



Tobacco Cessation

## WHAT NEXT ?



As we navigate uncertain times with our **partners, patients and stakeholders**, how do we decide what to focus on next?

# Ultimately, it's all about our patients



**POOC**  
P  
O  
O  
C



PATIENT AND CAREGIVER  
Oncology Quality Council



# Thank you all!





# Thank you BCBSM!



# BCBSM Collaborative Quality Initiatives Ascending Into the Future



CQI All Staff Meeting  
November 21, 2025

# Soaring health care costs have trickled down to where consumers feel it most — their annual premium costs



BUSINESS

## Health care costs are soaring. Blame insurers, drug companies — and your employer

SEPTEMBER 12, 2025 · 5:00 AM ET  
HEARD ON ALL THINGS CONSIDERED  
By Maria Aspan

## Health insurance premiums expected to rise sharply in 2026

KATC · Sep 30, 2025

## Your health insurance costs are rising at the highest level since 2010. Here's why.

 **KEN ALLTUCKER, USA TODAY**  
Updated September 12, 2025



NEWS STORM TRACKER 12 HELP FOR GRAND BLANC SPORTS VIDEO WATCH CONTACT CAREERS

DOWNLOAD NOW Storm Tracker 12 Weather App DOWNLOAD NOW ABC12 News Mobile App

## Mid-Michigan faces health care crisis as premiums rise

Ta'Niyah Jordan · Oct 6, 2025 Updated Oct 7, 2025 0



# Value Partnerships is working with our enterprise partners to manage trend and contain costs through strategies that address the largest portions of the premium dollar

## Where does your **Health Insurance Premium** go?



Blue Cross Blue Shield of Michigan, 2024



# To address headwinds and drive affordability, BCBSM needs everyone on board to support strategic initiatives



Reduction in administrative expenses



Value-based programs and partnership with Michigan's leading hospital systems and physician organizations



Traditional plan medical management



Partnership with organizations to help members save on their prescriptions

CQI support



# Results. Partnership. Mission – CQI Program Personified – Built on BCBSM’s Core Strategy



## RESULTS

- CQI program is internationally recognized for transformational success, improved quality and averted costs
- Actively engages and rewards hospitals, POs and physicians on challenging health concerns



## PARTNERSHIP

- Longstanding partnership with physician leaders and health systems as CQI leaders/partners
- Engages 100+ hospitals and 10,000+ Michigan physicians



## MISSION

- Address all areas of the value equation (cost, quality, patient experience, appropriateness)
- Well positioned to quickly take on rising issues like Sepsis, Covid, opioid epidemic
- Increasingly including the patient voice



# The Collaborative Quality Initiatives directly benefit the business units in numerous ways

## Collaborative Quality Initiatives



Reduces trend and improves our pricing



Reduces complications (up to and including death), decreases length of stay, and gets employees back to work more quickly



Addresses appropriateness of care (in certain instances) and increasingly engage patients in active decision making



Allows BCBSM to make at-risk, value-based payments to high performing hospitals and physicians based on meaningful clinical data

