

PATIENT ENGAGED
RESEARCH CENTER



2024

PERC ANNUAL SUMMARY



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Introduction

PATIENT ENGAGED
RESEARCH CENTER



The Patient Engaged Research Center (PERC)

In 2014, Henry Ford Health was one of seven organizations chosen from across the country to participate in a groundbreaking infrastructure development initiative to improve patient outcomes through engaging patients, families, community groups and healthcare providers in healthcare improvement and research. The Patient Engaged Research Center (PERC), led by HFH Public Health Sciences Department Chair, Dr. Christine Johnson, has developed a flexible model to facilitate dialogue and shared learning between all stakeholder groups by developing targeted training and support services for individual providers and patient advisors ensuring all voices are heard in the shared goals of providing safe, timely, efficient, effective, equitable, patient centered care.

Mission

To translate the patient voice into evidence-based care through community engagement and world-class research methods.

Vision

To create a sustainable foundation and model to develop and disseminate world-class patient-centered outcomes research.

Values

- Responsible conduct in research
- Studies that are expertly designed, managed, and analyzed
- Responsible, effective and ethical use of HFH population-resources
- Patient confidentiality
- Public domain research
- Local, national and international collaborations
- Treating all patients, collaborators and staff with respect and dignity

The PERC Flexible Engagement Model

Henry Ford Health's Patient Engaged Research Center (PERC) has created a unique flexible stakeholder engagement model that meets the needs of diverse stakeholders (patients, families, providers, payers, and industry), across platforms, (Integrated Health Systems, Academic Medical Centers and Community Medical Clinics) to support participation in a multitude of disciplines including clinical care and research, quality improvement, and patient experience work. The four types of Advisor roles are outlined below.

Publication: *Bridging the Patient Engagement Gap in Research and Quality Improvement Utilizing the Henry Ford Flexible Engagement Model* ([link](#))

Health System Advisors

Serves on a Patient/Family Advisory council or healthcare committee focused on designing or improving new or current processes.

Research Advisors

Serves as a Patient Advisor on funded research projects, giving input and feedback about different elements of the study.

E-Advisors

Shares feedback by participating in short, online surveys about patient care experience, new service ideas, etc.

Focus Group Advisors

Participates in focus groups, provides feedback on own personal healthcare experience or other key healthcare delivery topics.

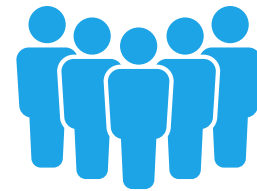
PERC Structure

PERC operates under an umbrella, which is split between two arms: 1) Research/Project Design & Analysis, and 2) Patient Advisor Program. This structure allows PERC to offer services and apply for grant funding under the Research/Project Design & Analysis arm, which results in financial support for the Patient Advisor Program.



Research/Project Design & Analysis

- *PERC as Core Service within HFH Department of Public Health Sciences*
- *Principal Investigator on Grants*
- *Grant Writing*
- *Survey Development and Distribution*
- *Institutional Review Board (IRB) Support*
- *Research/Funded projects*
- *Data Analysis (Mixed Methods)*
- *Qualitative Research Design*
- *Facilitation*
- *Dissemination and Implementation of Research Findings*
- *Patient Centered Outcomes Research Design*
- *Transcription*
- *Project Recruitment*



Patient Advisor Program

- *Patient Advisors Placements & Opportunities*
- *Recruitment/Onboarding*
- *Patient Advisor Liaisons (PAL)*
- *Patient Advisor Engagement*
- *Events*
- *Surveys*
- *Strategic Planning*
- *Patient & Family Advisory Councils (PFAC)*
- *Committees*
- *Projects*
- *Process Improvement*
- *Community Engagement*



Patient Advisor Demographics

470

Total Advisors

60%

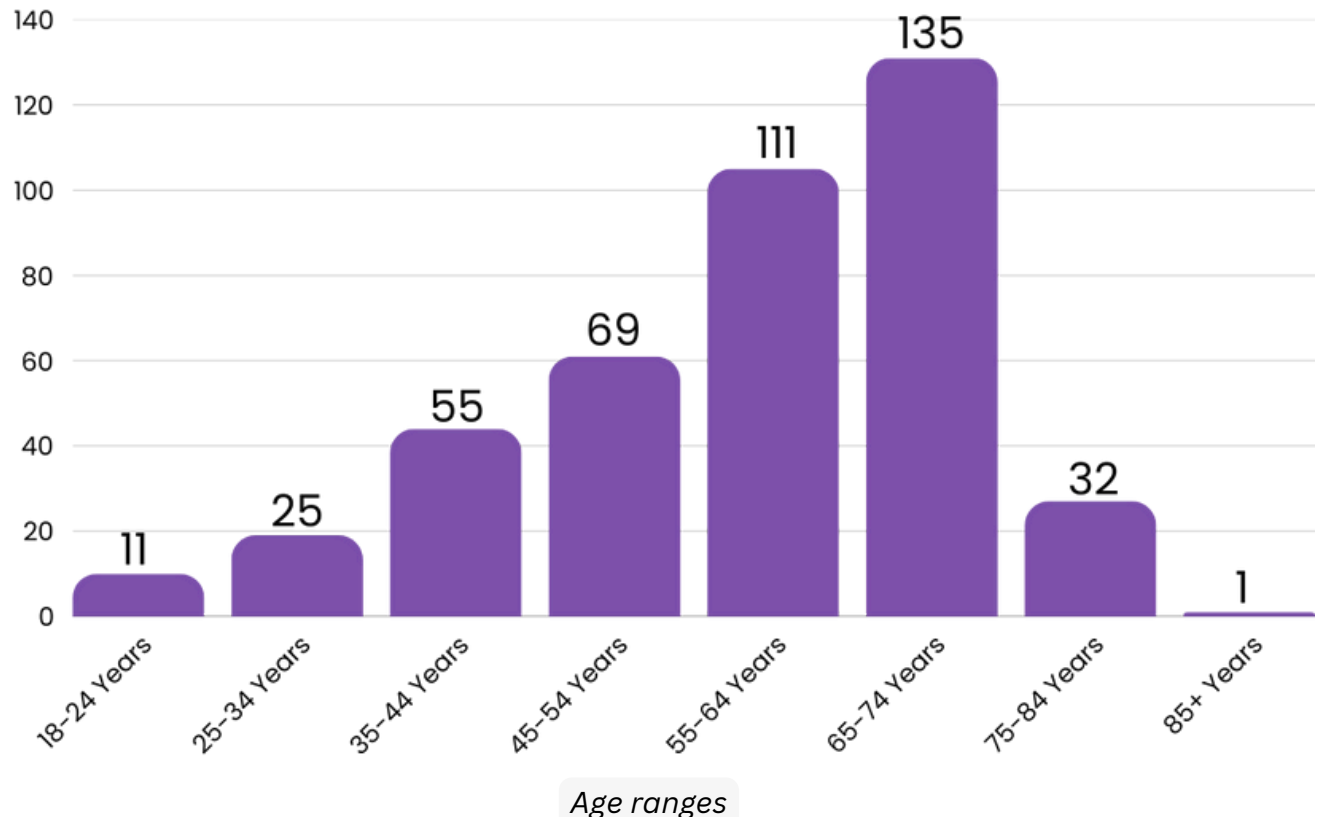
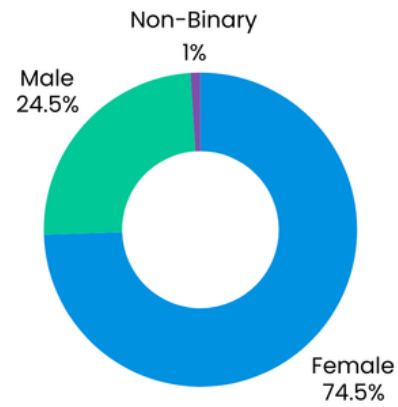
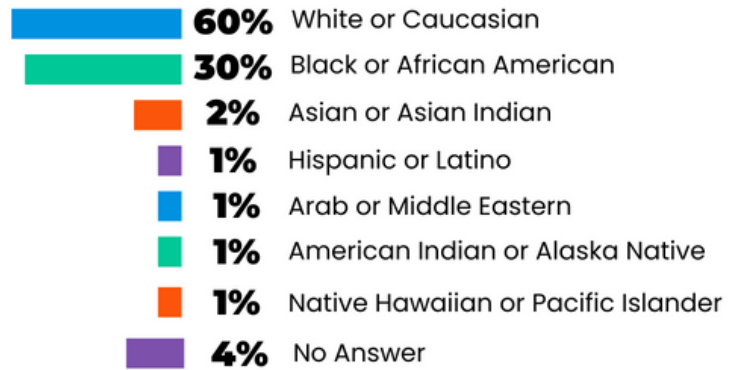
Percent of Advisors serving on a placement

64

New Advisors joined the program in 2024

13%

Percent of Advisors that work for Henry Ford Health



Number of Patient Advisors



Recruitment & Training

The ability to communicate effectively is key to a successful experience for Patient Advisors and other team members. Before an Advisor is placed on a project, the Patient Engaged Research Center (PERC) team discovers the interests and skills of each individual through an informal screening and orientation training process.

Currently PERC has 470 trained and active Patient Advisors and 291 working on teams and committees throughout Henry Ford Health (HFH). The system currently has twelve (12) active Patient & Family Advisory Councils (PFACs) that have been developed to address specific issues important to both patients and providers. The PFACs are co-led by the Patient Advisors and HFH leadership who develop a charter that outlines specific initiatives and a workplan to fully address outcomes that are important to both patients and the organization. In order to support active participation for patients, families and HFH teams, educational workshops and webinars have been developed to meet the unique needs of each group. Patient Advisors also serve on existing and ongoing department committees throughout the health system.

