

## **James L. Holly, M.D.**

### **Letter to NQF about Person Centered. Measures after introduction from Meaningful Use Medical Director. March 27, 2014**

Thank you for the introduction. We are very interested in the development of patient- centric quality metrics. The most important things to measure are often the most difficult to measure We are currently using HCAHPS and CAHPS , along with a Community Council (see [here](#)) to get at person-centered measures. We would enjoy working on. Person centric measures.

SETMA is a member of The NQF. SETMA is recognized/accredited for ambulatory care and PC-MH by NCQA tier 3 (2010-2016). AAAHC (2010-2017), URAC (2014-2017), and The Joint Commission (2014-2017). We are also recognized by NCQA for Diabetes, Heart/Stoke, and PC-MH CAHPS Distinction.

In 2010, I was an invited participant in NQF's Workshop on Transitions of Care Since 2009, SETMA has reported on PCPI's Transition of. Care Quality Metric Set. We have reported publicly on over 21,000 discharged. The following is a series of correspondence with and about NQF and Transitions of Care.

<http://www.jameslhollymd.com/Letters/pdfs/NQF-SETMAs-work-on-Transisitions-of-Care-and- response-to-Helen-Burstin-91513-and-91613.pdf>

In December, I was appointed to the NQF Endocrine Standing Committee. The following is my letter of acceptance. Unfortunately, in late January I had to withdraw because we discovered that while our EHR is 2014 MU2 certified, being an early adopter (1998), we have to make changes to meet MU2. We will but I have to focus on that. I hope to rejoin the committee next year.

<http://www.jameslhollymd.com/In-The-News/letter-of-introduction-to-the-nqf-endocrine-standing- committee>

This is my application for the 2012 NQF National Healthcare Quality Award. I did not receive the award but this answers many questions about SETMA

<http://www.jameshollymd.com/In-The-News/pdfs/NQF-National-Quality-Healthcare-Award-2012-Parts-1-6-Full-Application-Priorities-for-Performance-Improvement.pdf>

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### SETMA's Community Council

James L. Holly, M.D.  
April 03, 2014  
Your Life Your Health - The Examiner

For over one year, SETMA has wanted to start a patient-centered council from which we could get feedback from our patients about how we can improve the services they receive. For many years, we have asked patients to complete "patient satisfaction surveys." Those are helpful and we shall continue to collect that information.

In the past year, we have added two other tools to our efforts to "hear" from our patients about the care they are receiving. These are completed by external audit agencies to maintain their objectivity; they are:

1. **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS, hospital care)**
2. **Consumer Assessment of Healthcare Providers and Systems (CAHPS, ambulatory care)**

Yes even these tools which ask the patient to "assess" their care still are very similar to patient satisfaction surveys. In SETMA's February provider training session, we studied the Institute for Healthcare Improvement's paper entitled, *High-Impact Leadership Improve Care, Improve the Health of Populations and Reduce Cost*. One of the major aspects of that paper is the encouragement for the adoption of new "mental models" which functionally are different ideals

about healthcare delivery. Fundamentally, the change in mental models which is needed in healthcare is the move from a focus on “volume” to a focus on “value.”

The significance of this for our current discussion is that value and quality when focused on “volume” are measured with patient satisfaction, while quality when focused on “value” is measured by patient centeredness with patients as partners in their care. The following table contrasts the elements of the mental models of “volume” and “value.”

