James L. Holly, M.D.

UT Health San Antonio Long School of Medicine 50th Anniversary Gala Founding Faculty Breakfast & Class of 2022 White Coat Ceremony July 21, 2018 A Series of Notes and Responses

July 20, 2018 Anticipation of Founding Faculty Breakfast

In 1968, Mason Williams released his composition entitled, *Classical Gas*. It is a wonderful piece which he played better than anyone. His use of classical instruments, particularly the French Horn — my favorite instrument in the orchestra — was unique and masterfully done. This is a link to his performance:

https://www.youtube.com/watch?v=80N45oqtBKU&feature=share.

Tomorrow morning (July 21, 2918), I am attending the UT Health San Antonio Long School of Medicine Founding Faculty Breakfast. Along with the White Coat Ceremony, where the incoming medical school class receives their white coats, this is the first in a series of celebrations of the 50th Anniversary of the School of Medicine.

In September, the 50th Anniversary Gala will take place. Each of the School Of Medicine's Distinguished Alumni have been ask to answer several question for posting on the Alumni web site. This link is to my answers: http://www.jameslhollymd.com/your-life-yo.../fiftieth-anniversary-gala.

It is coincidental that Classical Gas, the launching of the School Of Medicine and my receiving of my letter of acceptance to the School (November 22, 1968). all occurred in 1968.

July 21, 2018 Drive Through Brackenridge Park Before Founding Faculty Breakfast

Took a ride through Breckinridge Park waiting for my meeting to start. Sitting in the parking lot of the Sunken Garden. My heart and mind are filled with rich memories and visions of my young family during our early years in San Antonio. Great day.

Road open to drive across water bridge at the San Antonio Zoo in Breckenridge Park at 7 AM, July 32, 2018.



Follow-up Note to the Founding Faculty After Returning Home Written in Response to Dr. Henrich's Expression of Appreciation for my attending the Founding Faculty Breakfast

July 21, 2018, at 5:48 PM:

Thank you, I enjoyed the breakfast very much. Dr. Hromas asked if I remembered graduation. I do in great detail. My son was born on the 23rd and graduation was the 25th Of May, 1973. He was in the ICU at Santa Rosa Hospital the night of our graduation. When I received my diploma a sweet, precious voice cried out, "That's my daddy." I smile as I write this. The voice was my daughter. I have a graphic memory of that night and of the four years before and the three years after

On Monday the 27th, I left for the Goodall Witcher Clinic in Clifton, Texas. I lived in the hospital and worked seven days a week, 24 hours a day. I had to in order to support my family. Carolyn did not have a car and caught rides to the hospital to see our son.

I worked in the clinic all day and ran the ER at night. I had an excellent education. I loved biochemistry and physiology, and could quote Krebs Cycle and I could derive the Henderson Hasselbalch Equation. On and on. But, my clinical experience was limited. The night nurse at Clifton was an LVN. Often as I started to do something, she would say, "I have noticed that they did that this way."

In that 30 days I learned a great deal and learned the value of a healthcare team as I welcomed her recitation of what she noticed.

One night during that month, I cared for a newborn who died. As I comforted the family, I recognized them. When I asked, they said that I had sold them a family plan life insurance policy six years before in a Waco. That policy buried their child. The details of my memories of that 30 days would fill a book.

As I approach my 75th birthday in November, I am struck with how young my professors were in 1969. They were all outstanding clinicians and academicians. They came to a cow pasture in North San Antonio from very secure and prestigious positions. They came, they saw and they built.

As the medical students today are the cream of the crop, it was not so 50 years ago. We were enthusiastic but we were not the cream of the crop. I have realized that as much as I love my school and my profession, today I would not be competitive.

The faculty, leadership and administration of UT Health San Antonio Long School of Medicine with the student body are fulfilling the vision and dreams which were created by the founding faculty and administration. And, whatever we may have lacked in academics as a whole, we shared that vision and dream and today we celebrate what OUR school has become.

James L. Holly, M.D. CEO, SETMA

July 21, 2018, 8:27 PM Response to above from Dr. Henrich, President of UT Health San Antonio

A beautiful note. I am so grateful for your friendship. It has been a blessing and joy of having my job. Thank you, Bill

July 22, 2018 Note in Response to Above Note from Mrs. Deborah Morrill, Vice President & Chief Development Officer, UT Health

I just shared your beautiful message with my husband, and he was as moved as I am. We are so fortunate to count you as our distinguished alumnus and true friend to our Joe R. and Teresa Lozano Long School of Medicine. You and Carolyn are blessings to us all! Sincerely, Debbie

July 22, 2018, Response to Dr. Henrich's Note about our Friendship

As I read your note, it almost seems surreal. My feelings about you and our school seem understated because of my inability to express adequately what you and those who came before you have and continue to accomplish.

