

# HFPN News



Dear Colleague,

One of the benefits of being in the Henry Ford Physician Network is access to our educational opportunities, not only for yourself but for all your office staff. Our team lands on these topics not only due to their relevance in our society today but also because learning more about these areas of interest can help you achieve greater quality scores in our value-based contracts.

You should have already received your initial invitation to our first webinar, which will be held **Thursday, May 23, from noon till 1 p.m.** Titled [\*De-stigmatizing Stigma: Bridging Mental Health Equity Gap\*](#), this lunchtime session will provide you with great information on how to:

- Identify how social determinants of health (SDOH) factors and stigma may impact a patient's ability or willingness to seek mental healthcare.
- Recognize the signs of reluctance in your patients to discuss mental health concerns.
- Approach your patients about this vital aspect of overall health so that they may share with you how they are feeling and begin the healing process.
- Better converse with your patients so that they recognize what emotion ranges are "normal" and which ones may need to be looked at closer.
- Examine your own beliefs about mental health and how it may impact the care you deliver to your patients.
- Recognize mental health issues in your colleagues or yourself so that healing can begin.



Additionally, mental health is an integral component of overall health and wellbeing. Psychological and behavioral health concerns are highly linked to other chronic conditions, causing patients with unaddressed mental health needs to face worse physical health outcomes. At the same time, despite data that show cultural acceptance of mental health and wellness has increased in recent years, significant stigma surrounding mental illness remains, which differs in magnitude and impact across geography, occupation and cultural background.

As always, this educational opportunity will be moderated by HFPN President and CEO **Bruce Muma, MD, FACP**, who discusses why this session will be impactful for all providers and their office staff in [this short video](#). Dr. Muma will be joined in this webinar by:

**Denise White-Perkins, MD, PhD; Interim Chair, Department of Family Medicine; and Director, Healthcare Equity Initiatives, Office of System Diversity, Equity and Inclusion.** Dr. White-Perkins will discuss why physicians must be aware of biases toward seeking mental health care in some communities and will also explore how a provider can approach the patient who carries such biases and encourage them to discuss their mental health and seek help.

**David Moore, PsyD, Senior Staff Clinical Health Psychologist; and Director, Trauma and Acute Care Surgical Psychology Services.** Dr. Moore will discuss the relationship between mental and physical health which, historically, have been siloed, creating a barrier or disconnect between the two that

are intrinsically connected. He will speak to how the healthcare field has evolved in recent years to better recognize the impact of mental health on overall health.

**Kimberly Kowalec, RN, MSN**, Director, Clinical and Social Health Integration. Recognizing that Primary Care Providers are often the first point of contact with a patient in need of mental health intervention, Kimberly will discuss exactly how mental health fit into the broader umbrella of primary health. She will discuss the factors that influence a patient's ability/comfort in seeking mental healthcare.



You can find [registration](#) information on the [HFPN website](#), or you can register through the QR code to the right. We hope to see you there!

### [HFPN in Washington, D.C.](#)

Earlier this month, several members of our HFPN and Mosaic ACO leadership and administrative teams traveled to Washington, D.C. and then on to Baltimore to advocate for and then learn more about value-based and accountable care.

Mosaic ACO Director of Operations **Jodie Elsberg**, HFPN Business Intelligence Analyst **Lily Johnston**,

Mosaic ACO Project Manager **Hannah Murdoch** and HFPN/Mosaic ACO Director of Contracting and Compliance **Aaron Sohaski** participated in the "Hill Day" event in D.C., then traveled on to attend the National Association of Accountable Care Organizations (NAACOS) conference in Baltimore.



During Hill Day, the team met with congressional staffers of several representatives serving the districts of many of our beneficiaries. The purpose was to provide education on value-based care, and advocate for physician payment reform and current legislation that would support increased participation in alternative payment models (also called APMs).

Additionally on this trip, the HFPN and Mosaic team members were able to engage with industry leaders and peer organizations to gain learnings that will be valuable in the advancement of our work in value-based care, today and into the future. All in all, it was a very successful trip and we look forward to experiencing the benefits of their advocacy and learning.

### [Tour de Cure](#)

Each year, the American Diabetes Association (ADA) holds a fund-raising cycling event in our state, the [Tour de Cure: Michigan](#). This year's event will be held on **Saturday, June 8 at Domino Farms Petting Farm** in Ann Arbor. The Tour de Cure is a national series of events aimed at raising money to support educational and interventional assistance for those with diabetes and to help fund research. Dr. Bruce Muma serves on the Michigan ADA Board and feels a special draw to this event, having seen all too many of his patients throughout the years suffering from the debilitating and life-threatening results of diabetes.



"I have seen patients struggle to hold onto their health while trying to manage their diabetes," said Dr. Muma. I'm proud to be associated with an organization like the ADA, which has contributed so significantly to the progress we've made in controlling this disease. Sadly, a cure remains elusive and your support for the ADA has never been more important. As I say on my Tour de Cure page, 'As I prepare myself physically and mentally for the Tour de Cure, I can't help but feel gratitude for the opportunity to make a difference. Together, let's pedal towards a future free from the burdens of diabetes, infused with hope, and brimming with possibilities.'



"I hope that you take this opportunity to get your bike out of storage or the garage and join me and the rest of our Tour de Cure *Henry's Wellness Warriors* team on June 8. And let's hope for great weather!"

The starting time for the event ranges from 7-11 a.m. and depends on the distance you will ride. The location of Domino Farms (3001 Earhart Road) allows for a multitude of biking routes that range from ½ mile to 64 miles, meaning it appeals to avid bicyclists like Dr. Muma or families with young children. The Tour de Cure team has many festivities planned at the site, including face-painting, interaction with the animals in the petting farm area, food stands and more. All of the fun activities – including access to the entire farm and its animals – is free for those who want to participate as spectators. Please note, to participate in any of the bicycle routes, you must be a registered biker/team and have fulfilled the \$250 registration fee (usually reached through donations).