For patients and caregivers, an easy application has been developed on PERC's website (henryford.com/perc) as the first step to become involved. One of PERC's staff will initiate a call to talk about the opportunities and schedule the applicant for a Welcome Workshop (Orientation). The objectives of the workshop are to get to know the Patient Advisors and begin to understand their passions, priorities, and skill levels to find the most appropriate placement for engagement.

Patient Advisor Welcome Workshop

Patient Advisors are:

- S**olution-oriented
- H**elpful
- A**ctive Listener
- R**espectful
- E**ffective Communicator

Sharing Your Story

- Sharing your story in **an effective way** is a very important tool.
- You will have to **introduce yourself** many times throughout your time as an advisor- think of it as an "elevator pitch".
- Items to include in your story:**
 - Name
 - Relevant Experience
 - Why did you want to be a part of this program?
 - What unique qualities to you bring to the table.

THE ELEVATOR PITCH For Patient Advisors!

For Practice:
Write down what you'd like to say in your story. Try to refine it down to 5-10 bullet points. Practice out loud with someone!

So, you have a question?

Placement-related questions

- Project Timeline
- Project Scope
- Project Assignments

Patient Advisor Liaison (PAL)

All Other Questions

- Recruitment Questions
- Feedback on your PAL
- Training/Education

PERC



Engagement & Retention

8th Annual Patient Advisor Retreat

For the past 8 years, PERC hosts an Annual Patient Advisor Retreat that is intended to bring Patient Advisors and Henry Ford staff together to celebrate accomplishments as well as provide advisors with meaningful speakers that remind them why their role is so important. We invite Henry Ford clinicians, researchers, and leadership to show them the true meaning of patient engagement and how valuable it is to partner with Patient Advisors. The retreat will feature Henry Ford Health senior leaders, skill building, informative speakers, networking/mingling, food, opportunities to learn about other councils & committees and more.

Opening Remarks

PERC founders, Dr. Christine Cole Johnson and Karen Kippen, kicked off the event by sharing the center's journey since its inception in 2014.



Patient Experience

Courtney Stevens shared updates on the Front Door Transformation Initiative, which is focused on transforming how patients access HFH's ambulatory healthcare services and optimizing the patient experience. We are excited to share new updates around this work.



Panel Session

Aarolyn McCullough (Patient Advisor), John Doyle (Research Patient Advisor), Tammy Pink (Patient Advisor- Caregiver), and Julie Johns (Patient Advisor Liaison- Leadership).



Lunch & Poster Session

Placements within the Patient Advisor Program shared projects and accomplishments from 2024. Attendees voted for their favorite poster, with the Wyandotte PFAC taking 1st place.

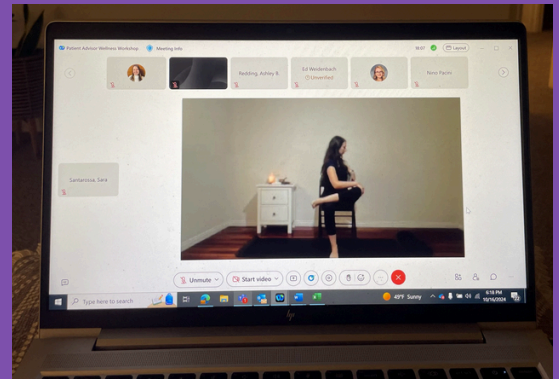
Break Out Sessions

Patient Advisors attended one of four available sessions: Mindfulness for Self-Care and Burnout Prevention, Patient Empowerment Class, and Nutrition for Healthy Living and Disease Prevention



Engagement Events

- **Bingo** at Henry Ford Macomb Hospital
- **Cooking Workshop** at Henry Ford West Bloomfield Hospital
- **Wellness + Yoga Workshop** hosted virtually
- **Stop the Bleed (Emergency Preparedness Class)** at One Ford Place in Detroit



Recruitment & Engagement Taskforce

From time to time, PERC invites Patient Advisors to join virtual sessions aimed at enhancing the Patient Advisor Program. During these sessions, advisors share their insights on topics such as recruiting new members, improving engagement efforts, refining communication strategies, and more. Those who participate in the task force provide valuable input to program leaders on effectively communicating with other advisors.



Patient Advisor Liaison (PAL)

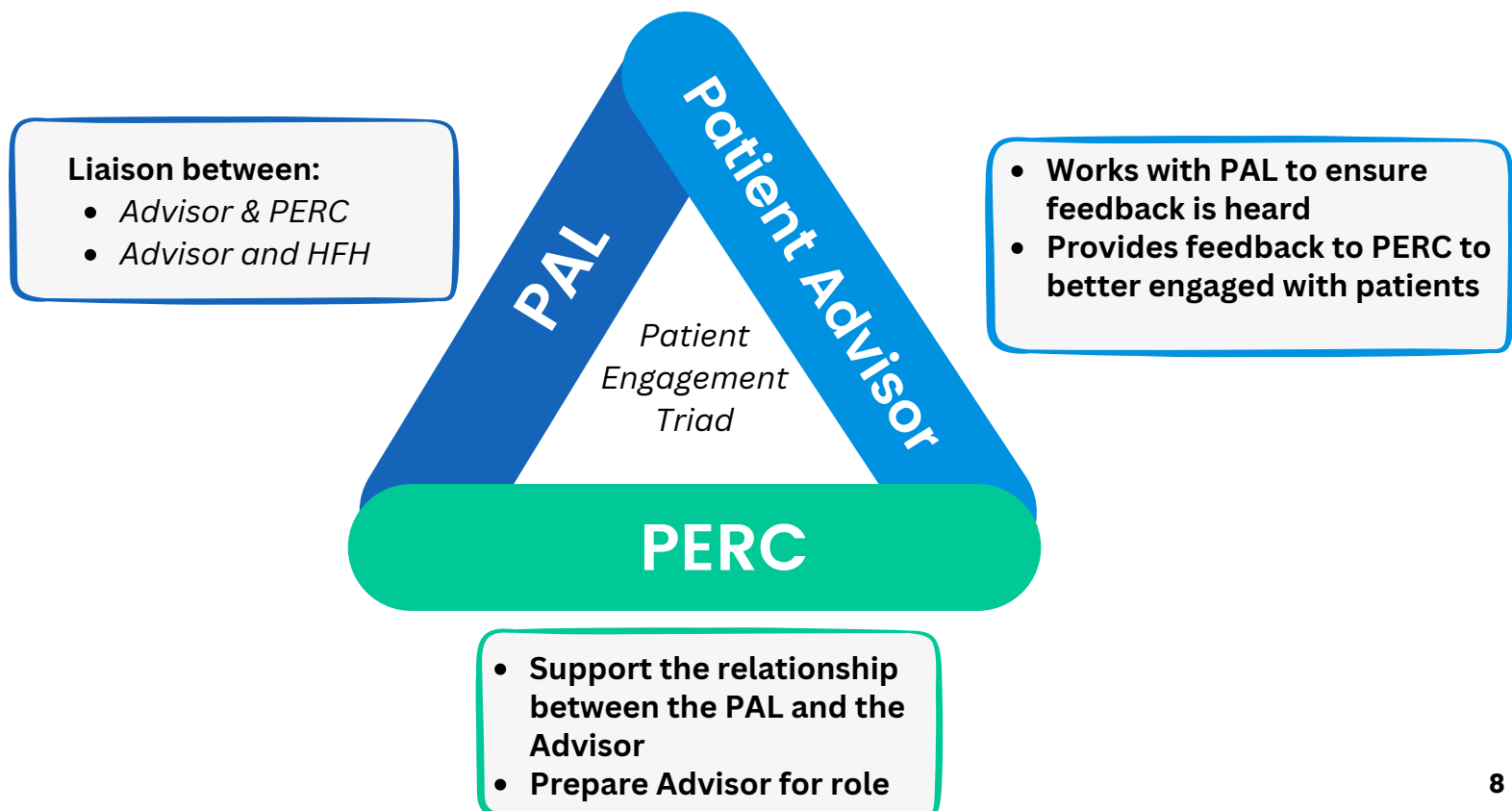
Providers and HFH Staff also need support, including tools on effective ways to engage with patients as partners on teams. We call those in this role the Patient Advisor Liaison (PAL). To provide that support, PERC developed a HFH University online module for teams who partner with patient advisors. This helpful module was developed jointly with the Office of Clinical Quality and Patient Education. As added support, PERC offers bi-monthly support calls for PALs to share successes, solve challenges and share knowledge.

Role

- Builds a relationship with and supports PAs
- Creates a comfortable and safe environment for PAs
- Communicates important and appropriate information to the PA
- Prepares committee/council for PA as new team member

Responsibility

- Invites PAs to council/committee meetings
- Follows up with meeting minutes
- Communicates project timelines, milestones, and updates with PAs
- Continues to build a culture of partnership and keep communication channels open
- Is mindful when sending sensitive or confidential information





Patient Advisor Placements

➔ This is an interactive page. Click on the placement you would like to read more about. By clicking on a placement, you will automatically navigate to that section of the summary.

PATIENT & FAMILY ADVISORY COUNCILS (PFAC)

Groups of Patient Advisors on councils led by HFH team members (PALs). Council focuses on process improvement with feedback from patients/caregivers. PERC takes the lead on recruitment, strategic planning and development of council. PERC continuously supports council.