It would be ungrateful for me to diminish the life that I have lived, the wife with whom I have shared that life, and the children and grandchildren who have enriched my life. Yet, as I reread your note I cannot but think, I could have done it better.

That realization does not trivialize those who have shared my life but it does humble me and challenge me to redouble my resolve to finish the last chapter of my life well.

DR. Henrich, you and the Long School of Medicine have greatly blessed me. Thank you.

James (Larry) Holly, M.D.

July 22, 2018, Response to Dr. Hromas, Dean School of Medicine

At the Founding Faculty Breakfast, I mentioned that I had my "Little Black Book" with me. Below are pictures of the book which I started in the spring of 1971 when I started clinical rotations. I spent a considerable amount of time in the library and kept up with sixty-five journals s month. The pertinent clinical materials I extracted into my black book.

It was that experience which prepared me to design an EMR twenty five-years later.

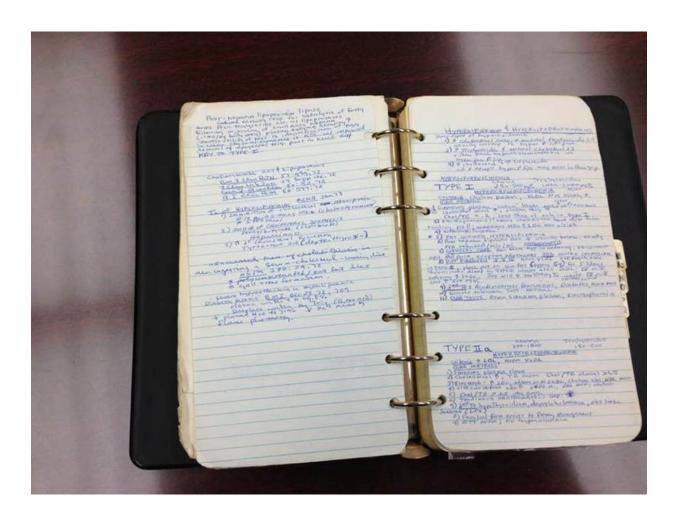
http://www.jameslhollymd.com/Your-Life-Your-Health/may-1999-four-seminal-events-in-

setmas-history

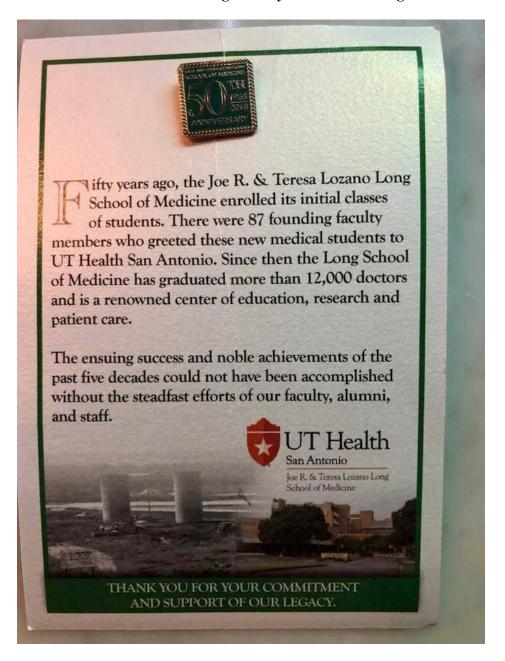
From my black book and Peter Senge's *The Fifth Discipline*, SETMA defined the principles which guided our development of an EHR and which defined the steps of SETMA's transformation from an EMR to EPM; they are:

- 1. Pursue Electronic Patient Management rather than Electronic Patient Records
- 2. Bring to every patient encounter what is known, not what a particular provider knows
- 3. Make it easier to do "it" right than not to do it at all
- 4. Continually challenge providers to improve their performance
- 5. Infuse new knowledge and decision-making tools throughout an organization instantly
- 6. Promote continuity of care with patient education, information and plans of care
- 7. Enlist patients as partners and collaborators in their own health improvement
- 8. Evaluate the care of patients and populations of patients longitudinally
- 9. Audit provider performance based on endorsed quality measurement sets
- 10. Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions

In 2009, we would discover that these principles are essentially the principles of PC-MH and that the past ten years had prepared SETMA to formally become a PC-MH. Between 2009 and 2014, SETMA became accredited as a medical home by NCQA, AAAHC, URAC and The Joint Commission and in doing this, SETMA became the only practice in America to do so.



Each Attendee at the Founding Faculty Breakfast were given a card with a pin attached



The oldest founding faculty member present was Dr. Norman Wolfson who is 92. Dr. Wolfson was Carolyn and my across the street neighbor beginning in 1973 and we became close friends. When we moved to Beaumont in 1976, they visited us. Their daughter and our Carrie attended Camp together at Rocky River Ranch in Wimberley, Texas.