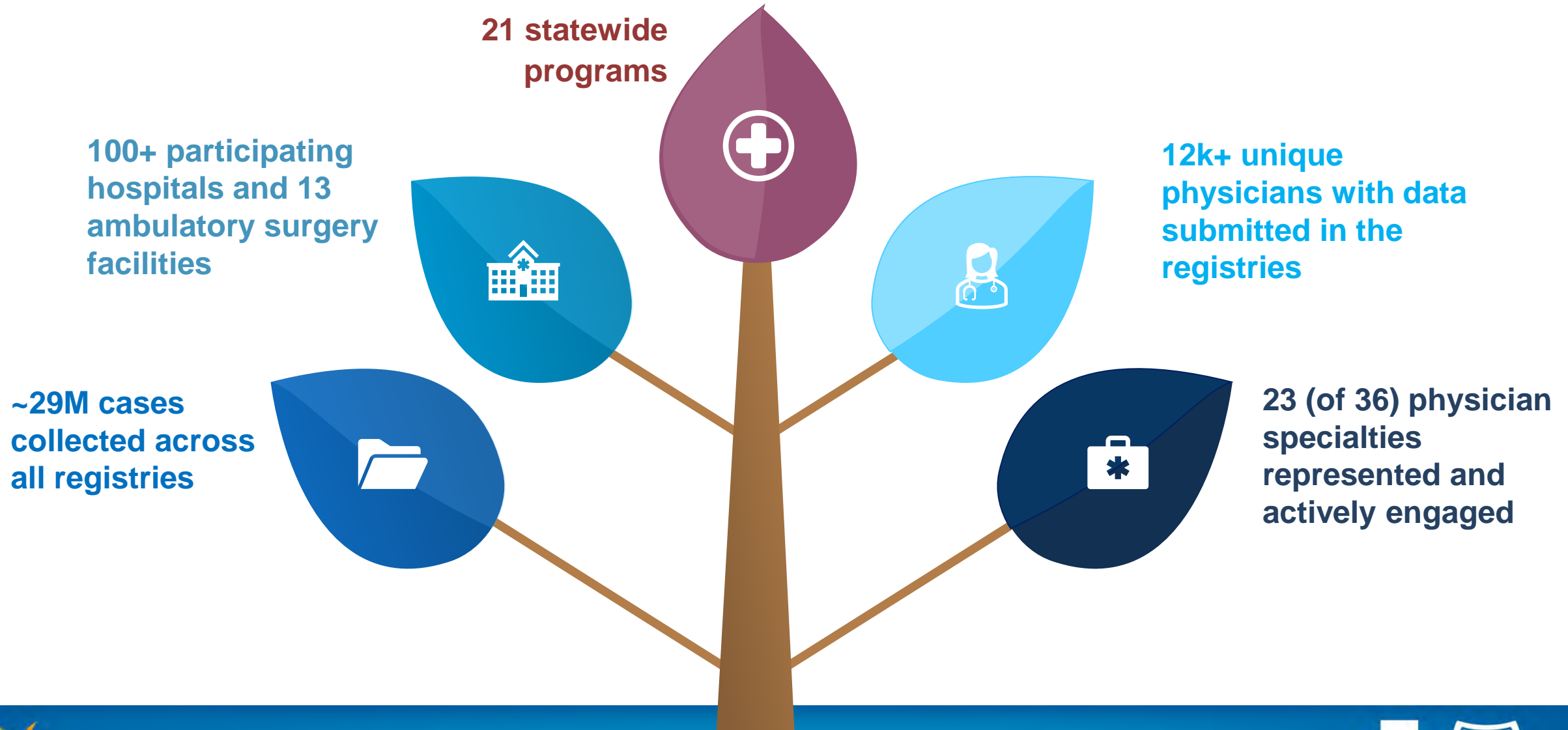


Helps BCBSM address new technologies where ideal care is not known and possibilities for overuse exist



Allows BCBSM to collaborate with providers on shared quality goals versus engaging solely on demands for more reimbursement

# BCBSM's CQI program is the largest of its kind; an internationally recognized, award-winning model that improves health care quality and value



# Nutritional Facts for a Successful and Sustainable CQI

Keep the program moving forward, building program integrity and accountability

Engaging participants in continuously improve patient outcomes

Developing and implementing new QI opportunities

Showcasing your value across all stakeholders

<b>SUCCESS</b>	
Information and Nutritional Facts	
Amount per CQI	
	% Yearly Value (YV)*
Program leadership	100%
Data quality and reporting	100%
Participant Engagement	100%
Building consortium's trust	100%
QI innovation	100%
Adapting to future priorities	100%
Promoting benefits and value	100%
*The % yearly value (YV) tells you how essential these drivers are contributing to the success and sustainability of a CQI program	