If you would like to support this cause, you can do so in a number of ways. You can join the team, donate to a registered team/person or you can even be a virtual rider, registering on the site and logging miles at the location of your choice. All of this information can be found on the [Tour de Cure: Michigan web page](#). The QR code to the right offers a direct link to the Henry's Wellness Warriors page.



### [Diabetes: Our Team Member's Story](#)

Many of our HFPN providers and their office staff have worked with Practice Transformation Consultant **Kathy Berta** for years. You also likely know that our HFPN team is very close-knit and support each other in our endeavors and through adversity.

It is in this spirit that we would like to share Kathy's story as further evidence on the importance of diabetes research, education and why closing the gaps of care is so vital. Kathy's story with diabetes began when she first became a teenager, accelerated when pregnant with her daughter, Kiara, and has led to her critical health situation now. Here is her story:



Q. When were you diagnosed with diabetes? Do you have Type 1 or Type 2?

A. "I was diagnosed with Type 2 diabetes at age 13."

Q. When did you first start needing medication?

A. "I should have been on medication throughout my teen years, but I did not start medication until I was put on insulin due to gestational diabetes during my pregnancy at age 22."

Q. Can you explain in greater detail why you did not receive care for your diabetes diagnosis when you were a teenager?

A. "We were very poor. We did not go to the doctor unless it was for shots or an emergency. We had no health insurance. My mom refused to go on welfare so she worked the jobs she could get but none or very few offered health insurance. There is also a lack of diabetes education in lower income populations."

We were told to stay away from sweets to not get “the sugar.” Also, my mom had other socioeconomic issues that impacted our lives as well. She dropped out of school in the ninth grade. She was an addict; she did the best she could but I’m not sure handling a child with disease was one of them.”

Q. Can you share any details of your diet as a child?

A. “We ate what was cheapest. Finding quality fresh fruits and veggies was not cheap, nor were they readily available in our neighborhood grocery store. Fast food was a way my mom could feed us for as little money as possible and get the best bang for our buck. I grew up with horrible eating habits. Not always knowing where my next meal was coming from, I ate as much of whatever was available at the time. This definitely contributed to my weight gain as well as my diabetes.”

Q. Do you see positive changes in this sort of situation today?

A. “I truly believe that the food deserts in low-income areas is still a problem. Why is it that we can feed a family of four cheaper with the junk at fast food places than it is to buy fresh fruit and veggies at a grocery store, if you can even find a grocery store in your neighborhood? That is very discouraging.”

Q. At what age did you start experiencing noticeable symptoms from your disease?

A. “I started noticing neuropathy around the age of 24.”

Q. Can you briefly explain how you got to the point you are at now? In other words, what has changed to bring you to this crucial point?

A. “Both of my retinas detached due to diabetic retinopathy in 2017 and I underwent multiple surgeries in 2017-2018. During this time, I was trying to tightly control my blood sugar levels and get my A1c under 7 through oral medication and insulin.

“I was told in 2018 that I had Stage 3 CKD. This is when I became aware that my GFR was 20 and that my kidney disease was progressing. I was recently told that I will eventually need dialysis if I do not receive a new organ. The goal is to avoid dialysis. My team thinks that my neuropathy may have spread to my GI tract resulting in gastroparesis. I currently struggle with severe nausea, which is resulting in chronic fatigue and weight loss due to inefficient caloric intake.”

Q. Will a kidney transplant solve your health issues?

A. “Yes and no. It will avoid me having to undergo dialysis which can be very hard on my already compromised circulatory system. Life span on dialysis is around 10-15 years depending on numerous factors. I am currently 48 years old. My team would like to also recommend me as a candidate for a pancreas transplant. This will cure my diabetes and stop any other diabetic related health issues that may develop in the future.”

Q. From your perspective, what do you think the level of understanding is regarding diabetes and its impact, along with how a lack of knowledge affected your health and now your life?

A. “I don’t think people truly understand the long-term effects of diabetes. It is not a disease that you feel but it is slowly shutting down your major systems and eventually you will feel its effects. I can’t even say I’m sure that there could have been anything done differently in my case. Unfortunately, we just made do with what we had. But I really believe seeing the true results of diabetes and how it shortens your life and how it effects your quality of life would have made a huge difference. If I had maybe seen other kids my age with the disease and how they coped or lived with it, it may have made a difference. I believe there must be a better way to bring awareness to childhood diabetes.”

Q. What advice would you like to share with providers, perhaps how they can view diabetes from a different lens, or how to talk with their patients?

A. “I think the thing that I lacked from a very early age was comprehensive diabetes education. This was due to many SDOH that I experienced growing up in poverty. Diabetes is not a disease like cancer that kills you quickly, it kills you slowly. It shuts down your body’s systems, one by one. It truly does wreak havoc on your body and eventually, if left untreated, will kill you.

"If I could go back and speak to my 13-year-old self, knowing what I know now, I would have changed my diet, exercise and worked with physicians much earlier to get control of my disease. I only hope others will read this and get a new understanding of how devastating this disease can be.

"My mom passed away from diabetes complications at the age of 51 before the passing of the ACA. I believe she would have lived much longer with proper diabetes education and better access to comprehensive healthcare. I am so very grateful to work for Henry Ford Health, where I have access to an amazing treatment team and transplant team as well."

*Kathy is working with the Henry Ford [transplant team](#) to ready herself for a kidney and/or pancreas transplant when a match becomes available.*

**April 2024**

*Please go to the [HFPN website](#) to view previous newsletters.*