

James L. Holly, M.D.

Trust Is the Foundation of Quality Medicine

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This is the first in a series of articles about Southeast Texas Medical Associates, LLP, a private-practice, multi-specialty, medium-size group that operates with no public or grant funding.

For this article, the Digital Office talked with James Holly, MD, who is CEO of the practice. Founded in 1995 by four partners who had been in solo practices, SETMA introduced the electronic medical record in 1999.

The practice is a 2005 winner of the [HIMSS Davies Ambulatory Award of Excellence](#).

When it comes to practicing quality medicine, James Holly, MD, believes *trust* must be the foundation of patient care. The 38 providers and more than 250 employees of Southeast Texas Medical Associates, LLP, in Beaumont, Texas, adhere to this philosophy. Yet, as Dr. Holly explains, the practice has leveraged technology to develop [electronic patient management](#) to improve patient care by transforming, not reforming, care delivery.

"Transformation is an internal passion and commitment. No external motivation required; it happens because it is the right thing to do," he says. SETMA made that commitment, he explains, noting that a practice must have three components: "electronic patient records, Medicare Advantage and evidence-based medicine, and a [patient-centered medical home](#)."

He describes - through the perspective of one of his patients - just how SETMA provides such quality and consistent care. This angry and hostile individual could not be persuaded to think or behave otherwise during rounds that Dr. Holly conducted. Other of his colleagues had experienced the same behavior. He asked the patient to see him personally during his next office visit.

The patient arrived at SETMA with the same frustrating and agitating persona as seen in the hospital. But during his visit, Dr. Holly learned:

- He was disabled and could not pursue his job.
- He could not afford his medicine and took only four of the nine prescribed medications.
- He was losing his vision due a chronic condition.
- He could not pay for the gas to drive to education classes that might help him better his health, and he could not pay for the education class co-pays.

"I did what any doctor should do," explains Dr. Holly. "I prescribed the best care, but if he couldn't afford to access that care what good would it do him." Therefore, according to the dynamic of Patient-Centered Medical home, this patient left with:

- All medications paid for by the SETMA Foundation, established by the seven SETMA partners as a 501-C3 foundation to assist their patients with care they could not afford. . In 2009, the SETMA partners contributed \$500,000 to the foundation.
- A gas card to cover his fuel expenses for the education classes, again provided by the Foundation.
- Co-pays waived for the education classes.
- Help in applying for disability income
- A referral from SETMA's ophthalmologist to a regional research program that could help save his vision.

Six weeks later, the patient returned with hope. "He believed the rest of his life could be good," says Dr. Holly. "For the first time in his life, his diabetes was at goal. He is the poster child for the medical home."

In fact, SETMA has been recognized by the [National Committee for Quality Assurance as a patient-centered medical home](#), a designation that only 0.3 percent of practices in America are so designated, and as of March 2010, only one other in Texas. The Accreditation Association for Ambulatory Health Care recognized the practice in August as a patient-centered medical home, thus deeming SETMA as the first to seek patient-centered medical home review from both NCQA and AAAHC.

Dr. Holly says understanding the power and importance of coordination of care is the most challenging aspect of being a patient-centered medical home. "If we want patients to trust us rather than simply trusting technology, there has to be tangible way to show that we, the physicians, are trustworthy."