Henry Ford Health: Making It Easy to Give and Receive High-Value Care

2025 AMGA Acclaim Award Recipient

Henry Ford Health is the recipient of the 2025 AMGA Acclaim Award. As part of the Acclaim Award application process, healthcare organizations are asked to submit narratives describing major systemwide initiatives that exemplify the goals of the award. One of the narratives from Henry Ford Health's application is summarized below.

Serving communities across Michigan and beyond, Henry Ford Health is a premier healthcare services company dedicated to helping people live their best lives. Fifty-thousand team members provide exceptional care and service at more than 550 sites across Michigan—surrounding patients, members and customers with everything they need, from primary, preventative and urgent care to the most complex and specialty care; health insurance coverage; retail needs including pharmacy and eye care; and a full suite of home health and virtual care services. Henry Ford Health is also a leading academic institution, committed to advancing tomorrow's healthcare through clinical innovation, groundbreaking clinical trials and translational research, as well as training the next generation of healthcare professionals.

As a recipient of the AMGA Acclaim Award, Henry Ford Health was recognized for the following initiatives:

- Utilizing Press Ganey surveys in various programs across the continuum of care to measure patient experience, designating physician leaders to oversee and recommend new approaches to improve patient care
- Capturing healthcare quality outcomes through a Primary Health Analytics engine to identify target populations with higher risk scores who can benefit from new programs
- Tracking per-member, per-year savings achieved, increasing shared savings by over 60% through cost reductions and quality improvements
- Introducing new programs and process changes to reduce physician workload and burnout, such as optimizing clinic team roles, virtual care alternatives, physician support programs, etc.

For the past decade, Henry Ford Health System and Henry Ford Medical Group teams have been systematically creating, piloting, and spreading new care models and support tools to improve Quadruple Aim outcomes. This work was accelerated during the peak of the COVID-19 pandemic when

their highest-risk patients needed new, safe ways to engage with the health system for their ongoing care. In 2020, the health system organized multiple existing departments, including Primary Care, Population Health Management and Analytics, and the Physician Networks under a single umbrella called Primary Health. The Primary Health Executive Council and its supporting leadership infrastructure created a unified vision and approach for delivering on the Quadruple Aim, entitled "Making It Easy to Receive High-Value Care." In the ensuing years, and with several new care delivery changes in place, this vision was expanded to reflect the need to ensure workplace wellness and joy of work for the team of caregivers as well. The new vision statement, "Making It Easy to Give and Receive High-Value Care," reflects this important commitment to their patients and providers.

Narrative: Enhanced Team-Based Care

Primary Health relied on the Care Model Design & Implementation Team, led by the CMO of Primary Care, to implement improvements across primary care. Clinical leaders then collaborate with partners in specialties, Population Health, Analytics, and Pharmacy to make changes. Ideas are identified from outcomes data, patient and provider surveys, and grassroots input from frontline providers and clinic teams. Pilots are followed by the evaluation and spread of the most promising innovations, resulting in a dynamic portfolio of projects in various stages: Design/Pilot, Spread, and Optimize and Sustain. If projects do not yield results after PDCA (Plan-Do-Check-Act) cycles, they are suspended, and the learnings are documented for future teams.

Table 1: Projects in the Primary Health Portfolio – as of August 2024

Strategy 1: Enhanced Team-Based Care to Make It Easy to Give and Receive High-Value Care								
Project	**Launch**	**Stage in 2024**	**Scope**	**Key Success Measures**	**Quadruple Aim Focus**			
					Pt Exp	**Quality**	**Cost**	**Wellness**
Diabetes Medication Titration and Self-Management Education	2009	Optimize & Sustain	All Medical Group patients with new diagnosis or uncontrolled diabetes	- Volumes and visits/patient/month - A1c control pre-/post-DIAC and DSME programs - % A1c control by race (equity check) - Patient satisfaction with programs	X	X	X	
Embedded Clinical Pharmacists in Highest-Need PCP Clinics	2016	Spread	Patients with diabetes and/or hypertension dx in 6 clinics	- A1c control trends - Sustained A1c control pre-/post-intervention - ED & hospital utilization	X	X	X	X
Nurse-Driven Blood Pressure Management	2018	Optimize & Sustain		- % BP Control by panel, clinic, and Medical Group overall		X		X
MyCare Advice Line	2013 (24/7 in 2017)	Optimize & Sustain	All patients (requires MyChart enrollment)	- Call volumes & % of calls answered in 60 secs - Disposition (advice, PCP appointment, ED referral, other) - ED visits and costs avoided	X	X	X	X
Centralized Nurse Prescription Renewals	2016	Optimize & Sustain	51 PCP sites, 4 specialties, 4 hospital-based clinics	- Rx renewal volumes & renewal turnaround times - Nurse productivity (renewals/day)	X	X	X	X
Virtual Scribes (Clinic Visit Note Documentation)	2023	Spread	48 physician users	- Patient satisfaction with provider communication - Reduction in "pajama time" - Increased productivity and RVUs - Net Promotor Scores of participating PCPs	X	X	X	X
High-Risk Registry, Expanded Huddles & Communication Briefs for Teams	2023	Optimize & Sustain (Briefs in spread)	All PCP Clinics	- HEDIS scores (chronic care management) - Patient satisfaction (LTR) - Provider engagement	X	X	X	X
In-Basket Transformation	2024	Optimize & Sustain	All PCP clinics	- % of messages forward to provider vs. handled by appropriate RN/MA	X			X
Physician Compensation Redesign	2024	Design	All Medical Group and ACO PCPs	- Value-based contract savings - Clinic plus individual performance on quality and utilization metrics		X	X	X
Provider Wellness Programs (EAP & Peer Support)	2018	Optimize & Sustain	All providers (Physicians, Pas, NPs, CRNAs, RNs)	- Provider wellness index (% in distress) - Referral volumes and % physicians completing therapy				X