Ensuring participants get quality data they can trust and utilize

Offering a safe and non-judgmental environment to focus on improvement

Working with BCBSM to align statewide and institutional priorities

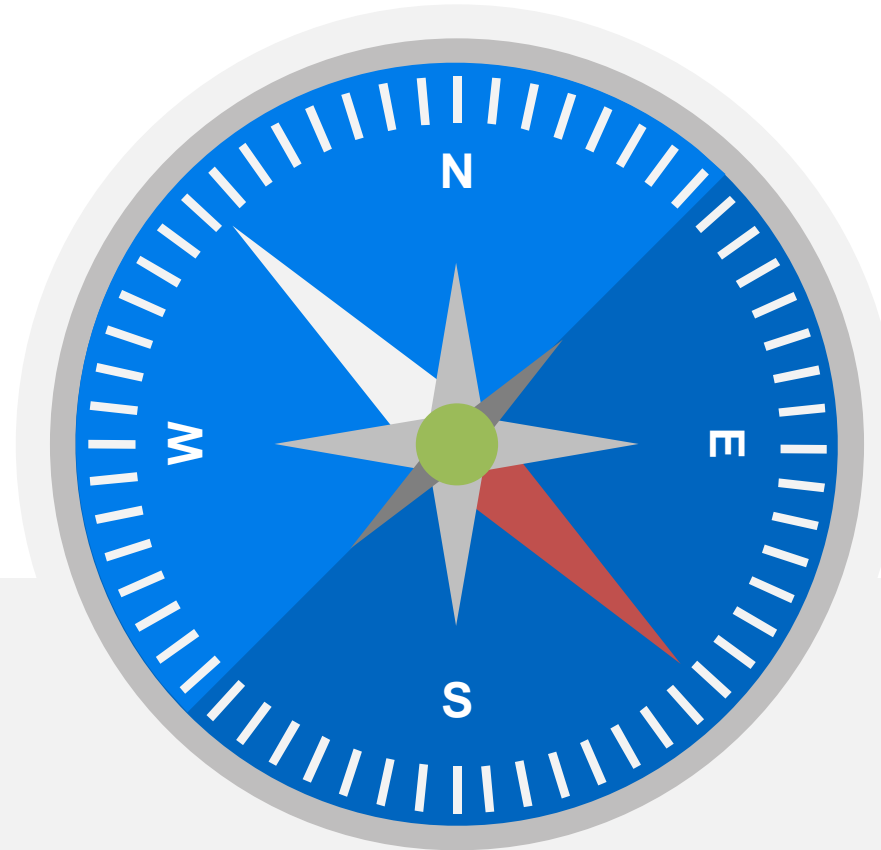


# Navigating through changes will require an “all staff” effort



## Innovation

- Identifying new initiatives
- Continuous learning and risk taking
- Creating and communicating value derived from your efforts



## Efficiency

- Continued inter-CQI collaboration
- Effective use of technology
- Learning from each other's initiatives



# We're building collaboration within BCBSM to promote the Value of CQIs

## Creation of CQI Success Slides

- *CQI Summary Success slides* – these slides are shared with our customer and sales teams highlight your CQIs annual successes
- *CQI condition-focused success slides* – where we take a condition or clinical focus area and highlight the efforts made across the portfolio.
  - ER-related activities were shared 2024 and Oncology in 2025.



## Development of CQI Customer Reporting

- New concept in 2025 for 2026 implementation, working with select CQIs to demonstrate value through Blue Cross claims data.
- Identifying improvement related to the CQIs using claims data that can be added to our group customer report.
- Our goal is to better articulate the impact of the CQIs to our members



# Cross-collaboration within the CQI portfolio illustrates the importance of your teams working together to find common values and improve quality of care across the patient spectrum

## Prostate Cancer

MROQC's collaboration with MUSIC on the Prostate Project. As MUSIC moved to a new vendor, the CQIs teams have worked tirelessly on refining data-sharing processes, including collaboration enhances data accuracy and usability, strengthens data integrity, and supports treatment optimization across Michigan.



## Sepsis and Patient Advocacy

Partnership between HMS and MEDIC to collaborate on measures where alignment is identified (i.e. Antimicrobial Use and early identification and treatment of Sepsis). Also, held inaugural meeting between the HMS and MEDIC patient councils to identify opportunities for collaboration.



## Lung Cancer

Collaboration between MSTCVS and MOQC to increase the percentage of patients who receive a referral to medical oncology following a lung cancer resection. Collaborate with MOQC medical oncologists to ensure best practices and national standards for cancer care are consistently followed.



## Pediatric Asthma

MEDIC and INHALE sharing best practices for treatment of pediatric asthma in the ED. INHALE has consulted with MEDIC as we evolve our pediatric asthma measure to include a bundle of care, including improved discharge medications and instructions.