The card notes that there were 78 Founding Faculty members. It was estimated that 45 are still alive. They were a remarkable group and will be remembered for as long as their students live and for as long as their school exists.

Responses to a July 23, 2018 continuing conversation with Dean Hromas and President Henrich following the Founding Faculty Breakfast

On Jul 23, 2018, at 1:43 PM, Henrich, William L wrote:

Larry and Rob,

I had a small black book that had a cover similar to Larry's, but was far inferior with regard to its content. When the "Washington Manual" came out, I gradually relied on my black book less and less and used other condensed publications to survive. Now, everyone has access to UPTODATE and black books are largely a thing of the past.

Larry's black book is and was a harbinger of modern medicine to come.

Thanks to you both, Bill

From: Hromas, Robert

Sent: Monday, July 23, 2018 1:37 PM To: James L. Holly; Henrich, William L

Subject: RE: Little black book

This is a wonderful presentation for the primary care provider! I am so impressed with your ability to predict what will be strategically important.

Rob

Robert Hromas, M.D., F.A.C.P.

From: James L. Holly

Sent: Monday, July 23, 2018 7:53 AM To: Hromas, Robert>; Henrich, William

In your address, Dr. Hromas you mentioned your initiative in analytics. This presentation is one I made on that subject to the Massachusetts Medical Society. When appropriate, I would like to share with you or with your staff our experience with analytics.

http://www.jameslhollymd.com/Presentations/The-Importance-of-Data-Analytics-in-Physician-Practice

The following are quotes from the presentations analytics

Analytics transform knowledge into an agent for change. In reality, without analytics, we will neither know where we are, where we are going or how to sustain the effort to get there. For transformation to take place through knowledge, we must be prepared to ask the right questions, courageously accept the answers and to require ourselves to change.

Analytics transform knowledge into an agent for change. In reality, without analytics, we will neither know where we are, where we are going or how to sustain the effort to get there. For transformation to take place through knowledge, we must be prepared to ask the right questions, courageously accept the answers and to require ourselves to change.

Forward thinkers transform; day dreamers wish for change but seldom see it. Senge said: "The juxtaposition of vision (what we want) and a clear picture of current reality (where we are) generates... 'creative tension,' (which is) a force to bring vision and reality together, through the natural tendency of tension to seek resolution."

I enjoyed Saturday very much. James L. Holly,

From: Hromas, Robert

Sent: Monday, July 23, 2018 7:34 AM

Subject: RE: Little black book

It was great to see you Saturday! We appreciate so much your support and input!

Unfortunately not as many in health care management take into account all the component parts of the system in the same manner as Senge.

Robert Hromas, M.D., F.A.C.P.

On Jul 23, 2018, at 1:39 PM, Hromas, Robert wrote:

Wow...you continue to amaze me... Rob

Robert Hromas, M.D., F.A.C.P.

From: James L. Holly

Sent: Monday, July 23, 2018 9:18 AM

Subject: James Hollymd.com | Presentations | Peter Senge, The Fifth Discipline and Electronic

Patient Records

This is the most extensive presentation which I have done on our sue of Peter Senge's work. I delivered this to Texas A&M School of Rural Pubic Health to their doctoral students. It is 159 slides long and took over six hours to deliver. No breaks and no one walked out. Crazy but great afternoon and evening.

 $\frac{http://www.jameslhollymd.com/Presentations/The-Fifth-Discipline-and-Electronic-Patient-Records}{Records}$

On Jul 23, 2018, at 3:20 PM, Hromas, Robert wrote:

Thx much!

Robert Hromas, M.D., F.A.C.P. Dean, Long School of Medicine

From: James L. Holly

Sent: Monday, July 23, 2018 2:00 PM

Subject: Jameslhollymd.com | The SETMA Way | SETMA's Model of Care Patient-Centered

Medical Home

http://www.jameslhollymd.com/the-setma-way/setma-model-of-care-pc-mh-healthcare-innovation-the-future-of-healthcare

This is a description of SETMA's Model of Care which differs from the 300 modes in the literature. I know I can be exhausting -- if not exhaustive -- in materials but this is a great summary of our method and model of care. Larry

To: Robert Hromas From: James L. Holly

IBM Analytics Quotient

http://www.jameslhollymd.com/Your-Life-Your-Health/Business-Analytics-and-Your-AQ

Jameslhollymd.com

Today, May 2, 2011, SETMA's CEO, Dr. Holly, and Managing Partner, Dr. Aziz, leave for Los Angeles to attend the Gartner Business Intelligence Summit. As SETMA is a semi-finalist in the Gartner Awards, Dr. Holly, will present SETMA's deployment of the IBM Business Intelligence (BI) software, COGNOS. Last week, in Austin at the Regional HIMSS meeting and in College Station at the Texas A&M School of Medicine, Dr. Holly presented SETMA's use of COGNOS.