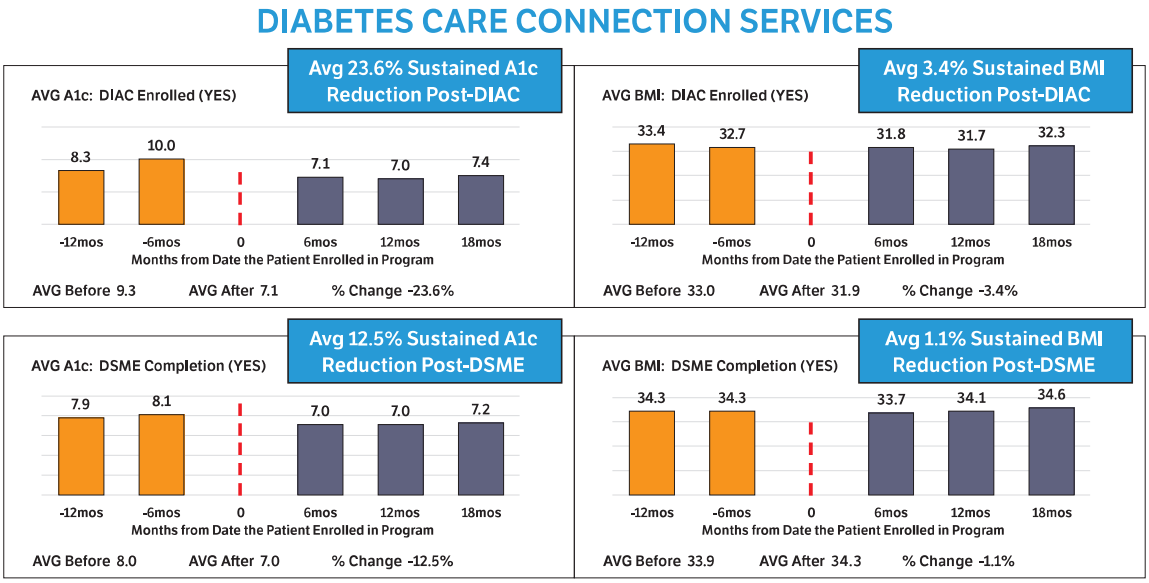
The following projects contributed to Enhanced Team-Based Care:

Guideline-Based, Top-of-License Care Team Design

The top-of-license improvements below have contributed to positive Hemoglobin A1c and Blood Pressure control trends across Primary Care.

- **Diabetes Medication Titration and Diabetes Self-Management Education:** Nurses and certified diabetic coaches support primary care physicians (PCPs) and their patients who are diagnosed with diabetes. The goals are to optimize medication levels for hemoglobin A1c control while also helping patients help themselves as they learn how to manage important lifestyle changes. Success is measured by A1c control improvements, both initially and sustained at 6, 12, and 18 months after enrollment. These diabetes-specific staff support all primary care clinics with minimal supervision, following guidelines co-written by PCPs and endocrinologists. During in-person and virtual visits, nurses make necessary adjustments to medications based on assessments and recent hemoglobin A1c testing. The Self-Management Education program, adapted and optimized from national programs, engages newly diagnosed patients in a series of small-group interactive discussions guided by the coaches, which has proven more successful than traditional didactive approaches.

Figure 1: Diabetes in Active Control (DIAC) Medication Titration and Diabetes Self Management Education (DSME)



Average N=279 Unique Patients/Month and 3.7 Visits/Patient in DIAC and DSME Programs

Figure 2: Patient Satisfaction with Dibetes Care Connection Programs

Questions	Very Poor		Poor		Fair		Good		Very Good		Total
	%	n	%	n	%	n	%	n	%	n	n
Trust in skill of staff	0.32	1	0.00	0	2.88	9	12.14	38	84.66	265	313
Staff concern for comfort	0.32	1	0.00	0	2.27	7	14.24	44	83.17	257	309
Treated you with respect/dignity	0.32	1	0.00	0	1.28	4	8.31	26	90.10	282	313
Opportunity to ask questions	0.32	1	0.00	0	1.28	4	11.22	35	87.18	272	312
Diabetes educator easy to understand	0.33	1	0.33	1	1.63	5	11.07	34	86.64	266	307
Likelihood of recommending	0.64	2	0.96	3	3.21	10	11.54	36	83.65	261	312
Confidence managing diabetes after program	0.99	3	0.33	1	3.31	10	20.53	62	74.83	226	302
Diabetes specialist included you in management plan	0.33	1	0.00	0	1.97	6	12.46	38	85.25	260	305

