

James L. Holly, M.D.

CMS's Transforming Clinical Practice Initiative The Lewin Group October 1, 2015

The Lewin Group has been engaged by the Centers for Medicare and Medicaid to provide support for **The Transforming Clinical Practice Initiative** which is designed to help clinicians achieve large-scale health transformation. The initiative is designed to support more than 140,000 clinician practices over the next four years in sharing, adapting and further developing their comprehensive quality improvement strategies. The initiative is one part of a strategy advanced by the Affordable Care Act to strengthen the quality of patient care and spend health care dollars more wisely. It aligns with the criteria for innovative models set forth in the Affordable Care Act:

- Promoting broad payment and practice reform in primary care and specialty care,
- Promoting care coordination between providers of services and suppliers,
- Establishing community-based health teams to support chronic care management, and
- Promoting improved quality and reduced cost by developing a collaborative of institutions that support practice transformation

SETMA's Involvement with Lewin and CMS' Transforming Clinical Practice Initiative

On September 30, 2015, Christy Guillory, M.S., J.D., Senior Consultant for The Lewin Group, contacted SETMA's Director of Operations, Mrs. Margaret Ross and asked to set up a conference call with Dr. Holly, SETMA's CEO. She indicated that CMS has recently begun developing an initiative entitled Transforming Clinical Practice. For CMS, the Lewin Group is developing strategies for transformation. SETMA was identified because of the work we do in transformation. She would like a brief 30 minute call before end of business day Friday (October 2nd).

Lewin and SETMA – Preparation for Conference call

A call was scheduled for 1 PM CDT on October 1, 2015. That thirty minute call turned into one hour. Before the call, Dr. Holly sent the following information to Ms. Guillory:

The first Note Sent to Ms. Guillory in preparation for the call – sent at 10:02 AM, October 1st

<http://www.jameshollymd.com/epm-tools/Automated-Team-Tutorial-for-the-EMR-Automated-Team-Function>

This link is to a tutorial on SETMA's Automated Team. We believe that when completed this will decrease the time required by primary care providers by 30%. We will not ask the provider to see 30% more patients but to spend 30% more time with the patient in activation, engagement and shared-decision making.

<http://www.jameshollymd.com/your-life-your-health/process-analysis-and-how-many-tasks-can-you-get-a-provider-to-perform-at-each-encounter>

This is a story from a presentation I made to the Massachusetts Medical Society in May, 2012. It addresses a question asked by another speaker on how many tasks can you get a primary care provider to complete at every visit. He said, "one." I said 30-40. The difference is explained in the questions:

1. How important is what you are asking them to do?
2. How much time does it take?
3. How much energy does it take?

Using the illustration of State Health Department Reporting Requirements and the If You Make A Change Will It Make a Difference as illustrated by the Framingham Risk Scores, I answered the above questions.

<http://www.jamesholllymd.com/Accreditations/pdfs/accreditations.pdf>

This link displays SETMA's accreditation for ambulatory care and patient-centered medical home by URAC, AAAHC, NCQA and the Joint Commission, plus others.

**The second note Sent to Ms. Guillory in preparation for
the call – sent at 10:34 AM, October 1st**

<http://www.jamesholllymd.com/in-the-news/vital-signs-examiner-publication> -- This link gives you a quick picture of our providers and staff

The two quotes below are from the Joint Commission and the Robert Wood Johnson Foundation

The Joint Commission Accreditation Visit for Ambulatory Care and PC-MH Conclusion about SETMA

Both the surveyors and one of the executives at The Joint Commission commented about the philosophical foundation of SETMA's work. Wednesday afternoon (March 5, 2014) I called my executive contact at The Joint Commission. He said "I was just talking to one of my colleagues and showing him SETMA's notebook which was prepared in response to The Joint Commission's Standards and Requirements Chapter Seven on leadership." **The executive said,**

“Look at this; everything they do is founded upon a philosophical foundation. They know ‘what they are doing,’ but more importantly, they know why they are doing it.(emphasis added)” SETMA is not the result of random efforts but of innovations and advances which are consistent with a structured set of ideals, principles and goals. (the Joint Commission asked permission to post our Leadership Book on their website as an example to others.) It is helpful that The Joint Commission recognized this and commented upon it. It is one of the strengths of SETMA and it is one of the principle guides to SETMA’s development history, i.e., what caused SETMA to become what it is.