Hospital based

- Detroit Hospital PFAC
- Jackson Hospital PFAC
- Macomb Hospital PFAC
- West Bloomfield Hospital PFAC
- Wyandotte Hospital PFAC

Department specific

- Cancer PFAC
- Patient Involvement & Communication PFAC
- Experience Transformation PFAC
- Hermelin Brain Tumor PFAC

Research

- All of Us Research Program PFAC
- Seniors using Technology to Engage in Pain Self-management (STEPS) PFAC
- Maternal Mental Health (MAMA) PFAC

INDIVIDUAL ADVISOR PLACEMENTS

Adding a patient and/or caregiver voice to existing department committee meetings and/or research project teams. PERC will recruit and train patient advisor placed on department committee and teams.

In 2024 there were Patient Advisors that sat on twenty-four (24) department and leadership committees throughout the healthy system. [Click here to view the full list.](#)

* "Placement" is defined as an ongoing council, committee, project that Patient Advisors serve on.

Detroit Hospital PFAC

In the PFAC's first year, the group engaged with leaders from multidisciplinary departments that are working on process improvements, ranging from marketing and messaging materials, physical plan changes, hardwiring best practices in communication and patient safety.

2024 Key Topics

- **Inpatient White Board:** Design Consultation (see images 2 and 3).
- **Mobility Matters Education:** PFAC provided essential feedback for in room educational materials and received follow up in a second meeting based on PFAC input.
- **Fall Prevention:** Discussed patient facing practices regarding patient safety including low, moderate, and high-risk patients and practices.
- **Discharge Suite:** PFAC reviewed plans for a discharge suite to facilitate throughout and create increased patient satisfaction. PFAC was in favor of discharge suite and provided their recommendation to institute it.
- **Food and Nutrition Services:** Advised on patient expectations around what to expect from food and nutrition, order process, and patient satisfaction around quality of food and courtesy of person who served the food.
- **Destination Grand:** Provided insights for visual components of the hospital including first impressions of environment. PFAC reviewed patient facing technology in patient rooms. PFAC provided insight regarding patients with vision, hearing, and language constraints.
- **Discharge Readiness:** Reviewed scripting to ready patients for next steps in their care.

Department
Care Experience

Founded
2024

Meeting Frequency
Every month
2 hours

Patient Advisor Liaisons (PAL)
Julie Johns, Director
Care Experience

Barbara Kuszak, Manager
Care Experience



Image 1. Kick-off PFAC meeting

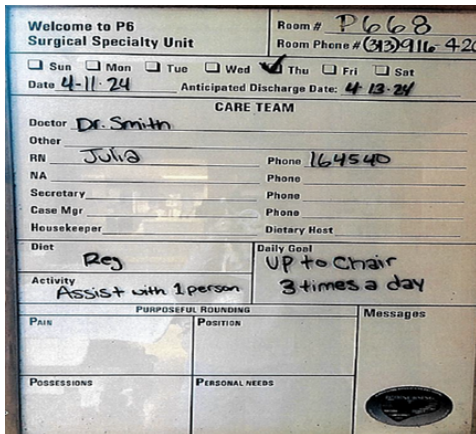


Image 2. White Board prior to PFAC intervention

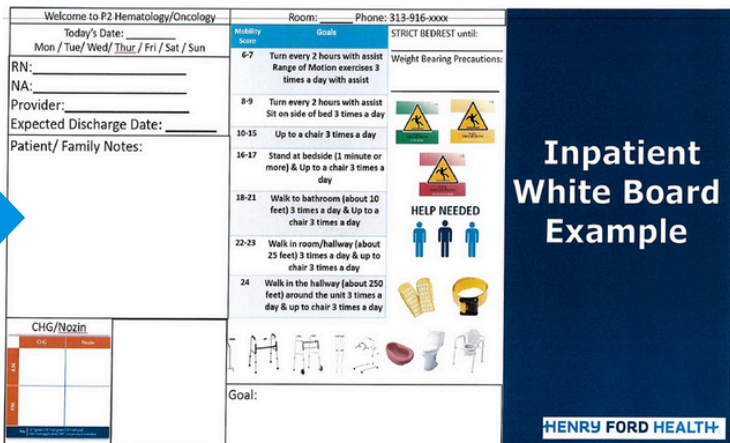


Image 3. Finished White Board Example reflective of PFAC input throughout two meetings with Department Leaders

Jackson Hospital PFAC

2023-2024 Key Topics

- **Emergency Department (ED) Provider Warm Hand-off to Inpatient Provider** to avoid the patient’s feeling of being left in limbo during transition from ED patient to Inpatient care. (See figure 1)
- The **Compassionate Closet** provides free new gender-neutral clothing to discharging patients whose clothes were not salvageable upon admission and are unable to purchase their own clothing. Our goal is for all patients to feel respected and have dignity when discharging to home or elsewhere. The organization and inventory of the closet are maintained by the Jackson PFAC. (See figure 2)
- **Weapons Free Messaging** makes our patients and visitors aware we maintain a safe weapon free environment. The PFAC provided input on the ‘what’, ‘how’ and ‘where’ the Weapons Free messaging will be most impactful.
- **Public Patient Lockers** for day surgery patients to secure their belongings during their surgeries or procedures. This will allow the patient care giver to be free of the burden of several patient belonging bags that are often cumbersome and take up already limited space in the day surgery family waiting area.

Department
Care Experience

Founded
2019

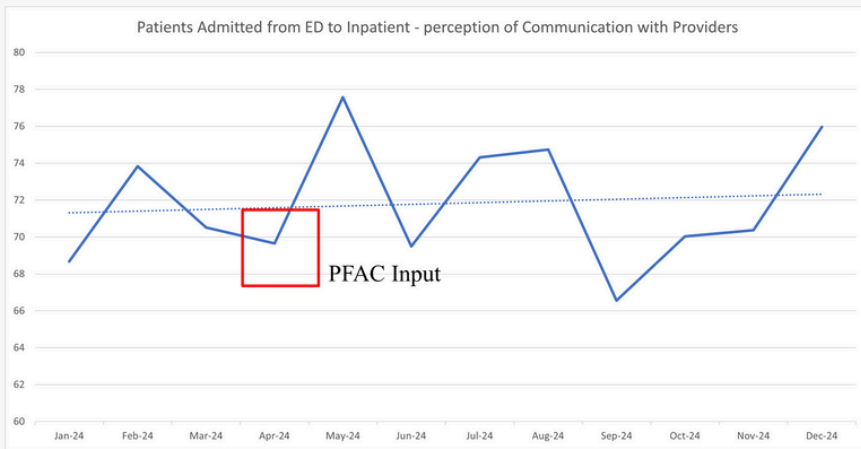
Meeting Frequency
Every other month
2 hours

Patient Advisor Liaisons (PAL)
Julie Johns, Director
Care Experience

Amy Sayles, Manager
Care Experience

**Warm Hand-off ED to IP Provider
HCAHPS Doctor Communication January 2023 – December 2023**

Figure 1



- HCAHPS Doctor Communication Domain filtered by patients admitted from the ED
- PFAC input in April 2023.
- Strong improvement in May
- The practice sputters in June and September before the practice was hardwired
- Improvement trend October through December

**Compassionate Closet Resources Impact on BH IP LTR
Q1 2021 – Q3 2024**

Figure 2



- The data above reflects improvement for Inpatient Behavioral Health Likelihood to Recommend since the Compassionate Closet’s inception. IP BH patients are the highest utilizers of the closet.
- Several variables may influence the LTR but together those positive variables are influential.

Macomb Hospital PFAC

2024 Key Topics

- **Project Title: First Impressions** *(See images 1 and 2)*
 - **Description:** PFAC was asked to participate in our First Impressions Committee and complete observations in the following areas of HFM: Emergency Department, North & South lobby entrances, Labor & Delivery Unit, and Cafeteria.
 - The **goals** of the first impression committee are to:
 - Determine how patients/visitors perceive specific areas of our organization
 - Make Immediate Improvements
 - Move the needle in areas where there is ‘low hanging fruit’
 - Provide an accurate and honest assessment of the current state
 - Prioritize observations and recommendations from committee to present to ELT
 - **Results:** The committee was able to influence each of these areas with their own observations. One of the immediate improvements made was removing the cluttered signage from the entrance of the ED.

- **Project Title: Walking Path**
 - **Description:** Henry Ford Macomb is in the early stages of developing a walking path for patients and visitors. The indoor path that has been identified is $\frac{3}{4}$ of a mile and is indoors. Our PFAC was asked to walk the route to ensure path is clearly identified and easy to find. The walking path will have QR codes that patients/visitors can scan to get helpful information related to health/wellness. PFAC will help identify helpful topics that should be considered for the walking path QR codes.

- **Project Title: Cancer Support Groups**
 - **Description:** The Patient Advisors of this PFAC is passionate about understanding what cancer support groups are available to HFM patients. It is important to our PFAC that we treat the patients psychological & emotional adjustment through this difficult journey. Support groups are one way to support patients through this and we have partnered with HFCI to understand what support groups are currently being offered. Our next steps include looking at different avenues to better get this information in the hands of the patients who need the support the most.