Top box scores: 75–90%; LTR 83.65%

Top box scores 75-90%: LTR 83.65%

Figure 3: Diabetes Management: Hemoglobin A1c Control, All Primary Care Sites

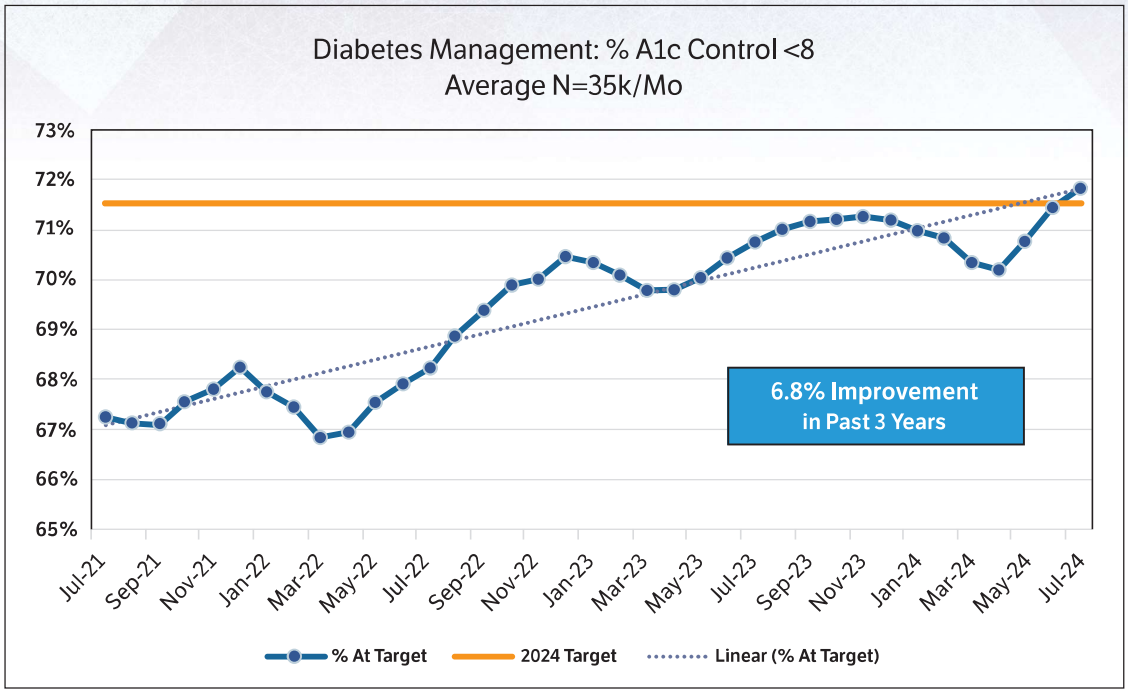
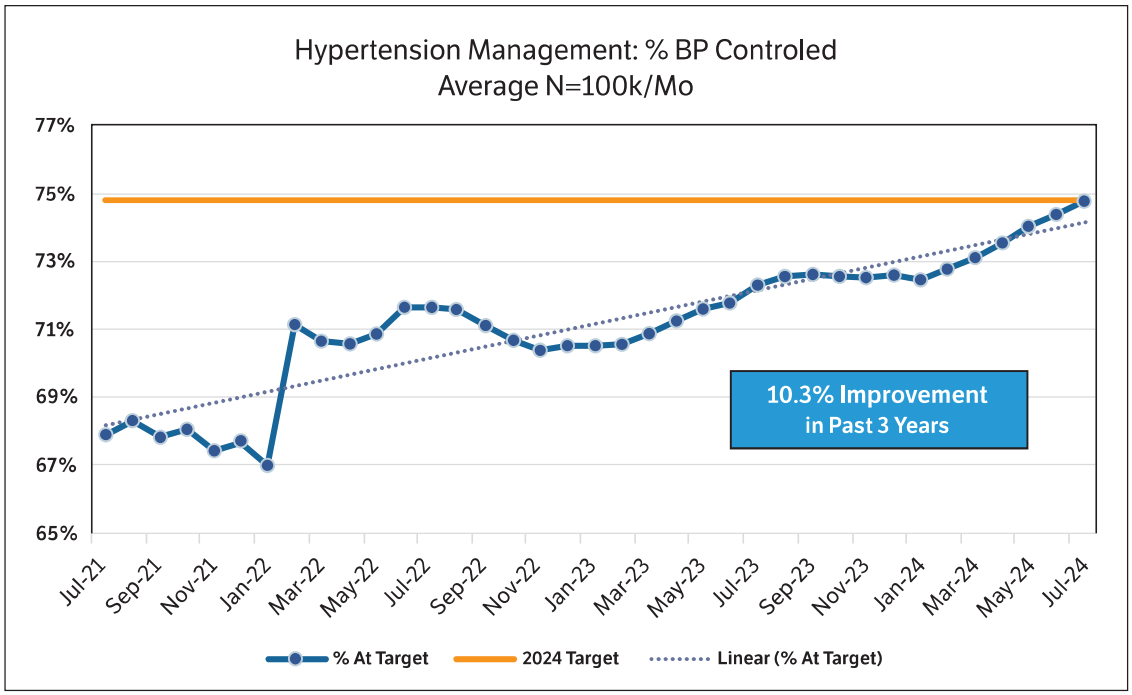
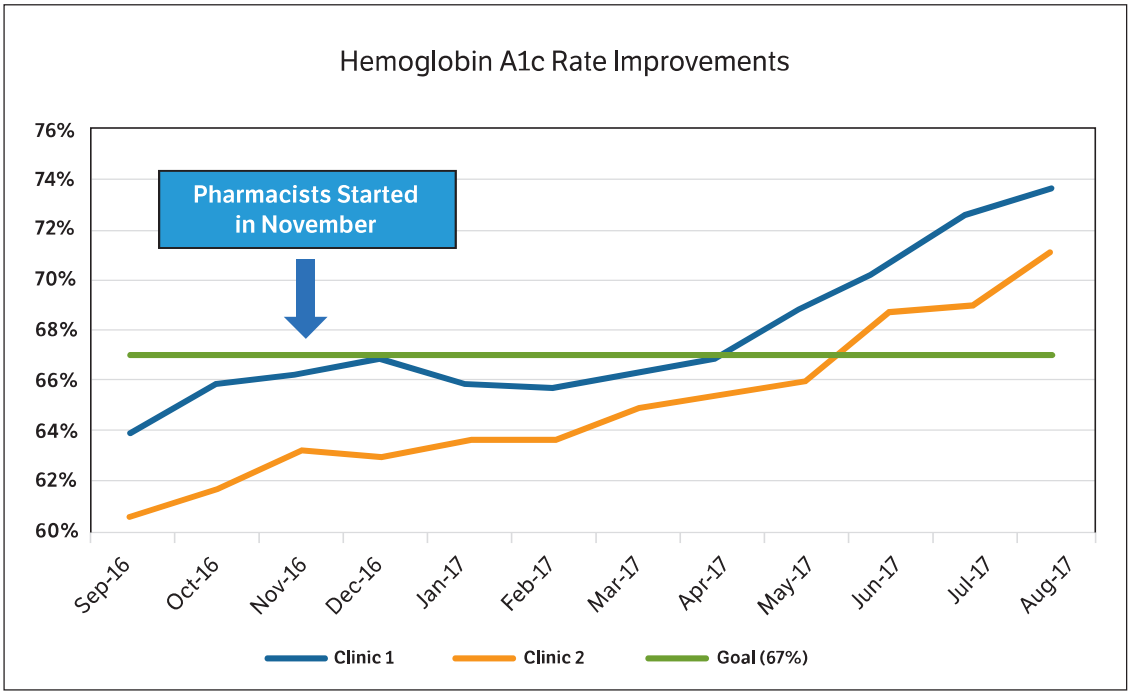


