# James L. Holly, M.D.

**Acceptance of Invitation to Address the Transforming Clinical Practice Initiative at CMS December 1-3 Healthcare Quality conference**

November 13, 2015

Ms. Kritasha Washington,

I have read and re-read the materials you attached to your correspondence about the CMS Quality Conference, December 1-3. I am pleased to accept the invitation to serve as the Faculty representative on the "mini-plenary 5." I will arrive at the conference on Monday, November 30 at 5 PM and will department at 5 PM on Thursday, December 3rd.

The following is not sent for your review but as background to recent activity and contact with CMS and the Lewin group.

- **My summary of my participation in the Health IT to Support ACO and Group Reporting" conference which CMS and ONC co-hosted last April 23rd and request for referral to CMS staff** http://www.jameslhollymd.com/Letters/letter-to-cms-staff-of-april-23- 2015-onc-cms-joint-meeting-requesting.

- **This link is to the material which SETMA sent to Ms. Guillory in preparation for and response to the telephone conference call about participating in CMS' TCPI** http://www.jameslhollymd.com/Letters/cmss-transforming-clinical-practice-initiative.

I have read the archived material on CMS' website about the Transforming Clinical Practice Initiative, Patient Family Engagement,, Practice Transformation Networks (PTN( and Support and Alignment Network (SANs) to better understand the methodology and dynamic of the TCPI. It may be that a telephone call toward the middle to end of next week would be helpful to make sure that I clearly understand what your expectations are for the "Mini-Plenary 5." Please let me know your availability for a brief discussion.

**SETMA's Practice Transformation**

I and SETMA have spent a great deal of time and energy in transforming our practice.

- We are accredited as a PC-MH and for Ambulatory Care by **NCQA** Tier 3 (2010-2016), **AAAHC** (2010-2017), **URAC** (2014-2017) and **Joint Commission** (2014-2017). (see:

http://www.jameslhollymd.com/Accreditations/pdfs/accreditations.pdf for details of our accreditations).

- Under **In-the-News**, there are 268 articles which appear in national publications about SETMA. They can be found at http://www.jameslhollymd.com/in-the-news/.
- At **Letters**, important correspondence is posted: http://www.jameslhollymd.com/letters/. Among the most interesting "letters" is our expanding relationship working with medical groups in China in building a primary care infrastructure for transforming Chinese healthcare. For an example see: http://www.jameslhollymd.com/Letters/follow-up-to-second-chinese- delegation-to-setma-and-future-plans and http://www.jameslhollymd.com/Letters/follow-up-to- chinese-visit-and-the-larger-picture-beyond-healthcare.
- For the past eighteen years, I have written a weekly health column in our local newspaper. These are typically 2,000 words long and all are displayed on our website under **Your Life Your Health** at http://www.jameslhollymd.com/Your-Life-Your-Health/. The subjects include Healthcare Reform/Public Policy, Care Transitions, Care Coordination, Patient-Centered Medical Home, Analytics, HIPPA/Security, and many others.

**Reform and Transformation**

Few things have interested us more than the concepts of healthcare reform and healthcare transformation. In PC-MH transformation, we have examined patient and family activation, engagement and shared-decision making extensively. For one examination see: http://www.jameslhollymd.com/Letters/teaching-tool-for-pc-mh-course-patient-care-activation- engagement.

Our examination of transformation is extensive. The following are a few of our efforts:

- http://www.jameslhollymd.com/Your-Life-Your-Health/leadership-character-traits-needed-for- healthcare-transformation-partii
- http://www.jameslhollymd.com/Your-Life-Your-Health/Healthcare-Policy-Issues-Part-III
- http://www.jameslhollymd.com/Presentations/SETMA-Learn-How-a-Multi-Specialty-Group- Practice-Is-Using-BI-to-Transform-Healthcare
- http://www.jameslhollymd.com/Your-Life-Your-Health/new-competencies-required-for- population-management
- http://www.jameslhollymd.com/Your-Life-Your-Health/Care-Innovations-Summit-Washington- DC-January-26-2012
- http://www.jameslhollymd.com/Your-Life-Your-Health/Paternalism-or-Partnership-The- Dynamic-of-the-Patient-Centered-Transformation

The major question we have looked at is whether we want reformation or transformation? One of earliest examinations of this tension was **http://www.jameslhollymd.com/Your-Life-Your- Health/Healthcare-Policy-Issues-Part-III.** The following discussion is a beginning:

**What are our options?**

If the option in the future of healthcare is between "rationed" care and "rational" care (see , http://www.jameslhollymd.com/Your-Life-Your-Health/Rationing-or-Rational-Care) and, I believe that it

is, and if the context in which the choice between these options must be understood is in terms of "reality," responsibility" and "rights," (see http://www.jameslhollymd.com/Your-Life-Your-Health/Healthcare-Policy-Issues-Part-II) and I believe that it must, then we must change the discussion. The national healthcare policy debate has been cast in terms of reforming of the system. I would argue that reforming is an inadequate goal, doomed to failure, and even if should succeed; reformation of the healthcare system will not produce the positive results which are legitimately desired by all participants in the debate. I would argue that if healthcare change is going to improve care, improve the quality of life, cover all Americans, and address the rising cost of care, we must have transformation of the healthcare system and not simple reformation.

