

James L. Holly, M.D.

Southeast Texas Medical Associates, LLP Strategic Planning Session February 19, 2014

Agenda

8:30 -- 8:45 AM Getting Started and Introductions

Look Around – these are the leaders – our future is in the hands of those who are here – the partners are in a unique place as they are “at risk” for the future of SETMA

8:45 – 8:55 AM State of the Practice – CEO

8:55 – 9:05 AM State of the Practice – COO

9:05 – 9:15 AM State of the Practice – CIO

9:15 – 9:45 AM Review of the Leadership Notebook prepared for Chapter 17
Joint Commission Survey for Medical Home

9:45—10:15 AM IHI High-Impact Leadership Introduction

10:15-11:45 AM Strategic Analysis

What are our core competencies?

Why are others not interested in joining us?

What Can We Do About It?

Universal American and capital infusion

Possibility to recruiting new physicians from current practices

Strengths

Market Share

Breadth of services

Growth and development

Vision and management
Cash Control
Relationships
Culture and reputation

Weakness –

Staff stretched
Difficulty recruiting
Focus
Leadership succession

Opportunities

Threats

Attitudes – expressed or not -- ambivalence
Them and Us
Difference between a Threat and a Pest
Speaking with one voice
Providers not supporting themselves (salary and overhead)

11:45 – 12: 15PM Lunch

12:15 – 12:30 PM Wellness Program for SETMA Proposed by Altus
To my knowledge no SETMA Providers are invested in this
Business bought by Altus in 2013

12:30 – 45 PM Inpatient additional days of call
Personnel needs (balance between income and energy)

12:45—1:00 PM Dr. Qureshi 's ideas

- 1) Strategy: we need to promote and sell our products specially our ancillary services like labs, Mobile X-rays, PT, Joslin DM, specialist services we have like ID, Endo, Cardio, Ophthalmology, Nutritional services, Rheumatology to local physicians/ practices. This will require **creating friendly atmosphere** and marketing. **Creating a friendly atmosphere is not possible as long s we are successful, I think.**
- 2) Future Business Thoughts:
 - a) Practice management company, (**one of the things we need to do is to decide what your core competencies are – I think this Is not one of them**) this may b a premature or will sound like out of text thing but want to bring this idea to the table that I m hoping Dr. Holly n our IT team and Next-Gen can look into. We need to make a team which can

run practices without purchasing them or hiring or buying providers. This service can be provided to interested providers with some marketing and awareness to providers first in the areas we have practices and then it can be expanded to other individual providers, groups and hospitalist. This team/company can provide our advanced EMR, help interested parties to increase their revenues and reimbursements by providing them updates to changing healthcare system, our disease management tools, TCM teaching and coding, annual exams and other EMR automatic systems we have in place. We need to convince the parties about our success and give them confidence that they can do it as well. This service can do their billing services and we can negotiate the fees at a percentage depending on revenues providers or groups are collecting. It should be also discussed with NextGen and we can consider some advantages and benefit from them with our mission to promote NextGen.

b) Need to attract primary care in vicinity by our exceptional EMR, our disease management tools and available incentives from MCR and Private insurance for reimbursement by using it, our hospital and post hospital care services, our 24hrs/12 months hospital coverage hospital care team

- 3) Practice: Improve efficiency and flow at clinic to provide faster and efficient services to our patients, calling all scheduled patient for next day for individual provider by either provider's nurse or clerk confirming their appointment time, making sure they are coming, they will be there on time and in time frame set for late comers, New patients if they can come 15-20 minutes earlier to advise them they will be required to fill some forms, they are required to bring their meds, any medical records from previous docs and most importantly it may take a while as we need to verify. This will not only help to accommodate walk-ins but will give a chance to call other pts who need an early appointment not to forget that it will also keep providers and nurses in a predictable and continuous flow.
- 4) Nursing Home services and patients: Our Radiology, Labs and other services need monitoring and need to communicate with NH management to use ours and why use ours. We need some marketing for it as recently there are some competitors have taken away our business specially X-Rays. I have discussed about this with DON at Jefferson and was told it is above her level, Dr. Aziz was communicating with some one Chris in management about it and I am keeping a close eye on it and making sure that they do not at least do that on our patients. Secondly, I am just trying to find out if we have any tracking or monitoring or have any data on use of our ancillary services by NH. We need to implement some automatic system in Next-Gen for using our services for Ultrasound, Dexa, cardiac services, and referrals to our specialists for patients at NH. We may need to educate NH their staffs and clerks about our referrals and available services. Also, I have brought this before as well in reference to doing Annual MCR exams in NH where I believe 90% or more are in need of getting that done and that can generate a substantial amount of revenue. At this time based on what is required to bill for exam is not possible to do. We don't qualify things required to bill for that. We need to work on MCR annual exams in NH as we can not justify the requirements we have put in for billing it.

1:00 – 1:15 PM Dr. Shepherd

1. SETMA should participate in other Medicare Advantage plans. GTPA will always remain a very important and irreplaceable relationship but the Band of Brothers has become a Band of second cousins or a Band of relatives that you only see at weddings and funerals. Many retirees this year had little choice but to change from MC to a non GTPA MCA plan and we lost them as patients. We need to position ourselves better while maintaining our strategic relationship.
2. Some of us would like to see a minor illness template created. I, on many occasions, have seen the paradoxical situation of a patient coming in for a routine visit and then having to return with days for a minor illness. I can take care of this in minutes but my nurse has to spend almost as much time and effort as at the routine visit. A minor illness template would be used for a patient with only one minor complaint, who has been seen in the past 3 months routinely and whose disease management templates are already up to date. If approved, I would volunteer to get with Margaret, Jon, Susannah and some providers to design such a template. We could see more minor illnesses perhaps even on a walk-in basis.
3. I would like to see regularly scheduled meetings between Hospitalists and I-care team and also Hospitalists and Hospital team. I think an exchange of ideas and the appreciation of others situation would strengthen the overall team concept. If approved, I volunteer again to work with others to arrange.

1:15 – 1:30 PM

Jasper Clinic

1:30 – 2:00 PM
Use

The Future – Federal Regulations, the ACA, MA – MU

2:00 – 2:30 PM

Patient-Centered Medical Home

patients

Focus must be on transforming our approach to

**Documentation in medical records
HCC Risk Adjustment Scores
Formation of a Consumer council**

2:30 – 3:00 PM

Marketing Plan

Without Cost

1. *Examiner* articles
2. Television interviews
3. Public Service announcements in business section of *Enterprise*

With Cost:

1. *Examiner ads*
2. *Enterprise ads*
3. *Other newspapers (Orange, Hardin Couth and Port Arthur*
4. Radio and Television spots
5. Direct Mail
6. Public Meeting with invited guests to discuss program

3:00 -- 3:30 PM

Each participant will be asked to make a brief summary statement

**Southeast Texas Medical Associates
Governing Board
Agenda
February 19, 2014**

- Rights of Patients. (Rick 1 min)
- Bylaws. (Rick 1 min)
- Rules and Regulations. (Rick 1 min)
- Quality Improvement Initiatives. (Rick 15 min)
 - Review of 2013
 - 2013 QI
- Credentialing- Appointment of new staff. (Debbie 5 min)
- Peer Review. (Dr Anwar 10 min)
- Safety Plan. (Margaret 5 min)
- Risk Management, Safety, and Infection Control. (All-45 Minutes)
- Policies and Procedures. (Margaret 10 minutes)
- 2013 Financials (Last agenda item- Rick As long as it takes)