Figure 4: Hypertension Management: Blood Pressure Control, All Primary Care Sites



- **Embedded Clinical Pharmacists for Hemoglobin A1c Control:** In 2016, a clinical pharmacist was embedded in two primary care clinics with high rates of uncontrolled diabetes. The goal was to test whether embedding a clinical pharmacist, armed with proactive analytics to target uncontrolled patients with an upcoming PCP appointment, could accelerate and sustain diabetes control (A1c < 8 mg/dL). The pharmacist engaged patients in person virtually or telephonically to titrate their medications, resolve barriers to medication adherence, and provide focused education. The results were promising: The rate of A1c control for 320 total patients touched by the pharmacist improved from 63.3% to 71.1% at one pilot clinic and from 66.3% to 73.6% at the second clinic. Pre-/post-intervention statistics confirmed sustained A1c improvements as well as reductions in emergency center and hospital utilization. Based on these outcomes, the program was expanded to six clinics in 2018. In 2024, Henry Ford Health hired 11 more pharmacists (leveraging savings from insourced pharmacy scripts) to expand pharmacist involvement in additional "medication-sensitive" conditions, such as hyperlipidemia, COPD, and asthma.

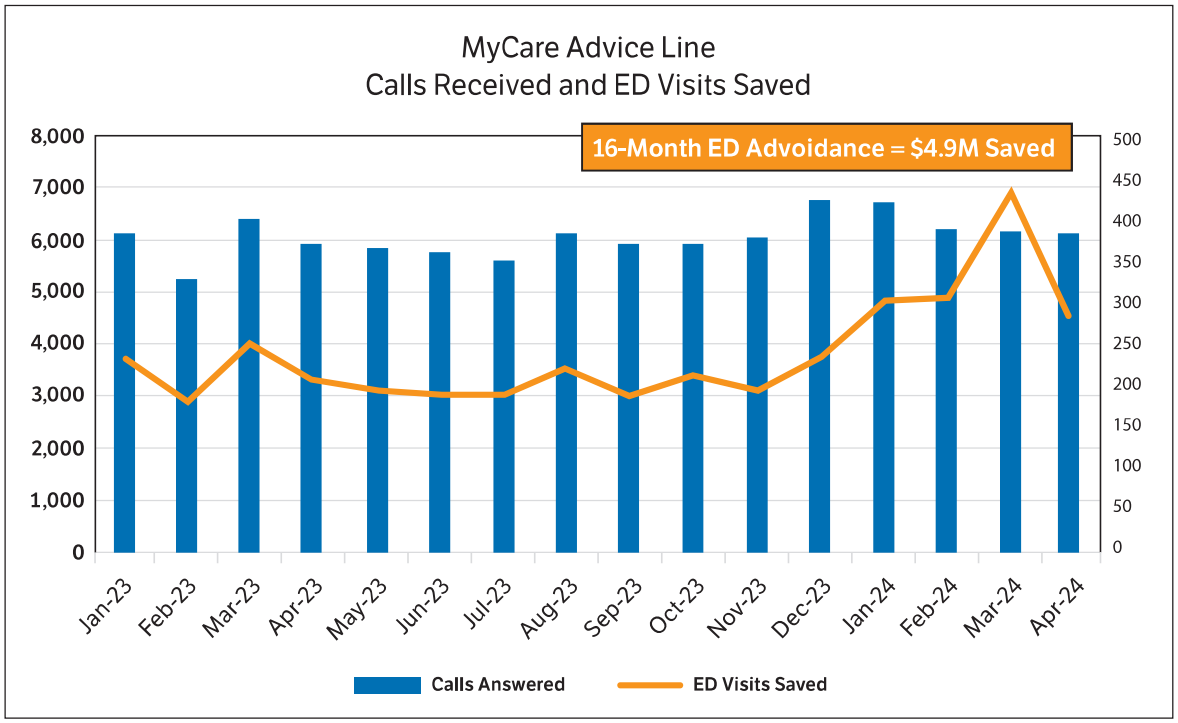
Figure 5: Improvements in A1c Control Using Embedded Pharmacists: Pilot Results



- **Nurse-Driven Blood Pressure Management:** The following changes over the past eight years have contributed to the 10.3% improvement in blood pressure (BP) control across all 51 PCP clinics, with measures incorporated into individual physician quality incentives: training and competency testing for accurate blood pressure measurement, a yellow card visual cue to recheck readings >140/90, free MA or RN blood pressure recheck appointments (which can include protocol-driven medication titration), installation of Automated Office Blood Pressure machines for improved accuracy, and collaboration with embedded pharmacists on BP equity projects.

- **MyCare Advice Line:** This nurse-driven program, available 24/7, 365, was designed with the goal of providing fast and appropriate care advice for patients with health concerns. The toll-free line is marketed to patients on our website and on MyChart and is available to any patient aligned with primary care or OB/GYN. Nurses interview the patients using nationally validated triage protocols to understand current symptoms and advise appropriate next steps. This could include in-home treatment, a same-day or next-day PCP appointment at their closest clinic, an immediate warm-transfer to a dedicated provider for evaluation or On Demand Video Visit, or a referral to emergency or urgent care centers. The electronic medical record (EMR) is available for review, and triage is documented real time. On average, nurses manage nearly 6,000 calls per month, spend about 14 minutes per call, and average just over one minute in time-to-answer.

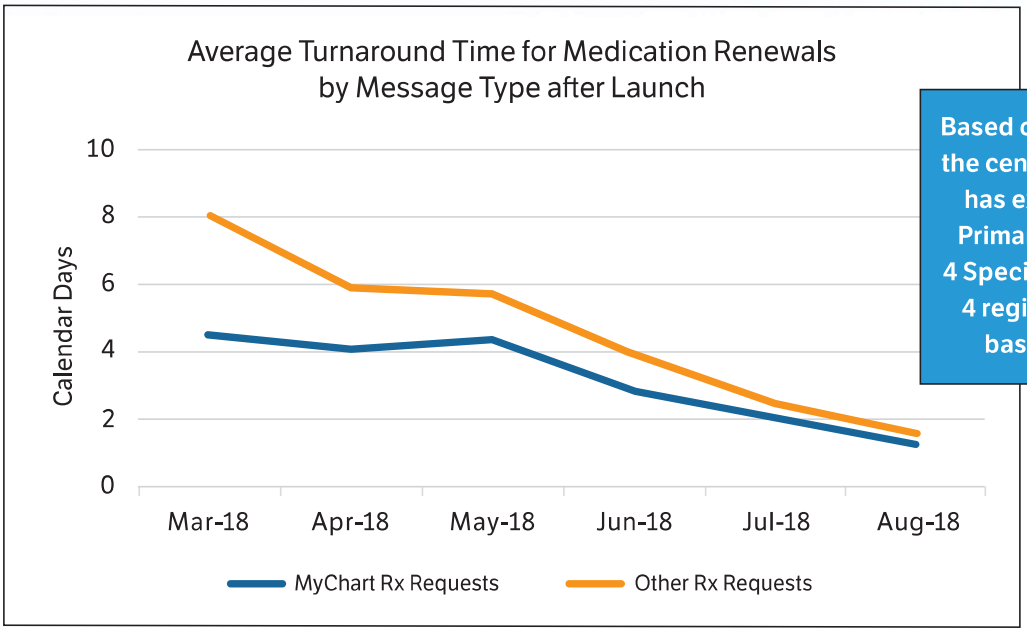
Figure 6: MyCare Advice Line Calls Received, ED Visits Saved, and Disposition of Calls
January 2023 – April 2024