Department
Care Experience

Founded
2015

Meeting Frequency
Every other month
1.5 hours

Patient Advisor Liaisons (PAL)

[Brooke Shankin](#), Manager
Care Experience

[Julie Johns](#), Director Care
Experience

Image 1: First Impressions Project- BEFORE PFAC input

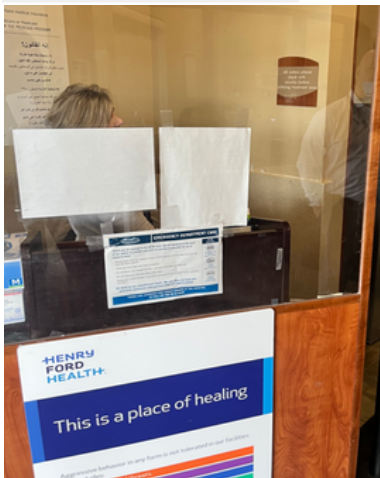


Image 2: First Impressions Project- AFTER PFAC input



Image 3: PFAC members



West Bloomfield Hospital PFAC

2024 Key Topics

- Project Title: First Impressions Committee** (See Figure 1)
 - Description:** This committee was formed with support of the HFWB President to provide a regular view of “fresh eyes” on all aspects of our environment including care areas. The committee created a tracking checklist with observations and recommendations that were then taken to the local operations leaders and Executive teams for review, prioritization and approval of recommended fixes. Observers in the committee initially included team members and then primarily became our PFAC team members this year.
- Project Title: Food and Nutrition Improvement Support**
 - Description:** The PFAC continues to remain engaged with our Food and Nutrition team and provides support with seasonal menu changes, tastings, review of our process for delivery and accuracy of order. We also engage on how delivery occurs and ways to create a great first impression with courtesy when delivering meals. This is key work for our organization as we are looking to better meet the needs of our patients and improve the perception of Food Quality and Courtesy of our Servers on our Press Ganey patient feedback surveys.

Department
Care Experience

Founded
2018

Meeting Frequency
Every other month
1.5 hours

Patient Advisor Liaisons (PAL)
[Hannah Leinonen](#), Care Experience Consultant
[Jennifer Manciel](#), Manager Care Experience
[Julie Johns](#), Director Care Experience

Figure 1: First Impressions Project

First Impression's Checklist			
PFAC Member Dave Shevrin	Date: 2/15/24	Time: 11:00- 11:45 a.m.	
Notes Category	Notes from Category	Additional Notes	Recommendations
Cleanliness	CLEAN /dirty/messy/organized		
Noise level	soft/ Quiet /loud/chatter	Not Very Crowded	
Team member behavior	INVITING /cold/tone of voice/actions		
Walls/Paint	CLEAN /scuff marks/chipped paint		
Carpet/Floors	clean/ dirty/ STAINS /new/ OLD /dark/bright/		Replace Carpet
Atmosphere	bright/dark/happy/ GLOOMY	Room felt empty, lacked ambiance	See Redesign comments below
Clear instructions	clear where to go what to do NOT CLEAR	Birthing Center desk tucked around corner	Combine 2 desks & set up like Surgical Lobby
Art/Signage	NEEDED /not needed/appropriate	Nice sculpture in outside of central window. But little else. Little Signage	Add "wait here" sign to give patients more privacy when at desk.
Entertainment offerings - Magazine, T.V. Etc.	magazine/ T.V ./nothing	No magazine. Info Leaflets. TV poorly placed	Add general magazines for mags new moms. More , bigger & better placed TVs.
Friendliness/Inviting	friendly/ NOT FRIENDLY	Nor inviting. Very stark. empty, and lousy seating.	Redesign lobby . Combine desks in front of central window, add "Birthing Center" sign to "Emergency Obstetrics" sign. Add "Wait Here" signa and privcy booths. MORE & NEW CHAIRS & SOFAS for family/friends to sit together. Change layout of chairs/sofas and place TVs. art. info. etc... accordingly.

Sample of a tracking form, opportunities identified, and feedback given. Many of the recommendations for the Labor and Delivery area were implemented based on this recommendation!!

Wyandotte Hospital PFAC

2024 Key Topics

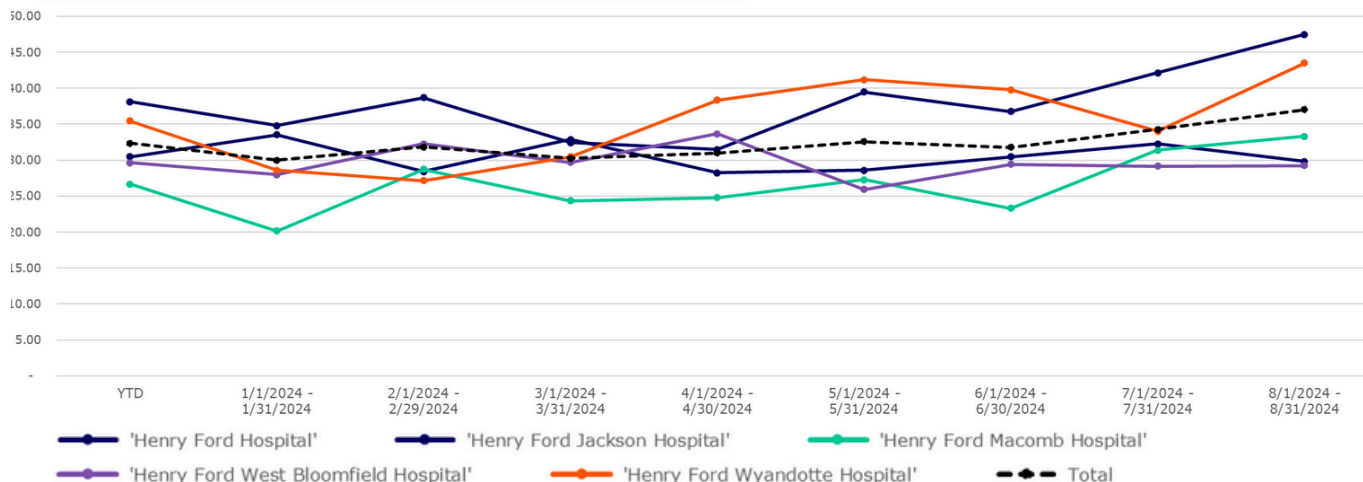
- Bedside Shift Report (BSSR):** PFAC advised in 3 meetings on BSSR related to Patient Recognition of Practice including Sonifi prompts. Target Unit Discussion with lower performers, and BSSR handout for patient recognition. *(See figure 2)*
 - Results:** From PFAC involvement in key tactics, rate of 'Always' BSSR has increased by 5.5% from previous year with decrease in 'Never' by over 8%.
- Hospital Signage:** Influential in development of staff facing signage for Quietness and assisted in Quietness Campaign work.
- Thank You Cards and treats to Leaders:** PFAC wrote thank you cards to the entire leadership team during a time of crisis for recognition and support.
- Food and Nutrition Services** work on menu items and delivery times.
- CDU Handout:** Partnered with local leader of a new short stay unit to develop a handout for all patients.
- Emergency Department (ED) Improvement Efforts**
 - Safety Initiative:** Provided direct feedback on safety processes including doing a walk-through of the department lobby, testing of metal detector, and identifying opportunity areas in the department.
 - ED Sensitive Exams:** Advised on practice habits and messaging for ED patients undergoing sensitive exams to decrease trauma and proactively provide empathetic communication.
 - ED Messaging** for Providers regarding MyChart results in real-time.
 - ED Signage:** PFAC worked to improve external signage for patient awareness and safety.

"They always ask the right questions to make me think out of the box and gain greater insight" -Leader, 5th floor General Medicine

"PFAC led us to look at the right survey question to see exactly where we could make an impact" -Leader, 5th floor General Medicine

"On a day that was so tough for me, I received the card from PFAC, and it moved me to tears. Thank you, PFAC!" -Trauma Manager

Figure 2. Orange Line: Impact of PFAC involvement in BSSR. Increased Always responses by 5.5% and decreased Never responses by 8% from 2023



Department
Care Experience

Founded
2014

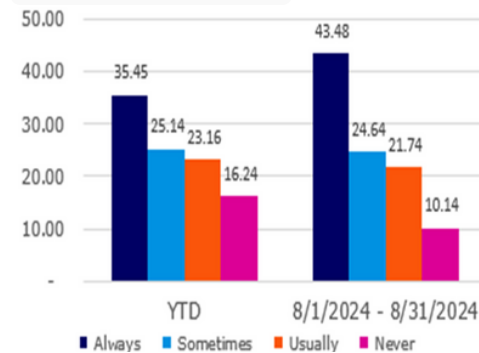
Meeting Frequency
Every month
2 hours

Patient Advisor Liaisons (PAL)

Julie Johns, Director
Care Experience

John Chandler, Manager
Care Experience

Figure 1. Distribution of responses indicating patients recognizing practice due to PFAC involvement



Cancer PFAC

2024 Key Topics

- **Financial Benefits Letter - Presenter: Danielle Nelson**
 - Patient Advisors met with financial benefits counselors and made suggestions about helping people who may face large medical bills with a new outreach letter for cancer patients that estimates treatment costs and explains help available from HFH’s recently expanded financial resource team.
- **Palliative Care - Presenter: Dr. David Henkin**
 - Patient Advisors learned about the difference between Palliative Care and Hospice Care and offered helpful tips on how to best explain this vital but often misunderstood and underutilized service to cancer patients.
- **Social Support Teams - Presenter: Camille Romain**
 - Patient Advisors met with Community Health workers and made suggestions about how to expand this vital program that brings awareness about cancer prevention and screening, resources, and staff to work in under-served communities.
- **Marketing - Presenter: Jennifer Day**
 - Patient Advisors learned about HFH marketing priorities and initiatives and gave their opinions about how to expand marketing and media relations strategies, particularly to promote HFH’s nationally recognized excellence in cancer care.
- **Reflection Room - Presenter: Megan Winkel**
 - Patient Advisors visited the Cancer Institute’s newly redesigned reflection space and offered feedback on several relaxation videos patients, caregivers and staff can use, along with ideas on how to best promote this unique space. (See image 1)
- **Cancer Service Line Goals and Priorities - Presenter: Dr. Shirish Gadgeel, Christopher Bissell**
 - Patient Advisors collaborated with Cancer Leadership around goals and priorities for the Cancer Service Line.
- **“Pursuing Perfect Care” Campaign and the Cancer Service Line 3 Year Strategic Plan - Presenter: Danielle Nelson**
 - Patient Advisors reviewed the Cancer Service Line’s new campaign, as well as their three-year strategic plan. Advisors gave feedback about the values, standards, and initiatives surrounding cancer care at HF, including the expansion of supportive oncology efforts.
 - Looking into the future, the Cancer Service Line and Advisors will be focused on:
 - Clinical trial collaboration & innovation
 - Continued building upgrades and services
 - Messaging and investment in HF as a destination for cancer care
 - Expansion of care with Ascension

Department
Oncology

Founded
2016

Meeting Frequency
Every month
1.5 hours

Patient Advisor Liaisons (PAL)
Danielle Nelson, Director
Supportive Oncology
Services

Image 1: Tour of New Reflection Space



Image 2: PFAC meeting discussion



Patient Involvement & Communication Council (PICC)

2024 Key Topics

- **Patient Billing Letters** (see image 1)
 - Redesigned the system billing letters to be easily understood and actionable. This was presented at a national conference.
- **Behavioral Health Transition to Community**
 - Revised program process and marketing.
- **Digital Literacy and Telehealth Access**
 - Provided feedback on training curriculum.
- **Language Access Symbols**
 - Submitted recommendations for a universal language access symbol to Office of Minority Health.
- **Primary Care Advertising**
 - Reviewed campaigns for social media and print advertisements.
- **System Inpatient Guide**
 - Updated the systemwide inpatient welcome and information book.
- **Food and Nutrition Cards**
 - Reviewed information cards and updated program to improve patient experience.