Does the distinction between reformation and transformation of the system really make a difference? In order to examine this question, we must define our terms. The definition of "reformation" is "improvement (or an intended improvement) in the existing form or condition of institutions or practices etc.; intended to make a striking change for the better in social or political or religious affairs." Synonyms for "reformation" are "melioration" and "improvement." Another definition states, "The act of reforming, or the state of being reformed; change from worse to better."

On the other hand, "transformation" is defined as, "a marked change in appearance or character, especially for the better." "Metamorphosis," a synonym for "transformation," is the transliteration of a Greek word which is formed by the combination of the word "morphe" which means "form," and "meta" which means "change." "Metamorphosis" conveys the idea of a "noticeable change in character, appearance, function or condition." Metamorphosis is what happens when a caterpillar morphs into a butterfly.

In function, the distinction between these two concepts as applied to healthcare is that "reformation" comes from pressure from the outside, while "transformation" comes from an essential change of motivation and dynamic from the inside." Anything can be reformed - reshaped, made to conform to an external dimension - if enough pressure is brought to bear. Unfortunately, reshaping under pressure can fracture the object being confined to a new space. And, it can do so in such a way as to permanently alter the structural integrity of that which is being reformed. Also, once the external pressure is eliminated, redirected or lessened, the object often returns to its previous shape as nothing has fundamentally changed in its nature.

Being from within, transformation results in change which is not simply reflected in shape, structure, dimension or appearance, but transformation results in a change which is part of the nature of the organization being transformed. The process itself creates a dynamic which is generative, i.e., it not only changes that which is being transformed but it creates within the object of transformation the energy, the will and the necessity of continued and constant change and improvement. Transformation is not dependent upon external pressure but is sustained by an internal drive which is energized by the evolving nature of the organization.

While this may initially appear to be excessively abstract and unwieldy, it really begins to address the methods or tools needed for reformation or for transformation. They are significantly different. The tools of reformation, particularly in healthcare administration are rules, regulations, and restrictions. Reformation is focused upon establishing limits and boundaries

rather than realizing possibilities. There is nothing generative - creative - about reformation. In fact, reformation has a "lethal gene" within its structure. That gene is the natural order of an organization, industry or system's ability and will to resist, circumvent and overcome the tools of reformation, requiring new tools, new rules, new regulations and new restrictions. This becomes a vicious cycle. While the nature of the system actually does change, where the goal was reformation, it is most often a dysfunctional change which does not produce the desired results and often makes things worse.

The tools of transformation may actually begin with the same ideals and goals as reformation, but now rather than attempting to impose the changes necessary to achieve those ideals and goals, a transformative process initiates behavioral changes which become self-sustaining, not because of rules, regulations and restrictions but because the images of the desired changes are internalized by the organization which then finds creative and novel ways of achieving those changes.

It is possible for an organization to meet rules, regulations and restrictions perfunctorily without ever experiencing the transformative power which was hoped for by those who fashioned the external pressure for change. In terms of healthcare administration, policy makers can begin reforms by restricting reimbursement for units of work, i.e., they can pay less for office visits or for procedures. While this would hopefully decrease the total cost of care, it would only do so per unit. As more people are added to the public guaranteed healthcare system, the increase in units of care will quickly outstrip any savings from the reduction of the cost of each unit.

Historically, this has proved to be the case. When Medicare was instituted in 1965, projections were made about the increase in cost. In 1995, it was determined that the actual utilization was 1000% more than the projections. No one had anticipated the appetite for care and the consequent costs which would be created by a system which made access to care universal for those over 65 and which eliminated most financial barriers to the accessing of that care.

Reformation of healthcare promises to decrease the cost of care by improving preventive care, lifestyles and quality of care. This ignores the initial cost of preventive care which has a payoff almost a generation later. It ignores the fact that people still have the right, which they often exercise, to adopt unhealthy lifestyles. Even the President of the United States continues to smoke.

The currently proposed reformation of the healthcare system does nothing to address the fact that the structure of our healthcare system is built upon a "patient" coming to a healthcare provider who is expected to do something "for" the patient. The expectation by the system and by the recipient of care is that something is going to be done "to" or "for" the patient in which process the patient is passive. There is little personal responsibility on the part of the patient for their own healthcare, whether as to content, cost or appropriateness. The healthcare provider is responsible for the health of the patient.

