James L. Holly, M. D.

SETMA's Mission, Vision and Goals: Patient Safety and Quality Care

LD.02.01.01 The mission, vision, and goals of the organization support the safety and quality of care, treatment or services

LD.02.0301: Leaders regularly communicate with each other on issues of safety and quality.

Mission

The mission of SETMA was formalized into SETMA's Mission Statement inn 1997. It states:

To build a multi-specialty clinic in Southeast Texas which is worthy of the trust of every patient who seeks our help with their health, and to promote excellence in healthcare delivery by example.

A framed copy of this statement is displayed in all public places within SETMA's clinics. The statement is supported by SETMA's:

Public Motto: Healthcare Where Your health is the only care Private Motto: We want to do good while we do well

Vision

SETMA's vision is to participate in the transformation of healthcare in the United States. This means that we understand that "transformation" comes from an internal, generative passion which drives us beyond the requirements of "reform" which is based upon regulations, rules and requirements. SETMA's vision is defined by our wiliness to face our current reality and our wiliness to honestly and straightforwardly face the gap between our reality and our vision.

Peter Senge addresses "creative tension" as that which is created by the difference between our reality and vision. Our ability to hold that creative tension between our reality and our vision is the force which will drive us to the successful achievement of our mission, the reaching of our goals and the fulfillment of our vision.

In reality because of transformation and generative passion which is internalized our vision will continually expand and change. Our vision is a society in which all have access to excellent

healthcare, in which healthcare is seen as a human right. It includes our collaboration with our patients as team members on their healthcare team where the patient is activated, engaged and participating in shared-decision making. It is a healthcare delivery system which is coordinated and integrated, and which is sustainable financially.

Goal

SETMA's goal is to fulfill both the **Triple Aim** as defined by the Institute for Healthcae Improvement (IHI) and the Moral Test of Healthcare delivery as defined by Vice-President Hubert Humprhey in September, 1977.

In October, 2007, the **IHI** launched the **Triple Aim Initiative** which includes the "simultaneous pursuit of three aims":

- 1. Improving the experience of care
- 2. Improving the health of populations
- 3. Reducing per capita costs of health care"

IHI defined a set of components of a system that would fulfill the Triple Aim. Five of the components are:

- 1. Focus on individuals and families
- 2. Redesign of primary care services and structures
- 3. Population health management
- 4. Cost control platform
- 5. System integration and execution"

(http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/Approach.aspx)

The scope of the Triple Aim was defined by Senator Hubert Humphrey; he said:

"The moral test of government is how it treats those who are In the dawn of life, the children; those who are in the twilight of life, the aged; and those in the shadows of life, the sick, the needy and the handicapped." (November 4, 1977, Senator Humphrey, Inscribed on the entrance of the Hubert Humphrey building, HHS Headquarters)

Dr. Don Berwick stated that success in the Triple Aim required:

"Preconditions for this include: enrollment of identified population, a commitment to universality for its members, and the existence of an organization (an "**integrator**") that accepts responsibility for all three aims for that population." (Donald M. Berwick, Thomas W. Nolan and John Whittington *Health Affairs* May 2008 vol. 27 no. 3 759-769)

SETMA's goal is to be an integrator of healthcare. Key to SETMA as an "integrator" of the Triple Aim is the Patient Centered – Medical Home (PC-MH) and key to SETMA's PC-MH is SETMA's Model of Care. The second of IHI's five components of The Triple Aim is the Redesign of "Primary Care" Services and Structures is that "Basic health care services are provided by a variety of professions: doctors, nurses, mental health clinicians,' nutritionists, pharmacists, and others." The steps to this redesign are:

- 1. "Have a team for basic services that can deliver at least 70% of the necessary medical and health-related social services to the population.
- 2. "Deliberately build an access platform for maximum flexibility to provide customized health care for the needs of patients, families, and providers.
- 3. Cooperate and coordinate with other specialties, hospitals, and community services related to health." (IHI)

SETMA's efforts are directed toward this mission, this vision and this goal.

Communications Between the leaders and colleagues of SETMA guide us to these goals and require us to continually review our pursuit of healthcare quality and patient safety. To that end SETMA:

- 1. Closes our office once a month for a halt a day. During that time the Governance Board meets with healthcare providers to discuss quality and safety. We review audits of provider performance and discussion ways to fulfill our mission, vision and goal. We have done this for four years.
- 2. Prepares a weekly healthcare newspaper column, in which we discuss, public, our mission, vision, goals and successes. We have done this for fourteen years.
- 3. Maintain a public website in which we transparently report on over 300 quality metrics by provider name. We have done this for five years.
- 4. Rather than static huddles which require everyone to be geographically in one place at time, SETMA participates in continuous electronic huddles thorough out the day and night.