Department
Patient Education & Health Literacy, Care Experience

Founded
2017

Meeting Frequency
Monthly
1.5 hours

Patient Advisor Liaisons (PAL)
Angela Murphy, Manager – Organizational Health Literacy & Patient Education

Laura Gooseberry, Patient Education Designer

Image 1: Patient Billing Letters- Revised Version

New Letter HENRY FORD HEALTH

9/25/2023
John Doe
1234 Ford Street
DETROIT MI 48201

Patient	Doe, John
Account Number	123456789
Guarantor Number	1234567891
Date of Service	03/28/23
Current Account Balance	\$123.45

Dear John Doe,
Thank you for choosing Henry Ford Health as your trusted healthcare partner → **Greeting**

This letter is to tell you about a Coordination of Benefits (COB) problem with your account. COB rules decide which of your insurances pays your bill first (primary payer) and second (secondary payer). Your primary payer gets your bill first and pays what they owe, and then the rest of your bill is sent to your secondary payer. → **Explain the Problem**

Medicare and Aetna both paid your claim as the primary payer. → **Identify the Problem**

What you need to do:

1. Please contact Medicare at (855) 798-2627 and Aetna at (855) 316-3784 and confirm which is primary and which is secondary.
2. Please let us know once you do this by contacting our Customer Service Department at (800) 999-5829 or by sending us a MyChart message so that we can correct your claim. → **Action**
 - Choose "Customer Service Question" as the message type.
 - If you do not have a MyChart account, you can call us at the number listed below.

If you have any questions about this letter, please send us a MyChart message. Choose "Customer Service Question" as the message type. If you do not have a MyChart account, please call our Customer Service department at to talk to a customer service specialist. → **Closing**

Customer Service	(800) 999-5829
Monday - Thursday	8:00 am - 6:00 pm
Friday	8:00 am - 5:00 pm

Sincerely,
Corporate Business Office
Henry Ford Health



Image 2: PFAC members

Experience Transformation PFAC

2024 Key Topics

- **eCheck-In/Pre-Register Online**

- **Use of Feedback:**

- Feedback from this session was used in Front Door Transformation work to develop our pre-visit patient messaging strategy. Updates to photo ID scanning were made based on council feedback that includes an explanation about why we require photo ID and now allows patients to skip this step in eCheck-in. Other work will be rolled out in early December when we update our texting features. (Image 2)

- **Advertising (Images 3 and 4)**

- **Use of Feedback:**

- Eliminated some negative copy like “sketchy” “don’t” and “can’t.”
 - Made sure the use of the “H” element is clear but doesn’t obscure image completely and is more limited to the bottom of the image.
 - Images match copy (e.g., "palm of your hand" to show patient holding phone with virtual visit).
 - Made it easier to see laptop in images.
 - Focused on only video visits and eliminated “virtual” language.
 - Eliminated “healthy route” language because it was not clear and obvious.
 - Ensuring same day ads are only shown during daytime operating hours.

- **Weapons Messaging**

- **Use of Feedback:**

- Overwhelming consensus that messages create a sense of security and do not detract from a welcoming environment was positively received. We are now adding a MyChart banner message to remind patients that weapons are not permitted at Henry Ford Health facilities. We are also adding messaging to the MyChart pre-registration page. These updates are live with the Epic Update as of 12/12/24.



Image 1: PFAC members

Photo Identification

For an upcoming appointment on 1/31/2024

Henry Ford Health requires verification of photo ID annually. If you don't have a current photo ID in MyChart you will be asked for photo identification when you arrive for your appointment. The front desk staff may upload your ID to save you time at registration in the future.

* Indicates a required field.

* Please accept to upload images of your current photo ID or decline to continue pre-registration.

Image 2: eCheck-In/Pre-Register Online- added verbiage

Departments

Access Technology,
Digital Experience & Web
Strategy, Experience
Insights & Analytics, and
Virtual Care

Founded
2020

Meeting Frequency

Monthly
1.5 hours

Patient Advisor Liaisons (PAL)

Julie Goldstein-Dunn,
Director, Experience
Insights & Analytics

Courtney Stevens,
VP, Front Door Experience
Transformation

Stephanie Ryan,
Manager, Market
Research

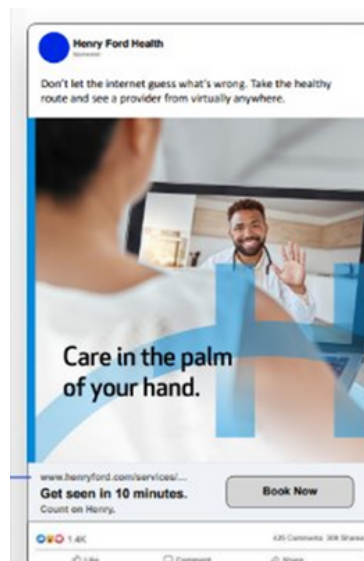


Image 3: Advertising BEFORE PFAC Feedback

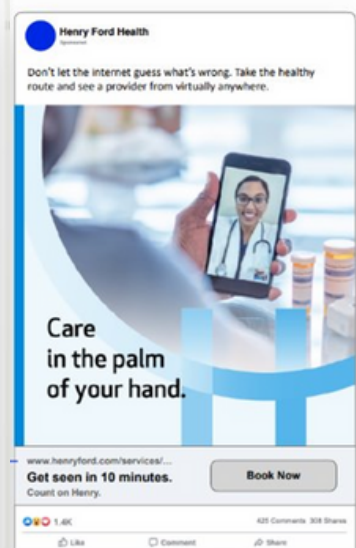


Image 4: Advertising AFTER PFAC Feedback

Hermelin Brain Tumor PFAC

2024 Key Topics

- **Featured on henryford.com** in story about Patient and Family Advisory Councils: <https://www.henryford.com/services/brain-tumors/patient-stories/pfac>
- **Patient Handbook** was reformatted in collaboration with the Henry Ford Patient Education Team and made available on Patient Pass, allowing patients to receive the handbook via MyChart. (See image 1)
- The council advised the clinic team on the best day, time, and topics for the **patient support group** to meet to maximize attendance, leading to increased participation.
- **Physician leads** consistently turn to the council to offer advice and guidance including determining the best timing for difficult discussions and best practices for patient consents.
- Completed and **submitted journal article** for publication consideration.
 - *Utilizing the perspectives and experiences of past patients/caregivers to develop a handbook for newly diagnosed patients with brain or spinal tumors and their caregivers. Manuscript submitted to editor. Sauer, S., Gay, N., Langford, M., Betman, M., Jackson, A., Bradac, A., Mackowski, D., Leach, R., Marco, M., Coughlin, M., Salle, J., Scarpace, L., Snyder, J.*
- Participated in the **11th Annual Head for the Cure 5k**, which raised over \$172,000. Individual fundraising by the PFAC members provided sponsorship of the “bubble truck” during the event.

Department
Neuroscience

Founded
2018

Meeting Frequency
Monthly
1.5 hours

Patient Advisor Liaisons (PAL)
Nestelynn Gay, Patient Resource Coordinator

Lisa Scarpace,
Project Manager

Dr. Tobias Walbert,
Neuro-Oncologist

Image 1: Patient Handbook Volume 3

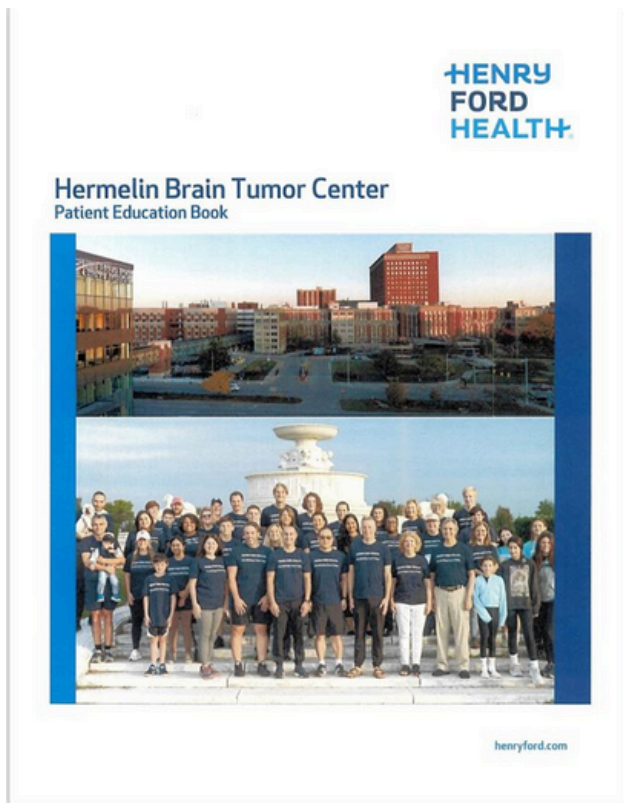


Image 2: PFAC members



All of Us PFAC



The goal of the All of Us Research Program (AoURP) is to help improve the future of health by accelerating health research.. The AoURP is part of the National Institutes of Health (NIH) Precision Medicine Initiative and seeks to help researchers understand more about why people get sick or stay healthy.