During the drive from Austin to College Station on Friday, Dr. Holly conducted a one-hour conference call with seven IBM executives to discuss a new initiative which IBM is working on called, "What is your AQ, or Analytics Quotient." Of this, IBM said, "We are promoting how our best customers use business analytics to extend the value of their information, gain new insights, increase collaboration and in some cases understand risks. These are companies where senior and executive management is engaged in utilizing this information to improve their operations, extend visibility and drive profitability. Following is a maturity model to give you a bit more information on the Analytics Quotient journey to improved performance."

The steps or stages of AQ development and the use of analytics are:

- **Step I Aspirational** -- Tactical, bottom-up focus. Individual functions. Gut feel vs. fact driven. Historical view, based on the last business cycle. Minimal technology adoption, "spreadsheet hell". Concerns with data quality.
- **Step 2 Experienced** -- Integrated view across separate teams within a department. Historical and current view. Trending over past and future time periods. Ability to drill down to greater levels of detail. Data is standardized in pockets, but overall data ownership is unclear.
- Step 3 Leaders -- VP-level accountability Defined operational and financial metrics across more than one dept. Historical and current views are leveraged as context and understanding to establish a future view of opportunity and risk. Data from transaction systems is not sufficient. Data from text, point of sale, RFID, social media etc, is combined for a cohesive view.
- **Step 4 Masters-** Top-down goal setting and resource allocation is integrated into daily operations. Everyone knows the priorities and how they can collaborate across the organization maximizing outcomes and reducing risks to achieve them. Decision-makers across the board have the information they need at their fingertips including recommendations and automated decisions where needed. Data Governance is in place

The following is one of the conference-call participant's responses to that discussion:

"You dazzled them! I was already impressed with (SETMA's) story and am every time I read it or hear it. You are definitely building a big fan club and following with the IBM family. THANK YOU, Dr. Holly, for taking the time to speak with us and for all your much appreciated support!!!!!! Kelsey will take what she captured today, as well as glean from the SETMA story and likely get a write-up to you soon on what we'd like to share on our web site and as we launch our analytics quotient buzz. You are definitely too modest about what SETMA has accomplished in your journey to performance improvement. Though there may be much you would yet like to do, you're already way ahead of many and definitely deserve the recognition and awards you have earned. Yours is a fabulous and inspiring story indeed!"

SETMA's AQ is well along the continuum and is somewhere between "leaders" and "masters." As we grow and learn, our AQ will grow as well. We have started and we have started well, but in the future, we will be better than we are.

SETMA's Use of BI in Hypertension

The following are a few examples of the auditing SETMA does of provider performance. The first audit below looks at patients with high blood pressure. The gold bars are the patients who are treated to goal and the purple are ones who are not. In the right hand column, patients are evaluated as to how many visits they had. It is easily seen that those who are treated to goal have 4 visits in the past twelve months and those who are not to goal had 1.8 visits. This is a statistically significant difference which leads to the conclusion that one of the ways to improve the care of those who are not to goal is to see them more often. Without the BI audit, we would never have known this.

July 23, 2018 Follow-up to UT Health SA Long School of Medicine Discussion with Dan Hromas about Leadership

From: Hromas, Robert

Subject: RE: Jameslhollymd.com | Your Life Your Health | Business Analytics and Your AQ

Next time you are up, let's spend some time brainstorming on leadership. My book, Einstein's Boss, is out now, and is selling well. I have a contract for another that I would like to run by you. Rob

Robert Hromas, M.D., F.A.C.P. Dean, Long School of Medicine

The following are articles by SETMA on Leadership were sent to Dr. Hromas

Leadership: Character Needed For Healthcare Transformation – Full Article seen at link below

http://www.jameslhollymd.com/Your-Life-Your-Health/leadership-character-traits-needed-for-healthcare-transformation-parti

While Kent Keith has not said such to me, it seems obvious that at the root of The Paradoxical Commandments are the virtues of personal passion, trust and hope. It seems that the leadership required for the transformation of healthcare will embrace those commandments and will exhibit the Personal Mastery described by Peter Senge. On August 27, 1998, I wrote SETMA's leadership a note in which I quoted Sir Winston Churchill, who speaking to his Private Secretary, John Colville on August 27, 1940, said, "Each night, I try myself by Court Martial to see if I have done anything effective during the day. I don't mean just pawing the ground; anyone can go through the motions, but something really effective." Successful leadership over a lifetime is made up of successful leadership for one day.