- **Centralized Nurse Prescription Renewal Department:** In 2016, Henry Ford Health designed, tested, and centralized a prescription renewal function that had previously been dispersed. The goals were to reduce turnaround time, reduce clinic nurse and physician effort on renewals, and let clinic nurses focus on top-of-license patient needs. The nurses in the central department use standardized, physician-approved prescription renewal protocols based on specific patient history and medication class criteria programmed in the EMR. The department operates every day (including holidays), with longer hours on Mondays when request volumes are highest. After successful pilots at two large primary care sites, the department was fully launched by redeploying existing clinic nurses and now supports all primary care sites, plus eight additional clinics added in 2018. After implementation, renewal volumes increased from 624,000 to over 900,000 per year, nurse productivity improved from

10 to 30 prescription renewals per hour, and turnaround time reduced from an average of four to seven days to 99% of renewals completed in one day. The results have been sustained over the eight years since full implementation.

Figure 7: Centralized Prescription Renewal Department: Initial Pilot Results



Based on pilot success, the centralized process has expanded to all Primary Care Clinics, 4 Specialty Clinics, and 4 regional, hospital-based practices

Obstacles to spreading and sustaining all these top-of-license improvements were in the areas of technology (e.g., role-level EMR access and documentation) and funding to hire and/or train staff for new roles. The organization has also learned that top-of-license care guidelines are not always accepted by all physicians. To address these barriers, they have invested in new EMR tools, routine reeducation of staff (and physicians), and continual reviews/updates of the guidelines.

Virtual Scribes for Documenting PCP Visits

After an RFP process in 2023, Henry Ford Health piloted a virtual scribe program with the goals of improving physician satisfaction, efficiency, and patient experience. The PCP visit is recorded (with the patient's consent), a scribe listens to the encounter, and drafts the visit note, which is ready no later than the next day for the physician's review and approval. After the 30-day training and ramp-up period, the 48 participants saw an 8% growth in productivity (1.10 visits and 4.2 RVUs per FTE per day), and patient satisfaction with provider communication improved 2.05 and 1.69 percentage points on two questions. Provider wellness improvements included a 22% reduction in "pajama time" (time spent reviewing/revising clinic visit notes at home and at night), and a Net Promoter Score of 70 across 33 surveys. Anecdotal feedback about the quality of notes, professionalism of virtual scribes, and impact on work/life balance has been overwhelmingly positive.

The biggest barrier to adoption is the up-front time needed to provide templates, example notes, and feedback to the scribes as they learn physician preferences, but within a month Henry Ford Health found physicians no longer need to revise the draft notes, meaning quicker approval and posting of the visit note. Based on positive experiences and return-on-investment through productivity enhancements, this program is being spread to interested PCPs as an alternative to self-documentation.

