

James L. Holly, M.D.

Dr. Larry Leibrock – November 28, 2012 -- Follow-up to February 2000 Meeting in Austin

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Larry Leibrock, PhD
Former Associate Dean
University of Texas School of Business
Austin, Texas

Dr. Leibrock:

In February, 2000, my partner, Mark Wilson, MD, Richmond Holly, SETMA's CIO, and I, spent four hours with you at the Austin Airport. My closest friend and SETMA's great friend, Wayne Reaud, arranged that meeting. In August, 2000, I spoke to the Beaumont Chamber of Commerce and I referenced our visit with you:

“Experts have recognized SETMA's success at applying business principles and particularly “systems thinking” to healthcare delivery. When Dr. Wilson and I spent half a day with Dr. Larry Leibrock, Associate Dean of the School of Business at the University of Texas in Austin, he said, “You have applied business principles to the organization and delivery of healthcare; amazing!” In the July, 2000 issue of *Health Data Management*, Vinson Hudson, president of Jewson Enterprises, Redwood City, California, who tracks physician practices said: “(SETMA) is not your typical physician practice...Its business model is more sophisticated.” (p 2, Beaumont Chamber of Commerce Address, August 24, 2000, James L. Holly, MD)

What I did not know at that time or at least do not remember knowing is that your area of expertise is technology and that you are heavily involved with forensic technology. The third attachment above is a flyer for a book entitled *Innovation with Information Technologies in Healthcare* to which I have contributed a chapter I have arranged to have a copy of this book sent to you at: Larry Leibrock, PhD Former Associate Dean, Chief Technologist. If a different address is more appropriate please let me know and I will change the shipping information.

My reason for writing is to express my and Richmond's gratitude for the time you spent with us in February 2000. Sadly, Dr. Wilson died of pancreatic cancer in March, 2009, but he would

share this feeling. Also, I wanted to let you know that shortly after we met with you, we realized that our core competency was not software development but the application of informatics technology to healthcare.

In the thirteen years since we met, we have expanded our use of information technology:

1. We have invested over \$8,000,000 in our systems, all of which is paid. The Return on Investment is incalculable. We use the EHR in the clinic, the hospital, the emergency department, the nursing homes, our homes, physical therapy, etc. While our disease management tools (these can be found under Electronic Patient Management on our website) are robust, few things illustrate how seriously we take healthcare informatics as the description of our security analysis in the two articles whose links are below. Although these articles were published less than two months ago, they are already slightly outdated as things change quickly at SETMA.

[Is Your SETMA Medical Record Secure?: Part I](#)
[Is Your SETMA Medical Record Secure?: Part II](#)

2. In May, 1997, SETMA took the first steps to define our “Mission Statement and Strategic Plan”. In that document we defined our intent as to: Maintain the health of our patients; Maintain quality of life for our patients; To do this is in a cost-effective. In retrospect, this sounds very much like the Institute of Healthcare Improvement’s Triple Aim enunciated by Don Berwick in 2008.
3. As the memo above (*Leibrock emrMD minutes of February 23, 2000 Meeting in Austin*) reflects, we were considering whether or not to build our own EMR. We quickly abandoned that and focused on what we were good at; designing a healthcare delivery organization based on the business principles of Peter Senge’s *The Fifth Discipline*. In March, 2011, several of us spent a week with Dr. Senge in Boston. During that meeting, I asked him if SETMA had only co-opted the vocabulary of “systems thinking,” or if our applications of his work was consistent with the principles of “systems thinking?” He affirmed that our use of his work is valid and that it is an accurate application of “systems thinking” to healthcare.

[Peter Senge, The Fifth Discipline and Electronic Patient Records](#)

This is a link to a presentation entitled, *Peter Senge and EHR, Beyond Electronic Medical Records, Electronic Patient Management and EHR Design*, I made at the Texas A&M School of Rural Public Health on January 27, 2011. It is ponderously long but I was given four hours. The doctoral students listened for four hours without a break.

SETMA has been very active in HIMSS. We received the Davies Award in 2005 and our peer reviewed Stories of Success was published by HIMSS in 2010. I currently serve on the HIMSS Innovations Committee. The following is a link to a presentation I made in 2006 to the national HIMSS meeting. It summarizes our adoption of systems thinking to healthcare. The graphic on **Circular Causality** is worth the paper and the paper includes “**The principles which have guided Southeast Texas Medical Associates' development of a data base which supports these requirements.**” [Spanning the Specialties to Bring You the Best Standards](#) In retrospect, these ten principles sound very much like the concepts upon which Patient-Centered Medical Home is founded.

4. SETMA took a Business Intelligence software package and adapted it to healthcare. The following link is to a series of articles on this project which we call **SETMA's COGNOS Project**. (we have no disclosures as we own no IBM stock and are not paid by IBM)

[COGNOS Project](#)

The fruits of this work are found in the **SETMA Model of Care** which is posted at [SETMA's Model of Care Patient-Centered Medical Home: The Future of Healthcare Innovation and Change](#)

And, in our **Public Reporting of Provider Performance** by provider name for 2009, 2010, 2011, 2012. The following is a link to that display.