I added to this note the challenge, "Try each day to accomplish something significant and in the end you will succeed in your job. As a leader, you must be true to yourself and not be disappointed with others. You must assist them in becoming all they can be." In that note, I quoted an editorial entitled, 'Leadership Paradoxes,' in which William McCumber, listed ten conclusions about people in general. He found these ideas in a newspaper article about Howard Ferguson, a wrestling coach, who purportedly initially formulated the list. (Read on to find the ten principles and the true source of these remarkable ideas.)

Recently, I wanted to use these ideas but was unable to find them. I searched the web and that is when I discovered that the attribution of this work to Ferguson was not correct. This material comes from http://www.paradoxicalcommandments.com/origin.html. "The Paradoxical Commandments were written by Kent Keith in 1968, when he was 19 and a sophomore at Harvard College. The commandments were part of *The Silent Revolution: Dynamic Leadership in the Student Council*, his first booklet for high school student leaders. Kent encouraged students to care about others, and to work through the system to achieve change. One thing he learned was students didn't know how to work through the system to bring about change. Some

of them also tended to give up quickly when they faced difficulties or failures. They needed deeper, longer-lasting reasons to keep trying.

The Joint Commission Accreditation for Ambulatory Care has a chapter on leadership. I wrote an extensive discussion of leadership. See below. The next article will be about this.

Joint Commission SETMA and Leadership -- Full Article seen at link below

http://www.jameslhollymd.com/Letters/the-joint-commission

...The following is brief positive statement the surveyors made about SETMA in their final report: "The organization has a wide variety of best practices that will be helpful to other organizations e.g. an extensive website with internally developed patient education material, information about their organization and medical home, data on their quality metrics, etc. They have also published many valuable articles on quality outcomes, health disparities and the medical home. Their care transition program is stellar with care coordinators, engaged clinicians and supporting outcomes data. The organization was very open to sharing information. Leadership was fully engaged in quality care and patient safety. The organization is focused on evidence-based clinical practices."

Joint Commission Surveyors Comment about SETMA's 40-section notebook in response to Chapter Seven Leadership of The Joint Commission Standards and Requirements, Medical Home Accreditation, 2013.

From: Joint Commission Executive Sent: Wednesday, April 02, 2014 8:38 PM

To: James L. Holly

Thanks again for sending the *Leadership Notebook* that is both comprehensive and well-organized, and one that provides an invaluable tool for Leadership at all levels of the organization.

It reflects SETMA's obvious commitment to building a program that not just meets, but exceeds, all of the necessary components and values of the medical home initiative.

I believe it should be submitted to The Joint Commission as an example of a 'Best Practice' that may be readily shared and made available to others in the industry.

With your permission I will discuss this with _______ so that it may be included in our Leading Practice Library. Thanks again ... and continued best wishes on your remarkable journey at SETMA. Paul

Joint Commission, SETMA, Leadership (Additional Comments) -- Full Article seen at link below

http://www.jameslhollymd.com/Letters/additional-thoughts-about-the-joint-commission

Things the surveyors and an executive at The Joint Commission said about SETMA

1. How engaged and happy all the employees are.

The surveyors for <u>The Joint Commission</u> marveled at how proud our employees are of SETMA. They commented that it is not commonly seen where all the employees share in the pride of ownership and that they not only understand what they are to do but why they are to do it. This morning, I sent the following set of questions to SETMA's Accreditation Team members. I made these conditions: I would like each of you to answer the following questions for me (this will not be publicized; if I wish to share any of this with anyone, I will get your permission prior to doing so):

- 1. Have you grown personally during your tenure with SETMA
- 2. Have you grown professionally during your tenure with SETMA
- 3. Have your activities and your responsibilities been satisfying to you personally and professionally.
- 4. Do you feel that you are engaged in a job that is important which gives you personal pride in what SETMA is doing
- 5. What would you change if you could
- 6. Do you feel respected and appreciated
- 7. Are you treated with dignity and respect

When we shared these seven things with Planetree, they commented, "These questions are spot on."

When <u>The Joint Commission</u> surveyors made this comment, I told them I thought I knew why. There are many reasons, compensation, no harassment, safe and supportive environment, but I think the biggest reason is the same for providers, executive management, administration, and staff.

That is, everyone is aware that they are part of something more than a medical practice. Everyone feels that they are part of something which is very special. Interestingly the very reason that makes others dislike us is the reason which makes us like ourselves. With 217 articles published about SETMA in national publications posted on our website, we can know that we are considered special by others. With honors, awards, acknowledgements, achievements posted on our website, we can know that we are doing extraordinary things. With many of our staff able to attend national meetings where they hear and see how others respond to SETMA, they feel proud and special. The dividends that our website and these awards pay cannot be found in dollars and cents, but it can be found in satisfaction, fulfillment and personal pride. Most of all perhaps, is that we continually acknowledge that our achievements while founded on hard work and perseverance is also the result of God's blessings. This is why SETMA's staff is special, feels special and acts special.