Table 2: Impact of Virtual Scribe Program, Nov. 2023 – May 2024 vs. Prior Year

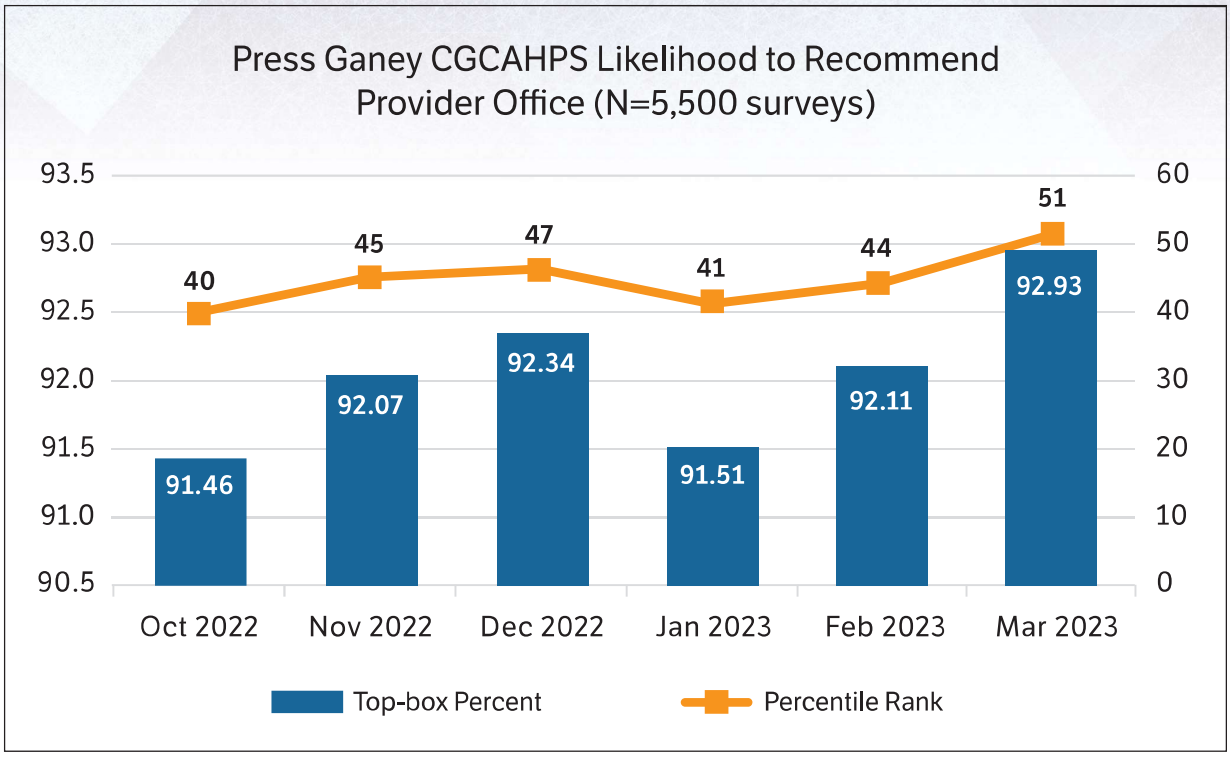
Impact Measure	Virtual Scribe Users	Virtual Scribe Users vs. Control Group*
Daily Visit Volume: Additional Visits (per Day per FTE)	**+1.10** *Visits per Day*	**+0.68** *Visits per Day*
Visit Volume Growth: Total Visit Growth (Total per FTE)	**+8.5%** *Avg. Visit Growth*	**+5.3%** *Avg. Visit Growth*
Daily wRVU Productivity: Additional wRVUs (per Day per FTE)	**+4.20** *wRVUs per Day*	**+2.34** *wRVUs per Day*
wRVU Productivity Growth: Total wRVU Growth (Total per FTE)	**+17.0%** *Avg. wRVU Growth*	**+9.5%** *Avg. wRVU Growth*
Patient Experience: CAHPS - "Provider explains in way you understand"	**+2.05%** *Top Box % Growth*	**+1.63%** *Top Box % Growth*
Patient Experience: CAHPS - "Provider listens carefully to you"	**+1.69%** *Top Box % Growth*	**+1.30%** *Top Box % Growth*
Provider Experience: NPS as reported by Scribble Users	**70** *NPS Score*	
Pajama Time: Reduction in Pajama Time per Signal Report	**-21.91%** *Pajama Time Reduction*	

Proactive, Data-Driven Engagement of Enhanced Care Teams

With the goal of reducing provider workload and burnout, Henry Ford Health has piloted and spread several tools and process changes since 2023 to optimize panel management through expanded engagement of the care team.

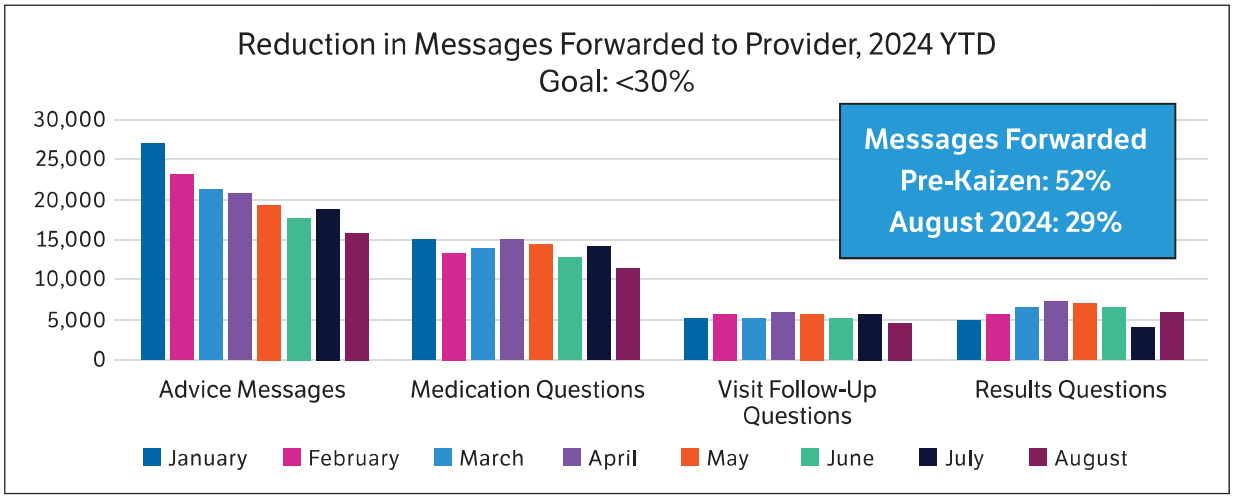