# We needed a portfolio-wide approach to the CQI Tobacco Cessation (TC) Initiatives to improve alignment and build upon the existing framework.

## The work of HBOM has resulted in the 1<sup>st</sup> CQI portfolio-wide measure



### Surveys

Surveyed all CQIs on current state of TC data collection & measures



### Results

Identified Variation in data definitions, measure calculation and incentive use



### Template Developed

Developed a standard metric to be used across all CQIs pursuing TC



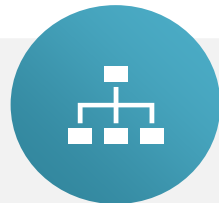
### Final Buy-In

Working with 11 CQIs to understand and build out the TC measure



### Taskforce

Convened a CQI portfolio-wide taskforce of stakeholders and SMEs across CQIs



### CQO Engagement

Met with Chief Quality Officers of hospitals/ health systems to gain perspectives



### Building Consensus

Working with multiple stakeholders to develop a unified TC measure.



### Launch

Plan to implement standard template for 2027 P4P/2028 VBR

# Michigan Spine Surgery Improvement Collaborative

To improve quality of care of spine surgery by reducing surgical complications, improve patient functional outcomes, reduce costs and episodes of care, and reduce the need for repeat surgeries



MSSIC focuses on spine conditions such as stenosis, disk herniation and degenerative diseases for pain relief and function restoration. Focus areas include prevention of surgical complications, analysis of fusion vs. non-fusion procedures, and tracking patient outcomes after surgery.

[mssic.org](http://mssic.org)

Number of sites: 33  
Number of cases: 203,612

## Performance:



Fewer patients developed a **surgical site infection**  
*Baseline 2016*  
**Lives impacted: >200**



Fewer patients suffered from **urinary retention, a complication that can lead to a prolonged hospital stay and other complications**  
*Baseline 2016*

**Lives impacted: >5,500**



More patients **ambulated within 8 hours** of spine surgery  
*Baseline 2018*

**Lives impacted: >50,000**



More patients provided with **presurgical ERAS patient education**  
*Baseline 2021*

**Lives impacted: >17,400**



\*More patients discharged on less opioids

*Baseline 2022*

**Lives impacted: >3,100**

## Initiative updates:

- More than 50,000 patients ambulated within 8 hours that previously would not have since 2018
- Developed & implemented nationally recognized Enhanced Recovery After Surgery (ERAS) program focused on improving patient outcomes at all MSSIC sites
- Improved compliance of carbohydrate-rich drink before surgery (111% since 2021), helping recovery by reducing: insulin resistance, nausea and vomiting after surgery
- Improving patient-reported outcomes such as satisfaction, functional status, pain, and return to work
- Reduction in readmissions within 90 days of surgery (6% compared to 2016)
- \*Improved percentage of patients discharged w/less opioids (Baseline 2022): 1-2 level lumbar decompression (29%), 1-2 level anterior cervical (40%), and 1-2 level lumbar fusion (28%)



## Simply Put!

Communicating Your Clinical Achievements in an approachable, non-clinical format is essential for buy-in

### Increasing Effective Nausea Medication Prescribing to Reduce Hospitalizations

#### Background

MOQC identified opportunities for people undergoing chemotherapy to receive more effective, lower-cost anti-nausea medication.

#### CQI in Action



MOQC's quality improvement efforts led to a substantial increase in the number of patients prescribed lower cost, effective, anti-nausea medication as part of a multi-drug anti-nausea regimen for chemotherapy with high nausea risk (from 1% in 2020 to 56% in 2025). In patients treated in practices that improved their prescribing of a low cost, highly effective anti-emetic, there was a 33% decrease in the rate of hospitalizations from 2020-2024.

#### Results

78% decrease in patients prescribed expensive, low-value, anti-nausea medication (from 65% in 2018 to 14% in 2025)

More patients are treated with appropriate and effective anti-nausea medication than in patients treated with expensive, low value anti-nausea medication, which leads to increased patient satisfaction and fewer complications including rehospitalizations.