People at SETMA are experiencing what it means to be part of a great team; that is describe by Peter Senge:

"Most of us at one time or another have been part of a great 'team,' a group of people who functioned together in an extraordinary way - who trusted one another, who complemented each other others' strengths and compensated for each others' limitations, who had common goals that were larger than individual goals, and who produced extraordinary results. I have met many people who have experienced this sort of profound teamwork - in sports, or in the performing arts or in business. Many say that they have spent much of their life looking for that experience again. What they experienced was a learning organization. The team that became great didn't start off great - it learned how to produce extraordinary results." (p. 4)

Being part of such a team:

- a. Requires each of us to be better than we have ever been before
- b. Enables us to be better than we have ever been before
- c. Motivates us to be better than we have ever been before
- d. Allows us to take the risk of becoming better than we have ever been before

2. Everything SETMA does is based upon philosophical principles and foundations

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

It is helpful that <u>The Joint Commission</u> 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.

3. Part of SETMA's culture is our willingness and ability to accept who we are. That can be expressed in the statement: Rarely can it be said that some one is THE best of ALL because we have strengths that place us at the head of the pack and we have weaknesses which make us one of the pack. Our progress and success is dependent upon our willingness to celebrate our strengths without arrogant and hubris and to acknowledge our weaknesses with humility and resolve to improve.

Peter Senge in *The Fifth Disciple* express this in terms of Personal Mastery which is described by ten principles shared by people with personal mastery:

The have a special sense of purpose that lies behind their vision and goals. For such a person, a vision is a calling rather than simply a good idea.

- o They see current reality as an ally, not an enemy. They have learned how to perceive and work with forces of change rather than resist those forces.
- They are deeply inquisitive, committed to continually seeing reality more and more accurately.
- o They feel connected to others and to life itself.
- o Yet, they sacrifice none of their uniqueness.
- o They feel as if they are part of a larger creative process, which they can influence but cannot unilaterally control. (p. 142)
- o Live in a continual learning mode.
- o They never ARRIVE!
- o (They) are acutely aware of their ignorance, their incompetence, their growth areas.
- o And they are deeply self-confident! (p. 142)
- 4. SETMA is willing to take the risk and to subject ourselves to the scrutiny of the highest standards. We are also prepared to be transparent and to publish by provider name our performance on hundreds of quality metrics. This transparency drives our improvement. It allows SETMA to be the best we can be. It allows us to declare:

Once you "open your books on performance" to public scrutiny; the only place you have in which to hide is excellence!

Joint Commission, Leadership & Healthcare Transformation Full Article seen at link below http://www.jameslhollymd.com/Letters/leadership-character-traits-needed-for-healthcare-transformation

May 1, 2014 ... The comment that with over 40,000 certificates from The Joint Commission in circulation and with NO ONE ever having raised the objections to the certificates which I have raised, implies that I must be in a minority of one and out-of-step with the mainstream medical community. There is another possible explanation and that is that the very changes which I think The Joint Commission needs to make are suggested by the 40,000 to 1 ratio. Could it be that it is as several SETMA colleagues with long hospital backgrounds suggest that the fear of The Joint Commission's power in the past (which no longer exists) and the negative, and sometimes brutal approach of The Commission, squelched any opposition or negative feedback? Could it be that the surveyed organizations where just glad to get through the process?

It seems to me, and that is one out of 40,000 opinions, that The Joint Commission's historical approach produced the same "reform" mentality that has been the dynamic of change in healthcare, i.e., put enough pressure on the organization with threats and oversight and you'll get the desired results for at least as long as the pressure continues. This approach neglected the power of transformation.

The type of leadership needed from The Joint Commission and needed at the local organizational level is transformative because it is self-sustaining. With a reform/pressure philosophy, SETMA will only pay attention to the standards of The Joint Commission after the 18-month window of no surprise visits passes, at the end of which we'll have to think about these things again, lest you "catch us" relaxing because the "pressure is off." Can you imagine the impact The Joint Commission could have if rather than being an "overseer," (as stated on your certificate), you

embraced the organizations with which you work as the sustainers of "quality and safety" where both see each other as collaborators, colleagues and consultants rather than one as the sustainers of excellent (The Joint Commission) and the other (the practice, hospital or other organization) as the one who only pursued quality and safety as they were forced to by the oversight of The Joint Commission?

The future of all healthcare organizations will be dependent upon their ability to adapt to that future and not just in response to pressure and demands, but as in imperative of the internalized passion, principles, ideals, standards and transformative and generative power of a vision of excellence. No organization, whether accrediting body or body being accredited has a lock on the future. Past successes based on past realities and responsibilities may be lost without change.