[Reporting by Type](#)

5. On our website, www.jameslhollymd.com, there are tens of thousands of pages of materials which have been published over these years. I have written a weekly newspaper column on health and health affairs for the past fourteen years. All of those columns are published under **Your Life your Health**. There have been over 150 articles published about SETMA. Those are at **In-The-News**, along with all of the presentations I have made. Some of the major areas covered in the Your Life Your Health section are:

- o [Pubic Policy and Healthcare Transformation](#)
- o [Patient-Centered Medical Home](#)
- o [Less Initiative](#) (AHRQ has published SETMA's LESS Initiative on their Innovation Exchange)
- o [Medical Records](#)

6. In February, 2011, **CMS employed RTI International** to examine 312 medical practices who are Patient-Centered Medical Homes and benchmark those against 312 Non-coordinated practices which mirror each of the coordinated practices. They measured Fee-for-service Medicare beneficiaries for cost, quality and coordination. SETMA was superior in all areas. The following is the link to that study.

[CMS Medical Home Feedback Report Qualify & Cost](#)

7. In December, 2011, The Robert Wood Johnson Foundation asked SEMTA to respond to a series of questions about our practice. Through the study funded by RWJF and conducted by the MacColl Center for Health Care Innovation, it is hoped that a tool kit can be developed with will promote transformation in primary care groups across America. 400 practices were nominated and 30 are being selected for analysis. SETMA had a four-day site visit earlier this month. This is a link to SETMA's 57-page response to the RWJF. The index is made of dozens of hyperlinks which guide you through the document.

[The Primary Care Team: Learning from Effective Ambulatory Practices \(PCT-LEAP\): Performance Measures Worksheet - Robert Wood Johnson Foundation](#)

The following is a link to my summary of the site visit. A formal report will be sent to us by the site-visit team in January, 2013.

[Robert Wood Johnson Foundation Site Visit Team](#)

The following is a summary of the five major observations of the RWJF team.

“The team identified five areas which were most impressive to them:

- **The Care Coordination Department** - they had never heard of such a department and had never seen one. They were impressed at how the department is integrated with the clinical personnel through electronic communication and how critical they are to our mission. Across the nation, transformative efforts in healthcare include what is referred to as “daily huddles” - meetings to discuss patient care and the days activities. They were interested in SETMA's concept of “electronic huddles” where there is continuous communications between departments and colleagues to strengthen, coordinate and improve care.
- **The Care Transition and Hospital Care Team** -- The complex solutions for this critical area of practice were very impressive to them. The integration of care with the admission hospital plan of care, the discharge Hospital Care Summary and Post Hospital Plan of Care and Treatment plan, the hospital follow-up care coaching call and other aspects of this care transition process, they identified as innovative improvements in the work force relationships among staff.

The following is a link to SETMA's submission to the Robert Wood Johnson Foundation of a 120 second video on our Care Transitions for the Prevention of Hospital Re-Admissions Program: [SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest](#)

- **The I-Care team** - they were very impressed with the electronic tools we have with which to support the work of the full time staff and the professional support staff for I-Care. SETMA has worked in the long term residential care area for its

entire existence and before. But, they were impressed with how a group of SETMA providers built upon that foundation and organized an excellent integration of work flow innovations to improve that care.

- **Learning Team** - they believe that the spontaneous and structured learning of SETMA allows us to continually and almost unintentionally learn and grow. They understand that learning, as Senge says, is only distantly related “to taking in more information.” They believe that we have incorporated “systems thinking” and “systems structures” into SETMA extremely well. They think this is one of the most value aspects of SETMA’s work force and work flow innovations. They were able to attend one of SETMA’s monthly training meetings and were intrigued by the enthusiastic and engaged participation by all of SETMA’s healthcare providers.

“The fifth area of uniqueness of SETMA identified by the RWJF team was a surprise to them; it was SETMA’s IT Department. The team felt that SETMA has approached healthcare transformation differently than anyone they have seen. They related that uniqueness to the decision we made in 1999 to morph from the pursuit of ‘electronic patient records’ to the pursuit of ‘electronic patient management.’ They were surprised to see how centrally and essentially electronics are positioned into SETMA and how all other things are driven by the power of electronics. They marveled at the wedding of the technology of IT with clinical excellence and knowledge. The communication and integration of the healthcare team through the power of IT is novel, they concluded.”

Dr. Leibrock, if you have endured this far and if you recall our meeting, I hope you are encouraged that your four-hour investment contributed to our success. And, if your time and interest allow, we would invite you to visit SETMA as our guest and let us show you first hand our use of technology in transforming healthcare in Southeast Texas.

James (Larry) Holly, M.D.
CEO, SETMA, LLP
www.jameslhollymd.com