

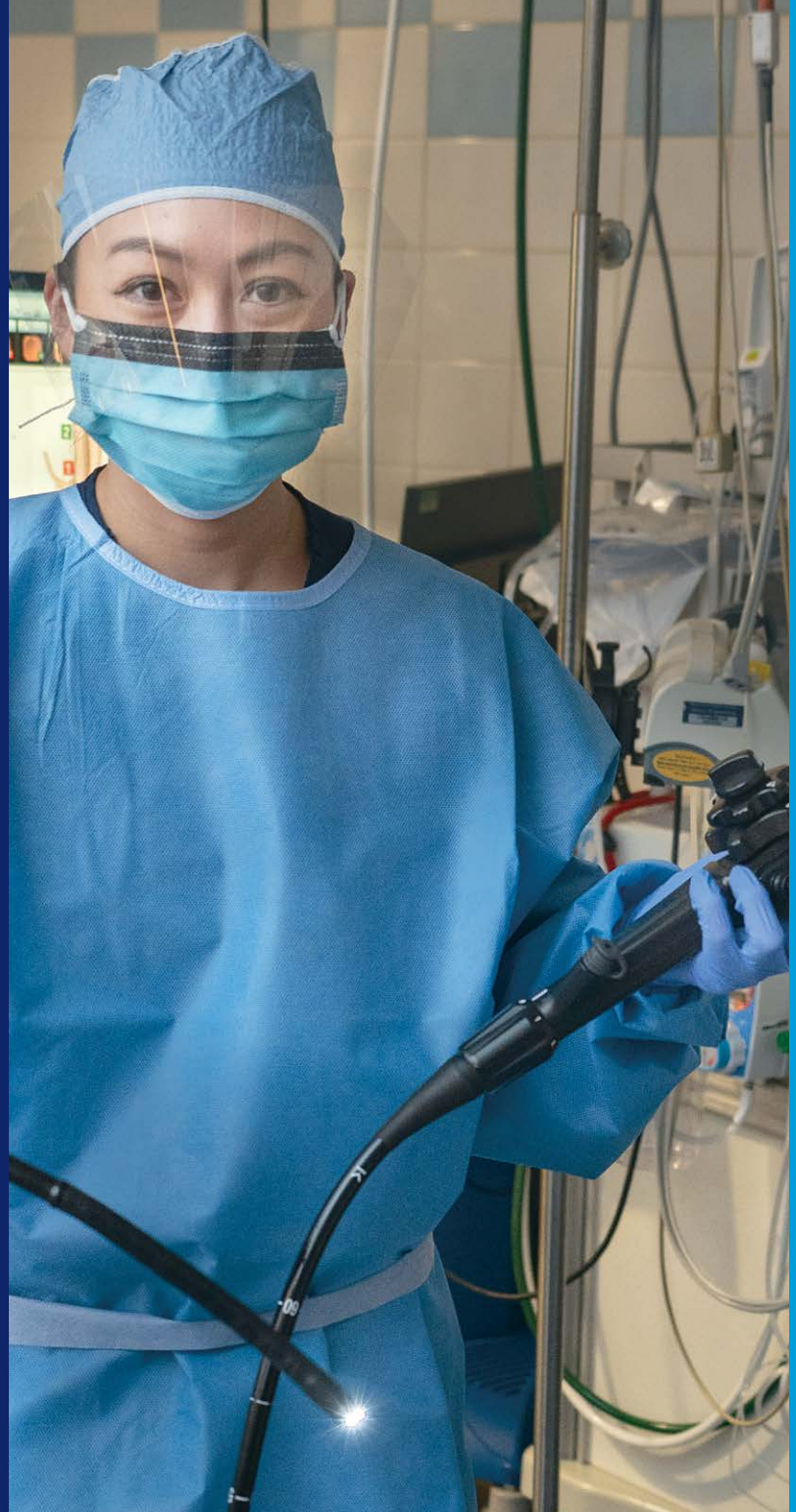
Winter 2024

Rounds



A publication of the Henry Ford Medical Group Alumni Association

Innovation to improve health



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Rounds

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Publication Staff

Managing Editor
Rose Tokatlian

Art Director
Jennifer Weaver
Weaver Design Agency

Contributing Writers
Lisa Harris
Brooke Werdlow



Amanda Bennett
*Director, Annual Giving
and Alumni Relations*
abennet6@hfhs.org
(313) 876-8407
henryford.com/alumni



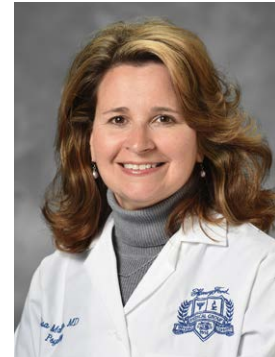
From the President



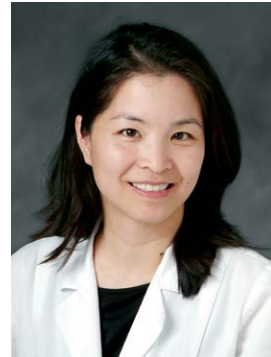
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Member at Large

As we embark on a new year, I've been reflecting on how incredible 2023 was in Henry Ford Health's storied history — and how we are so privileged to be part of it. During that time, we announced several significant and innovative projects unmatched by any other healthcare system in our region. Each will have a lasting effect on the health of our communities for the next century and beyond.

The first — a multibillion-dollar community development effort with our partners, Michigan State University and the Detroit Pistons — is set to transform our Detroit campus into a global healthcare destination for patient care, education and training and research efforts. Our plans, which we shared in the last edition, include a new, cutting-edge medical research facility for Henry Ford Health + Michigan State University Health Sciences and a vibrant, walkable campus with state-of-the-art residential, commercial, retail, recreational and healthcare components.

In September, we announced three more key partnerships, including the Gilbert Family Foundation which will bring the Shirley Ryan AbilityLab rehabilitation services to Detroit and the creation of the Nick Gilbert Neurofibromatosis Research Institute — the first of its kind — in partnership with Henry Ford Health + Michigan State University Health Sciences.

We ushered in October with the announcement of a plan to create a joint

venture with Ascension Michigan to dramatically expand and enhance integrated healthcare services across southeast and mid-Michigan. When complete, the combined organization would employ approximately 50,000 team members at over 550 care sites.

We are very proud that one of our own Hermelin Brain Tumor Center researchers, Houtan Noushmehr, Ph.D., earned a prestigious \$2.9 million National Institutes of Health (NIH) R01 grant for his unprecedented research applying DNA methylation, or epigenetics, to liquid biopsy. Dr. Noushmehr's discovery is transforming the methods by which brain cancers are detected, treated and monitored.

Throughout the system there is important work being done to improve healthcare on a number of levels, showcased through innovative programs like embedding interventions into clinical practice to prevent suicide, and fostering employment pathways into the field of medicine for underrepresented youth through RYSE MED and the Henry Ford Health Department of Surgery High School Mentorship Program.

This edition's "Behind the white coat" features Dr. Jonathan Braman, the newly appointed department Chair and Medical Director of the Orthopedic Service Line at Henry Ford Health. He has an inspirational perspective on mentorship and the importance of cultivating the next generation of physicians.

There are many more success stories



shared in this edition that showcase the transformative efforts we're employing to improve the health of our communities. I am so proud to be part of history in the making right here at Henry Ford Health and Henry Ford Medical Group, and I hope you are too.

Sincerely,

William Hakeos, M.D.
President, Henry Ford Medical Group
Alumni Association

Henry Ford Health and Ascension Michigan to form joint venture

Last fall, Henry Ford Health and Ascension Michigan signed an agreement to enter a joint venture that will bring together Ascension's southeast Michigan and Genesys healthcare facilities and assets with Henry Ford's. This will allow both organizations to advance the health of the communities they serve and improve outcomes, access and equity for all by establishing an integrated network focused on population health and community initiatives that support the region's most vulnerable populations, as well as innovation, academic medicine, and advanced, complex care.

"Together we can expand healthcare services and deliver innovations in care — from prevention and early detection through the treatment of complex conditions — to more people and communities across our state, including those who are most vulnerable," said Robert Riney, President and CEO, Henry Ford Health. "We share a deeply rooted dedication to providing world-class healthcare that everyone deserves, regardless of geographic, demographic or socioeconomic status."

