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Introduction to SETMA November 10, 2016

Inside the notebook given to each participant there was a copy of the Spring, 2015 *Vital Signs*. A Southeast Texas healthcare publication, there are articles about SETMA on pages 15, 20-21, 36-37 and on the back cover. On pages 20-21, there is a portrait of all SETMA providers and executive management. The following link is to that publication:

<http://www.jameshollymd.com/in-the-news/pdfs/vital-signs-spring-2015.pdf>

Table of Content of the Notebook Given to Conference Participants

I. They Know What They are Doing and Why They are Doing It!

<http://www.jameshollymd.com/Letters/pdfs/the-joint-commission-accreditation-for-ambulatory-care-and-pc-mh.pdf>

SETMA is accredited by the Joint Commission for Ambulatory Care, Patient-Centered Medical Home and Clinical Laboratory. This is a brief statement about SETMA

SETMA has participated in a Robert Wood Johnson Foundation research project, this is a brief statement from them.

II. SETMA's Accreditation – PC-MH, Ambulatory Care, Laboratory, Diabetes, Heart/Stroke

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

SETMA is accredited by multiple agencies. This displays those accreditations and gives the dates of recognition and accreditation.

III. Testimony before Texas Department of Insurance – September 28, 1998

a. Text of Dr. Holly’s Testimony

<http://www.jameshollymd.com/Letters/pdfs/testimony-before-texas-department-of-insurance-proposed-financial-incentive-guidelines.pdf>

This is the text of Dr. Holly’s September 24, 1998 testimony before the Texas insurance Commission about healthcare provider compensation and the taking of risk.

b. Description of the September 28, 1998 Event at the TDI Public Hearing

<http://www.jameshollymd.com/Letters/pdfs/description-of-november-28-1998-testimony-to-texas-insurance-commissioner.pdf>

This describes the circumstances of the testimony in III. A. above. The TDI staff, the changing of the time allotment and another Beaumont physicians appearance before the insurance Commissioner.

c. Dr. Kenneth Shine’s response to Texas Health Home Primary Care Summit, June, 2015

<http://www.jameshollymd.com/Letters/pdfs/dr-ken-shines-response-after-reading-dr-hollys-testimony-to-texas-department-insurance-commissioner-public-hearing.pdf>

Dr. Shine was the Executive Vice Chancellor of the University of Texas System for Health Affairs. This is brief but pointed response to Dr. Holly’s testimony to the TDI Commissioner’s hearing. His response was made 27 years after the hearing.

d. Dr. Shine’s comment about TDI Testimony_

<http://www.jameshollymd.com/Letters/dr-ken-shines-note-to-dr-james-l-holly>

This is Dr. Shine’s response to Dr. Holly’s presentation at a medical conference on medical home in San Antonio.

IV. Four Seminal Events – May, 1999

In May, 1999, SETMA experienced four events which turned out to be seminal. The following identifies, describes and explains those events. Every organization needs to be prepared to experience, recognize and recall such events in their development.

a. Morphing from EHR to Electronic Patient Management

<http://www.jamesholllymd.com/in-the-news/pdfs/setma-1999-four-seminal-events.pdf>
<http://www.jamesholllymd.com/Your-Life-Your-Health/pdfs/may-1999-four-seminal-events-in-setmas-history.pdf>

b. Ten Principles for Designing 21st Century Practice

The second event was the result of SETMA's reading of and incorporating principles from Peter Senge's The Fifth Discipline. We defined the principles which guided our development of an EHR and which defined the steps of SETMA's transformation from an EMR to EPM (<http://www.jamesholllymd.com/EPM-Tools/pdfs/designing-an-emr.pdf>). These principles would also be the foundation of SETMA's morphing into a patient-centered medical home (PC-MH). The principles were to:

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

c. "More Than a Transcription Service: Revolutionizing the Practice of Medicine with Electronic Health Records which evolves into Electronic Patient Management"

<http://www.jameshollymd.com/Your-Life-Your-Health/pdfs/transcription-more-than-a-transcription-service.pdf>

This was a part of our “Cortez Project,” where like the Spanish explorer, we insured success in our transformation by “scatting” our ships,” making it impossible for us to “go back.” Declaring to the community with this booklet, we committed ourselves to success or to humiliation.

d. Launching of a Celebratory Sprit in SETMA

The fourth seminal event was that we determined to adopt a celebratory attitude toward our progress in EMR. In May, 1999, my cofounding partner was lamenting that we were not crawling yet with our use of the EMR. I agreed and asked him, “When your son first turned over in bed, did you lament that he could not walk, or did you celebrate this first milestone of muscular coordination of turning over in bed?” He smiled and I said, “We may not be crawling yet, but we have begun. If in a year, we are doing only what we are currently doing, I will join your lamentation, but today I am celebrating that we have begun.” SETMA’s celebratory spirit has allowed us to focus on the future through many lamentable circumstances and has allowed us to press forward through many disappointments. Focusing on our successes kept us moving forward and the cumulative effect was always success.