Robert Wood Johnson Foundation LEAP Study conducted by the MacColl Institute – SETMA one of 30- Exemplar Practices

The fifth area of uniqueness of SETMA identified by the RWJF team was a surprise to them; it was SETMA’s IT Department. The RWJF 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.(emphasis added)

These are two **very** brief responses to some of our work

- <http://www.jameshollymd.com/Letters/response-to-dr-hollys-presentation-to-health-leaders-media>
- <http://www.jameshollymd.com/Letters/setma-and-value-based-payment-model-curve>

Conference Call on October 1st with Ms. Guillory and with her associate Ms. Cherry Wang

The conference call was very engaging professionally and personally. Ms. Guillory is from Louisiana, as is Dr. Holly. We briefly shared our common background but really found a shared vision for health care transformation. After the call, Ms. Guillory sent me a copy of the *Wall Street Journal* article announcing the **CMS’s Transforming Clinical Practice Initiative**. That article is reproduced here:

[U.S. to Give Almost \\$700 Million in Grants to Improve Patient Care](#) *Wall Street Journal* // Stephanie Armour // September 29, 2015

Dozens of doctors’ offices, hospitals and other health groups will get almost \$700 million to improve patient care as part of the Obama administration’s initiative to overhaul payment models for medical providers.

The grants unveiled Tuesday coincide with a round-table discussion between Health and Human Services Secretary Sylvia Mathews Burwell and congressional lawmakers on changing health-care delivery. The outreach and grant awards reflect the administration’s focus on rewarding

providers for how well they treat patients, and not how many they see. It also illustrates a shift away from implementing the health law to transforming patient care.

Nearly 40 national and regional health-care networks and supporting organizations are being awarded \$685 million in grants, part of an initiative that marks one of the largest federal investments to increase collaboration between doctors and other clinicians. The funding will be used for a variety of ambulatory-care programs, from continuing education to training on the use of patient data to improve care.

“These awards will give patients more of the information they need to make informed decisions about their care and give clinicians access to information and support to improve care coordination and quality outcomes,” Ms. Burwell said in a news release.

Grant recipients include associations such as the American College of Emergency Physicians and the American College of Radiology, which support clinicians, patients and families.

The American Board of Family Medicine will work with family doctors to move them toward a wellness-based approach to managing care.

The programs target improving communication, such as enabling patients to email with providers, and improving patient outcomes with initiatives such as coaches who help medical practices better manage patients with chronic diseases. Recipients include universities, health departments, health collaborations, and hospitals such as the Mayo Clinic, Baptist Health System, Washington State Department of Health, and New York University School of Medicine.

“As we start focusing on the effectiveness of care, this is an idea whose time has come,” said Dr. Tom Evans, president and chief executive officer of the Iowa Healthcare Collaborative, a provider-led nonprofit that focuses on driving clinical improvements. “This will be an expansion of our work to another dimension.”

The collaborative is getting about \$8.5 million for one year to work with network of physicians in six rural states to improve care.

The grants fit into the broader effort by the Obama administration to move health systems and providers away from getting a fee for each service they provide.

Recent administration initiatives include efforts to improve the care and safety in nursing homes and a Medicare pilot program to expand access to hospice care. The administration has set the goal of changing Medicare to make half of its payments to doctors and hospitals based on quality of care rather than quantity by the end of 2018.

Proponents of the initiatives say they will help reduce U.S. health-care costs at a time when growth in national health spending, which had dropped to historic lows in recent years, is on the upswing. American spending on all health care grew 5.5% in 2014 from the previous year and will grow 5.3% this year, according to actuaries at the Centers for Medicare and Medicaid Services.