"We are united in our shared values, cultures, and commitment to those we serve," said Carol Schmidt, FACHE, Senior Vice President, Ascension, and Ministry Market Executive, Ascension Michigan. "Together, we will make significant strides in improving the health of Michigan communities through

unparalleled investments in critical community health initiatives, as well as contributing secure, high paying jobs and other related employment."

The combined organization would employ approximately 50,000 team members at more than 550 sites of care across the southeast and mid-Michigan regions.

Ascension Michigan's acute care hospitals that are included in the partnership are: Ascension Genesys Hospital; Ascension Macomb-Oakland Hospital, Warren and Madison Heights Campuses; Ascension Providence Hospital, Novi and Southfield Campuses; Ascension Providence Rochester Hospital; Ascension River District Hospital; and Ascension St. John Hospital.

All the acute care hospitals' related sites of care will also be included, as well as Ascension Brighton Center for Recovery. All of Henry Ford's acute care hospitals and other care facilities and assets, including Health Alliance Plan, will be included in the partnership.

The expanded organization, slated to be branded Henry Ford Health, will remain headquartered in Detroit. It would be led by President and CEO Bob Riney and governed by a Board of Directors representative of both organizations. Both organizations are committed to working to maintain the Catholic identity of the Ascension Michigan facilities included in the partnership.

Conversations on the future state of the Catholic identity of these facilities are ongoing.

Through a fully integrated healthcare delivery network, the joint venture would deliver exceptional performance in quality, safety and service. This expanded care network will create greater opportunities to coordinate, grow, and adapt services and care settings to meet consumer needs in the new, post-pandemic normal — expanding access to care, lowering costs and improving health outcomes.

"Patients across Michigan will have more access than ever to end-to-end healthcare services, from primary care through complex specialty care and procedures," said Dr. Doug Apple, Chief Clinical Officer, Ascension Michigan. "Together, we will coordinate existing and expanded services to surround our patients with what they need to live healthy lives — with more options closer to home. By focusing on the creation of an integrated, streamlined healthcare journey, we can improve the consumer experience, improve care coordination, and provide superior value."

By coming together, the combined organization would provide expanded career pathways and increased opportunities for career development and advancement at more sites and in more areas, as well as amplifying the capabilities of Henry Ford Health and

Ascension Michigan to attract and grow top talent.

This joint venture is also designed to expand opportunities for healthcare providers, including significantly enhanced patient-centered care delivery models and improved care coordination through interconnectivity between patients, providers and care management functions.

According to Dr. Adnan Munkarah, President, Care Delivery System & Chief Clinical Officer, Henry Ford Health, "The commitment of the new combined organization to clinical excellence, educational partnerships and research remains steadfast, as is the focus on continuing to advance research that has immediate clinical applications and will improve treatment and outcomes. Additionally, the expanded footprint created through this joint venture will allow Henry Ford Health to provide outstanding comprehensive medical care, train more physicians, nurses, and allied health professionals, at more sites, and in more specialties, across the communities we serve."

The organizations are in the process of submitting the agreement to state and federal regulatory agencies for review and hope the transaction will close by summer 2024.

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Ascension

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Adnan Munkarah, M.D.

President, Care Delivery System & Chief Clinical Officer
Henry Ford Health

Gilbert Family Foundation contributes nearly \$375 million in partnership with Henry Ford Health to bring Shirley Ryan AbilityLab to Detroit and create the Nick Gilbert Neurofibromatosis Research Institute



"Jennifer and I are extremely proud to work alongside Henry Ford Health and Michigan State University to play a part in bringing both the Shirley Ryan AbilityLab and Nick Gilbert Neurofibromatosis Research Institute to Detroit. These are important resources for Detroiters and residents across the state, and we are hopeful they will attract the brightest minds and most promising research to our rapidly transforming city."

Dan Gilbert

The Gilbert Family Foundation (GFF), Henry Ford Health and Shirley Ryan AbilityLab announced in September a historic partnership to bring a 72-bed state-of-the-art physical medicine and rehabilitation facility to Detroit. The facility will be managed by Shirley Ryan AbilityLab and will become part of Henry Ford Health's campus expansion.

The Gilbert Family Foundation also announced the creation of the Nick Gilbert Neurofibromatosis Research Institute, bringing a revolutionary neurofibromatosis research institute to Detroit in partnership with Henry Ford Health + Michigan State University Health Sciences. Both these partnerships will cement Detroit as a leader in innovative, personalized medical care and research.

The construction and operation of these two initiatives will cost an estimated \$439 million over 10 years. To bring the projects to life, the Gilbert Family Foundation will contribute nearly \$375 million in grant funding.

Shirley Ryan AbilityLab at Henry Ford Health

Chicago-based Shirley Ryan AbilityLab, recognized by U.S. News & World Report as the best rehabilitation hospital in the country for an unprecedented 33 consecutive years, will bring over 70 years of leadership in rehabilitation care and science to the 72-bed, 125,000-square-foot facility. It will occupy three floors of the new Henry Ford Hospital patient tower.

The overall construction for the space will cost \$179 million, with \$119 million coming from the Gilbert Family Foundation and \$60 million being financed by Henry Ford Health. It is expected to open in 2029. The Gilbert Family Foundation will also establish a \$10 million fund that will increase access to rehabilitation care for low-income Detroit residents who have limited or no insurance coverage.

The rehabilitation facility will provide inpatient care for those recovering from

a stroke, traumatic brain injury, spinal cord injury and other conditions. Shirley Ryan AbilityLab treats more patients for these conditions than any other single rehabilitation hospital in the nation.

In addition to the Detroit-based facility, Henry Ford Health and Shirley Ryan AbilityLab are also planning to expand to other Henry Ford inpatient rehabilitation facilities, including units at its Macomb and Wyandotte hospitals.

Nick Gilbert Neurofibromatosis Research Institute (NGNRI)

Neurofibromatosis (NF) is a genetic disease that causes tumors to grow on nerve pathways anywhere in the body. According to the Children's Tumor Foundation, NF affects one in every 2,000 births throughout the world and an estimated 4 million people worldwide are living with some form of NF, which can be either inherited or be the result of a spontaneous change in a gene.

NF1 is the most common of the three types of neurofibromatosis, and often sees tumors develop in the brain or on the spinal cord. While NF1 tumors are generally not cancerous, they may cause significant deformities and health issues such as blindness.

Dan and Jennifer Gilbert's late son Nick was diagnosed with NF1 as a child. Throughout his life, he championed neurofibromatosis awareness and passionately supported research into the disease. The Gilbert Family Foundation and sister nonprofit NF Forward have invested nearly \$100 million into research to cure neurofibromatosis.

The Nick Gilbert Neurofibromatosis Research Institute will collaborate with research institutions and researchers from around the world to create novel disease models using organoid technology and other research methodologies. These organoids or "mini organs in a dish" allow researchers to rapidly test potential drug treatments to see the positive and negative impacts of

those potential treatments on healthy and unhealthy tissue. The nature of this technology will also allow for more personalized healthcare for Henry Ford Health and NF patients.

This new institute will be housed within Henry Ford Health + Michigan State University's new research building, which is set to open in 2027. The construction of this part of the overall new facility is expected to cost \$50 million and will be funded by the Gilbert Family Foundation. Additionally, GFF has committed \$190 million over ten years to support operations and research.

The Nick Gilbert Neurofibromatosis Research Institute will be the first brick-and-mortar institute solely dedicated to neurofibromatosis, and one of the first institutes to leverage organoid technology and other novel models to address a single disease.

In pursuit of zero

Leading the
charge for
suicide
prevention

by Brooke Werdlow





Henry Ford Health has been on the forefront of suicide prevention through its collaborative care model designed to increase awareness and access to behavioral health services: Zero Suicide.

In the past two decades, the United States has experienced over a 30% increase in suicide rates, and provisional data from the Centers for Disease Control and Prevention estimates 49,449 total suicide deaths in the United States in 2022. After a decline in 2019 and 2020, suicide deaths once again increased 5% in 2021, and have increased an estimated 2.6% in 2022.

