HFPN News

Dear Colleague,

We are fast approaching our June 23 noontime webinar – *Caring for the LGBTQ+ Community: Adding Equity and Inclusion to Your Practice*. I want to emphasize the importance of furthering – or starting – the conversation related to caring for this fast-growing community of patients who are specifically seeking providers who acknowledge them and the differences in their care.

Our speakers at this one-hour event include two of Henry Ford Health's leaders in caring for LGBTQ+ patients and communicating this to fellow providers. **Drs. Rachel Lee** and **Eunice Yu** are both prolific and passionate about steps that can be taken to make this population feel accepted from the moment they walk through your door to the time when they receive care from you. Additionally, we will hear from Jay Kaplan, JD, who works closely with this community on behalf of the ACLU, revealing biases that blanket this community.

We cannot be fully present with our LGBTQ+ patients until we educate ourselves on the obvious and subtle differences that must be acknowledged for them to receive exceptional care. I implore you to register for this Thursday, June 23 lunchtime webinar (you can also use the QR Code to the right to access the registration page) so that you may begin to implement care practices to make this community feel welcome. Additionally, live attendance at this webinar provides one hour of CME and counts towards one hour of MDHHS equity requirement as well.

Heart Walk: A Thank You

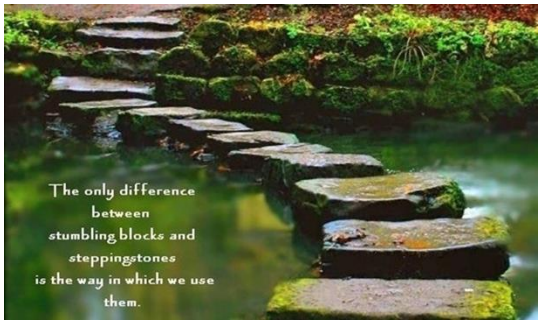
We asked our HFPN members participate in the June 4 AHA Heart Walk either by donating or showing up to walk – or both. It is with much excitement that we share that we exceeded our goal of raising $5,000 for the *Primary Health: We Got the Beat!* team, raising a total of $5,312.48! Our most sincere appreciation and gratitude to all who made a financial contribution.

Amazingly, our team placed in the top 10 for fundraising among a total of 147 teams under the Henry Ford Health umbrella. This is truly remarkable considering the relatively small size of our team. It shows once again how mighty we are. Thank you!

Stepping Stones Bring Teams Together

Over the past few months, HFPN leadership and administrative team members have volunteered to participate in the Stepping Stones exercise. Each week at our Tuesday operations meeting, a team member presents their Stepping Stones with the team during a 10-minute slot. The Stepping Stones

exercise is designed to help you think about your life path in three distinct moments. These moments can be at any point in your life and can be more introspective or extrospective – no two journeys will look the same and this is what's personal to you. These Stones may be representative of many kinds of things:



- A person who influenced you
- A place that inspired or motivated you
- An opportunity that was granted or denied you
- An idea or a realization triggered by an event
- A specific reading or a situation that impacted you

We have found that through listening to team members' Stepping Stones, we have all become even more in touch with core of who they are, offering us all a chance to be more inclusive in our thoughts and behaviors. We thought we would introduce this to you and your practice as a potential retreat exercise or perhaps something that could be placed in a huddle for one team member a week to share. We have also found this exercise to further the closeness of our team, which can only serve to strengthen our bonds and acceptance of one another.

If you have any questions regarding putting Stepping Stones into practice, please connect with HFPN team members **Jeff VandenBoom** or **Aaron Sohaski**, who are leading this for our internal team.

Advanced Home Care* and *Why Not Home*: *A Personal Story

The ongoing efforts of creating accelerated pathways for patients to return home to heal – and embracing the overall philosophy that this route must be explored as the first discharge option – is taking hold. Henry Ford Health has implemented two new programs: *Why Not Home* and *Advanced Home Care* for patients who normally would be discharged to a skilled nursing/rehab facility but could recover at home with advanced home health care. These programs rely upon critical assessment of functional status at the time of hospital admission and the ability to provide advanced home care services to support the recovery process.

As was communicated in the last HFPN newsletter, any HFPN provider can use the many at-home resources available through Henry Ford by placing an ambulatory referral in Epic or (for those not on Epic) by contacting a Mobile Integrated Health (MIH) scheduler at 313-300-8355. The scheduler will then work with the Henry Ford Health hospital case manager who can begin the process for a home discharge with support of MIH, Henry Ford at Home and other resources.

