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Schema Archetype	Group Practice – Multiple Specialty
Schema Factors	Outpatient, Office Practice, >10 Providers, Urban, Non-Academic, 4 clinical Sites
Organization Summary	SETMA is a multi-specialty clinic located in Beaumont Texas, with four clinical locations, a clinical laboratory, mobile x-ray services and physical therapy department.
IT Environment	SETMA is using NextGen EMR and EPM (Enterprise Practice Management). SETMA uses windows-based and Citrix-based client. A live LIS interface connects the EMR and laboratory, which also connects SETMA to Quest Diagnostics and LabCorp. SETMA has a HIPPA compliant Web Portal for patient access and a Health Information Exchange deployed with local hospitals expanding into a regional HIE.
CDS Achievement	<p>SETMA has implemented the PCPI, PQRI, HEDIS, NQF, AQA, NCQA data sets for diabetes, congestive heart failure, lipids, Cardiometabolic risk syndrome, chronic renal disease, hypertension, and chronic stable angina.</p> <p>SETMA has created disease-specific clinics for: diabetes (Joslin Diabetes Center Affiliate), lipid management, congestive heart failure, Coumadin management, hypertension, adult weight management, COPD and asthma, and headaches. Template-driven, standard-based, disease-specific management tools support these clinics in delivering aggressive, comprehensive disease management efforts.</p> <p>Having the integrated laboratory with the live LIS interface also allowed SETMA to implement specific diagnostic decision support for laboratory test ordering. For example, the system alerts the provider if a particular test (CPT code) is not justified on the basis of a particular ICD-9 diagnosis code. The provider then can determine if there is a legitimate</p>

diagnosis for the payment of the laboratory test, or if a waiver is needed so that the patient is aware that he or she may be responsible for the payment of that portion of care.

## Lessons Learned

“Healthcare improvement will result from transformation, not reformation. Reformation comes from external pressure; transformation comes from internalized value and energy.”

While the practice will inevitably pay more attention to technology during implementation, ultimately they must not give more attention to the technology than the patient. After implementation, “high tech” will promote “high touch.”

The system solutions to the complexity of medical practice and healthcare delivery today require understanding that:

- Without the ability to track HEDIS and other quality data, it will be impossible to “prove” that you are doing quality work.
- Without the ability to examine patterns of behavior among providers in your group, it will be impossible to improve the quality of care.
- Without being able to monitor the behavior of your patients, it will be impossible to affect the health of a population of people.

**SETMA’s Model of Care** has evolved to include over 200 quality metrics:

- Tracking them at each patient encounter
- Auditing them over panels of patients
- Analyzing outcomes including standard deviations
- Reporting of Outcomes by provider name publicly
- Designing Quality Improvement Initiatives from data

## Awards, Recognitions, and Citations

2005 Davies Ambulatory Care Award Winner

<http://www.himss.org/content/files/davies/2005/STMA.pdf>

Level 3 Physician Practice Connections – Patient-Centered Medical Home (PPC-PCMH), *National Center for Quality Assurance (NCQA)*

*Medical Home and Ambulatory Care accreditation by Accreditation Association for Ambulatory Healthcare*

*NCQA Diabetes Recognition Program*

*Affiliation with Joslin Diabetes Center Affiliated with Harvard*

Holly JL. Fearlessly facing the future. Case study: a Texas practice's implementation of EMR and a fully integrated back-office system. *MGMA Connex*. 2006 Feb;6(2):24-5. PubMed PMID: 18376787.

Holly JL. Safeguarding patients with electronic medical records. Using technology to direct care. *Adv Nurse Pract*. 2003 Aug;11(8):69-71. Review. PubMed PMID: 13677088.