Since the early 2000s, Henry Ford Health has been on the forefront of suicide prevention through its collaborative care model designed to increase awareness and access to behavioral health services: Zero Suicide. Championing this effort are Cathrine Frank, M.D., recently retired Chair, Henry Ford Health Department of Psychiatry and Behavioral Health Services, and Brian Ahmedani, Ph.D., LMSW, Director, Center for Health Policy & Health Services Research, and Director of Research, Behavioral Health Services at Henry Ford Health.

Zero Suicide stems from the conceptualization of zero suicides as a goal within Henry Ford, establishing a care pathway that assesses and modifies suicide risk. Within a year of the program's implementation in 2001, Henry Ford Behavioral Health decreased its suicide rate by 80%. For 18 months in 2009-

2010, the Behavioral Health department had zero suicides overall.

The model utilizes a menu of evidence-based approaches and interventions along a continuum of care bundled to establish a care pathway for suicide prevention through the following measures:

1. Routinely screening for suicide risk at all healthcare touchpoints.
2. Working collaboratively with patients to design safety crisis plans to reduce suicide risk.
3. Treating suicide directly, rather than assuming that treatment for mental health disorders and substance abuse will eliminate suicide risk.

Zero Suicide's landmark efforts have been recognized with both the American Psychiatric Association's Gold Award and the Joint Commission's Ernest Amory Codman Award.

A perfect system of care

In 2001, Henry Ford Behavioral Health launched the Perfect Depression Care initiative in response to the Institute of Medicine's "Crossing the Quality Chasm" report. The report identified gaps in the U.S. healthcare system, administering a call to action for providers to make sweeping improvements to the system

In pursuit of zero: leading the charge for suicide prevention

through evidence-based changes in care delivery and patient-clinician relationships.

"At that time, there was a challenge issued to develop perfect systems of care for people with certain conditions," Dr. Ahmedani recalled. "Henry Ford decided to take up that challenge to develop a perfect system of care for people with depression."

The Behavioral Health team, led by C. Edward Coffey, M.D., then chair of the department, established that a perfect system of care would result in perfect outcomes. In this case, a perfect outcome would be to eliminate suicide deaths entirely. The Perfect Depression Care initiative — a precursor to what would become Zero Suicide — aimed to achieve zero suicides through performance improvement activities in four key areas: partnership with patients, clinical care, access to care, and information flow. The team implemented the processes into Behavioral Health — integrating features such as safety planning, suicide risk screening, stratification of risk levels with associated interventions, and optimized assessment tools.

Meanwhile, the first ever National Strategy for Suicide Prevention was released by the U.S. Surgeon General, creating a framework for institutional

changes to social infrastructures that aimed to fundamentally transform how suicide and suicide prevention were addressed on a systemic level. The report highlighted the pressing need for further research on how to modify risk factors to reduce the risk of suicide — a need addressed over the next decade by Henry Ford Behavioral Health.

"We did a lot of research and we found that even though we had reduced suicide within Behavioral Health, a lot of people weren't getting to Behavioral Health," shared Dr. Ahmedani. "So we expanded our program. We recognized that about 85-90% of people are having some kind of healthcare contact before a suicide death or suicide attempt, and we realized that we needed to spread beyond behavioral health."

While behavioral health would be at the core of the program, the initiative broadened to include both primary and pediatric care, and the emergency department through pilot operations, using each care touchpoint as an opportunity for clinicians to screen patients for suicide risk.

Prior to the model's implementation, the rate of suicide deaths in Henry Ford's Behavioral Health department was over 100 per 100,000. After implementing the model, the rate dropped to nearly 20

per 100,000 in Behavioral Health alone. Today, the suicide rate for Henry Ford Health's general population is less than half of the general population rate for the United States.

Facilitating a pathway toward prevention

Zero Suicide's care pathway begins with screening via the ninth item of the Patient Health Questionnaire-9 to gauge suicidal ideation. A positive screen stimulates a suicide risk assessment, which helps clinicians determine what risk factors, protective factors and warning signs a patient may have, eliciting the assignment of one of four risk levels: low, moderate, high and acute. While a low to moderate risk may prompt planned, frequent contacts, family and community involvement, and care coordination, high to acute risk levels may also benefit from measures such as intensive inpatient or outpatient suicide-specific psychotherapy and treatment.

"When somebody screens positive, there is a significant increased risk of suicide over the next 90 days, one year, and two years in the future," said Dr. Ahmedani, who compared the elevated suicide risk to the Framingham Risk Score for cardiovascular disease.



"If you have a high Framingham score, that significantly elevates your risk of having a heart attack. It doesn't tell us when the heart attack is going to occur, but we know that you have an elevated risk into the future. Very similarly, when somebody screens positive for suicide risk, they have an elevated risk for a suicide attempt."

Brian Ahmedani, Ph.D., LMSW
 Director, Center for Health Policy & Health Services Research, and Director of Research, Behavioral Health Services at Henry Ford Health.

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Like a high Framingham Risk Score, a positive screen for suicide risk isn't necessarily a same-day risk. Instead, it indicates a risk that can be mitigated over time if patients are guided into the care pathway outlined by Zero Suicide.

Following the risk assessment is a safety plan — a brief intervention in which a physician works with their patient to develop a self-management strategy and tools to use in the moment they feel suicidal. As an outreach measure post-care, physicians conduct follow-up "caring contacts" to check in with patients and help them navigate the process of scheduling behavioral health appointments in the weeks and months after a positive screening.

"That alone has been one of the most effective interventions for suicide prevention," Dr. Ahmedani shared. "Saying, 'Hey, how are you doing? We're here for you. If you need anything, let us know.'"

While screening is the first step to identifying suicide risk, Dr. Ahmedani notes the importance of developing a safety plan and treatment options for patients who — despite active warning signs or risk factors, such as hopelessness, chronic pain or access to weapons — do not screen positive.

Just over a decade after suicide prevention measures were put into place across the organization, the 2012 National Strategy for Suicide Prevention report highlighted Henry Ford's comprehensive, system-wide approach to suicide — engaging leadership to make suicide prevention a core priority. In the years that followed, the Surgeon General's report in conjunction with ongoing research publications on suicide

prevention stimulated national movement toward adopting similar models of suicide prevention in other organizations. 2019 saw the first national suicide rate reduction since prior to the September 11 attacks.

MI Mind: Partnering for success

What began as a localized initiative designed to eliminate suicide within Henry Ford Behavioral Health has since made a statewide impact through the Michigan Mental Health Innovation Network for Clinical Design (MI Mind).

Established in 2022, MI Mind is a collaborative quality initiative that helps healthcare providers throughout Michigan adopt the Zero Suicide model. MI Mind was created by Henry Ford Health in partnership with Blue Cross Blue Shield of Michigan to equip physicians with evidence-based suicide prevention training, practices and resources to implement effective clinical practices for suicide prevention and to conduct research to track patient outcomes and improve quality of care.

Blue Cross Blue Shield of Michigan incentivizes provider organizations to implement the Zero Suicide model in primary care and behavioral health, and Henry Ford provides care coordinator center support — including administrative oversight, training, quality improvements and data management for all the provider organizations. The collaborative nature of MI Mind helps the collective of provider organizations improve how suicide risk is assessed and treated throughout the state.

Eight provider organizations currently participate in MI Mind: Henry Ford Medical Group, Oakland Southfield Physicians, Med Net One, Trinity Health IHA Medical Group, Holland PHO, Answer Health, Trinity Health Alliance of Michigan and Upper Peninsula Health Group. MI Mind aims to one day enroll all provider organizations throughout the state.

The future of suicide prevention

In recent years, Zero Suicide has been embraced worldwide through a series of biannual international summits, with close to 20 countries around the world now adopting the model into their national health systems through Zero Suicide International.

"I believe that variations of this model can be spread across the world — that this approach when embedded in community settings and healthcare systems can make a global impact on suicide rates," said Dr. Ahmedani.

The Zero Suicide model is evolving to identify and address suicide risk outside of healthcare systems in partnership with community organizations. With proper training and care coordination, Dr. Ahmedani believes Zero Suicide's

screening tools can work in non-clinical settings to reach individuals with limited healthcare contact. The goal is to then create linkages with healthcare systems to provide individuals the treatment and support they need.