As I said before, The Joint Commission's certificate accurately reflects how I perceive the Joint Commission's philosophy and the image the Commission has of itself and of the bodies it is surveying. That is why the certificates are not a trivial matter or a distraction. If The Joint Commission does not see the accreditation process as an occasion for celebration, congratulations and affirmation, but only as an occasion to imply, "if you don't keep your nose clean, we'll jerk your accreditation," then I suspect The Joint Commission's influence will dwindle.

Does this suggest compromise and decreasing the standards? Absolutely not. It does suggest that I think that SETMA's standards are as high if not higher than The Joint Commission's. It does suggest that The Joint Commission's influence can grow if The Commission changes its philosophy and if it does not see itself as the only motivator for excellence. It does mean that if the Commission only changes it certificate but does not change its philosophy, then the dwindling of influence may take place.. It does mean that if the Commission sees itself as part of the solution for excellence in healthcare and not as the only solution, then we can all benefit from a relationship.

It is my hope that you will hear my plea. The microscopy which I am suggestion that The Commission examines itself with, is the same microscope with which SETMA examines itself. Welcome to the club. If you want to join, we will all benefit.

Leadership, Healthcare & Dr. Kenneth Shine's Assessment Full Article seen at link below http://www.jameslhollymd.com/Letters/dr-ken-shines-note-to-dr-james-l-holly

(Dr. Holly addressed three sessions at the *Texas Health Home Primary Care Summit* in San Antonio, Texas June 18-19, 2015. Dr. Shine attended one of these sessions.)

From: Shine, Kenneth Sent: Friday, June 19, 2015 8:58 AM To: James L. Holly: "You are truly a great thinker about health and a leader in health and healthcare!!! I have learned so much from you as have so many others!! I am very proud of your role at UTHSCSA and of the Professorship you have established!!! Keep up the great work!!! Ken"

Dr. Holly's note to Dr. Shine -- On Jun 19, 2015, "Dr. Shine, It is awkward to say this without sounding ingratiating, but I am grateful for your attending and participating in my session this

morning. I hold you in the highest esteem and have been pleased to get to know you. Thank you. Larry"

Dr. Bill Henrich's Note to Dr. Holly concerning Dr. Shine's note. (Dr. Shine and Dr. Holly first met when Dr. Shine Chaired and Dr. Holly served on the Search Committee for a new President of the Health Science Center. Dr. Henrich was selected as the new President in 2009.) "Larry, you should save this one. Ken is a person of measured, thoughtful response and his accurate description of you and your many contributions is well deserved. I am just proud to know you. You guys be careful getting back to Beaumont. Let's get together again soon. Love to Carolyn. Bill")

UT Health Holly's Address to Freshman Weekend March, 2007

http://www.jameslhollymd.com/Your-Life-Your-Health/Address-to-Freshman-Weekend

(Author's Note on March 24, 2007, the University Of Texas School Of Medicine at San Antonio - this author's alma mater - held Freshman Weekend to introduce the class of 2011 to the School of Medicine. The following is Dr. Holly's address to this class as the President of the Alumni Association)

I envy you, but it is not your youth that I envy - I envy that you are the inheritors of the experiences and achievements of the first 40 years of our School of Medicine and I envy that you have your lifetime to compound that inheritance. You are the recipients of the legacy and of the trust estate of two generations of students, alumni, faculty, administrators and staff of the University Of Texas School Of Medicine at San Antonio.

Furthermore, you face the challenge and opportunity of a time when medicine has a greater capacity to change the lives, the health and the future of those to whom you minister your art than in any previous generation. You have a virtual *tabula raza* upon which to record your contribution to the history of your college and to the advancement of your profession.

As you consider your opportunity and your obligation, picture the scene portrayed in *Chariots of Fire*, when the Master of Caius (pronounced "Keyes") College, University of Cambridge, speaking to the Freshman Dinner in 1918, said:

"I take the war list and I run down it. Name after name, which I cannot read and which we that are older than you cannot hear without emotion. Names which will be only names to you, the new college, but which to us summons up face after face, full of honesty, and goodness, zeal, vigor and intellectual promise. The flower of a generation, the glory of England, and they died for England and all that England stands for and now, by tragic necessity, their dreams have become yours.

Let me exhort you, examine yourselves; let each of you discover where your chance of greatness lies; for their sakes, for the sake of your college and your country. Seize this chance, rejoice in it, and let no power or persuasion deter you in your task."

By 2011, you of the new School of Medicine will have laid the foundation for who you will be as healthcare professionals. You will have collected the experiences and the memories which will guide you in your quest for greatness.

Hopefully, you will have learned the skills of collegiality and collaboration which **must** supplant the competitiveness which has brought you this far. It is sage counsel to admonish you: Seek greatness; not conquest; seek greatness; not surmounting others. It is in building and in participating on a healthcare team, and in working for the success of that team that each of you will have the greatest chance of greatness. Greatness is not defined by winning or by wealth; greatness is defined by honesty, goodness, zeal, vigor and of intellectual promise fulfilled in service to others.