**As we move forward, we continue to explore new opportunities and utilize your CQI mastery to improve our healthcare ecosystem**



**Further exploration of the integration of population health CQIs with PGIP**

Understanding and optimizing the role of POs, PCPs, and specialists for future integration into the CQI world

**Exploring the future of Artificial Intelligence (AI) in improving clinical data abstraction**

**Developing new ways to engage health system leadership and support participants through system level reporting**

**Continue to collaborate with BCBSM's efforts in managing healthcare affordability**

CQIs have a *unique* view of care delivery, care variation, misalignment and miscoordination that provides an excellent opportunity for working with us to identify and addressing issues that have material impact on affordability.





# Questions?



- Please join us to take a group photo
- Pay attention to the photographer's directions!
- Afterwards, we'll take a short break
- **Please be back in you seats by 10:45 for the our next session!**



# Health Care Leadership Panel

## - Navigating Change -

Facilitated by

**Scott Flanders, MD**

Chief Clinical Strategy Officer Michigan Medicine  
Program Director HMS CQI



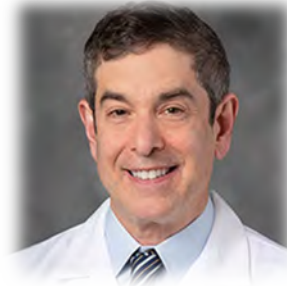
As health care professionals, we are constantly adapting to shifts in policy, economic pressures, and the evolving political landscape.

This session brings together leaders from across Michigan's health care landscape to share insights, strategies, and experiences that can help us **move forward together** during these complex times.

# Our Health Care Leadership Panelists



**Charlie Reuland, MHS, ScD**  
Chief Operations Integration  
Officer  
U-M Health



Ed Pollak, MD, FASA, CPPS  
Chief Quality Officer  
Henry Ford Health



**Elizabeth Harry, MD**  
Chief Well-Being Officer  
Michigan Medicine



**Faris Ahmad, MD, MBA**  
Senior Medical Director and  
Associate Chief Medical Officer  
BCBSM



**Charlie Reuland, MHS, ScD**  
Chief Operations Integration  
Officer at U-M Health



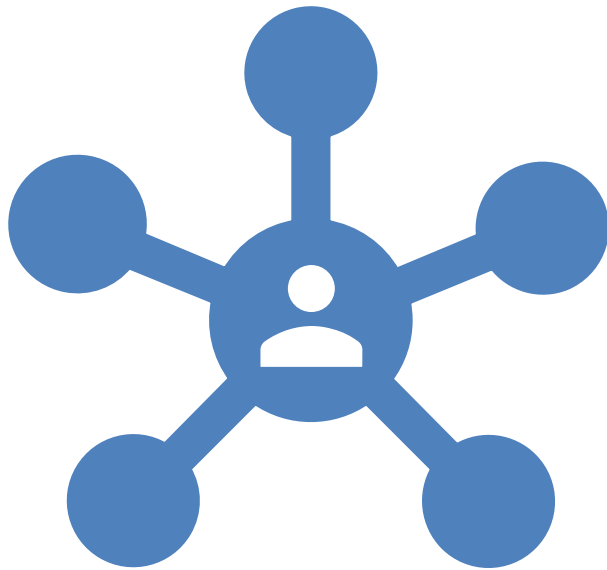
# 2025 CQI All Faculty and Staff Meeting

Charles Reuland, M.H.S., SC.D.  
Chief Operations Integration Officer  
November 2025



## BOLD FUTURE

- **Culture:** Foster a respectful and empowering culture to propel us forward
- **Growth:** Expand our impact through strategic growth and high-impact partnerships
- **Innovation:** Lead transformative discovery by developing and scaling new treatments and technology
- **Accelerators:** Amplify the power of our tripartite mission through world-class, differentiated programs



# Areas of Focus in FY26

- System Integration
  - Epic Consolidation
  - Integration of Support/Shared Services
  - Support Clinical Integration opportunities
- Maintain/advance Affiliation relationships
- BASE Priorities
  - Access (Pavilion; Ypsilanti; New Patients)
- Troy campus planning/development
- Develop roadmap for Integration learning from other systems