This adaptability is integral to the model's efficacy. Thanks to funding from the Michigan Department of Labor and Economic Opportunity's Refugee Mental Health Initiative grant, the Henry Ford Global Health Initiative is adapting the Zero Suicide model for refugees from Afghanistan and Ukraine to address specific challenges and needs faced within their communities. The model has also been adapted to do outreach for individuals transitioning out of the legal system, which often causes a disruption in care.

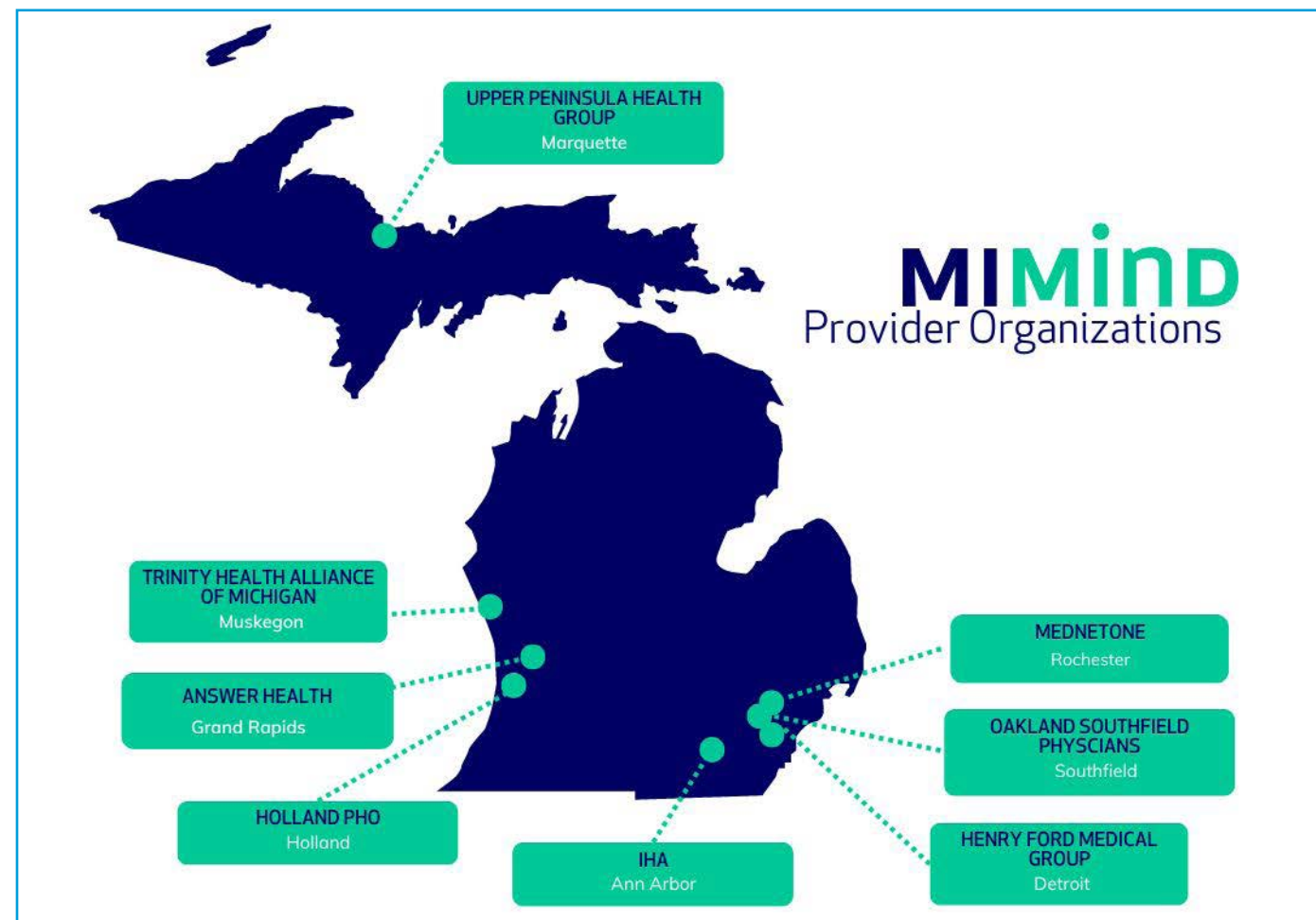
"It's all about trying to identify people outside of the typical setting of a

healthcare system, recognizing that some people don't make visits when we need to reach them the most," said Dr. Ahmedani.

By normalizing the conversation around suicide in healthcare, Zero Suicide aims to dismantle the silence around mental health and suicide outside of healthcare — reducing risk not only for healthcare workers and the patients they serve, but also the community as a whole.

If you or someone you know is struggling with thoughts of suicide, call or text the 988 Suicide & Crisis Lifeline at 988.

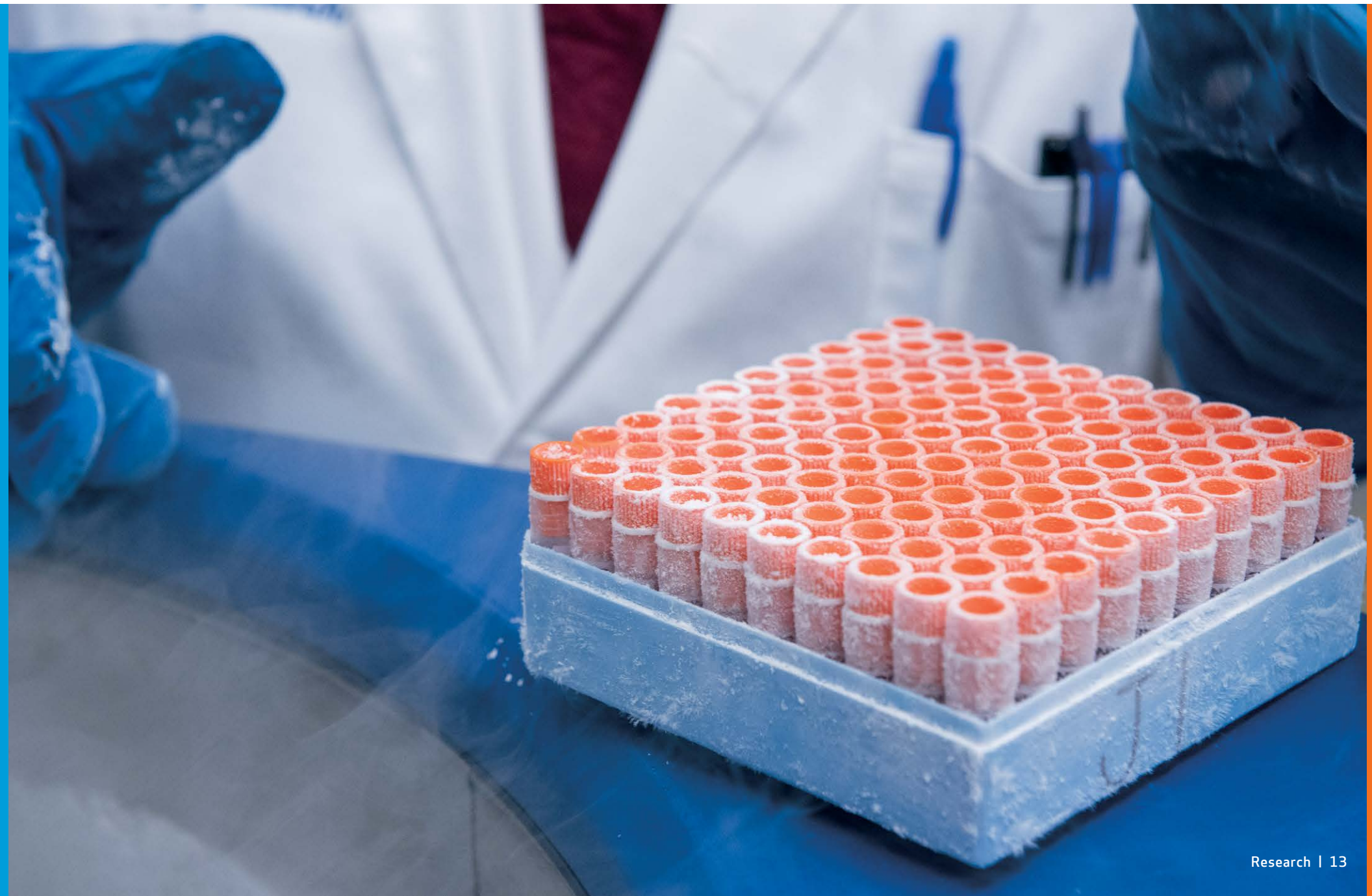
To learn more about Zero Suicide or MI Mind, visit henryford.com/services/behavioral-health/zero-suicide or henryford.com/mimind.