Critics say there isn't sufficient evidence to show changes to the way providers are paid will achieve the desired goals of cost savings and that there is insufficient data to establish quality measures.

"We're seeing increasing evidence it will be successful, but we'll have to continue to learn," Dr. Patrick Conway, acting principal deputy administrator and chief medical officer at CMS, said of quality measures.

SETMA's Response to the telephone conference

Dr. Holly attempted to recall all of the issues which were discussed and to send to Ms. Guillory and Ms. Wang support material for each point of discussion. The first materials were sent at 2:58 PM and included the following brief annotation:

"I enjoyed our talk today – these are articles and presentations which help confirm and explain many of these things we talked about today."

1. <http://www.jameshollymd.com/Letters/dr-ken-shines-response-after-reading-dr-hollys-testimony-to-texas-department-insurance-commissioner-public-hearing> -- **Testimony before Texas Health Insurance Commissioner and response to testimony from Dr. Ken Shine, Vice Chancellor for Health Affairs of University of Texas System)**
2. <http://www.jameshollymd.com/Your-Life-Your-Health/may-1999-four-seminal-events-in-setmas-history> -- **four seminal events in SETMA's development which helped define our culture (electronic patient management; celebratory culture; 10 principles of building an EMR. The Ten Principles of Medical Home defined by SEMTA in May, 1999.)**
3. <http://www.jameshollymd.com/letters/Robert-Wood-Johnson-Foundation-PCT-LEAP> -- **This link is to our application for the RWJF-LEAP Study – the Annotated Index makes it easy to navigate around the 57-page application**
4. <http://www.jameshollymd.com/epm-tools/Tutorial-Care-Transition> -- **Care Transitions Tutorial**
5. <http://www.jameshollymd.com/in-the-news/robert-wood-johnson-foundations-transitions-to-better-care-video-contest> -- **Care Transition Video – 2 minutes**
6. <http://www.jameshollymd.com/the-setma-way/setma-model-of-care-pc-mh-healthcare-innovation-the-future-of-healthcare> -- **SETMA's Model of Care**
7. <http://www.jameshollymd.com/epm-tools/hospital-care-summary-and-post-hospital-plan-of-care-and-treatment-plan-tutorial> -- **This is the rationale and details behind the Transitions of Care Document. This used to be the "discharge document" and not it is The Hospital Care Summary and the Post Hospital Plan of Care and Treatment plan.**
8. <http://www.jameshollymd.com/medical-home> -- **a link to our Medical Home Stories and Ideals**

9. [http://www.jameshollymd.com/Presentations/The-Importance-of-Data-Analytics-in-Physician- Practice](http://www.jameshollymd.com/Presentations/The-Importance-of-Data-Analytics-in-Physician-Practice) -- **Data Analytics in Primary Care**
10. <http://www.jameshollymd.com/Your-Life-Your-Health/Business-Analytics-and-Your-AQ>
--
Analytics Quotient
11. <http://www.jameshollymd.com/Your-Life-Your-Health/questions-about-setma> --
Technology and SETMA

In an attempt to be thorough, additional material was sent as more issues were recalled, they were introduced by the following comment:

“There are a few more things which will flesh out our discussion about transformation and reforming. You will not have the interest nor the time to read all of this material. It is arranged so that you can pick and choose.”

<http://www.jameshollymd.com/Your-Life-Your-Health/pdfs/leadership-character-traits-needed-for-healthcare-transformation-partii.pdf> -- **an examination of transformation and the leadership characteristics required to succeed.**

<http://www.jameshollymd.com/Your-Life-Your-Health/Healthcare-Policy-Issues-Part-III> -- **the differences between transforming and reforming**

<http://www.jameshollymd.com/Public-Reporting/pdfs/public-reports-by-type.pdf> -- **public reporting of performance on quality metrics by provider name**

Conclusion

There have been other brief communications about the responses to the conference call. There may be a brief site visit to SETMA by the Lewin Group but that will be determined later. SETMA looks forward to participating in this program in any way which may be helpful to CMS and to Lewin.

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