Website: joinallofus.org/HenryFord

2024 Key Topics

- In 2024, Patient Advisors were invited to share their “WHY” story and their program participation experiences. They took part in a **photoshoot to highlight our Detroit & Dearborn communities**. Patient Advisor images and stories were featured in newsletters and marketing materials. (See image 1)
- Our popular Lecture Series featuring researchers utilizing the *All of Us* Data continued with PERC’s Dr. Paige Coyne’s presentation on a new research project utilizing the **All of Us Fitbit data**.
- The PFAC was the first to hear about Henry Ford Health being one of five sites across the nation to be selected to enroll pediatrics participants in the program!
- Advisors were invited to provide feedback to the NIH *All of Us* Team for a national & local event called the **Participant Convening Event** during a monthly meeting in July.
 - The advisors’ feedback was adopted in a local forum on October 9, 2024 that was hosted in Detroit. (See image 2)
 - Patient Advisors Randee Bloom & Tykesha Lewis participated on a panel during the event. They were able to detail their experiences as participants, their tenure as participant advisors & highlight why they participate in the *All of Us Research Program*!

Department
Public Health Sciences

Funding Agency
National Institute of Health

Founded
2017

Meeting Frequency
Every other month
1.5 hours

Patient Advisor Liaison (PAL)
[Janine Hussein](#), Project Manager

Principal Investigator
[Dr. Christine Johnson](#), Public Health Sciences Department Head

Image 1: Photoshoot with advisors to highlight our Detroit & Dearborn communities



Image 2: The advisors’ feedback were adopted in a local forum on October 9, 2024, that was hosted in Detroit.



STEPS PFAC

SENIORS USING TECHNOLOGY TO ENGAGE IN PAIN SELF-MANAGEMENT



Project Overview

STEPS stands for **Seniors using Technology to Engage in Pain Self-management**. We are testing to see if a pain self-management program can help people live better with chronic pain and reduce pain’s impact on their lives.

Participants will:

- Complete three 60-minute telephone surveys
 - Baseline, 2-month follow-up, and 12-month follow-up
- Be randomly placed into one of two groups (50/50 chance):

Intervention Group: A 7-week program with web-based videos and weekly telephone sessions led by a Community Health Worker

Control Group: A control group that receives program materials & a half-day workshop after the final survey

Update:

- 132 participants have completed the STEPS intervention!
- 20+ Recruitment Events Completed!

Department
University of Michigan
School of Public Health in
collaboration with Henry
Ford Health

Funding from the National
Institute on Aging
(NIA; R01AG071511)

Founded
2022

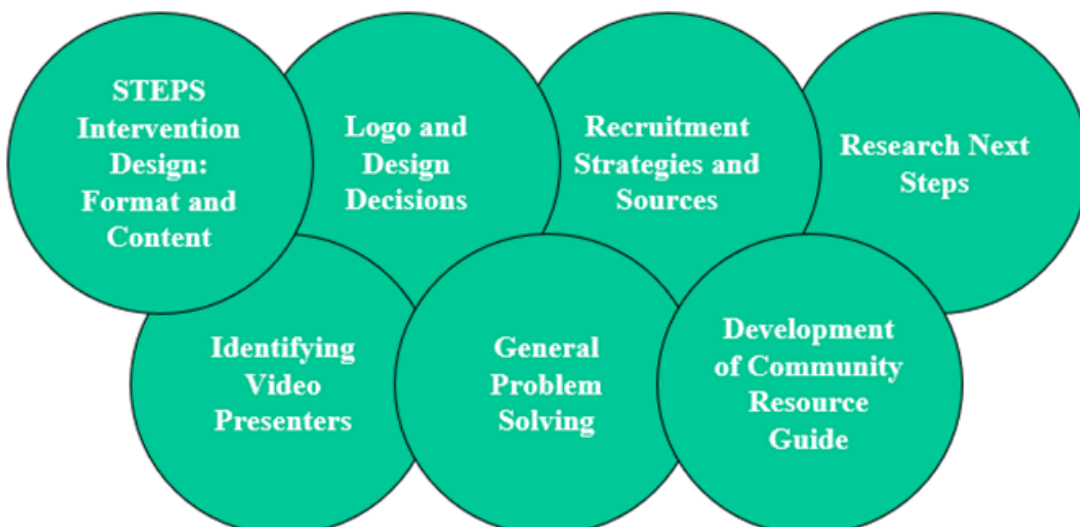
Meeting Frequency
2-3 meetings per year
1-1.5 hours

**Patient Advisor
Liaisons (PAL)**
[Rebecca Lindsay](#),
Project Manager
University of Michigan School
of Public Health



The Patient and Family Advisory Council (PFAC) has been integral in designing and implementing the STEPS study.

We met with the PFAC team 7 times over Webex since July 2022. Some topics of discussion at meetings have been (but not limited to):





Project Overview

Project title: Using storytelling to build capacity for PCOR/CER in MAternal Mental health (MAMA)

*PCOR= Patient Centered Outcomes Research
*CER= Comparative Effectiveness Research

PFAC Purpose:

- Convene a stakeholder team of 23 patients, caregivers, researchers, providers, and community members. (See image 2)
- Train all stakeholders to facilitate a shared understanding of patient-centeredness.
- Build off existing PERC infrastructure while identifying additional Patient Advisors.
- Utilize appropriate engagement tools.
- Use the results of this process to collaboratively generate and prioritize a PCOR/CER Research Agenda.
- Determine tailored dissemination strategies (including publications) for the PCOR/CER Research Agenda for each stakeholder group.
- Investigate and report on funding opportunities to pursue specific items from the PCOR/CER Research Agenda.

Key Meeting Priorities- Complete

- ☑ Review storytelling analysis (previous phase of project) (See image 1)
- ☑ Pre-learning survey results from Maternal Mental Health Storytelling Symposium
- ☑ Interactive research topic brainstorm
- ☑ PFAC members voted/prioritized topics
- ☑ PFAC members learned how to write research questions
- ☑ Developed research questions in breakout sessions

Key Meeting Priorities- Upcoming

- Finalize PCOR/CER Research Agenda

Department
Public Health Sciences &
Center for Health Services
Research

Funding Source: Patient
Centered Outcomes
Research Institute (PCORI)

Founded
2024

Meeting Frequency
Monthly, 1 hour

**Patient Advisor
Liaisons (PAL)**
Dr. Sara Santarossa,
Assistant Scientist, Public
Health Sciences

Dr. Amy Loree,
Associate Scientist,
Center for Health Services
Research

WHAT IT MEANS TO GRIEVE

"As the shock settles, you wake up from your nightmare and somehow reality feels worse."

"To this day, it's difficult for me to wrap my head around the fact that we loss parents often feel like we are simultaneously the elephant in the room, yet FEEL as small as a mouse."

"My grief has not softened with time, but I am continuing to grow stronger in carrying it."

"I felt an odd mix of joy and intense sorrow. My son felt ever-present, I couldn't help but feel joy for the magic of his short time with us. But my heart was broken, and I knew it could never be repaired. Losing a child is such a lonely and isolating experience. I felt trapped and suffocated in this reality."

"I knew deep down in my heart, I could not handle any more grief, any more loss. I needed to be a mother, not to carry a pregnancy."



Image 1: Slide shared at PFAC on storytelling analysis

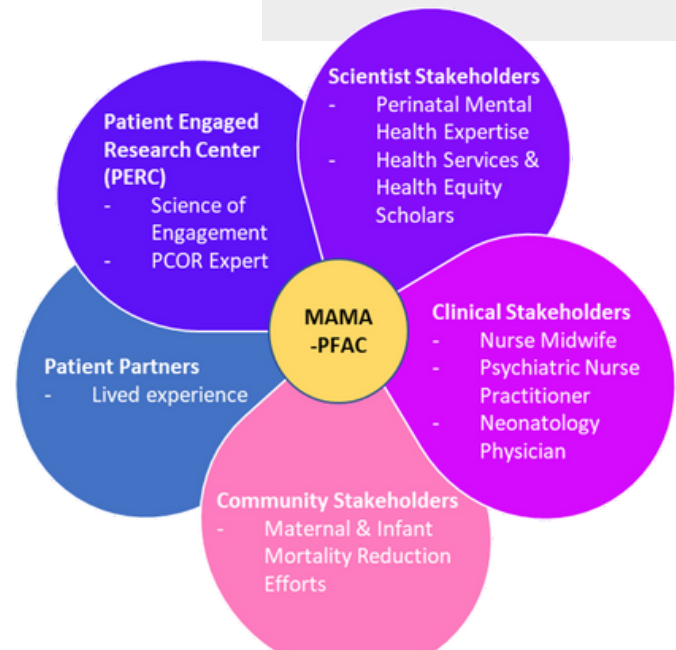


Image 2: PFAC member makeup (as written in award contract)