Researcher earns prestigious grant advancing brain cancer treatment

The NIH R01 grant will support Dr. Houtan Noushmehr's research applying DNA methylation, or epigenetics, to liquid biopsy.

by Lisa Harris





“It is not one person leading this: it’s a team of people. It is a very collaborative-type award because it involves neurooncologists, neurosurgeons, neuropathologists, bioinformaticians, basic scientists...; it’s really a team science effort, and I don’t think this grant would have been achieved without that collaborative nature that we have here at Henry Ford.”

Houtan Noushmehr, Ph.D.
 Researcher at Henry Ford Health’s
 Hermelin Brain Tumor Center

Henry Ford Researcher earns NIH R01 grant

Henry Ford Health researchers are world-renowned for the trailblazing discoveries they make at Henry Ford. Now one of our own was recently awarded the oldest and most prestigious grant one can receive for health-related research.

Houtan Noushmehr, Ph.D., a researcher at Henry Ford Health’s Hermelin Brain Tumor Center, earned a \$2.9 million National Institutes of Health (NIH) R01 grant for his unprecedented research applying DNA methylation, or epigenetics, to liquid biopsy. Dr. Noushmehr’s discovery is transforming the method in which brain cancers are detected, treated and monitored.

Dr. Noushmehr launched his illustrious career path studying epigenetics while working on his Ph.D., project at USC’s Norris Comprehensive Cancer Center. In a ground-breaking study, he and his research team profiled over 100 brain cancer samples using DNA methylation and identified very distinctive subtypes of glioma that had vastly different clinical outcomes — the defined groups were titled G-CIMP or Glioma-CpG Island Methylator Phenotype. This was a major discovery, because prior to the study, researchers had never differentiated brain tumors into clinical subtypes by molecular features using epigenetics.

Applying epigenetics to glioma research had such extraordinary results, Dr. Noushmehr decided to apply DNA methylation to liquid biopsy. He examined cell-free DNA using epigenetics, or DNA methylation, rather than looking at genetics or DNA mutations, which had been standard protocol for decades. By extracting plasma from patients’ blood and profiling their epigenetics, Dr. Noushmehr was able to detect cancer, diagnose the type of brain tumor, and monitor tumor progression or recurrence over time. He found the majority of profiled DNA is not emanating from the tumor itself; it is actually the body’s immune system emitting a cancer-specific signature into the blood as it reacts differently to specific tumor types.

DNA methylation liquid biopsy promises patients earlier brain cancer diagnoses without an invasive brain biopsy. The ability to detect the type of brain cancer and its aggressiveness using a simple, cost-effective blood test allows physicians to deliver treatment to patients much quicker, yielding better outcomes, especially for aggressive tumors.

Epigenetic liquid biopsy also promises superior results in tumor progression/recurrence monitoring.



After treatment, patients typically have follow-up testing every three months to monitor recurrence via MRI. Because brain cancer has an approximate 80% recurrence rate and can grow quickly, weekly blood sample monitoring enables immediate detection and treatment, rather than waiting months to test, as the cancer could grow considerably during that time.

By physicians tracking “real-time” cancer progression, they can administer prompt treatment, resulting in greatly improved clinical outcomes for patients. Dr. Noushmehr is using his recently bestowed R01 grant to study whether these findings can be replicated on a large scale.

Prior to receiving the NIH R01 grant, Dr. Noushmehr received numerous grants that significantly supported his liquid biopsy research. Thanks to funding from the Jeffries Precision Medicine Center, Game On Cancer, Department of Defense, as well as others, Dr. Noushmehr was able to gain the preliminary data needed to be considered for an R01 grant — the NIH R01 would have been unattainable without this initial philanthropy and federal support.

The research findings resulting from this R01 funding will also help bring NCI designated cancer status one step closer for Henry Ford Health. Dr. Noushmehr is currently applying for two other NIH R01 grants to fund additional cancer research.



“I am applying something that I applied 12 years ago as a Ph.D. student to liquid biopsies, and we are getting remarkable results out of it, so it is telling us that epigenetics is a really important marker that people have always really dismissed decades back. I decided to apply it to liquid biopsy, and that’s where all these amazing results came out of this work that led to this R01 grant.”

Houtan Noushmehr, Ph.D.
Researcher at Henry Ford Health’s
Hermelin Brain Tumor Center



“You don’t strive for one; you keep going. To keep your research going, you have to keep getting more...R01s,” he said.

Dr. Noushmehr strongly believes collective effort is vital in research. When he made the liquid biopsy discovery, he realized immediately the results had to be corroborated by researchers around the world. He, along with colleague Susan Short, Ph.D., an academic clinical oncologist from the University of Leeds in the United Kingdom, established the Brain Liquid Biopsy Consortium, a network open to any researcher in the world interested in liquid biopsy. This

consortium is a vital resource for researchers to share information and resources.

Dr. Noushmehr also feels strongly that every person on the research team is an equal and important member. “It is not one person leading this: it’s a team of people. It is a very collaborative-type award because it involves neurooncologists, neurosurgeons, neuropathologists, bioinformaticians, basic scientists...; it’s really a team science effort, and I don’t think this grant would have been achieved without that collaborative nature that we have here at Henry Ford!”

A framework for success

Fostering pathways to healthcare professions for underrepresented youth

By Brooke Werdlow

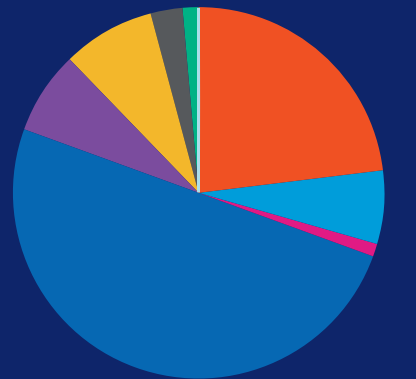
Making a career in medicine accessible to all

A diverse healthcare workforce is essential to meet the healthcare needs of an increasingly diverse society and to address disparities in health outcomes. According to the Association of American Medical Colleges, 2,037 Michigan residents applied to medical schools in the United States in 2022 – a decrease of over 10% from the previous year. Nearly half of those applicants were white, while only 7.8% of applicants self-identified as an underrepresented in medicine (URiM) race or ethnicity – including American Indian or Alaska Native, Black or African American, Hispanic, Latino, or of Spanish Origin, and Native Hawaiian or other Pacific Islander – despite URiM races or ethnicities making up 20.5% of

Michigan's population, according to the U.S. Census Bureau. Martina Caldwell, M.D., M.S., Medical Director of Diversity & Inclusion, Henry Ford Medical Group, and Ikenna Okereke, M.D., Vice Chairman, Department of Surgery and Director, Thoracic Surgery, are two Henry Ford physicians leading the charge to empower Detroit-area youth by building solid pathways to future careers in healthcare. The pair – recently featured in Crain's Detroit Business as 2023 Healthcare Heroes – are working to dismantle structural barriers to medical careers, teaching local students that whether their interest is research, nursing, surgery, or even administration, there is a future in healthcare for them.



Michigan applicants to U.S. medical schools in 2022-2023 by race/ethnicity



- Non-U.S. citizen and non-permanent resident
- Unknown race/ethnicity
- Multiple race/ethnicity
- Other
- White
- Native Hawaiian or other Pacific Islander
- Hispanic, Latino or Spanish Origin
- Black or African American
- Asian
- American Indian or Alaskan Native

Motivated by her own experiences in healthcare, as well as those of others who have traversed healthcare professions from underrepresented backgrounds, Dr. Martina Caldwell launched RYSE MED — Readying Youth Scientists for Excellence in Medicine, Health Equity and Discovery — in the summer of 2022 to provide metro Detroit high schoolers the scientific socialization, relationship-building, clinical immersion, and educational empowerment needed to increase their confidence as they pursue careers in healthcare.

