

SETMA chief responds to critic of group practices

BEAUMONT — I was confused by James Cummings' guest column last Sunday about group medical practices. As the CEO of the largest group practice in Southeast Texas, as a 30-year participant in health care in this area and as president and medical director of the only surviving IPA in the region, my experience contradicts Cummings' claims.

He asserts, "one prevalent model is hospitals or others forming group practices where doctors are paid to join" resulting in the following:

◆ "Doctors may have incentives to prescribe far more tests and procedures than are truly medically necessary."

◆ "(Doctors) may be given quotas on how many patients to see in a given day."

◆ "(Doctors) are told how to prescribe and code medical procedures to maximize reimbursements. ...

◆ "(Doctors) may be told which



James L. Holly

tests to order to eliminate the chance of being litigated."

I am unaware that any of this ever happened. If Cummings has evidence of such, he should bring it forward because each would be a violation or potential violation of federal law.

Cummings may be surprised to learn that hospitals lost a great deal of money 15 years ago when they bought medical practices, paying large amounts of money for them, in hope that they could generate admis-

sions and "business" for their hospitals. Not surprisingly, it didn't work. Often doctors, owned by one hospital, sent many of their patients to other facilities.

He may also be surprised to know that some "groups" in Southeast Texas are not group practices at all; they simply share overhead in a "co-op" setting without sharing any common goals or initiatives. Finally, Cummings may be surprised to discover that the majority of physicians in America are still in solo practice.

Group practices bring great advantages to patients and to health care providers. This year, Southeast Texas Medical Associates, LLP (SETMA) will consummate The SETMA Foundation, which has been planned for two years. This foundation will allow SETMA providers to assist needy patients in obtaining medications and other services they

cannot afford. Without a group medical practice this could not happen.

SETMA is also organizing a research department within the group. Already SETMA is a participant in the AMA Foundation's CAR-DIO-HIT, four-year collaborative study to examine the improvement of cardiovascular risk factors with the use of electronic technology. Our application for a large National Institute of Health grant has been joined by Texas A&M Health Science Center's School of Rural Public Health.

SETMA is also organizing a medical library this year that will allow all of the specialists and generalists to access both electronically and by books and papers the latest in research and treatment. And SETMA is negotiating with a university-affiliated residency program to allow their residents to rotate through SETMA.

SETMA is not owned by a hospital

or any other organization. Without the group practice, SETMA could not have spent almost \$3,000,000 over the past seven years building an award-winning, electronically based, patient-treatment program. Next month, SETMA will receive the Davies Award in San Diego. This is the most prestigious award a practice can receive for the use of electronics to improve patient care.

None of this would have been possible without a group practice. Cummings paints with too broad a brush and assumes that all are tainted with the excess and problems of a very few. That is a disservice to men and women who work very hard to take excellent care of Southeast Texans, whether in group or solo practice, and it prevents anyone from learning from the grains of truth in Cummings' observations.

Guest columnist James L. Holly, M.D., of Beaumont, is CEO of SETMA, LLP