

James L. Holly, M.D.

Letter to CMS Staff of April 23, 2015 ONC/CMS Joint Meeting Requesting Introduction to Person or Department to Discuss CMS Compliance with Physician Hospital Team Membership

October 27, 2015

As an introduction, I attended the “Health IT to Support ACO and Group Reporting” conference which CMS and ONC co-hosted last April 23rd. The following is not sent for you to review but only as a reminder of SETMA’s and my participation in that meeting.

- <http://www.jameslhollymd.com/Letters/setmas-solution-for-cms-and-onc-meeting>
- <http://www.jameslhollymd.com/Letters/health-it-to-support-aco-and-group-reporting>
- <http://www.jameslhollymd.com/Letters/cms-oinc-health-it-to-support-aco-and-group-reporting>

Would you be able to direct me to the person at ONC, CMS or HHS who could visit with me about CMS’ requirements for compliance with documentation, and team work and membership.

Our medical community is having a discussion about the participation of RNs on hospital care teams organized by physicians. The following is a link to my Open Letter to the Medical Executive Committees of two local hospitals: <http://www.jameslhollymd.com/Letters/an-open-letter-to-the-medical-executive-committees-of-baptist-southeast-texas-hospital-and-christus-st-elizabeth-hospital>. The article at this link is arranged with fifteen hyperlinks which makes accessing the material easier.

The crux of the issues is that based on a CMS audit in 2013 and on the recommendation of consultants who are called, “CMS Consultants,” both hospitals are verging on restricting RNs from working with physicians in the hospital. Because we have reviewed our model of care and have been assured that it meets all standards and compliance issues, we expected to be “ok.” Now we are told that exceptions cannot be made for anyone, even if we have addressed and responded appropriately to the concerns expressed by CMS in 2013.

I am seeking an audience with the appropriate person or department at CMS or HHS to discuss this issue and to clarify exactly what CMS expects.

SETMA’s team has created leadership which has:

1. Enabled SETMA to discharge ten thousand patients over the past seven years and have the Hospital Care Summary and Post Hospital Plan of Care (formerly called the “discharge summary) completed before the patient leaves the hospital 98.6% of the time.
2. It is this team which enables the hospital to have NO “held chares” and to maximize their reimbursements through complete and valid DRGs.
3. It is this team which has allowed SETMA to achieve excellence in core measures and cost efficiency with constantly improving readmission rates.
4. It is this team which has enabled SETMA to care for a significant number of indigent and/or unassigned patients who present to the emergency room and to do it with the same efficiency and excellence with which we care for private patients.
5. It is this team which has created a complete continuity of care record and experience for the patient by completing in the same data base:
 - a. The ambulatory care record
 - b. The admission history and physical,
 - c. The hospital admission plan of care and treatment plan,
 - d. The Hospital Care Summary and Post Hospital Plan of Care and Treatment plan,
 - e. The medication reconciliation in the same data base (upon admission, upon discharge, during the Care Coaching call the day following discharge and at the primary care following visit) and
 - f. The Transition of Care steps of action

If you could direct me to the proper person, I will contact them and possibly come to Washington to discuss these issues. Thank you for your kind consideration of this request.

James (Larry) Holly, M.D.
C.E.O. SETMA
www.jameslhollymd.com

Adjunct Professor
Family & Community Medicine
University of Texas Health Science Center
San Antonio School of Medicine

Clinical Associate Professor
Department of Internal Medicine
School of Medicine
Texas A&M Health Science Center