The program’s pre-health career immersion offers experiential learning for rising junior and senior high school students from underrepresented and structurally vulnerable backgrounds, helping them learn about healthcare careers while being mentored by medical professionals and researchers.

“We kind of launched it on faith,” recalled Dr. Caldwell, who identified the key elements of other successful pathways programs through a literature review with Emergency Medicine colleagues at other institutions. “The motivation was to serve the critical need for diversity in healthcare, and to start as early as possible in the pathway. We can’t start at the cradle, but we’re going to start as young as we can to inspire, encourage, and affirm the potential of these young scholars.”

During a summer intensive that culminates in collaborative health equity research presentations, RYSE MED scholars engage in didactic presentations from clinical and research specialists on a wide range of healthcare topics, and YPAR curriculum — youth-led participatory action research — through breakout groups where students develop their own health equity research projects.

“We put more emphasis on solutions in those health equity projects because we don’t want young people to be deficit-focused on their communities,” Dr. Caldwell explained. “We want them to be asset-focused and to see themselves as

change agents. We spend at least half of the program focused on positive solutions.”

RYSE MED scholars also receive hands-on clinical experiences in Henry Ford Hospital’s Center for Simulation, Education and Research, where they undergo CPR and ultrasound training, perform simulated laparoscopic surgeries, learn how to suture, and even treat clinical cases using simulated patient mannequins and virtual reality.

After the success of the program’s launch year — which had 15 students, eight mentors, and spanned only four weeks — the 2023 cohort expanded to serve 20 high school students with 10 undergraduate “near-peer” mentors and five medical student mentors over the course of six weeks. As a result of the rising mental health challenges among youth, the program now features a Mental Health First Aid certification component.

At the core of RYSE MED’s programming is mentorship. Students meet with their mentors weekly, and also shadow clinicians and researchers in clinical environments multiple times throughout the summer. Through weekly mentorship circles where discussions range from failing forward to creating a pathway toward success, scholars foster strong relationships with their senior and near-peer mentors, creating a lasting network of support for students at every stage of their healthcare career track.

“We are very conscious to include identity-concordant mentors. We want our youth to see themselves reflected in their mentors,” shared Dr. Caldwell, who believes that students’ ability to actively see themselves in healthcare careers, along with persistence in the face of adversity, are key ingredients to success in medicine.

But support for the scholars doesn’t end with their mentors. RYSE MED deliberately engages parents, guardians and families of its students in the transformational programming — emphasizing the long-term value of

supporting their children’s interest in healthcare and equipping them with information to help families advocate for their students as they traverse a medical career pathway. RYSE MED also offers financial support in the form of stipends for students who may forgo part-time jobs to participate in the program.

Looking to the future, Dr. Caldwell hopes to build out the robust program by adding longitudinal components to RYSE MED, such as academic tutoring, college prep and offering both a clinical and research track where a select group of students can deepen the invaluable hands-on experience offered by the summer intensive throughout the year.

“We’re training the next generation of health leaders in this city,” said Dr. Caldwell.

To get involved with RYSE MED as a mentor, or to support the program through a donation, visit <https://www.henryford.com/hcp/med-ed/ryse-med>.



Martina Caldwell, M.D.

Galvanizing the healthcare leaders of tomorrow

Dr. Ikenna Okereke is turning his experiences of bias, racism and discrimination as a student into opportunity for the next generation of healthcare workers through a mentorship program designed to motivate Detroit-area students to pursue careers in medicine.



“I came here from Nigeria when I was a year old. I really felt like this country, and Detroit in particular, gave me a lot, so I’ve always tried to give back to our families,” said Dr. Okereke, whose history of supporting disadvantaged communities spans over a decade — including building a surgery center in Haiti and doing disaster relief after the country’s 2010 earthquake.

After launching the program in Texas, Dr. Okereke returned to Detroit and launched the Henry Ford Health Department of Surgery High School Mentorship Program with support from Henry Ford Innovations.

The program is divided into three phases. In phase one, Dr. Okereke and others from the Department of Surgery speak to students at high schools throughout Metro Detroit, introducing them. The second phase consists of Saturday morning sessions where students are immersed in hands-on learning in Henry Ford Hospital’s Microsurgical Laboratory or Center for Simulation, Education and Research, as well as tours throughout the hospital. Students submit applications to participate in phase three, in which they are paired with mentors to complete a summer internship for a stipend of \$1,000.

While the program originated to connect aspiring surgeons from underrepresented groups to mentors from the same field, Dr. Okereke has since tailored the program to fit its participants interests — connecting students with mentors across a wide range of healthcare careers.

“One of the great things about Henry Ford is that there are so many departments here, that if someone wants to go into law, communication, administration, etcetera, there is someone here who is available,” he said.

Motivated by the phrase, “if you can see it, you can be it,” Dr. Okereke’s surgery mentorship program aims to directly counter the harm caused by lack of representation in the healthcare industry.

For more information, visit <https://www.henryford.com/hcp/med-ed/surgery-mentorship>.

Behind the white coat



Jonathan P. Braman, M.D., M.H.A., F.A.O.A.

Chair and Medical Director, Orthopedics Service Line
Breech Chair in Bone and Joint Medicine

Dr. Jonathan Braman was named department Chair and Medical Director of the Orthopedic Service Line at Henry Ford Health in April 2023. He oversees all administrative, clinical, research and academic activities which includes over 20 locations.

An Orthopedic surgeon specializing in shoulder surgery, Dr. Braman joined Henry Ford from the University of Minnesota Department of Orthopedic Surgery, where he was Chief of Shoulder Surgery, Professor of Orthopedic Surgery, Vice Chair of Faculty Development, and Director of Orthopedic Research at the University of Minnesota Medical Center.

Why did you become a physician?

Growing up in a house where my mother was a high school educator, it was easy to see how significant the impact of educators was on my peers and my community. My path was different as I loved the idea of helping others process their injuries and illnesses and find a path toward wholeness.

What led you to specialize in Orthopedics, particularly shoulder surgery?

Orthopedics is wonderful, filled with opportunities to cure disease. Few medical interventions are more effective at eliminating a disease than total joint replacement is with arthritis. In addition, orthopedic surgery provides an opportunity to meet patients when they are injured, suffering, or disabled and work collaboratively with them to restore their quality of life. When I discovered the impact that orthopedic surgeons could have on their patients, I was hooked.

Shoulder is also amazing because it allows me to treat the gamut of demographic groups in my community. I can care for children with fractures and elderly patients with arthritis and all the folks in between! In addition, shoulder as a specialty allows me to do arthroplasty, fracture work, and arthroscopy, so all the major surgical skills needed to be a good orthopedic surgeon are needed in the shoulder. Finally, as a person who wants to help answer questions with research, there

are so many unanswered questions in the world of shoulder care, that it is an incredible space to practice. I'll never stop learning.

What attracted you to Henry Ford Health?

I was not looking to make a change as I loved my practice, my partners, and my community at the University of Minnesota. When I was asked to interview, I learned more about Henry Ford Health as a result. While I was well aware about the impact that Henry Ford Health has had in the educational domain by training residents and some of the research that has been done in orthopedics, I was unaware about the depth and breadth of the impact that Henry Ford Health researchers and care providers have had nationally and in the state of Michigan.

In addition, I was inspired by the fact that this is an equity-forward organization that has a 100-year history of serving the communities in which it is embedded and filled with leaders who not only support the research and educational missions but recognize the impact that an academic health system can have on the health of our population. This priority to serve made me excited to join Henry Ford Health. After six months as a proud Detroit, I can say that I'm still excited to go to work every day.

What are your research interests?

I have been blessed to collaborate with great research teams in my career. This has focused in three main areas: biomechanical research on the shoulder and its kinematics

using biplanar fluoroscopy, educational research focusing on assessment and simulation, and outcomes of shoulder surgery (mostly involving medically-complex patients).

How are you impacting the education of the next generation of physicians?

