

James L. Holly, M.D.

**November 3, 2015 – An Opportunity for growth, remembering and learning
– out of conflict comes creativity**

“The Process and history of responding to the Medical Executive Committees of Baptist and Christus”

“If we do not learn from our experiences, we miss great opportunities for growth. Often, the potential benefits from conflict and dialogue are lost because we too often forget the details. At SETMA, we try to learn so that ten or twenty years later, we are still experiencing the benefits of lessons learned long ago. The following are documents created in the past two months which are now part of our history. They form the foundation to the note in red above. Our goal is to never forget and to continue to learn.”

November 3, 2015

While SETMA has been working on the challenges from the Hospital about telephone calls to physicians, etc., we have been dealing with a number of other issues. Some of these new and exciting initiatives are enumerated below. SETMA believes that within the next five years, the decisions made by the hospitals concerning calls to physicians having to be answered personally by physicians, ER admissions having to be “accepted” personally by a physician rather than a representative, and CMS’ requirements for what they identify as “practicing medicine” such as completion of the chief complaint and the history of present illness, among other things, will be changed again. As SETMA has been working the hospital issues, we have also been working on a number of other things which are of greater value to patient quality and safety.

They are:

1. Initiated October 2, 2015, SETMA offered to interact with **Blue Cross and Blue Shield of Texas** about their “commercial risk modeling and analytics,” this came to fruition on November 2nd when a note was received from Blue Cross and Blue Shield stating, “I run the commercial risk modeling and analytics area for BlueCross BlueShield of Texas. I would like to take you up on your offer to share your practice's method of identifying and categorizing risk.” A response was sent back to Blue Cross the same day.
2. The **delegation from China** which visited SETMA in June, 2014 is scheduled to return on November 10th to continue learning about Patient-Centered Medical Home for China.

<http://www.jameshollymd.com/Letters/chinese-delegation-from-june-2014-request-another-visit-november-10-2015>.

3. Contact was made by CMS about SETMA serving as faculty for the **CMS' Transforming Clinical Practice Initiative**.
4. The **Australia delegation** requested the opportunity to return for another visit to SETMA: see <http://www.jameshollymd.com/Letters/dr-michael-fasher-member-of-australian-team-visiting-setma> ; <http://www.jameshollymd.com/Letters/follow-up-to-australian-physicians-and-executive-visit-to-setma>;
<http://www.jameshollymd.com/Letters/michael-fasher-australia-response-to-cmss-transforming-clinical-practice-initiative>.
5. SETMA completed the deployment of the new **Chronic Care Management Code tool**, which allows SETMA to not only perform the elements of this code efficiently but to audit our performance on every patient entered into the program.
6. **SETMA redesigned our hospital care team and on November 2, 2015 had a physician physically present in the hospital, along with two RNs from 7 PM to 7 AM. This will continue every night, seven days a week. SETMA will continue remodeling this effort with physicians, nurse practitioners and over the next several years with inpatient, full-time hospitalists.**

28 history and physical examinations completed by the team with the physician completing the chief complaint, the history of present illness, physical examination, diagnoses, plan of care, orders and medications. The RNs completed the review of system, the social, surgical, medical history and printed the H&P to be placed on the chart after being signed by the physician. All telephone calls were answered by the physician in collaboration with the RN, i.e., the RN returned the page to the nursing station with the physician present, when the RN came to the telephone, the physician was immediately present. As for ER admission, the physician was in one ER or another and was immediately responsive to the other ER.

A summary of the night's work, patients seen, H&Ps completed and telephone messages answered will be sent later. I don't know any other group which could make these changes so quickly. I am very proud of my SETMA partners and colleagues.

The Process and history of responding to the Medical Executive Committees of Baptist and Christus

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1. **September 21, 2015 not to Dr. Amy Townsend following hospital meeting:** <http://www.jameshollymd.com/Letters/dr-amy-townsend-letter-following-nursing-scope-of-practice-meeting>

2. **September 23, 2015 letter to Dr. Amy Townsend about Scope of Practice**
Issues: <http://www.jameshollymd.com/Letters/amy-townsend-md-scope-of-practice-issues-not-being-discussed>
3. **October 26, 2015, Open Letter to Baptist and Christus**
MEC: <http://www.jameshollymd.com/Letters/an-open-letter-to-the-medical-executive-committees-of-baptist-southeast-texas-hospital-and-christus-st-elizabeth-hospital>.
4. **October 26, 2015 Response to Open Letter by SETMA's Director of Hospital Care Team, Brandon Sheehan:** <http://www.jameshollymd.com/Letters/brandon-sheehan-setmas-director-of-inpatient-services>.
5. **October 27, 2015 Note to MEC Morning Summary of Previous Notes:** <http://www.jameshollymd.com/Letters/follow-up-letter-to-medical-executive-committee-baptist-and-christus>
6. **October 27, 2015 Note to Medical Executive Committee about Nursing Scope of Practice:** <http://www.jameshollymd.com/Letters/note-to-mec-about-nursing-scope-of-practice-afternoon>.
7. **October 29, 2015 Note to Baptist and Christus about those intersected in SETMA's work including Joint Commission, Robert Wood Johnson Foundation, Australian delegation and their response and group from Houston:** <http://www.jameshollymd.com/Letters/follow-up-to-the-mec-meeting-at-christus-private-correspondence-not-for-general-distribution>
8. **October 29 Comments to MEC Meeting at Christus including appendices for TNA General Counsel's comment of Scope of Practice and Dr. Holly's definition of "prescribing."** <http://www.jameshollymd.com/Letters/comments-to-the-christus-medical-executive-committee-about-inpatient-healthcare-teams>

Conclusion:

The above is an exercise in "learning," much like that described by Peter Senge In his book, *The fifth Discipline*, where he said:

"The most accurate word in Western culture to describe what happens in a learning organization is one that hasn't had much currency for the past several hundred years...The word is 'metanoia' and it means a *shift of mind*...For the Greeks, it meant a fundamental shift or change...In the early... Christian tradition, it took on a special meaning of awakening, shared intuition and direct knowing of the highest, of God. 'Metanoia' was probably the key term of such early Christians as John the Baptist. In the Catholic corpus the word *metanoia* was eventually translated as 'repent.'

“To grasp the meaning of ‘*metanoia*’ is to grasp the deeper meaning of ‘learning,’ for learning also involves a fundamental shift or movement of mind...Learning has come to be synonymous with ‘taking in information.’...Yet, taking in information is only distantly related to real learning.

“This then is the basic meaning of a learning organization...continually expanding its capacity to create its future. For such an organization, it is not enough merely to survive. ‘Survival learning’ or what is more often termed ‘adaptive learning’ is important – indeed it is necessary. But for a learning organization, ‘adaptive learning’ must be joined by ‘generative learning,’ learning that enhances our capacity to create.”

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