Hear and remember the words of Dr. Peter Senge of MIT:

"Most of us at one time or another have been part of a great 'team,' a group of people who functioned together in an extraordinary way - who trusted one another, who complemented each other's' strengths and compensated for each other's' limitations, who had common goals that were larger than individual goals, and who produced extraordinary results.

I have met many people who have experienced this sort of profound teamwork - in sports, or in the performing arts or in business. Many say that they have spent much of their life looking for that experience again. What they experienced was a learning organization. The team that became great didn't start off great - it learned how to produce extraordinary results." Recognize and embrace the debt you incur when you accept the opportunity of membership in the class of 2011 Watch another scene in your mind as in the movie, Saving Private Ryan, the title character, tremulously, now in his seventies, approached the headstone of Captain John Miller who gave his life that Ryan might live.

In perhaps the most poignant moment in a great film, tears streamed down his face as Ryan plaintively said to his wife, "Tell me that I have lived a good life; tell me that I have been a good man." The sacrifice of others imposed upon Private Ryan a debt only a noble and honorable life could repay. Everyone owes such a debt to someone. The circumstances of that debt may not be as dramatic, but it is just as real.

There are few gifts as great as that of the opportunity to be a physician. Caring for others has always been a sacred trust. It is a trust which should cause each person so honored to tremble with fear that he or she will not have lived worthily of that honor. It should cause us to examine our lives for evidence that we have been good stewards of the treasure of knowledge, skill, experience, and judgment which has been bequeathed to us by our university, by our professors and by the public which funded our education.

What nobler calling could one have than the opportunity to collaborate with others in their quest for health and hope? The honor of trust and respect given by strangers, who share their deepest secrets, knowing they will be held sacrosanct, is a gift which exceeds any pecuniary advantage. The pursuit of excellence in the care of others is a passion which is self-motivating.

Passion is the fuel which energizes any noble endeavor. It is what makes a person get up early in the morning, work hard all day, and go to bed late at night looking forward to the next day. It is a cause of great sadness that today's society is so devoid of true purpose-driven passion. Sadly, many only vicariously experience passion through the eyes and lives of athletes, movie stars, or musicians. Yet, ultimately, personally-experienced passion and purpose are what make life worth living. Those of us who have been allowed the privilege of being physicians, can and should know the passion of a noble purpose every day of our lives.

Never has there been a time when a physician's knowledge and skills could have more positive impact upon the lives and futures of others. Never has there been a time when the role of the physician has been more defined by the concept of "team," in which each participant - doctor, patient, family, nurse, clerk and others - **coalesce** into a vanguard against illness and pain.

Now, well into the last half of my career, I do not crumble by the headstone of one who has given his life for mine, but I do stand humbly before the cornerstone of my life as a physician. I stand there grateful to God, to my parents, to my wife and children, to my University of Texas School of Medicine at San Antonio, to my professors -- among many, Drs. Pannill, Taylor, Wesser, Beller, Fuller, Forland, Gold, Sears, George, Persellin and Cander -- to medical school class mates who challenged me with their abilities and drive. Each has contributed and continues to contribute to the passion and drive born of the honor of being a physician.

The tale is not yet told as to whether you and I shall have been faithful to this great honor, but it is a responsibility which motivates me daily and which must motivate you. To our university and to all who have contributed to the honor of our being physicians, we say, "Thank you."

Today, you begin accumulating a debt of gratitude which can only be repaid with your excellence in service to all who seek your medical counsel or care. As the President of the Alumni Association of the University Of Texas School Of Medicine at San Antonio, I welcome you; I applaud you and I admonish you. Under the leadership of our new Dean and of the faculty, your school will make you proud - it is your responsibility between now and two thousand eleven and for a life-time afterwards, to make your school proud.

In two thousand eleven, I shall purpose to return for your commencement and inquire as to how well you have pursued your chance of greatness.

Visitor to SETMA from Australia Comments about Leadership Motivation http://www.jameslhollymd.com/Letters/response-from-michael-fasher-on-joint-commission-article

From: Michael Fasher

Sent: Monday, July 9, 2018 8:38 AM

Dear Larry

"When change is driven only by external demands, it is not sustainable and will become dependent upon rewards to drive improvement. But when change is driven by internalized values and vision, being self-sustaining and generative in nature, it is sustained not by financial or other rewards, but by the passion of the participants." (Dr. Larry Holly)

Perfectly put. I remain grateful for and energized by this insight. Visiting SETMA lit a fire and this is the match. Michael Fasher, General Practitioner, Adjunct Associate Professor University of Sydney, Conjoint Associate Professor University of Western Sydney