<http://www.jameshollymd.com/Letters/pdfs/the-joy-of-medicine-the-imperative-of-celebration.pdf>

Why Write About Meeting ICD-10 After you have done it? - The History of SETMA’s Preparation for and Journey to ICD-10 (See Section IX below)

On October 1, 2015, at 12:05 AM, SETMA successfully deployed ICD-10. All 47 healthcare providers used the system successfully immediately. All nurses and staff did the same. All interfaces and clearing houses worked well and charges were successfully sent to health insurance companies on the same day. The task is done; so, let’s move on to the next, but it is not done. A complex task, which has been called the biggest thing to happen to American healthcare, and it has been a “non-event” at SETMA. All is moving smoothly; in fact, SETMA’s providers really like ICD-10 and see it as a great improvement in documentation.

Why then do we stop and look at what brought us to this event successfully? One of the reasons is that that it is what brings “joy to healthcare colleagues.” Stopping, if only for a moment to remember and to celebrate creates focus and energy for the future. So it is that we published the following piece on October 5, 2015: <http://www.jameshollymd.com/In-The-News/pdfs/history-of-setmas-preparation-for-icd-10.pdf>.

V. SETMA's Model of Care

<http://www.jameshollymd.com/The-SETMA-Way/pdfs/setma-model-of-care-pc-mh-healthcare-innovation-the-future-of-healthcare.pdf>

SETMA's Model of Care has five steps:

1. Tracking over 300 quality metrics on every patient seen at SETMA
2. Auditing provider performance by panel of patients or by populations of patients
3. Statistically analyzing performance looking for leverage points of improvement
4. Public Reporting on SETMA's website by Provider Name on the above
5. Designing Quality Improvement Initiatives from the above data

SETMA's concepts of 'Clusters' and "Galaxies" are discussed here.

VI. Business Analytics and Your Analytics Quotient

- <http://www.jameshollymd.com/Your-Life-Your-Health/pdfs/Business-Analytics-and-Your-AQ.pdf>
- <http://www.jameshollymd.com/Your-Life-Your-Health/pdfs/the-aq-journey-business-analytics-at-setma.pdf>
- <http://www.jameshollymd.com/Your-Life-Your-Health/pdfs/Principles-of-Change-Agents-If-Youre-Going-to-Make-A-Change-It-Had-Better-Make-a-Difference.pdf>
- <http://www.jameshollymd.com/Your-Life-Your-Health/pdfs/process-analysis-and-how-many-tasks-can-you-get-a-provider-to-perform-at-each-encounter.pdf>

The materials link in this section address "What If Scenarios," becoming and being a change agent, "how many tasks can you get a provider to complete at each patient encounter," the power and promise of data analytics in primary care.

VII. Complete Summary and Annotated Articles Discussing SETMA's Work on MACRA and MIPS

<http://www.jameshollymd.com/Letters/complete-summary-and-annotated-list-of-all-24-articles-discussing-setmas-work>

SETMA's understanding, preparation and deployment of solutions for the Medicare Access and CHIPS Reauthorization Act of 2015 with the Merit-based Incentive Plan System. SETMA began using these tools October 1, 2016 in preparation for the 2017 performance measurement reporting.

VIII. Four Categories Defined by MIPS 2015 Correlate with Four Strategies SETMA Defined in 2000-2005

<http://www.jamesholllymd.com/Letters/pdfs/four-categories-defined-by-mips-correlate-with-setmas-four-strategies-for-transforming-setma-and-healthcare.pdf>

This is an analysis of the relationship between the Four MIPS Categories published in 2015 and the Four SETMA Standards published between 2000-2004. They exactly correlate with one another.

IX. History of SETMA's Preparation for ICD-10 October, 2015

- <http://www.jamesholllymd.com/Your-Life-Your-Health/pdfs/icd-10-its-here-what-does-it-mean-and-why-does-it-matter.pdf>
- <http://www.jamesholllymd.com/Your-Life-Your-Health/process-analysis-and-how-many-tasks-can-you-get-a-provider-to-perform-at-each-encounter>

These documents illustrate SETMA's "process analysis" which has been at the foundation of our growth and development.

X. Tutorial for the Automated Team Function

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

The "automated team" is the logical extension and actually conclusion to clinical decision support. This document explains and illustrates the function.

XI. Overview and the Philosophical Underpinnings to SETMA's Offer to CMS' for the TCPI

<http://www.jamesholllymd.com/transforming-your-practice>

In December, 2015, SETMA was invited by CMS to participate in a meeting about the CMS Transforming Clinical Practice Initiative (TCPI). During that conference, CMS asked the faculty, of which SETMA was one, to provide them with an "Ask and Offer." The "ask" was what the providers needed from CMS. The "offer" was what could the faculty provider to CMS within 60 days to help with the transformation of the practices of 140,000 physicians. This link is to the materials which SETMA provided to CMS in 45 days.

Addendum

This section is about Hierarchical Condition Codes (HCC) which also includes RxHCC. In our discussion on the 10th, we addressed this. The second document below is a PDF of the first. The PDF has page numbers and on pages 37-41, SETMA's clinical deployment of HCC Risk Scores is illustrated.

- <http://www.jameshollymd.com/epm-tools/Tutorial-HCC-RxHCC-Risk>
- <http://www.jameshollymd.com/EPM-Tools/pdfs/hcc-risk-training-tool-tutorial.pdf>