Transformation of healthcare would result in a radical change in relationship between patient and provider. The patient would no longer be a passive recipient of care given by the healthcare system. The patient and provider would become an active team where the provider would cease

to be a constable attempting to impose health upon an unwilling or unwitting patient. The collaboration between the patient and the provider would be based on the rational accessing of care. There would no longer be a CAT scan done every time the patient has a headache. There would be a history and physical examination and an appropriate accessing of imaging studies based on need and not desire.

This transformation will require a great deal more communication between patient and provider which would not only take place face-to-face, but by electronic or written means. There was a time when healthcare providers looked askance at patients who wrote down their symptoms. The medical literature called this "*la maladie du petit papier*" or "the malady of the small piece of paper." Patients who came to the office with their symptoms written on a small piece of paper where thought to be neurotic.

No longer is that the case. Providers can read faster than a patient can talk and a well thought out description of symptoms and history is an extremely valuable starting point for accurately recording a patient's history. Many practices with electronic patient records are making it possible for a patient to record their chief complaint, history of present illness and review of systems, before they arrive for an office visit. This increases both the efficiency and the excellence of the medical record and it part of a transformation process in healthcare delivery.

This transformation will require patients becoming much more knowledgeable about their condition than ever before. It will be the fulfillment of Dr. Joslin's dictum, "The person with diabetes who knows the most will live the longest." It will require educational tools being made available to the patient in order for them to do self-study. Patients are already undertaking this responsibility as the most common use of the internet is the looking up of health information. It will require a transformative change by providers who will welcome input by the patient to their care rather seeing such input as obstructive.

This transformation will require the patient and the provider to rethink their common prejudice that technology - tests, procedures, and studies - are superior methods of maintaining health and avoiding illness than communication, vigilance and "watchful waiting." Both provider and patient must be committed to evidence-based medicine which has a proven scientific basis for medical-decision making. This transformation will require a community of patients and providers who are committed to science. This will eliminate "provider shopping" by patients who did not get what they want from one provider so they go to another.

This transformation will require the reestablishment of the trust which once existed between provider and patient to be regained. That cannot be done by fiat. It can only be done by the transformation of healthcare in to system which we had fifty to seventy-five years ago. The patient must be absolutely confident that they are the center of care but also they must know that they are principally responsible for their own health. The provider must be an extension of the family. This is the ultimate genius behind the concept of Medical Home and it cannot be achieved by regulations, restrictions and rules.

The transformation will require patient and provider losing their fear of death and surrendering their unspoken idea that death is the ultimate failure of healthcare. Death is a part of life and, in

that, it cannot forever be postponed, it must not be seen as the ultimate negative outcome of healthcare delivery. While the foundation of healthcare is that we will do no harm, recognizing the limitations of our abilities and the inevitability of death can lead us to more rational end-of-life healthcare choices.

I look forward to working with you.

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**From:** Knitasha Washington [mailto:knitasha.washington@gmail.com]
**Sent:** Thursday, November 12, 2015 9:27 PM
**To:** James L. Holly
**Cc:** Zandra Glenn; Guillory, Kristi
**Subject:** TCPI Faculty Request for CMS Quality Conference (Response Requested)

Greetings Dr. Holly,

I trust this message finds you well. I am Knitasha Washington. I work with the Lewin team and am reaching out to you as referred by Kristi Gullory. My purpose in connecting with you is to gage your interest in participating as a speaker/contributor on December 3, 2015 at the Quality Conference (session details attached).

The attached agenda organizes the vision for TCPI Sessions #5 & 6. My ask is for you to participate as a faculty representative during Session 5. A little background:

Byway of our TCPI efforts PTN's and SAN's are being asked to work together collaboratively to transform our healthcare system. CMS believes that patients and families are critical to the transformation process. In support of this, we promote Person and Family Engagement (PFE) as a key tenet of the CMS Quality Strategy; a concept that is an important goal deeply rooted in ethics and human rights.

Session 5 is intended to promote breakthrough innovation in the form of commitments to patients and CMMI. As part of our design we have strategically integrated patients (users of our health system) in partnership with PTNs, SANs and faculty. In our effort to connect the heart with the head, we have selected Please See Me; a video produced by MedStar Health System that will be used during our opening framing. Following the video, we will ask representatives from each TCPI stakeholder group (PTN, SAN, faculty and patients) to reflect and recite a mock rendition of Please See Me. Your proposed role would be that of a faculty member.

By reviewing the attached draft you will find more details about the event as well as the link to the video. After reviewing I am hopeful that you will better understand the vision for this session and commit to taking part. It is my hope that by identifying key contributors like yourself, we will move forward faster and accelerate commitments from other TCPI participants.

Confirmations will need to be finalized by tomorrow Friday, November 13th. If you are willing to participate I would just need your headshot photo. Zandra, copied on this email would work with us to schedule any of the necessary dry-run sessions.

I am available to talk by phone as well at XXX-XXX-XXXX. I look forward to your response.

All the best,
Knitasha