

James L. Holly, M.D.

Dr. Holly's April 24th Note about Doctors being Case Managers

From: James L. Holly

Sent: Thursday, April 24, 2014 7:44 AM

To: 'Timothy Brundage'

Cc: Matt Roberts; Michael Thomas; SETMA Partners; Medical Records Service; Executive Management; Patricia Brundage; Brett Hoggard; Scott Kushin; Jose Pestana; Phyllis Smith; Tabitha Hunter

Subject: RE: Brundage Medical Group (BMG) introduction to SETMA

We are not accustomed to physicians acting as case managers. Your description of your tasks below gives me heartburn for as a physician I would find those tasks to be below a physician's training but obviously it is profitable for your group.

I have already sent you links to many of our tools. I copied that material at the very bottom of this note. SETMA has tools which mitigate deficiencies in the areas you describe, i.e.:

1. Plan of Care – we prepare a Hospital Plan of Care with each admission. It should be being put on the chart. SEE: [Hospital Admission Plan of Care and Treatment Plan](#) [Hospital Admission Plan of Care](#). If this is not being put on the charts we will make sure that it starts getting there.
2. In addition to the Plan of Care – a computer-generated and thorough History and Physician Examination is on every SETMA-admitted patient's chart. This gives more detail than the Hospital Admission Plan of Care. If the hospital has a HIPAA association document with you and I am sure they do, you can be sent these two documents without having to have a direct conversation.
3. I don't know the data from the Medical Center but I do know it from Baptist and SETMA's lengths of stay or outstanding. When we have an outlier it is due to patient condition and not provider neglect.
4. SETMA's Transition of Care process is state of the art. In the past five years, we have discharged 21,000 patients from the hospital. 98.7% of the time the Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan (Previously called "Discharge Summary") is completed at the time of the patient's discharge. I should think that "frequent calls" would be unnecessary.
5. If you use an iPhone, we can use "secure texting" as SETMA does also. The following link explains how to do secure and non-secure testing:

<http://www.jameshollymd.com/patients/contact-setma-secure-texting>. We also use this with our patients.

Perhaps getting to know each other would be helpful. There is no doubt that physicians who are still practicing medicine have a reluctance to interact with physicians who have stopped practicing medicine and are working for hospitals, particularly when we are already going to great lengths to be a good partner with the hospital.

I look forward to continue to dialogue about how we intersect in our responsibility for caring for patients and your work for maximizing the revenue for the hospital – a task which we already take very seriously.

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