**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.*