Individual Placements

1-2 Patient Advisors

- » **Henry Ford Hospital Stroke Transitions of Care Committee**
Megan Brady- Clinical Program Manager for Stroke
- » **Pursuing Equity Patient Care Committee**
Dr. Marla Rowe Gorosh- Family Practitioner
- » **Quality Committee, HF Macomb Hospital**
Brooke Shankin, Care Experience Director
- » **Ethics Committee, Henry Ford Hospital**
Hesham Shaban - Nephrologist & Lead Ethicist
- » **Ethics Committee, Henry Ford West Bloomfield**
Dr. Emily Hurst- Director, Residency Training Program
- » **Board of Trustees, Quality, Henry Ford Hospital**
Mary Voutt-Goos- Director, Quality Safety Initiative
- » **Palliative Care Committee**
Rashonda (Shon) Mcgee, Group Practice Director
- » **Patient Education Committee**
Angela Murphy- Manager, Organizational Health Literacy & Patient Education
- » **Critical Care Committee**
Alicia Wafer- Director of Respiratory Therapy
- » **Quality and Safety Committee**
Bonnie Calcaterra- Lead, Governance Specialist
- » **Quality Safety & Reliability Council**
Dr. Edward Pollak- Chief Quality Officer, Henry Ford Hospital
Eric Wallis- Senior Vice President, Chief Nursing Officer
- » **Readmissions Committee**
Sue Piatak- Manager, Clinical and Quality Transform
- » **Radiology Committee**
Michelle Dolan, Director of Radiology Service Line

Individual Placements

- » **Supportive Care Committee**
Marie Di Ponio- Nurse Practitioner, Supportive Care
Natalie Hamadeh- Nurse Practitioner, Supportive Care
- » **Henry Ford Allegiance Board Quality Committee**
Amy Sayles, Care Experience Manager
- » **Henry Ford Allegiance Community Engagement Committee**
Amy Sayles, Care Experience Manager
- » **Henry Ford Allegiance IRB Board**
Amy Sayles, Care Experience Manager
- » **Mental Health Research Network**
Amy Loree - Assistant Scientist, Center for Health Services Research, HFH
- » **SAMHSA Zero Suicide**
Amy Loree - Assistant Scientist, Center for Health Services Research, HFH
- » **Cancer Screening Research Network (CSRN) Board**
Christine Neslund-Dudas, Associate Scientist, Public Health Sciences, HFH
- » **Cancer Screening Research Network (CSRN) Advisory Taskforce**
Christine Neslund-Dudas, Associate Scientist, Public Health Sciences, HFH
- » **Population-based, Embedded, and Personalized Research in Real-World Settings (PEPRRS) Center**
Jordan Braciszewski, Senior Scientist, Center for Health Services Research, HFH
- » **Michigan Hospital Medicine Safety**
Caitlin Tatarcuk, Quality Assurance Coordinator, Michigan Hospital Medicine Safety (HMS) Consortium
- » **Michigan Hospital Association Keystone Board**
Julie Johns, System Director Care Experience, HFH

Other Contributions:

Readmissions Journey Mapping, Telehealth Focus Groups, Diabetes Focus Groups, Patient Advisor Welcome Workshop Support, Henry Ford Health Website Redesign, Henry Ford+MSU Cancer Symposium, and more.



PERC Services

Core Service within the Department of Public Health Sciences

GRANT FUNDED PFAC

10-15 Patient Advisors placed on council led by HFH team member(s). Council focuses on process improvement with feedback from patients/caregivers. PERC can take the lead on recruitment, strategic planning and development of council. PERC continuously supports the councils.

FOCUS GROUPS

Small group interview with patients/caregivers to gather thoughts and feedback on certain topics. PERC can help develop a moderator of questions to ask participants. We also will note take and/or record conversation and have transcribed.

INTERVIEWS

In depth one-on-one conversation with patient/caregiver. PERC can help develop a guide of questions to ask participants. We also will note take and/or record conversation and have transcribed.

SURVEYS

A great tool for quick and easy responses from the patient advisor pool. PERC will develop the survey, distribute to targeted audience and pull response results.

RECRUITMENT

The Patient Advisor pool consists of near 500 patients and caregivers. This diverse group of participants are very receptive and engaged. PERC utilizes this pool for all forms of patient engagement. If desired audience does not exist within the patient advisor pool, PERC can help identify specific demographics outside of the pool. We will develop recruitment marketing materials, conduct outreach, and schedule participant interaction.

PATIENT CENTERED RESEARCH DESIGN

Research studies designed to increase collaborative efforts between researchers and the participants (patients). Engagement, knowledge exchange and dissemination, as well as action and reflection are key components of these types of designs. Examples include: photo-voice, body-mapping, social network analysis, social media analysis, community-academic partnerships, participatory action research. PERC can assist in all aspects of study design and execution.

[Click here to submit an intake form to collaborate with PERC!](#)



2024 Active Grant Funded Projects

PERC Collaborator



Research Enterprise to Advance Children's Health (REACH/Star)

Funding Source: National Institute of Health (NIH)

PI: Christine C. Johnson/ Ownby, D. R.

Total Award Amount (including indirect costs): \$17,790.585

PERC Service(s): Patient Centered Research Design



Research Enterprise to Advance Children's Health (REACH) – Fitbit: Exploring effects of physical activity during pregnancy

Funding Source: HFH and Michigan State University (MSU)

PD/PI: Sara Santarossa/ Jennifer Straughen/ Sascha Drewlo

Total Award Amount (including indirect costs): \$50,000

PERC Service(s): Patient Centered Research Design



Enhancing digital CBT-I to improve adherence and reduce disparities

Funding Source: NIH/National Heart, Lung, and Blood Institute (NHLBL)

PD/PI: Cheng, Phillip

Total Award Amount (including indirect costs): \$3,035,622

PERC Service(s): Patient Centered Research Design, Interviews, Qualitative Analysis



Assessment of mobile application-delivered lighting interventions for reducing circadian disruption in shift workers

Funding Source: NIH/NHLBI

PD/PI: Olivia Walch/Phillip Cheng

Total Award Amount (including indirect costs): \$254,877

PERC Service(s): Patient Centered Research Design, Interviews, Focus Groups, Qualitative Analysis



A Multilevel, Multiphase Optimization Strategy for PrEP: Patients and Providers in Primary Care

Funding Source: NIH

PI: Elizabeth Lockhart

Total Award Amount (including indirect costs): \$788,126

PERC Service(s): Focus Groups- Recruitment, Coordination, Facilitation



2024 Active Grant Funded Projects – PERC Collaborator



Addressing Health Equity for Older Adults in On-demand Virtual Care Access

Funding Source: Association of American Medical Colleges (AAMC)

PD/PI: Denise White Perkins

Direct Funds: \$4,503

PERC Service(s): Focus Groups, Recruitment, Preliminary Analysis



Cancer Screening Research Network (CSRN) ACCrual, Enrollment, and Screening Site (ACCESS)

Funding Source: National Cancer Institute (NCI)

PI: Christine Neslund-Dudas

Total Award Amount (including indirect costs): \$3,200,000

PERC Service(s): Recruitment, Advisory Council



Prenatal Yoga to Prevent Postpartum Depression (PRY-D)

PI: Sara Santarossa, Amy Loree

Source of Support: NIH / National Institute of Mental Health (NIMH)

Total Award Amount (including indirect costs): \$698,773

PERC Service(s): Focus Groups, Recruitment, Qualitative Analysis



Genentech Annual Eye Screening for Black Adults with Diabetes

Project owner: Premier

PI: Denise White Perkins

Source of Support: Genentech

Total Award Amount (including indirect costs): \$165,939

PERC Service(s): Focus Groups, Recruitment, Qualitative Analysis



IMPROVE pilot/PROMs: Interventions to Increase Health Equity and Utilization of Patient Reported Outcomes (PROs) Among Cancer Patients

Funding Source: NCI

PI: Sam Tam, Eric Adjei Boakye

Total Award Amount (including indirect costs): \$10,000

PERC Service(s): Focus Groups- Recruitment, Qualitative Analysis



Epidemiology of multimorbid pediatric atopic and airway diseases and the impact of prenatal maternal environmental exposures and placental epigenetics (ECHO-CANOE)

Funding Source: NIH

PI: Jennifer Straughen, Amy Eapen

Total Award Amount (including Indirect Costs): \$4,915,175

PERC Service(s): Patient Advisor Coordination, Qualitative Analysis



2024 Active Grant Funded Projects – PERC Collaborator



CHASS cervical dysplasia task force

Funding Source: Internal Funding

PI: Lindsay Martin-Engel

Direct Funds: \$2,632

PERC Service(s): Survey, IRB consultant, Qualitative Analysis




Pediatric hereditary angioedema – the Body Mapping in HAE (BOMAH) study

Funding Source: US Hereditary Angioedema Association (HAEA)

PI: Baptist, Alan M.D.