# Potential headwinds of **>\$750M**

## Headwinds include:



### Reduction of Federal Grant Funding

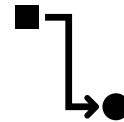


### Changes in Private Payer Contracts



### Medicare Reforms

- Reduction / loss of HOPD rates



### Medicaid Reforms

- Work eligibility, block grants, loss of average commercial rates

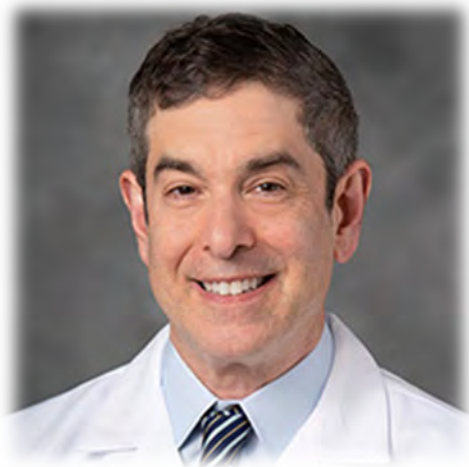


### 340B Discount Reductions



### Expense Growth

- Inflation, pharmaceuticals, tariffs and labor for clinical, scientific and educational programs



**Ed Pollak, MD, FASA, CPPS**  
Chief Quality Officer  
Henry Ford Health

**HENRY FORD HEALTH**<sup>®</sup>

# 2025 AFSM Leadership Panel

November 21, 2025

Ed Pollak, MD, FASA, CPPS

Chief Quality Officer

Henry Ford Health



### A Vision for the Future of Health

- **Destination: Grand (left)**
  - 20-story, 1.2M sq. ft. hospital tower, opening in 2029
- \$3.3B initiative with MSU, Detroit Pistons & Gilbert Family Foundation
- Largest Development in the history of Detroit
  - **HFH+MSU Health Sciences Research Center (above)**
    - 7-story, 335,000 sq. ft. facility, opening in 2027
- Partnership with Shirley Ryan Ability Lab

**Henry Ford Health...**

*...is a care delivery organization that provides clinical services across the care continuum*

**2.5 million+**

Lives Served

**50,000+**

Team Members

**10,000+**

Physicians & Researchers

**13**

Acute Care Hospitals

**550+**

Locations in Michigan

(Primary & Virtual Care, Home Health, Eye Care, Retail, Pharmacy)

**\$13 Billion**

In Revenue

**Populance...**

*...is a population health services company that works with organizations to improve outcomes and experience while reducing cost*

**500,000+**

Value-based Lives Served

**150+**

Team Members

**90,000+**

Shared HFH/HAP Lives

**Health Alliance Plan...**

*...is a health insurance organization that offers a range of affordable insurance products and is a formal risk-bearing entity*

**400,000+**

Lives Served

**800+**

Team Members

**50,000+**

Network Provider Partners

**Plans**

Commercial (employer & individual), Medicare, Medicaid, Self-funded

**Mosaic Clinically Integrated Network...**

...

