

HFPN News



Dear Colleague,

As healthcare providers, we know all too well that we are in the midst of a crisis of sorts regarding patient access to Primary Care Physicians (PCPs). If a patient can't be seen when they want, their next step is to search for a virtual service or an urgent care center.

This decision by the patient is based largely on convenience, but it can often lead to disjointed care that may not result in a favorable health outcome. And while patients seeking care outside of their PCP's purview distances them from that continuity of care, it can also send them down a specialty pathway that is more disruptive.

Henry Ford Health has taken definitive steps to address this by adding to its urgent care footprint by launching Henry Ford-GoHealth urgent care centers. This is important to you and your patients because it allows you visibility into the care they receive at these facilities. The same cannot be said for information exchange at other urgent care centers.



There are currently seven [GoHealth clinics](#) with more set to open in the near future, including one in Bloomfield Hills. The current locations are:

- [Bruce Township](#)
- [Chesterfield](#)
- [Clinton Township](#)
- [Fraser](#)
- [Livonia](#)
- [Southgate](#)
- [West Bloomfield](#)

As background, these urgent care offices are available to any member of the community, including HFPN-affiliated patients. They are staffed by GoHealth but led by HFPN providers at each location. Patients can receive comprehensive urgent care services at any GoHealth site and can even [go online to save a spot in line](#) to avoid waits. All encounter information will be entered into Epic. If you are not on Epic, information regarding your patient's care will be communicated to you in the manner that is already established through the HFPN so that you can then follow up.



Henry Ford is investing many resources into building up this resource to offer the level of care our patients expect and deserve. As a Henry Ford affiliated provider, your patients can benefit from the care and services at these sites when you are not available.

Please [reach out to me](#) if you have any questions about the care offered at these centers or any other aspect regarding them.

QURE: How Modules are Created

The QURE learning platform, which is available to eligible HFPN providers, is a case-based, provider-centric learning tool that improves care and reduces clinical variation for patients. These clinically relevant simulations are designed to measure and evaluate your care decisions and guide you toward those that have greater health outcomes and reduced costs.

What also sets this learning platform apart from others is that the modules are customized to accommodate the differing medical practice types such as employed, independent, etc., taking into account their respective available resources.

One way that customization occurs is through the use of Case Reviewers. **James C. Martin, DO**, who is the HFPN Finance and Contracting Committee Chair, in addition to Medical Director and Board of Trustee Member for one the Network's largest Physician Organizations (Greater Macomb Physician Network), is a QURE Case Reviewer. In this role, he provides feedback from a private practice physician's perspective on the modules' information and solutions.



Below is a Q&A conducted with Dr. Martin about his role and QURE overall:

Q. Can you please explain what a Case Reviewer for QURE is?

A. "As a Case Reviewer, I work in conjunction with QURE as they present cases that will be on the platform. We go through and look at answers QURE comes up with for the case – the types of treatments utilized, resources that are stated as available to physicians. As a Case Reviewer, I am looking at whether that is so, whether those statements apply to all physicians.

"As private practice doctor, as opposed to an employed doctor with Henry Ford, I bring a different perspective. Doctors who work within the Henry Ford Medical Group (HFMG) have at their disposal all of the resources of Henry Ford. While I am affiliated with Henry Ford through the HFPN, the reach of those resources is not 100%."

Q. Can you provide an example of how your perspective directly impacts QURE?

A. "Let's say a patient has congestive heart failure. The recommendation by QURE may be that the patient follows up with a CHF team or program to help educate them about the importance of eating the right foods, monitoring their weight, information like that. While HFMG doctors have that available to them, not all private practice docs do. So, I can respond by saying, 'Yes, that is a good answer, but the caveat is that not all physicians have that resource for their patient.' QURE can then reword the answer so that it applies to everyone in the HFPN.

Q. Does guidance regarding the point of care for a patient ever differ?

A. "Yes. Another difference can be what is considered 'standard of care.' If a case is taking place in a rural area, it is more likely for a primary care doc to have an expanded scope of care, as opposed to a doctor in an urban setting who would likely refer the patient to a specialist, even if literature says not needed.

"As part of this review team, which consists of me and two Henry Ford Health physicians, we make sure the answers are not only correct from a medical standpoint but also from a real-world perspective. Together we see where the differences are and land on the most appropriate and correct answer."

Q. Do you know of any other education modules that invite doctors to participate in the formulation of the questions and answers?

A. "I have not participated in any. I know Doximity tailors theirs based on the specialties. What's unique about this, is that the content is in large part decided on by the HFPN and QURE together. There are

focuses each year to thoroughly address a system such as cardiology or pulmonology. This is so that the participant isn't bouncing back and forth between areas of focus."

Q. Are there other differentiators with the QURE platform?

A. "Based on my experience, QURE is much more detailed and has a more real-world practice application of this knowledge. What I appreciate is that they are practical situations – places where I, as a physician, might find myself when working with a patient. It's not just data or diagnostic measures. The focus is always on what is the most appropriate and most cost-effective care, and what would you use most in your practice."

Q. Are the 26 CMEs available a draw for physicians?

A. "CMEs are always nice, but I don't know that I would say it's the main reason to do the QURE modules. Mostly, for me, it's for the practical application and knowledge. Physicians have a lot of opportunities for learning, but this platform that focuses on the real world rather than a bunch of information in a textbook is unique."

"There is a lot of value in spending 15-20 minutes to complete these modules. It's a minimal amount of time you have to invest, and the reward is quite great."

*NOTE: ** QURE cases are only available to those providers who are directly impacted by the focus areas. As such, this year's focus on congestive heart failure and coronary artery disease means the modules are available to primary care and cardiology providers.*

Upcoming HFPN Webinar: Medication Adherence

On the heels of the June HFPN webinar addressing [caring for the LGBTQ+ community](#), our team will host another one-hour lunchtime webinar, on **Thursday, October 13 from noon-1 p.m.**, titled *Barriers to Medication Adherence: Addressing Cost and Patient Understanding*.

In our world of value-based contracts, medication adherence can play a major role in quality scores due to patient outcomes. Yet, most physicians have very little visibility into patient adherence regarding recommended medications once the visit is completed. This webinar will offer you ways to help increase adherence through information and tools and give you greater transparency into knowing if a patient is complying with recommendations.



Henry Ford Vice President of Pharmacy Rox Gatia will share insights into patient behaviors regarding adherence, with a focus on pharmacy-physician and pharmacy-patient relationships. This will be followed by Q&A with Rox, and then a panel discussion that will include a frontline pharmacist and another subject matter expert (TBD) to discuss adherence issues from their unique perspectives.

[Registration is now open](#) for this live virtual webinar. We hope you join us!

Casting Call!

In November, the HFPN will once again host its annual Summit. The topic for this year's event will revolve around patient-centered care and how to better connect with your patients to further engagement and adherence.

With this in mind, our team would like to create a short video to run during the Summit that highlights HFPN providers recounting **ways in which a patient or patient family member/caregiver taught them something about how to best offer care, or a lesson learned on how to be a better provider.**

If you would like to submit a short videotape talking about either of these topics, please record it on a phone or other similar device and send to HFPN communications specialist [Cyndy Lambert](#). *Please keep the recording to less than two minutes.*

We hope you consider documenting what you have learned so that we can share it with our attendees. If your videotape is selected, we will contact you ahead of time to let you know.

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Past issues of the HFPN news can be found on the [HFPN website](#).