

HFPN News

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Dear HFPN Colleague,

As you have likely heard and seen, Henry Ford Health System has recently undergone a significant rebranding, with a new look and a new name. The colors are bolder and more vibrant. The word “System” has been dropped to eliminate the impression that patients are dealing with a complicated entity.

But the [new Henry Ford branding](#) is about much more than splashier colors, a modified name and some impressive media placement. It is about connecting with patients. It is about letting them know they are the focus. And from a team member perspective, it is about taking ownership of our actions, understanding that every encounter creates the perspective of who and what Henry Ford Health is. This is why the branding and ads lean heavily on the “I am Henry” phrase. This [video](#) presents a great visual of the I Am Henry philosophy and why it is important for all who are connected to Henry Ford Health.

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These are all principles we have practiced in the HFPN through the years. We want to be relentless advocates for our patients. We want to make the impossible possible. We want to treat everyone within our community with equity and respect. This will be a continuation of sorts for our HFPN but know that we are working behind the scenes to add momentum to all of these promises.

One case in point: We are now in the process of creating a one-hour webinar for all HFPN members that will take place in early summer that focuses on caring for and understanding the needs of the LGBTQ+ community, and why having the designation/tag as a provider who is open to caring for LGBTQ+ patients is so important. Once we have an agenda and a date for this webinar, it will be shared with all HFPN members.

[Join the HFPN Heart Walk Team](#)

We are off to a great start in achieving our contribution goal for the AHA's Heart Walk. Our team – called [Primary Health: We Got the Beat!](#) – also has many members signed up to walk in support of the advancement of life-saving research and application to save the lives of those with cardiovascular disease on Saturday, June 4. Our HFPN Vice President of Operations Jane Thornhill is especially connected to this event, as years ago she required lifesaving surgery to repair a heart condition. If you haven't already, won't you please consider donating to our team so that we can reach our ambitious goal of raising \$5,000.



[Troy Internal Medicine: Path to the HFPN](#)

Troy Internal Medicine, which is part United Physicians – a large Physician Organization that is part of the GM ConnectedCare contract – has on its staff nearly two dozen PCPs. Last year, the primary care practice encountered an unexpected issue with its process for CAT scan radiology that needed to be resolved immediately.



Del Wirsu, Practice Administrator for Troy Internal Medicine, initially met members of the HFPN during the 1A COVID vaccine clinics. It was this point of contact that prompted her to reach out.

“We have a CAT scan machine and we contracted out radiology services from another organization,” she said. “They wanted to end the contract; they had decided it wasn’t the way their organization was going to do business anymore. I needed a prompt solution to avoid any disruption in service to our patients, so I contacted Jane Thornhill immediately. I told her that we had intended to get more involved with Henry Ford but had procrastinated. We had already started the conversation of having our providers credentialed at Henry Ford hospitals, but we were not making it a priority at the time. But now we had a need. Jane didn’t hesitate. She put me in touch with (Henry Ford Health VP of Radiation Services) Cheryl Martin and we got the ball rolling.”

[Read the full Q&A](#) about how the HFPN stepped in to help, and how it prompted the practice to accelerate its credentialing of its doctors at Henry Ford so that it can fully join the HFPN.

[Publishing News](#)

As an example of the type of experts we have working with the HFPN, we are pleased to note the recent accomplishment of our Principal Performance Measurement Analyst **Ziad Omar**. He recently worked with several members of the Henry Ford Vascular Surgery department, including **Loay Kabbani, MD**, who is the Vascular Surgery Director of Residency Training, on a paper that was recently published in *Vascular*, a part of SAGE Publishing. The article called *Cross-clamp location and perioperative outcomes after open infrarenal abdominal aortic aneurysm repair: A Vascular Quality Initiative® review* is now [posted on the SAGE website](#). Explained Ziad: “In this paper I worked with Dr. Loay Kabbani et al. from the Vascular Surgery department at Henry Ford. My main area of contribution revolved around creating a machine learning model that identifies the top five clinical attributes that could be used as Predictors for 30-day mortality with 98.5% accuracy.”



Congratulations to Ziad for his part in this groundbreaking research.

[QURE Update](#)

We are excited to share that our second year of the [QURE Healthcare](#) initiative for Primary Care providers launched on March 29 with participation from many HFPN providers. To date, we have almost 20% of the total cases completed, which is a very strong start. Some of the positive feedback we have already received includes: “...good clinical consideration of optimizing existing antihypertensives and addition of antidepressants” and “...very good summary of heart failure with up-to-date treatment modalities”.



In late April/early May, we will launch QURE for general cardiology. The focus for 2022 for both primary care and cardiology is on Congestive Heart Failure and Coronary Artery Disease. If you have questions about QURE, please connect with our [Practice Transformation Specialist team](#).

[Why Not Home](#)

Research has shown that discharges to skilled nursing facilities have no better outcomes and cost more than discharges to the patients’ home. Even more, the great majority of patients prefer to go home instead of to another facility for continued recovery.

Henry Ford is now embracing the *Why Not Home* discharge plan for patients, with support programs available to help patients heal and recover from the comfort of their own surroundings, family and pets. As an HFPN provider, you have access to programs such as Mobile Integrated Health (MIH) that can allow your patients who are hospitalized at a Henry Ford facility to be discharged to their home.

A key to choosing home as your patient's discharge destination is to begin the process as early as possible for those patients who will typically need additional care post-discharge. This is the first barrier, as most physicians automatically default to sending these patients to a skilled nursing facility without even considering home as an option.

Providers who are on a Henry Ford instance of Epic, can place an ambulatory referral in Epic. Those who are not on Epic, can contact an MIH scheduler by calling **313-300-8355**. This person will work with the Henry Ford hospital case manager who can begin the process for a home discharge. This can include a same-day paramedic visit, follow-up visits and some delivery of care, such as IV fluids, etc. There is no cost to the patient for this MIH service unless a virtual physician visit is needed, in which case a standard patient copay could be required. The MIH team will keep in contact with you based on your preferred method of communication established in Epic or during the conversation with the scheduler.

Why Not Home is now available for patients in many units within Henry Ford Health and is expected to be available in all units and at all hospitals by the end of this summer.

[Updates on Outpatient Management of COVID-19](#)

COVID-19 case rates have increased over the past couple of weeks, which highlights the importance of ambulatory treatment of high-risk individuals to prevent hospitalization and death.

- NIH guidelines recommend the oral anti-viral Paxlovid as the first choice to treat COVID-19 patients who are at high risk for severe disease. Starting on April 25, this medication became widely available at Henry Ford Health and other retail pharmacies.
- Monoclonal antibody therapy is equally effective as a second line agent and is available using the Epic MAB order. For those not on Epic, you can order this for your patients by [contacting the Referring Physicians Office](#).
- Molnupiravir is the third line treatment option as it is inferior to Paxlovid and monoclonal antibody.
- Use of more than one treatment option is not recommended for outpatients.
- Evusheld is available for pre-exposure prophylaxis in immunocompromised patients and is available using the Epic Evusheld order.

Additional information regarding clinical criteria, drug interactions and ordering information can be found on the [Henry Ford website](#). Additionally, Henry Ford continues to offer its patients the Pfizer vaccine – whether it is a first dose or either booster dose. You can find the latest information regarding boosters and who they are recommended for on the [Henry Ford Booster FAQ page](#). It also continues to run its monoclonal antibody (MAB) clinics for those who [meet the criteria](#).

With regards,

Bruce Muma, MD
President and CEO, HFPN

Jane Thornhill
Vice President of Business Operations, HFPN

More information about the HFPN can be found on [the website](#).

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