**1**

Clinical Integration Program

**550,000+**

Lives Served

Care Locations Across

**13 Counties**

**4,500+**

Providers, including 600+ PCPs

# Navigating 25 Years of Change

**1999:** IOM *To Err Is Human*

**2007:** CMS non-payment for "never events"

**2010:** Affordable Care Act enacted

**2015:** *The Digital Doctor* hype and harm from EHR

**2019:** *Still Not Safe* (Sutcliffe and Wears)

**2020:** COVID-19 Pandemic

**2021–2022:** The Great Resignation: Workforce shortages, Workplace Violence

**2023:** IV Fluid Shortages Hurricane Helene

**2024:** U.S. health spending  $\approx$  \$5.3T; NVIDIA Peaks at \$3.3T

**2025:** Executive orders, "Big Beautiful Bill", ACA, Medicaid, SNAP Cuts

# Impacts to Healthcare Quality – Navigating Change

## Patient Safety and Experience



Reputational and payment programs tied to harm reduction and experience

## Payment and Policy Changes



Value based care models and reimbursement pressures

## Workplace Violence



Healthcare workers facing higher rates of verbal and physical assaults

## AI and Data Integration



AI to reimagine work, EMR integration and interoperability, quality benchmarking

## Access to Care



Disparities in coverage, affordability, and availability

## High Reliability Organization (HRO)

Individual and Organizational Resilience

Psychological Safety

Reimagining work

Going to the Gemba

# Henry Ford Health - 2026 Priority Themes





**Elizabeth Harry, MD**  
Chief Well-Being Officer,  
Michigan Medicine



# Navigating Change with a Well-Being Lens

Dr. Elizabeth Harry, Chief Well-Being Officer, Michigan Medicine

Well-being as a **core quality strategy**—not an add-on

My focus: **remove friction, build capacity, amplify voice**

---

*We can't deliver quality without protecting people's capacity*

# The Reality Our Healthcare Teams Are Living Across the Country



Change fatigue, initiative, and information overload

Conflicting initiatives



Workforce Stability

recruitment

retention

generational expectations



Moral Distress/Injury & Psychological Safety

especially amid uncertainty

**“can’t do the right thing”** moments

**Speak-up fear**; silence hides risk and waste



Administrative Burden

EHR inbox

meetings

prior auth

documentation requirements

access to care



Incentive Misalignment

Short-term **margin** pressures crowd out prevention

These all impact energy, meaning, and capacity **and** organizational outcomes (quality, safety, throughput, experience). These aren't 'HR problems'; they are **operating problems**—so our responses have to be operational.

# From Fatigue to Momentum—Our Well-Being Playbook



Change fatigue, initiative, and information overload

Communication standards

Leadership Development



Workforce Stability

Peri-Retirement coaching program

Work-load reduction: Getting Rid of Stupid Stuff (GROSS)

BI: Belonging Initiative with data dissemination, leadership Development, and mentorship programs

Well-being Influencer Network



Moral Distress/Injury & Psychological Safety

Leading through uncertainty program

Sudden loss of life workgroup

Institute for Mental Fitness



Administrative Burden

AI Documentation

M-Integrate Team of Teams

Survey governance

AI In basket prompts

Well-being Leads Program

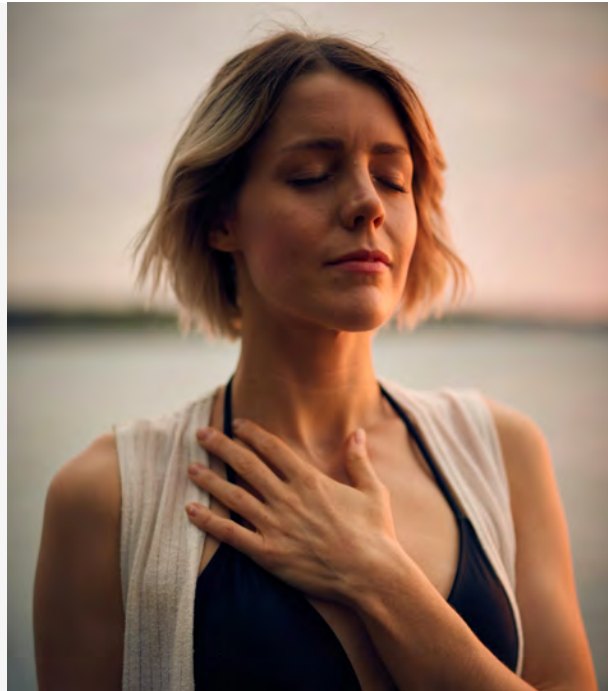


Incentive Misalignment

AMA Joy in Medicine Program

Well-being comprehensive dataset

**Time-boxed experiments** and **sunset criteria**—this is how you fight permanent initiative creep. Measurement needs to balance pairing ROI (hard dollars) with **VOI** (retention, engagement, safety)



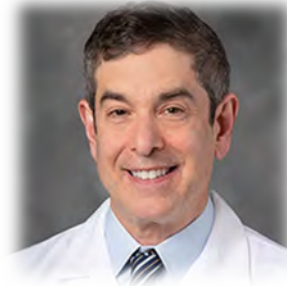


**Faris Ahmad, MD, MBA**  
Senior Medical Director and  
Associate Chief Medical Officer,  
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Officer  
BCBSM



# Thank you to our panelists!

# Post Lunch Wake Up Session



- At 1pm, we'll be coming back together for a **fun group activity**
- As a networking opportunity, we are going to have everyone take a **new seat at a new table** for the activity.
- Please **reference the number on the back of your nametag** and take a seat at that table number by 1pm

# Lunch Details



- **Poster and breakout presenters** line up for lunch first
- Those that identified **dietary restrictions** will find labeled boxed lunches
- **Posters presenters** please be at your posters by 12:30pm
- All, please take time to **visit the posters and vote** by 1pm
- Use the **QR code** on next slide to vote, also available on your paper agenda
- Find your **\*new\* seat by 1pm**, take your things with you!



