

James L. Holly, M.D.

Michael Kinne Star Medicaid Introduction to SETMA June 4, 2015

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Michael Kinne
Founding Partner | WKG Advisory

Dear Michael:

Sharon shared the following link with me: <http://www.healthcare-informatics.com/article/illinois-virtual-health-platform-has-become-facebook-healthcare>. One paragraph of the article about your being a semifinalist in the innovation category stated:

“NLHP’s three-fold care teams—made up of a nurse, a behavioral or mental health specialist, and a community health worker—are equipped with tablets and mobile phones, giving them the ability to have the full breadth of the technology platform’s capabilities while accessing members at their homes, at providers’ offices, at hospitals, and at various community-based sites, notes Kinne. What’s more, the platform provides real-time communication and data exchange across various entities within the healthcare continuum to empower care coordinators and providers to improve health outcomes for NLHP members, their households, and communities, he says. “I can tell a care team member to go to a person’s house, and I can note where they are at a given moment to look at their efficiency and effectiveness,” Kinne says. “We want to bring the medical home to the patient rather than what they’re used to, which is going to the ER,” he says.”

On our website at www.jameslhollymd.com, there are over 100 articles SETMA has written about Medical Home in the past seven years. What you describe above is an interesting and probably very profitable tool but it is not a medical home. Perhaps you are confusing the medical home concept with a visit in the home.

SETMA and HIMSS

In 2005, SETMA was awarded the HIMSS Davies Award which is the most prestigious award they give in regard to EMR. In 2010, SETMA was awarded the Stories of Success Tier I (the highest) of this category awarded by HIMSS. In 2012, I was named the HIMSS Physician IT

Leadership Award winner ([HIMSS Announces 2012 Physician IT Leadership Award Winner](#)) I have served on multiple standing committees at HIMSS.

You further stated in your HIMSS article:

“Providers, in the old days, used to discharge people into the community and had no idea what happened in the form of follow-up. With managed care companies, physical health was the focus, but there was nothing regarding behavioral or mental health,” Kinne says. “Now things have changed, so you can’t make money by doing a bunch of stuff. You have to improve quality and outcomes. And that’s how it always should have been, but it took us a while to get there,” he says.”

The following statement was made by the Senior Economist Editor for *Health Leader Media*; he said, **“It is as I suspected, Dr. Holly: You and SETMA are ahead of the value-based payment model curve. Is there any area of healthcare reform you have left unexplored?! You are an impressive reformist figure, with unique depth of experience. Eager to talk next week, Chris.”** SETMA’s innovations and transformation of healthcare were not done as a way to “make money” as yours seemed to be by your own statement, but it was done and is being done in order to fulfill the Institute of Healthcare Improvement’s Triple Aim, one of which aims is to decrease the cost of healthcare. There are many that have used healthcare to “make money” but few who have a vision and passion for true transformation and innovation to increase access to care, to improve the quality of care, and to improve the outcomes of care.

SETMA and Care Coordination, Medical Home and Behavioral Health

So that we get the most out of visit next week, you need to know that your statement that “in the old days, (doctors) used to discharge people into the community and had no idea what happened in the form of follow-up,” has no relevance to SETMA. We do the following:

1. Complete the admission history and physical examination in our ambulatory EHR.
2. Complete an admission plan of care and treatment plan for the patient which is given to them. This document includes diagnoses, reconciled medication lists, estimated length of stay, procedures, tests, consultations and readmission risk.
3. **Complete the Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan** at the time of discharge. 98.7% of the time this document is completed before the patient leaves the hospital. This is the document which used to be call “Discharge Summary.) <http://www.jameslhollymd.com/epm-tools/hospital-care-summary-and-post-hospital-plan-of-care-and-treatment-plan-tutorial>
4. **Care Transitions as a function and as a billing event:** <http://www.jameslhollymd.com/your-life-your-health/medical-home-series-two-part-vi-care-transitions> & <http://www.jameslhollymd.com/your-life-your-health/patient-centered-medical-home-and-care-transitions-part-i> & <http://www.jameslhollymd.com/epm-tools/transition-of-care-management-code-tutorial>
5. **Care Coordination Department 12-30 minute following care from this department the day after discharge.** <http://www.jameslhollymd.com/Your-Life-Your-Health/pdfs/SETMAs-Care-Coordination-Departments-Fundtions.pdf> & <http://www.jameslhollymd.com/Your-Life-Your-Health/pdfs/SETMAs-Care-Coordination-Departments-Fundtions.pdf>

[Your-Health/pdfs/SETMAs-Care-Coordination-and-Transitions-of-Care-Part-I.pdf](#) & <http://www.jameshollymd.com/your-life-your-health/medical-home-series-two-part-vii-care-coordination> & <http://www.jameshollymd.com/Your-Life-Your-Health/Medical-Home-Series-2-Part-XII-National-Quality-Forum-and-Care-Coordination>

6. **Integrated Behavior Health with the ambulatory care setting** in all seven SETMA locations. Description of SETMA's Behavioral Health Care and of the tools we have designed and deployed: <http://www.jameshollymd.com/Your-Life-Your-Health/pdfs/behavioral-health-in-setmas-patient-centered-medical-home-model-of-care.pdf> & <http://www.jameshollymd.com/EPM-Tools/pdfs/hipaa-privacy-tutorial.pdf> & <http://www.jameshollymd.com/your-life-your-health/medical-home-series-2-part-xiii-nqf-care-coordination-part-ii>
7. A true Patient-Centered Medical Home for all of our patients with accreditation by NCQA Tier III, AAACH, URAC and the Joint Commission. SEMTA has designed tools, not for making money, but for activating patients, engaging patients and to succeed in shared-decision making. <http://www.jameshollymd.com/medical-home>.
8. **Maintain continuity of care** between the long-term residential care faculties, in-patient, ambulatory care and physical therapy by using the same data base in which to document all patient interaction and evaluation.
9. **Establish Transparency with patients and community with a Community Council** and with public reporting of provider performance by provider name. <http://www.jameshollymd.com/public-reporting/> & <http://www.jameshollymd.com/Your-Life-Your-Health/pdfs/setmas-patient-centered-medical-home-community-council-may-2015.pdf>
10. **Balance the tension between "professionalism"** and our caring for others, i.e., Healthcare Where Your Health is the Only Care and "entrepreneurism" where we care for ourselves. <http://www.jameshollymd.com/your-life-your-health/entrepreneurship-vs-professionalism-drivers-of-healthcare-part-i> & <http://www.jameshollymd.com/your-life-your-health/entrepreneurship-vs-professionalism-drivers-of-healthcare-cost-part-ii> & <http://www.jameshollymd.com/Your-Life-Your-Health/pdfs/Concierge-Medicine-and-the-Future-of-Healthcare.pdf>

Conclusion

This is an introduction to SETMA. The value of our time together next week will be increased by your review of this material. You still will not have a granular portrait of SETMA but you will see that your comments at HIMSS about healthcare and healthcare providers are irrelevant and invalid in regard to SETMA.

Drs. Thomas, Anwar, Aziz and I met this morning to begin preparing for the meeting. I hope we can find some common ground even though the preliminary exposure has created anxiety as to whether your goals, principles and values are consistent with ours. I am willing to listen and to dialogue with you about these issues.

Sincerely yours,

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PS: Dr. Keith is the head of SETMA's Behavior Health Department
Mrs. Crawford is the director of SETMA's Care Coordination Department

SETMA is in the process of deploying an Ethics Committee to deal with the complexity of the 'Business of medicine.'