

# James L. Holly, M.D.

## Follow-up to the MEC Meeting at Christus, Private Correspondence not for General Distribution

There is little continuity of care with those hospitalist programs, Dr. Anwar. In the Australian system, Primary Care doctors do not go to the hospital and the specialist in the hospital WILL NOT communicate with the Primary Care physicians. The specialists hire students to dictate their records which, they say, are usually wrong and provide no transitions of care functionality. This comes directly from the 6 physicians from Australia who visited SETMA. They are trying to create SETMA's system in Australia. The following are links to follow-ups from them and us.

The first and third links are short and worth reading.

1. <http://www.jameslhollymd.com/Letters/dr-michael-fasher-member-of-australian-team- visiting-setma>
2. <http://www.jameslhollymd.com/Letters/follow-up-to-australian-physicians-and-executive- visit-to-setma>
3. <http://www.jameslhollymd.com/Letters/michael-fasher-australia-response-to-cmss- transforming-clinical-practice-initiative>

The doctors in Houston with whom we are talking are trying to create our system in Houston. I am reminded of the Robert Wood Johnson Foundation's comment after their four-day visit to SETMA; they asked, "How can we export SETMA all over America?" (see the PDF attachment above). The second attachment are comments about SETMA from the RWJF and from the Joint Commission. Lest someone think that the comment this morning about SETMA's confrontation of the Joint Commission was idle or exaggerated, the third attachment is the summary of a telephone call with the leadership of the Joint Commission. This is not for distribution or quotation but it addresses culture and attitudes which are changing in the Joint Commission as a result of our accreditation.

**Seems that the only people who don't want our system are Baptist and Christus.** What Christus and Baptist are trying to do, and apparently will succeed, will create the Australian kind of system in our community. But then both hospitals want to let Specialists drive the train over the cliff.

SETMA will not only survive, we will succeed. The hospitals will make it harder but we've faced challenges from them before.

Dr. Holly

**From:** Syed Imtiaz Anwar  
**Sent:** Thursday, October 29, 2015 10:43 AM  
**To:** Dean Halbert; Brandon Sheehan  
**Cc:** James L. Holly; SETMA Partners; Executive Management  
**Subject:** RE: changes which will have to be made in the hospital

In large cities hospitalists are usually taking over and a lot of physicians have been pushed out.

Reliant group – physicians take their own call

Diagnostic group – Hired 2 NPs to take call overnight. Documentation is done during the day via RNs

**From:** Dean Halbert  
**Sent:** Thursday, October 29, 2015 10:31 AM  
**To:** Brandon Sheehan; Syed Imtiaz Anwar  
**Cc:** James L. Holly; SETMA Partners; Executive Management  
**Subject:** RE: changes which will have to be made in the hospital

Question is...  
What is done elsewhere???

Is anyone else practicing at our level that does not do it the way we do?