Please find your *\*new\** seat by 1pm. Details on back of your name badge.

Take your things with you!



# Breakout Sessions

# Breakout sessions

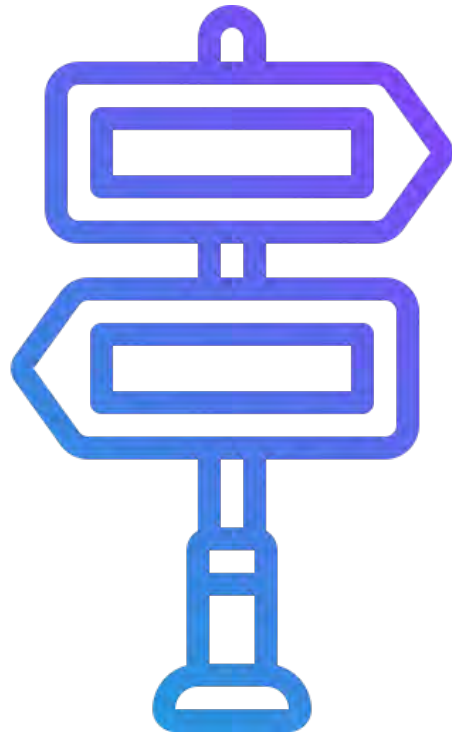


- Your assigned **breakout sessions are printed on your name badge**. Due to limited space, please only attend your assigned sessions!
- If you are not attending the breakout session in the dining hall, please leave this room. **You are welcome to network in the atrium** if you are not attending a breakout session.
- Meeting **wrap up and poster awards** in the dining hall at 3pm

# Breakout sessions



Breakout sessions will be held in three areas:



- 1) In the **South Atrium** and the **three conference rooms across the hall** from the South Atrium
  - Room G00S030 (South Atrium): Tools for Quality Improvement
  - Room G063: Planning and Executing Strategic Planning for CQIs
  - Room G064: Can Large Language Models Support Quality Abstraction?
  - Rooms G065: Powering Up Quality Data Insights
- 2) **Upstairs (Level 1)**, you'll take the elevator
  - Room 122: Steady in the Storm: Mindfulness Tools
- 3) In the **Dining Hall**
  - Session one: From Quests to Requests: Engaging Providers
  - Session two: Incorporating the Patient and Caregiver Voice

We will provide **wayfinding signs and assistants** to help you find the rooms.



# Welcome back!



# Poster Awards

# Most Impactful Intervention

Poster Title:

---

CQI:

---



*\*Poster winners stand next to poster for photos*

## Most Innovative Intervention

Poster Title:

---

CQI:

---



*\*Poster winners stand next to poster for photos*

## Excellence in Collaboration and Teamwork

Poster Title:

---

CQI:

---



*\*Poster winners stand next to poster for photos*

## Most Effective Use of Data and Analytics

Poster Title:

---

CQI:

---



*\*Poster winners stand next to poster for photos*



# Wrapping Up

# Wrapping up...



We hope you have  
learned something today...



had an opportunity  
to network with  
colleagues...



and go home  
inspired!

# Please stand up!



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association



*Matt Callow*



*Keli DeVries*



*Tiffany Green*



*Catie Guarnaccia*



*Joey Mastro*



*Melissa Mietzel*



*Judy Mikhail*



*Jennifer Minock*



*Christie Radden*



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*Kelly Shelton*



*Jessica Souva*



*Deborah Turner*

# Thank you!



*Rachel Wiltse Thompson*



*Jason Robertson*

*The 2025 CQI All Faculty and Staff Meeting  
Steering Committee*

# Meeting Evaluation Survey



## We value your feedback!

Please take a moment after the meeting to complete a brief survey to help us improve future events.

# Thank you for attending today!

## Happy Holidays!

Please feel free to take home the table decorations.