Total Award Amount (including indirect costs): \$120,414

PERC Service(s): Body Mapping methodology



A Nursing Program for Advancing Training in Health and Social Determinants (N-PATHS)

Funding Source: NIH

PI: Ashlee Vance

Total Award Amount (including indirect costs): \$804,977.00

PERC Service(s): Advisory Board- Recruitment, Coordination, Facilitation



THRIVE Rewards Program

Funding Source: Internal (HFH)

PI: N/A (quality improvement project, IRB exempt)

Direct Funds: \$11,217

PERC Service(s): Focus Groups- Recruitment, Coordination, Analysis



Identifying Multi-Level Barriers and Facilitators of Lung Cancer and Cardiovascular Disease Preventive Services in Patients Undergoing Lung Screening

PI: Christine Neslund-Dudas

Source of Support: HFH + MSU Cancer Pilot Grant

Total Award Amount (including indirect costs): \$50,000

PERC Service(s): Focus Groups/Interviews- Recruitment, Coordination, Facilitation, Analysis



Quality Improvement Project for Diagnosis and Treatment of Obesity

PI: Suki Singh

Source of Support: Lilly Endowment Fund

Total Award Amount (including indirect costs): \$467,253

PERC Service(s): Survey, Focus Groups/Interviews- Recruitment, Coordination, Facilitation, Analysis



PERC Led Awards

1. **Burnout Mitigation in Physician Trainees (BuMP)**- Blue Cross Blue Shield of Michigan
2. **Using storytelling to build capacity for PCOR/CER in MAternal Mental health (MAMA)**- Engagement Award from Patient Centered Outcomes Research Institute (PCORI)
3. **Patient Engaged Validation of the PEIR Survey by Inclusion, Diversity, Equity, Acceptance and Safety (IDEAS)**- Science of Engagement Award from Patient Centered Outcomes Research Institute (PCORI)



BuMP – Burnout Mitigation in Physician Trainees

Principal Investigator: Sara Santarossa/Jacqueline Pflaum-Carlson

Source of Support: Blue Cross Blue Shield Michigan

Total Award Amount (including Indirect Costs): \$10,000

Funding Timeline: Jan 2023 - May 2024

Background: Physician burnout affects healthcare organizations at every level and has been associated with higher self-reported errors, increased turnover, and has a negative impact on patient care; it is estimated that tens of thousands of Americans die each year as a result of preventable medical errors.

This project aimed to reduce the symptoms of physician burnout by exploring Acceptance Commitment Therapy (ACT) compared to Body Mapping as effective interventions in preventing and mitigating burnout in physician trainees.



Using storytelling to build capacity for PCOR/CER in MAternal MentAl health (MAMA)

Principal Investigator: Sara Santarossa/Amy Loree

Source of Support: Patient Centered Outcomes Research Institute (PCORI)

Total Award Amount (including Indirect Costs): \$246,619

Funding Timeline: May 2023- May 2025

Background: Mental health conditions are a top medical complication of pregnancy and childbirth and are associated with a range of adverse maternal and child outcomes. Approximately 1 in 7 to 1 in 4 birthing people experience symptoms of a mental health condition during pregnancy or postpartum, yet few are diagnosed or treated. There remain critical knowledge gaps and significant challenges to adequately addressing maternal mental health. [Click here](#) to learn more about this project.

Project aims to:

1. use storytelling to share diverse perspectives on MAternal MentAl health (MAMA),
2. build capacity and engagement for patient-centered research by sharing these stories in a Storytelling Symposium, and
3. with the aid of a diverse stakeholder team, develop a MAMA-focused research agenda.

Visit the [MAMA Website](#) to view live stories and experience the Storytelling Symposium.





Patient Engaged Validation of the PEIR Survey by Inclusion, Diversity, Equity, Acceptance and Safety (IDEAS)

Principal Investigator: Sara Santarossa

Source of Support: Patient Centered Outcomes Research Institute (PCORI)

Total Award Amount (including Indirect Costs): \$664,948

Funding Timeline: July 2023-July 2025

Background: This project involves long-, mid-, and short-term objectives to address gaps in the science of engagement in research focused on development and/or assessment of instruments that measure meaningful patient engagement in research (PEIR). PEIR involves patients undertaking roles beyond those of traditional study participants by including them throughout the entire research process. [Click here](#) to learn more.

This is the first **Science of Engagement (SoE)** award HFH has received from PCORI.

Figure: PEIR IDEAS Framework



Image: Patient Study Team members Linda Stechison and Kimberly Cummings proudly stand by PEIRS Poster



PERC Publications

2024

(†denotes Patient Partner author)

Sara Santarossa, Ruth A. Blake, Heather Buchanan, Mercedes Price, Rachael Guzzardo, Craig Guzzardo, LaKenya M Johnson, Jacobeth M Morshall, Andrea Bate, Wayne Bate, Riziki Bakari, Leah Copeland, Dana Murphy, Ashley Redding, and Amy Loree. (2025). Beyond the Status of Health: A Collection of Stories Representing Diverse Maternal Mental Health Perspectives. *Journal of Patient-Centered Research and Reviews*, 12(1), 35-49. doi: 10.17294/2330-0698.2107 [Link](#)

Coyne, P., Susick, L., Schultz, L., Santarossa, S., Gough, P., Rice, S., ... & Bilicki, V. (2024). Using Care Navigation to Improve Patient-Reported Outcomes Among Older Adult Patients: Preliminary Results From a Pilot Study. *Journal of Patient Experience*, 11, [Link](#)

Santarossa, S., Baber, M., *Hussein, J. et al. Using action research and a community-academic partnership to understand clinical trial participation: a patient-centered perspective. *Res Involv Engagem* 10, 61 (2024). [Link](#)

in press

Sara Santarossa, †Becca Austin, †Molly A. Bell, †Samantha C. Henry, †Ashley Inclima, †Hailey Maddox, †Tara G. Smith, Leah Copeland, Dana Murphy, Ashley Redding, and Amy Loree. (in press). The Art of Resiliency: Patient Stories of Maternal Mental Health Experiences. *Journal of Patient Centered Research Reviews*.

Ashley Redding¹; Leah Copeland¹; Dana Murphy¹; †Karen Clemmons-Lloyd²; †Kimberly Cummings²; †John Doyle²; †Sandy Kesavan²; †VeRonica Mitchell²; †Deyal Riley²; †Linda Stechison²; Sara Santarossa^{1,3} (in press) Bridging the Gap: Empowering Patients as Research Partners through a Structured Training Program. *Research Involvement and Engagement*.

Liz Lockhart, PhD, Jordan Gootee, BA, Leah Copeland, BA, DeAnne Turner PhD. Willingness to be contacted via the patient portal for health screening, research recruitment, and at home self-test kits for health monitoring: A Pilot Quantitative Survey.



PERC Conference

Posters & Presentations

2024

Posters

Coyne, P., Copeland, L., Murphy, D., Redding, A., Kippen, K., Santarossa, S. (2024). The Patient Engaged Research Center (PERC): A path towards self-sustainable patient engagement in care and research. HCSRN 2024 Annual Conference, Milwaukee, WI, United States of America

Coyne, P., Susick, L., Schultz, L., Santarossa, S., Gough, P., Rice, S., Bilicki, V., Brewster, N., & Behrendt, R. (2024). Using care navigation to improve patient-reported outcomes amongst older adult patients: Preliminary results from a pilot study. Henry Ford Health's 2024 Quality Expo, Detroit, MI, United States of America.

Redding, A., Copeland, L., Murphy, D., Bossick, A., Clemmons-Lloyd, K., Cummings, K., Doyle, J., Kesavan, S., Mitchell, V., Riley, D., Stechison, L., Santarossa, S. (2024). Empowering patients as co-researchers: Training in psychometric assessment techniques. Poster accepted for presentation at the 2024 PCORI Annual Meeting, Washington, D.C.

Redding, A., Zreik, M., Leydet, E., Straughen, J.K., Cassidy-Bushrow, A.E., Santarossa, S. (2024). Perspectives from Arab Birth Cohort Study Participants: Implications for Recruitment and Retention. Poster accepted for presentation at the ACCESS 10th Arab Health Summit: Advancing Health Amidst Conflict and Crisis, Dearborn, MI.

Redding, A., Copeland, L., Murphy, D., Bossick, A., Santarossa, S. (2024). Empowering patients as co-researchers: Training in psychometric assessment techniques. Poster presented at the Henry Ford Medical Group 21st Annual Research Symposium, Detroit, MI.

Leah Copeland, BA; Sara Santarossa, PhD; Dana Murphy, BS; Ashley Redding, MPH; Hailey Maddox (Patient Partner); Courtney Latimer, MS; Sara Gilbertson, MS, CNM; Wendy Corriveau, RN, MS; Amy Loree, PhD. Using storytelling to build capacity for patient centered outcomes research in MAternal MentAl health (MAMA): Storyteller training development and preliminary data. Presented at: Henry Ford Health Research Symposium, Detroit, MI 2024.

Redding, A, Zreik, M, Leydet, E, Straughen, JK, Cassidy-Bushrow, AE, Santarossa, S. Perspectives from Arab Birth Cohort Study Participants: Implications for Recruitment and Retention. Poster presented at: ACCESS 10th Arab Health Summit: Advancing Health Amidst Conflict and Crisis. Dearborn, MI, USA; 2024

Oral Presentations

Coyne, P., Copeland, L., Murphy, D., Redding, A., Kippen, K., Santarossa, S. (2024). The Patient Engaged Research Center (PERC): A path towards self-sustainable patient engagement in care and research. Henry Ford Health's 2024 Research Symposium, Detroit, MI, United States.

Acknowledgements

We extend our heartfelt gratitude to our **Patient Advisors** for their selfless dedication to improving Henry Ford Health. The achievements of 2024 highlight the vital role that patient and caregiver voices play in shaping healthcare delivery and research. The Patient Engaged Research Center (PERC) remains committed to championing patient and caregiver engagement across the health system and beyond.

A special thanks also goes to the **Patient Advisor Liaisons (PALs)** for recognizing the importance of integrating Patient Advisors into their departments. The success of PFACs and committees would not be possible without the leadership and commitment of the PALs who guide them. Your advocacy for patient and caregiver voices is truly invaluable.

Henry Ford Health Leadership and Research Administration: We thank you for your continued support in patient engagement efforts.

PATIENT ENGAGED
RESEARCH CENTER



Contact

✉ PERCPTAdvisors@hfhs.org

☎ 313-874-6243

[Henry Ford Health PERC Website](#)

[Click here](#) to submit an intake form to collaborate with PERC!