- **High-Risk Registry:** To reduce reliance on Epic Slicer Dicer reporting, Primary Health clinical staff, Analytics, and the Epic team partnered to create a high-risk polychronic registry that is searchable and scalable, housed within the EMR, and actionable from the registry or from the patient's record. This registry includes patients with four or more chronic conditions and ED/admission risk scores of 50% or more. Patient-level reports include chronic conditions, quality metrics, last and upcoming PCP visits, recent ED visits or admissions, polypharmacy, and social drivers of health. Data can be segmented by provider, clinic site, risk, or payer/contract for daily work and for designing/tracking improvements.
- **Expanded Huddles:** To improve care coordination and optimize top-of-license work, Henry Ford Health supplemented daily huddles (for previewing today's patients) with weekly and monthly care team huddles, which were piloted first at three clinics and then spread to all clinics. Weekly huddles are used to review last week's patients (addressing cancellations, no shows, care gaps, etc.) and plan for engaging patients as needed. Monthly huddles leverage the new polychronic registry (originally Epic Slicer Dicer reports) to review the physician's high-risk panel with the entire team. They also piloted the review of five-minute "Care Experience Communication Briefs," adapted from best practices, during huddles. The impact of these micro-learnings, measured using Press-Ganey's "Recommend This Provider Office" question, was a 1.08 percentage point improvement in top box scores (91.67 to 92.75) across ~5,500 surveys, which is substantial when top box scores are already above 90%. Based on the success of the pilot, existing and new "briefs" were spread to all primary care clinics and several specialty clinics in 2024.

