

HFPN News



Dear Colleague,

The pathway to value-based care and contracting in healthcare has been a long one, starting decades ago. Henry Ford Health recognized its importance and has been working within and toward it since the 1980s. The work of the HFPN has given significant traction to this effort.

Recently, the HFPN sat down with Henry Ford Health President and CEO **Bob Riney** to discuss the health system's viewpoint of value-based care, how it plays into its long-term strategy and how our HFPN independent providers fit. Here are a just a few excerpts from that interview. You can find the [full interview on the HFPN website](#).

Q. Where is Henry Ford Health now on the track of value-based care and contracting?

A. "I like to say we are now at a 2.0 stage, if you will, where value-based care and population health is really being incentivized by putting the right risk/reward portfolio together. I also believe that consumers are now far more educated on the value of having coordinated care, and to have their primary care physician play a more prominent role in their care than in the past."



Q. ... How can Henry Ford reconcile the financial hit when value-based care is done correctly? In a perfect world, that means fewer patients in the ED and in inpatient beds.

A. "There is a funny saying in the industry: Demand Destruction. The belief is that you're, in essence, destroying the demand from the traditional model and its financial rewards. I don't buy into that. Because I believe that these two aspects of care have a great relationship when done right. What I mean by that is, our goal is to lead the state in the value of population health and value-based care. Yes, that existing population may need less of the acute services. But at the same time, we should be attractive to a wider market. In that case, the funnel should build and grow."

"You are always going to have a percentage of patients who need tertiary and quaternary complex care. No matter how health-focused one leads their life, inevitably, there are needs. I think that if you widen the net, you will have all the demand you need for your T/Q and more complex services. I see these as mutually inclusive. It's not an either/or, it's a both/and."

Q. With potentially fewer patients in the high-cost areas of care such as the ED and inpatient rooms, will this impact quality of care in a positive way?

A. "When done correctly, what it means what we are now seeing individuals who end up in the hospital – other than for births and such – are acutely ill. They're going to need more services and more specialty-based clinicians because the complexity of the care requirements. This trend will allow the shift to take place in a logical and rational way."

Q. How is Henry Ford Health advancing the work and scope of our HFPN independent providers and those within our Physician Organizations?

A. “The key is through our service lines and primary health because, by design, they are meant to be pluralistic. We want a robust group of aligned physicians around value, regardless of what employment business model they are part of. Additionally, we have to make sure our geographic spread and our network of referrals are encompassing of the entire community of physicians that align with us – and these referrals go both ways. We are not perfect, but we’ve come a long way regarding bringing value to all stakeholders. We need to continue to educate ourselves that within the HFPN there are amazing physicians aligned with Henry Ford. They may have different business models, but all meet our level of excellence in clinical care.”

Q. So do you see a closer alignment with non-HFMG physicians going forward and building on the excitement around Destination Grand?

A. “Absolutely. And we’re in a position to do that, especially as we look to expand our geographic footprint. We can definitely go further, as will our brand. That Henry Ford brand will continue to soar and our physicians within the HFPN will benefit directly from that. We want to make sure that Destination Grand lifts all of Henry Ford Health, and that includes our independent physicians. This is our moment.”

[HFPN Webinar Replay](#)

On May 25th we held the first of three educational events, a webinar titled *Relating to High-Weight Patients: Do You Show Unconscious Bias?* More than 100 providers and their staff attended this educational opportunity. The mere fact that it elicited such interest shows that this topic is one that must be addressed so that we are offering the best and most inclusive, non-judgmental care to patients of high weight.



The replay of this webinar is now [available for viewing](#).

We are also now in the planning stages of our next webinar to be held **Tuesday, August 29 from noon to 1 p.m.** It is titled *De-escalation: Recognizing and Mitigating Potentially Dangerous Encounters in Your Medical Setting*. We expect that providers will be able to earn 1.0 CME; however, this webinar is open to anyone working in a clinical setting, which includes front office staff, housekeeping, MAs, lab techs, etc. – anyone with any contact with patients or caregivers.

Our keynote speaker will be **Judy Arnetz, PhD, MPH, PT** – professor and Associate Chair for Research in the Department of Family Medicine at Michigan State College of Human Medicine. Dr. Arnetz’s research focus and area of expertise is how the well-being and safety of health care workers impacts the quality of patient care and how to prevent/mitigate the effects of violence in healthcare settings.

Registration information will be posted to the HFPN website soon, and a special invitation will be sent via email to you.

[Congratulations Health Equity Scholars](#)

HFPN Director of Contracting and Compliance Aaron Sohaski and our Director of Direct-to-Employer Relationships Jeff VandenBoom just recently completed Henry Ford Health’s yearlong Healthcare Equity Scholars (HESP) program. The HESP is designed to create experts equipped to promote equity in healthcare.



The overarching goal is to empower its Scholars to conduct research and quality improvement aimed at eliminating healthcare disparities and fostering organizational change at the departmental or institutional levels. These learnings

and programs are then, optimally, implemented in the healthcare setting where improvements can be tracked, and data collected.

