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Disease Management Tools

Early in our EMR pilgrimage, SETMA transitioned to EPM - [Electronic Patient Management](#). This transition resulted in our development of multiple disease management tools. To maximize their use, we developed tutorials for teaching all providers how to use these tools. These tutorials are more than "computer - how to" directions and are actually mini-courses on best practices and evidenced-based medicine for each of the conditions addressed. The following is a link to the start of that story: [May, 1999 -- Four Seminal Events in SETMA's History](#).

Formed August 1, 1995, Southeast Texas Medical Associates, LLP (SETMA) recognized that excellence in 21st-Century healthcare was not possible with 19th-Century medical-record methods, i.e., pencil and paper, or with 20th-Century methods, i.e., dictation and transcription. Therefore, eighteen years ago, SETMA began the process of adopting an electronic medical record (EMR). In October, 1997, SETMA examined over fifty EMRs. On March 30, 1998, writing a \$650,000 check, SETMA purchased the EMR which we currently use. Eighteen years ago many thought that was a mistake, as in those early days healthcare providers had to develop the content of the EMR themselves. We had bought an empty box. Therefore, it was Tuesday, January 26, 1999 before we began using the EMR to document patient encounters, but by Friday, January 29, 1999, all patient visits were documented in the EMR.

In 1996, SETMA also believed that 21st Century healthcare was going to be driven by quality performance and SETMA rejected the old model of care where the healthcare provider was the constable imposing health upon a passive recipient, the patient. Therefore, SETMA developed a model of care where the patient is an active member of his/her healthcare team and where the healthcare provider is like a consultant, a colleague, a collaborator to facilitate healthy living, with safe, individualized and personalized care for each patient. SETMA's model is driven by the fact that we serve a population which had received disjointed, unorganized, episodic care, focused upon things done to, or for patients who have limited resources with which to support their health care goals.

Four Seminal Events - May, 1999 will always be critical

Without doubt, in 1995, the first step in forming what is now SETMA was the adoption of a team approach to patient care. (see [The SETMA Team and The SETMA Culture](#)) That team focus will be the central part of the story when the history of SETMA is written. The second critical decision was the EMR. But, in SETMA's history May, 1999 will always be central. In the first week of May, 1999, only 100 days after SETMA first used the EMR, four seminal events took place. These events defined and directed SETMA's future.

The first event took place the first week of May, 1999, when SETMA's CEO announced that the EHR was too hard and too expensive if all we gained was the ability to document a patient encounter electronically. When we began, it took a provider five minutes to create a chart note. Our CEO concluded EHR was only "worth it," if we leveraged electronics to improve care for each patient; to eliminate errors which were dangerous to the health of our patients; and, if we could develop electronic functionalities for improving the health and the care of our patients and of population groups. This was our transition from EMR to electronic patient management (EPM).

We also recognized that healthcare costs were out of control and that EPM could help decrease that cost while improving care. Therefore, we began designing disease-management and population-health tools, which included "follow-up documents," allowing SETMA providers to summarize patients' healthcare goals with personalized steps of action through which to meet those goals. We transformed our vision from how many x-rays and lab tests were done and how many patients were seen, to measurable standards of excellence of care and to actions for the reducing of the cost of care. We learned that excellence and expensive are not synonyms. In ten years, these steps would lead us to begin public reporting by provider name on over three hundred quality metrics ([Public Reporting - Reporting by Type](#)).

The second event was that from Peter Senge's *The Fifth Discipline*, we defined the principles which guided our development of an EHR and which defined the steps of SETMA's transformation from an EMR to EPM ([Designing an EMR on the Basis of Peter Senge's The Fifth Discipline](#)). These principles would also be the foundation of SETMA's morphing into a patient-centered medical home (PC-MH). The principles were to:

1. Pursue Electronic Patient Management rather than Electronic Patient Records
2. Bring to every patient encounter what is known, not what a particular provider knows
3. Make it easier to do "it" right than not to do it at all
4. Continually challenge providers to improve their performance
5. Infuse new knowledge and decision-making tools throughout an organization instantly
6. Promote continuity of care with patient education, information and plans of care
7. Enlist patients as partners and collaborators in their own health improvement
8. Evaluate the care of patients and populations of patients longitudinally
9. Audit provider performance based on endorsed quality measurement sets
10. Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions

The following are the Disease Management Tools which are the result of these seminal moments. As these are links to tutorials which should be studied, no explanatory material will be attached:

- [Acute Coronary Syndrome Tutorial](#)
- [Adult Weight Management Tutorial](#)
- [Angina Tutorial](#)
- [Cardiometabolic Risk Syndrome Tutorial](#)
- [Chronic Renal Disease Tutorial](#)
- [Congestive Heart Failure Tutorial](#)
- [Diabetes Tutorial](#)
- [Hypertension Tutorial](#)
- [Lipids Tutorial](#)
- [Lipid Quality Audit Tutorial](#)
- [Primary Pulmonary Hypertension Tutorial](#)