Figure 8: "Communications Briefs" Impact on Likelihood to Recommend



- **In-Basket Transformation:** With prescription renewals now managed centrally, the In-Box Transformation team addressed other patient messages (medical advice, medication questions, and appointment/test result follow-up) with the goal of less than 30% of messages requiring physician management. Changes included new EMR forms and prompts for more complete message capture and EMR filters in the Clinical Pool In-Basket to auto-route messages to the most appropriate staff (MA vs. RN). The changes were piloted at three clinics with daily feedback to optimize the process, then spread to all Primary Care. In one month, messages forwarded to provider in-boxes dropped from 52% to 33%; by six months, the rate was 29%.

Figure 9: In-Basket Transformation: Reduction in Messages Forwarded to Provider



While Henry Ford Health experienced minimal barriers to implementing the process changes above, creating the high-risk registry was time-consuming and required new Epic team expertise. We also spent more time than anticipated reaching agreement on and coding our definition of "high risk."

Looking to the Future

According to Jerry Finkel, MD, senior vice president, chief primary health officer, chief medical officer, value-based enterprise, Henry Ford Health, "Receiving the Acclaim Award is a great honor that speaks to Henry Ford Health's dedication to providing remarkable, comprehensive, coordinated, and life-changing healthcare for all. Every day, our physicians are deeply focused on building meaningful relationships with; providing the highest quality care for; and improving the health and wellness of our patients. Our mission and core purpose is to make the impossible possible, and we are so privileged to have the opportunity to impact—and improve—the healthcare landscape in Michigan and beyond."

AMGA Acclaim Award

The AMGA Acclaim Award honors healthcare delivery organizations that are bringing the American healthcare system closer to the ideal delivery model – one that is safe, effective, patient-centered, timely, efficient, and equitable.

AMGA's prestigious Acclaim Award highlights the continued research and investigation toward finding the finest models of medical management, coordination of care delivery, and a systemic approach to improving the patient and provider experience.

Henry Ford Health has been named AMGA's 2025 Acclaim Award recipient. For their accomplishments, Dallas Nephrology Associates and WellSpan Health were named Acclaim Award honorees.

The 2025 Acclaim Award finalists were:

- BJC ACO
- Mayo Clinic
- Mercy Medical Group
- Northwell Health
- Ochsner Health
- Southwest medical Associates
- SSM Health
- SSM Health Oklahoma

For more information about applying for the 2026 Acclaim Award, visit **amga.org/acclaim**.

Henry Ford Health

Henry Ford Health provides a full continuum of services—from primary and preventative care, to complex and specialty care, health insurance, a full suite of home health offerings, virtual care, pharmacy, eye care, and other healthcare retail.

It is one of the nation's leading academic medical centers, recognized for clinical excellence in cancer care, cardiology and cardiovascular surgery, neurology and neurosurgery, orthopedics and sports medicine, and multi-organ transplants. Consistently ranked among the top five NIH-funded institutions in Michigan, Henry Ford Health engages in more than 2,000 research projects annually. Equally committed to educating the next generation of health professionals, Henry Ford Health trains more than 4,000 medical students, residents and fellows every year across 50+ accredited programs.

With more than 33,000 valued team members, Henry Ford Health is also among Michigan's largest and most diverse employers, including nearly 6,000 physicians and researchers from the Henry Ford Medical Group, Henry Ford Physician Network, and Jackson Health Network.

The Henry Ford Medical Group is one of the nation's largest and most experienced group practices, with 1,900 physicians and researchers in more than 40 specialties.

Learn more at **henryford.com**.