Aaron described his project as: *“An issue we face is finding funding from payers which enables us to pay for programs that further equity in the communities we serve. We also know that payers are reticent to pay to fund these programs (in full or in part) without a clear ROI. Therefore, my project looked at creating a viable ROI framework, largely adopted from the value-based care and equity principles from CMS, to be applied to commercial payer contracts. It’s a step-by-step approach the create visibility and action from an equity standpoint in value-based care contracts.”*



Jeff offered this regarding his project: *“Programs are routinely introduced as part of value-based contracts to assist participants with management of their healthcare needs. Ensuring a program is equitably designed and administered is critical for a program to achieve its maximum impact for participants and employers. An assessment of how equity and population characteristics have been considered in program development, and whether these factors influence one’s ability to access the program or how they respond to questionnaire items is a critical step in the process of offering such a program. My project focused on three moments at which an equity lens could be applied to a program: (1) instrument development, (2) participant recruitment and engagement, (3) instrument and program validity. With regards to instrument development, in this case, the inclusion of a Patient Reported Outcomes (PROs) questionnaire was used so that treatment plans and care paths could be designed to deliver ‘value’ as defined by the patient.”*



[Heart Walk Recap](#)

A huge thank you to all members of our extended HFPN team who donated to support the Primary Health/HFPN *Listen To Your Heart* team at the 2023 AHA Heart Walk. It is always astounding to our team just how generous our HFPN family can be, and this time was no different.

When we started on this year’s quest to field a team and ask for financial support for the mission of the AHA to gain ground in ways to heal hearts, we were hoping to raise \$2,000. Thanks to the generosity of our team, we blew past that goal and, at the time of the June 3 walk at Comerica Park, we were above \$3,100. The good news is that donations will continue to be accepted throughout the month of June. If you haven’t yet donated and wish to make a contribution, please do so by going to our Primary Health [Listen To Your Heart page](#).



Again, thank you to all who contributed to our team and to those who joined us for the walk on the beautiful – but hot – Saturday morning!

[Going Bananas!](#)

Good times were had by our HFPN team that joined the Henry Ford Health Everyone Cooks (formerly Men Who Cook) fundraiser, held June 8 on the Main campus. Patrons purchase an admission ticket, then enjoyed any or all of the sample-sized food choices created by the teams of amateur chefs, bakers and foodies.

The theme this year was *Under the Big Top*. Our small but mighty HFPN group decided on creating colorful and tasty frozen bananas on a stick, dipped in chocolate with various toppings – mini M&Ms, sprinkles, crushed potato chips, sea salt and Fruity Pebbles. Hundreds of these treats were crafted and handed out at the event. Prior to the “doors” opening, each food was sampled by the judges in each category: appetizer, main course and dessert. Despite our HFPN team’s best efforts, we were not awarded a prize, but the patrons devoured the delightful dessert anyway. More than 600 people were at the event, marking it a triumphant return after a break for the pandemic.



Total dollars typically raised at this event for the Tom Groth Medical Needs Fund usually top \$150,000. Calculations are still being finalized but early indications are that it was a similar huge success. Thank you to team members **Jodie Elsberg, Brian Kempa, Cyndy Lambert, Aaron Sohaski, Jane Thornhill** and **Jeff VandenBoom** for making this year’s showing a huge success.

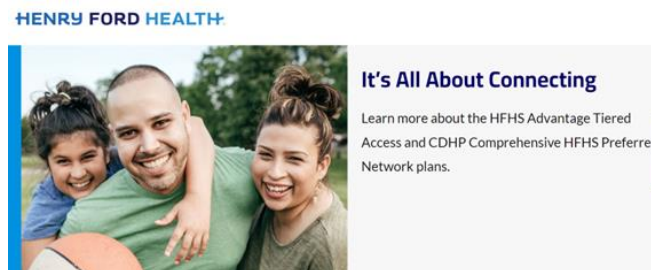
HFPNNotes

To help patients enrolled in the GM ConnectedCare healthcare plan or either of the two Henry Ford Health direct-to-employer health plans – HFHS Advantage Tiered Access or CDHP Comprehensive HFHS Preferred Network – our HFPN team creates and distributes mailers that offer health tips and/or ways for them to best utilize their plan. You can find these mailers posted on each plan’s respective website.



The GM ConnectedCare mailings, which offer quick details and links on how to best use their healthcare plan and how to stay on top of their health [can be found here](#).

The new Henry Ford Health Plan web page has important information for all of those enrolled in either of the two Henry Ford plans. The information, which includes unique MyCare Advice Line and Concierge phone numbers, in addition to quick links to book an urgent care time slot, [can be found here](#). A health plan newsletter was recently mailed to more than 16,000 households. A PDF of this newsletter can also be found on the Henry Ford Health Plan web page. This is a public web site, so feel free to remind your patients enrolled in these plans to bookmark it for easier access. The link is: www.henryford.com/YourHealthcarePlan.



... As a quick update, our direct-to-employer contract with General Motors – GM ConnectedCare – is in its fifth and final year. We have been and continue to be in discussions with GM to extend our agreement so that it continues to be beneficial to all involved. To date, GM and our providers have experienced shared savings each year of this value-based contract. It is both parties’ intent to focus on creating even more value in the parameters of the new term. More information will be shared when it becomes available.

... A reminder that Henry Ford continues to roll out new [Henry Ford-GoHealth Urgent Care centers](#) across Southeast Michigan. Currently there are more than a dozen. These centers are staffed by Henry Ford providers – usually a Physician Assistant or Nurse Practitioner – with ancillary support services provided by GoHealth. The advantage of encouraging your patients to seek care at a Henry Ford-GoHealth center is threefold: patients can “save their spot in line” so they won’t have a wait time; they will see a vetted,

quality provider; and their medical record stays within Henry Ford's Epic EMR, making it more accessible to you and another of their other Henry Ford-affiliated providers.

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If there is an item you would like to see in the HFPN News, please [email content editor Cyndy Lambert](#). You can view past issues of the HFPN News on the [News/Articles page](#) of the [HFPN website](#).