As a recovering program director, I understand the effort required to make a residency successful. During my career, I have had a learner assigned to me every clinic and every OR day. It's been incredible to watch so many residents graduate with the skills necessary to go out and provide excellent care to their patients. I call this the "Educator's Echo." If we each give great surgical care to 350 patients a year, then over thirty years, we can restore function to 10,000 patients. While this is incredible, if we do this while teaching 6 or 8 residents a year, and each of them takes something from their experience with us that helps them provide better care to their patients, it expands our reach by hundreds of times.

In the past few years, I have taken this one step further and now I am Co-Director for the American Academy of Orthopedic Surgery Course for Orthopedic Educators. This course is an immersive experience that teaches practicing surgeons how to develop their skills in education by teaching about feedback, mentorship, and teaching styles.

Lastly, I am a passionate advocate for diversity in orthopedic surgery. As the least diverse specialty, I know that we are missing out on attracting some of the best applicants to orthopedics because qualification for this great job is evenly

distributed across demographic groups and our applicant pool is too homogenous. Making the first exposure of a learner to orthopedics be welcoming and inclusive is a goal of mine.

#MentorRelentlessly is listed first in your profile on X, formerly known as Twitter. Why is physician mentorship important and what role does it play in improving healthcare?

As a first generation in medicine surgeon, I recognize the series of lucky mistakes that launched me into this field. Because I always felt lost about how to navigate the application process during my undergrad, medical school and residency, I have made it a priority to help those who find themselves similarly disconnected. My desire to see the demographics of my subspecialty more closely reflect the communities in which we serve our patients means that I frequently mentor trainees who are also first-generation, from underrepresented backgrounds, women or LGBTQIA. We know that diverse teams provide better care to patients. It's my job to help those teams assemble and thrive. Through advocacy, mentorship, allyship and sponsorship, I continuously press this goal forward.

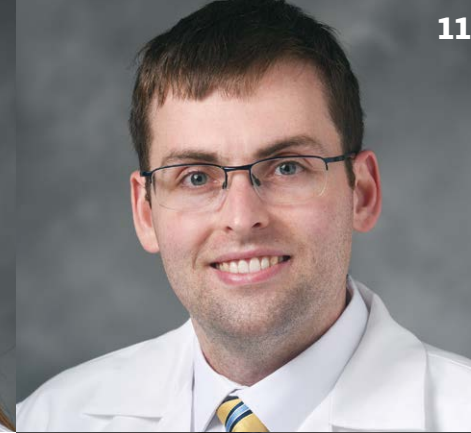
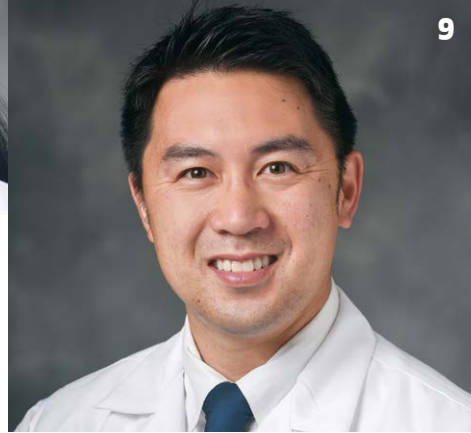
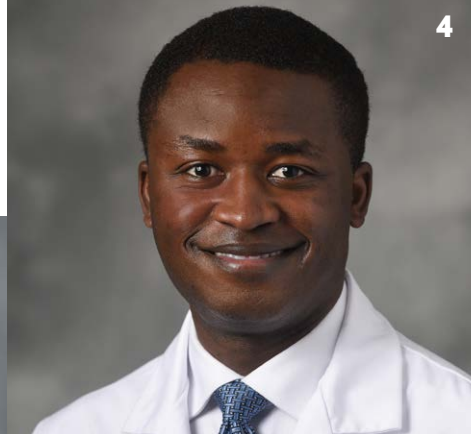
Stars

The Henry Ford Stars program honors residents and fellows who have gone above and beyond in one of the following areas:

- Consistently spreads the joy of medicine
- Provides extraordinary patient care
- Outstanding humanitarian service
- Above and beyond in the support of peers and colleagues
- Behind the scenes superstar



1. **Dr. Firas Shalabi**
Obstetrics and Gynecology
Provides extraordinary patient care
2. **Dr. Ryan Soheim**
General Surgery
Provides extraordinary patient care
3. **Dr. Emilyn Anderi**
Family Medicine
Consistently spreads the joy of medicine
4. **Dr. F. Samuel Mshelbwala**
Cardiology
Behind the scenes superstar
5. **Dr. Tiffany Alexis Clinton**
Obstetrics and Gynecology
Outstanding humanitarian service
6. **Dr. John Cherian**
Infectious Disease
Behind the scenes superstar



7. **Dr. Kaitlyn Richter**
Emergency Department
Provides extraordinary patient care
8. **Dr. Santhakshmi Angappan**
Anesthesia
Above and beyond in the support of peers and colleagues
9. **Dr. Donald Chang**
General Surgery
Consistently spreads the joy of medicine
10. **Dr. Shing Chao**
Internal Medicine
Outstanding humanitarian service
11. **Dr. Kevin Harris**
Gastroenterology
Behind the scenes superstar
12. **Dr. Alyssa Vitale**
Pathology
Above and beyond in the support of peers and colleagues



“The Henry Ford Star Award celebrates people who are recognized by their colleagues and teaching faculty as truly special. Every winner contributes to our community in a variety of ways, and it’s important to show appreciation for the clinical care that our residents and fellows provide each and every day.”

Lisa MacLean, M.D.,
Chief Clinical Wellness Officer,
Henry Ford Medical Group

Henry Ford obituaries



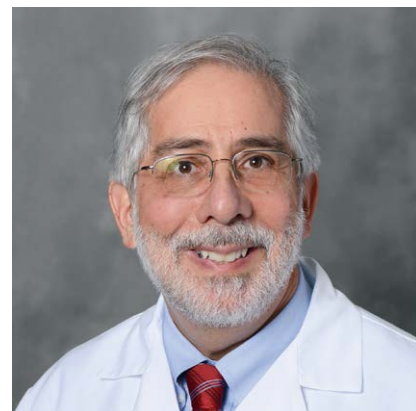
Donovan Bakalyar, Ph.D.

Donovan Bakalyar, Ph.D., radiological physicist who served at Beaumont and Henry Ford Hospitals, died peacefully at home on May 6, 2023, of metastatic cancer. Dr. Bakalyar held degrees in physics from the University of Minnesota and the University of Florida. He was board certified by the American Board of Radiology in Radiological Physics. Memorials may be made to The Autism Services Center at Western Michigan University, Lutheran Campus Ministry at the University of Michigan, St. Paul Lutheran Church, and Henry Ford Hospice.



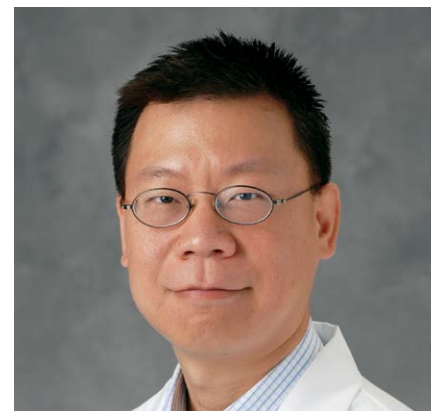
Mark Balle, M.D.

Henry Ford Health Dermatology Director of Mohs Surgery Mark Balle, M.D., passed away Nov. 1, 2023 at the age of 66. After finishing medical school at Wayne State University, Dr. Balle joined Henry Ford Health in 1983 as a Transitional Resident. Upon completing his residency in July 1987 and a fellowship in Mohs Chemosurgery under the guidance of Dr. George Mikhail, Dr. Balle became a senior staff member in August 1988. He was a cornerstone of the Dermatology Department throughout his 40 years of service. Beyond his surgical excellence, Dr. Balle was a kind-hearted and positive individual, remembered fondly by patients, nurses and colleagues across the system. His contributions extended beyond his Mohs procedure rooms, shaping the careers of over 200 dermatology residents and leaving a lasting impact through his mentorship and friendship.



Leslie J. Bricker, M.D.