Volume	Value
Patient Satisfaction	Persons as Partners in their care
Increase Top-Line Revenue	Continuously Decrease Per Unit cost and waste
Complex All-Purpose hospitals and Facilities	Lower Cost, Focused Care Delivery Sites
Quality Departments and Experts	Quality Improvement in Daily work for All staff

The HCAHPS and CAHPS use of the word “consumer” led SETMA initially to name the Council, the Consumer Council. The following critique from the holder of the Dr. and Mrs. James L. Holly Distinguished Professorship of Patient-Centered Medical Home at the University of Texas Health Science Center in San Antonio resulted in the change of that name. He said:

“My only concern is with the term ‘consumer.’ Knowing what I know about SETMA, I know that you are more about partnerships and healing relationships than selling goods and services. How about ‘Patient and Community Partners Council’? I try to avoid using medical care as a commodity since it cheapens and devalues what we do in primary care.” (Dr. Carlos Jaen)

With this very good advice, the name became Community Council. The intent of the Council is spelled out in the following letter which has gone to those who are being asked to serve for an initial two-year term.

“The partners and Executive Management of Southeast Texas Medical Associates, LLP (SETMA, LLP), invites you to join the SETMA Community Council. Your term of service will be for two years with the possibility of accepting renewal for two additional terms. The Council will meet quarterly except at the beginning it will meet monthly for three months. Each Council member who is not a SETMA employee will receive a \$50 stipend for attending a meeting to cover any associated expenses.

“The Council will be comprised of patients of SETMA, community leaders and SETMA colleagues. The majority voting membership of the Council will be patients. All SETMA Partners and Executive Management will be ex officio members of the Council and can attend the meetings but will not have voting rights except for two who are specifically designated with that responsibility. Any actions taken by the Community Council will be binding on SETMA with the limitation that anything which violates SETMA’s published principles, the rules of the Texas Medical Board or State or Federal statutes, will be disallowed.

“The Council’s purpose is to increase SETMA’s sensitivity to the needs and desires of those who entrust us with their care. It is to facilitate patient use of SETMA’s patient portal and health information exchange as well for patient’s to help SETMA learn how to get patients more involved in their own medical decision making and in their adhering to the decisions make by them in collaboration with their healthcare providers. The council will be asked to review patient complaints (with identifying information removed) and to give us advice on how to respond. The Council will work to expand SETMA’s Medical Home to a functioning and effective Medical Neighborhood in Southeast Texas.

“As a beginning, SETMA will introduce the Council to:

1. Patient-centered Medical Home and what it means to patients.
2. Hospital Consumer Assessment of Healthcare Providers and Systems
3. Consumer Assessment of Healthcare Providers and Systems
4. SETMA’s website and how patients and the community can use this tool to learn about SETMA and SETMA’s culture.
5. The SETMA Model of Care
6. The SETMA Way
7. SETMA’s Governance, mission, vision and goals
8. The concepts of patient activation, patient engagement and shared-decision making
9. SETMA’s Hospital Care Team
10. SETMA’s I-Care Team

“The majority of the Council’s time will be spent with patients and community leaders giving SETMA feedback on how we can meet patient needs and for SETMA to listen to the Council about what they would like for SETMA so pursue and to offer in the future.

“We sincerely want the Community Council’s active participation in SETMA. While your personal health information will never be disclosed, we would like permission to use your name in public acknowledgment of the Council and in periodic reports of the Council’s work. If we should want to quote you personally, we would ask your permission before doing so.

“Please use the enclosed self-addressed and stamped envelope to indicate your acceptance of this invitation. Also, give us the most convenient telephone number and e-mail address for

communication purposes. We would like to schedule the first meeting in April. Your acceptance of this invitation by April 4, 2014 would be greatly appreciated.”

Recently, I wrote a member of the healthcare business community and said:

“I am delighted with your interest in serving on SETMA’s Community Council. The Council will be an excellent addition to SETMA’s tracking of the patient satisfaction surveys identified above.

“Coupled with SETMA and your organization working together to help change cultural and community attitudes about hospice among various ethnic groups, this is an excellent example of the collaboration between professionalism and entrepreneurship. As we discussed on the telephone, **the Medical Home’s mission is only fulfilled as its reach extends into what has been called the Medical Neighborhood.**”

In the coming months and years, we will transparently let the community know how this experiment is going. And, if someone would like to attend one of these meetings, they can contact SETMA’s CEO.