

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

## **October 7, 2017 Response to Dr. Lembke's Helpful Analysis CVS Health and Opioids**

October 7, 2017

Dr. Lembke,

Your analysis was very helpful. I totally agree that physicians are unwittingly one of the major causes of the opioid abuse crisis and that if physicians and physician organizations were better at policing themselves, pharmacists would not need to. Thank you for your insight. It is helpful. I do agree that our intents and our commitments to finding a solution are the same

As a result of this discussion about CVS Health, the CDC Primary Guideline's for Opioid Use and your lectures, I met with our IT staff yesterday and we are deploying a support tool which automatically calculates the Morphine Milligrams Equivalent and prominently display it in several places in our EMR.

All records which exceed 50 MME will be reviewed; all which exceed 90 MME will be referred to a SETMA specialist with special interest in this concern, and those unresponsive will be referred to a Pain Management Specialist.

Thank you, also, for your kind comments about SETMA's progress (see [www.jameslhollymd.com](http://www.jameslhollymd.com)). This section does not relate to opioids specifically but the processes which we have use for the past twenty-two years do relate.

You may find some of it interesting. Of the 55,000 pages of material which we have produced and posted on our website, the following five help explain us.

1. Process Analysis and Problem Solving — First Delivered at Massachusetts Medical Society

[Process Analysis and How Many Tasks Can You Get A Provider to Perform at Each Encounter?](#)

2. Four Seminal Events From May, 1999 — These Reflect What We Believed and Therefore What we Would Become.

[May, 1999 -- Four Seminal Events in SETMA's History](#)

3. A Description of SETMA's Model of Care

[SETMA's Model of Care Patient-Centered Medical Home: The Future of Healthcare Innovation and Change](#)

4. 4. This Document was Completed For A Real Patient Who Is Not Identified — it is a good example of patient activation, engagement and shared decision making.

[Teaching Tool for PC-MH Course – Patient Care Activation, Engagement, Shared-Decision Making – Letter to Patient seen 12.8.2013](#)

5. A Summation of the First Nine Years of Our Being A PC-MH — What We Know and What We Think

[PC-MH: SETMA's First Nine Years - Continuity, Creativity, Consistency](#)

Sincerely,

James (Larry) Holly, M.D.  
C.E.O. SETMA\_  
[www.jameslhollymd.com](http://www.jameslhollymd.com)

Adjunct Professor  
Family & Community Medicine  
UT Health San Antonio  
Joe R. and Teresa Lozano Long School of Medicine

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

**From:** Anna Lembke  
**Date:** October 7, 2017  
**To:** "James L. Holly" <[Jholly@jameslhollymd.com](mailto:Jholly@jameslhollymd.com)>  
**CVS Health and Opioids.**

Yes of course fine to share with others.

Thank-you for the below. When I have time, I will read the various links.

I think we are basically in agreement, except that I do think that dispensing a smaller quantity of opioids at a time is a potentially useful way to limit the overall numbers of opioids in the community.

I do not think this is necessarily changing the quantity prescribed by the physician, but rather titrating access to that quantity, that limits borrowing from tomorrow to pay for today, a problem that many patients have.

If doctors were better at policing themselves, pharmacist wouldn't have to step in at all.

Sounds like you are making important systemic interventions at STEMA, which puts you way ahead of the curve compared to the rest of the country.

Regards,

Anna