Leslie J. Bricker, M.D., passed away Oct. 30, 2023 at the age of 71 following a brief illness. Upon completion of his residency at Sinai Hospital of Detroit, he completed fellowship in Hematology & Oncology at the University of Michigan. Dr. Bricker joined the Henry Ford Medical Group, Department of Medicine, Division of Hematology & Oncology in 1985 as a senior staff physician. During his time as an oncologist, he developed a strong interest in palliative and hospice medicine and served as one of the first Hospice Medical Directors for Henry Ford Hospital. He advanced his training in palliative care through the Roxane Scholars in Palliative Care Program at Cleveland Clinic and Northwestern University. In 2000, Dr. Bricker, along with Virginia Paige, N.P., founded and launched the Palliative Medicine Service at Henry Ford Hospital – one of the first programs in metro Detroit. He also initiated the Schwartz Center Rounds at Henry Ford, which has become a vital component for ongoing open dialogue among providers.



Kan Fang, M.D.

Dr. Kan Fang, passed away on June 8, 2023, following a long illness. After completing medical school at Tufts University, Dr. Fang did his residency training, as well as Cardiology and Electrophysiology fellowships, at Lahey Clinic. Following his fellowship training in 2006, Dr. Fang joined the Henry Ford Medical Group as an electrophysiologist in the Division of Cardiovascular Medicine, Department of Medicine. He also served as the Cardiology EP Residency Program Director from 2011 through 2014. Dr. Fang left the Medical Group in 2015 for health reasons and moved to Virginia to be close to family. After leaving Henry Ford, he worked for the FDA as a medical reviewer for clinical trials related to Cardiology and Electrophysiology – a role he continued until his death.



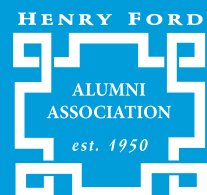
Roger Fielding Smith, M.D.

Roger Fielding Smith, M.D. died May 4, 2023, in Nashville, Tennessee at the age of 99. Born in Ypsilanti, Michigan, he graduated from the University of Michigan with a B.S. in chemistry and an M.D. cum laude. After graduation, he continued his graduate medical education as a general surgery resident at the University of Michigan Hospital. After finishing his surgical residency, Dr. Smith joined the senior surgical staff at the Henry Ford Hospital in 1954. He became the Head of the Vascular Surgical Division and then Chairman of the Department of Surgery. He also was a faculty member at the University of Michigan Medical School as a Clinical Professor of Surgery teaching the rotating medical students from Ann Arbor. Dr. Smith was awarded the Endowed Roger F. Smith Chair in Surgical Research. He retired from patient care in 1995 after more than 40 years of active surgical clinical practice. In addition, Dr. Smith served in both World War II and the Korean War.



Gary Brian Talpos, M.D.

Gary Brian Talpos, M.D. passed away May 9, 2023 at the age of 74. Dr. Talpos grew up in Beverly Hills, Michigan and graduated from the University of Detroit Jesuit High School before moving on to the University of Michigan for both his undergraduate studies and medical school. Following his residency, Dr. Talpos began his career as a general surgeon at Henry Ford Hospital, where he would remain for 38 years until his retirement in 2016. At Henry Ford Hospital, Dr. Talpos became nationally renowned for his work as a general and endocrine surgeon. He performed thousands of successful surgeries, won countless awards, was published in textbooks and journals, and was named to Hour Detroit's list of the top doctors in metro Detroit 19 times. More importantly, he formed close bonds and friendships with fellow doctors, nurses, patients, and staff members that persisted through his entire life.



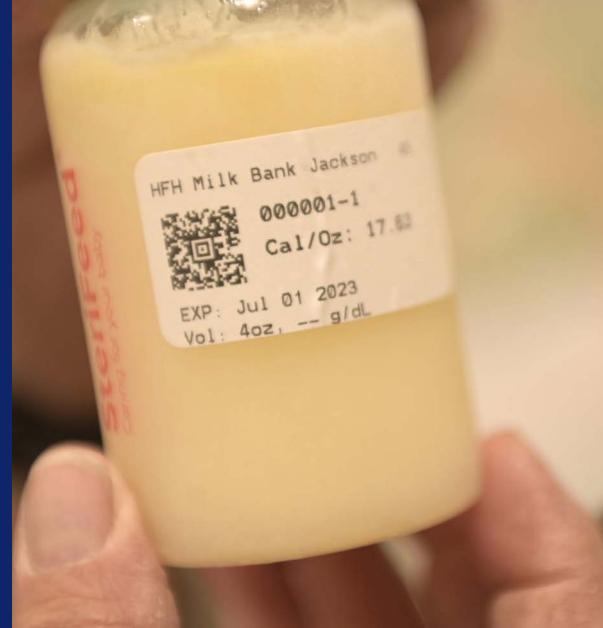
Make a lasting gift in support of the Henry Ford Medical Group Alumni Association.



Established in 1950, the Henry Ford Medical Group Alumni Association fosters a vast network of current and former medical and research staff who trained or worked at Henry Ford Health. Over 7,000 active members connect to share news and information, forming professional relationships and friendships that span decades and great distances — all to strengthen our commitment to providing the best possible care to every patient we serve.



Henry Ford Milk Bank-Jackson opens doors; provides human donor milk to babies



The Henry Ford Milk Bank-Jackson – only the second human donor milk bank in Michigan – opened its doors for the first time in June 2023, delivering safe, pasteurized breast milk provided by donors after an extensive screening process.

“We’re so very proud to be one of the few health systems in the country that provide this service,” said Bob Riney, President & CEO of Henry Ford Health. “Having our own milk bank improves our ability to promote the health and well-being of vulnerable infants in Henry Ford hospitals and our communities in a new and exciting capacity.”

The Centers for Disease Control and Prevention and the American Academy of Pediatrics recommend donor human milk as the best alternative when a mother is unable to breast feed.

Breast milk reduces the risk of sudden infant death syndrome and is vital for premature babies in need of additional hormones and growth factors to assist in their development. Babies who consume breastmilk are less likely to develop chronic illnesses including obesity, asthma and diabetes.

“There’s nothing in the world more important than making sure our youngest Michiganders have a strong, healthy start in life,” said Senator Debbie Stabenow, who secured \$700,000 in federal funding to bring the non-profit milk bank to fruition, alongside gifts from the Jackson Community Foundation and the Volunteers of Allegiance Health. “Thank you to Henry Ford Health and to the generous moms who are donating their milk and making this all possible.”

The Henry Ford Milk Bank - Jackson ribbon cutting was attended by U.S. Senator Debbie Stabenow, local and system leadership, and community leaders among others.



Referring physician office

To refer a patient to any specialty or to connect with a Henry Ford provider, please call:

1-877-434-7470
Fax: 313-916-5717

HenryFord.com/rpo

vICU opens at Henry Ford Wyandotte Hospital

Following more than a year of planning, Henry Ford Health opened its first virtual Intensive Care Unit (vICU) at Henry Ford Wyandotte Hospital in July 2023 followed by another unit at Henry Ford Macomb Hospital in October. Through two-way speakers and mounted cameras focused on each ICU patient, as well as on mobile wireless camera carts in the Emergency Department, remote clinicians are collaborating and delivering real time support to their bedside partners.

vICUs provide numerous benefits to team members and patients, including: an added layer of support; responding to bedside staff at a moment’s notice; reduction in task burden and length of stay, among other quality metrics; and an increase in overall workplace satisfaction.

Based in the Elijah McCoy Building as part of the System Capacity Command Center, virtual nurses, working under the Center’s director, Ayesha Stuart, are available 24/7. The critical care intensivists, overseen by the vICU’s medical director, Dr. Emily Hurst, work 7 p.m. to 7 a.m. daily.

vICUs will expand to the Jackson and West Bloomfield Hospitals in 2024.



ICU teams have an added layer of support when caring for patients at Henry Ford Wyandotte Hospital.

HENRY FORD HEALTH

Rounds



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Of lasting interest

The Henry Ford Hospital Atrium was rededicated in honor of John Popovich, Jr., M.D., for the legacy he left at Henry Ford Hospital and Henry Ford Health resulting from his 45 years of service. Dr. Popovich was the second physician CEO of Henry Ford Hospital and his visionary leadership contributed significantly to the continued success of the hospital.



Dr. Popovich (left) is pictured with Steven Kalkanis, M.D., Executive Vice President, CEO of Henry Ford Hospital and CEO of the Henry Ford Medical Group.