HFPN Vice President of Operations **Jane Thornhill** recently had the troubling opportunity to see firsthand the difference between someone recovering in a skilled nursing/rehab facility vs. at healing at home when her mother-in-law, **Velma** (who has since passed), experienced both in early 2021. Velma, then 86, had a previous history of mild CHF, LBP, COPD, pulmonary fibrosis and cirrhosis of the liver caused by fluid retention. While in her home in February 2021, Velma fell twice in a matter of 15 minutes. She was taken to Henry Ford West Bloomfield Hospital (HFWBH) and required next day surgery to help repair a fractured hip.

From there, Velma was discharged to a recommended rehab facility, receiving both OT and PT in her room due to COVID restrictions, which limited her ability to ambulate. Over the 5+ weeks of her stay at the rehab center, Velma did not do well. She developed pneumonia and increased fluid retention in her lower extremities. In hopes of finding an alternative to ongoing and repeated hospitalization, Jane connected with Henry Ford at Home VP **Mike**

Ellis. From that point, an Ambulatory Referral to Home Health's Advanced Home Health program was made and a team was assembled that included home care nurse **Jo Ellen Nicholas**, Comprehensive Care Center (CCC) physician **Uzair Munshey, MD** and in-home physical and occupational therapy in addition to a home health aide.

Said Jane: "Upon arrival home, Velma was wheezing so loudly that it could be heard rooms away. Dr. Munshey and Jo Ellen spent over an hour evaluating Velma and putting together a plan of care. Medication management was a big hurdle since Velma was discharged with 14 prescriptions and was taking multiple OTC supplements. But Jo Ellen and Dr. Munshey were in complete coordination regarding her needs and how to manage her."

Through a review of her discharge record at HFWBH and the use of Henry Ford e-Home Care Remote Patient Monitoring equipment and nurses, they were able to identify that she had gained 20 pounds of fluid while in the rehab facility. She was in congestive heart failure and was extremely frail. But the Advanced Home Care team was able to diuresis Velma at home instead of her going back to the hospital. Jo Ellen stated later that, under normal conditions, Velma would have been re-admitted to HFWBH and then, once stabilized, sent back to the rehab center. Instead, she was finally on the road to recovery from the complications that arose from her 5+ weeks in the rehab facility.

Velma and her family were able to enjoy quality time with each other that they most likely would not have had if it wasn't for the amazing coordination of these post-acute care services.

Paxlovid vs. Monoclonal Antibody Infusion

To help you explain and navigate treatment options for your patients with COVID, you may want to review the following article posted to the Henry Ford website regarding the use of Paxlovid, monoclonal antibody therapy or other available treatments.

Paxlovid has been shown to be 88% effective in preventing hospitalization and death if treated within 5 days of symptom onset. Paxlovid is now first line therapy for patients ages 12 and over who are at high risk of severe infection. It is a combination of two drugs: nirmatrelvir and ritonavir and is taken over five days (three pills twice a day). Most patients tolerate Paxlovid quite well, though many report a metallic taste and some have mild GI symptoms. Paxlovid has the potential to cause many drug interactions and care must be taken to do a thorough medication reconciliation before prescribing. It is important to adjust the dose for patients with CDK. Paxlovid is now available at nearly all pharmacies across the state.

Monoclonal antibody therapy is now considered 2nd line therapy for acute COVID infection who are at high risk of severe infection, and it is recommended for those who cannot take Paxlovid. It has been shown to reduce risk of hospitalization and death by 70-85% against susceptible variants if given within 7 days of onset of symptoms. It is important to monitor the prevalence of variants in the community to ensure that the appropriate monoclonal antibody product is being utilized at your treatment center.

Lastly, it is important to note that another monoclonal antibody, Evusheld, is available for pre-exposure prophylaxis for high-risk individuals. Evusheld has a much longer half-life than the other monoclonals and can be dosed every 6 months. High risk individuals include those who are immunosuppressed, post-transplant, have primary immunodeficiency, have uncontrolled HIV or are taking high dose steroid treatment (please review Evusheld - Emergency Use Authorization for further details).

Most questions regarding COVID vaccines and therapies can be found on the Henry Ford Health COVID web pages.

With Sincere Regards,

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