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*Overview and the Philosophical Underpinnings to SETMA's
Website (www.jamesllhollymd.com) which is SETMA's
"Offer" to the Center for Medicare and Medicaid Services'
(CMS) Transforming Clinic Practice Initiative (TCPI)
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Passion

From Where Does Your Passion Come?

On May 21, 2015 *Medical Home News* submitted a series of questions to SETMA (see <http://www.jameslhollymd.com/Letters/medical-home-news-questions-for-catching-up-with-dr-james-l-holly>). The six questions asked were:

1. You have an extraordinary passion for your practice, your patients, and your pursuit of excellence. Where does that passion come from?
2. You built your own Electronic Health Record system at SETMA. Why did you feel the need to do that?
3. Your Community Council gives your patients a very strong voice in SETMA governance and operations. Were any of your staff or doctors worried about that when you first set it up?
4. You and your team have successfully earned recognition/accreditation already from AAAHC, NCQA, The Joint Commission, and URAC -- which is a lot of work -- and you're now looking at Planetree. Anybody there getting "accreditation fatigue"?
5. What advice do you have for practices that want to begin (and continue) the transformation journey to become a patient-centered medical home?
6. Finally, tell us something about yourself that few people would know.

As you read the following, which is my answer to question one above, and as you recognize that this answer derives from my personal story, you should substitute your words and your story for mine. While this introduction to the intent and dynamic of the TCPI is based on my experience, its ultimate value will be as it provokes you to share your story within your own practice, community and within the TCPI community.

There is an old adage which states, "It's my way or the highway," TCPI modifies that to say, "This is our highway; it is an example from which you can build your personal highway." The building of that highway requires that you be willing to face where you are and who you are, as you envision where and what you want to become. It is founded upon the implications of Abraham Lincoln's 1858 declaration: "If we can first know where we are and whither we are tending; we can better judge what to do and how to do it."

The Source of My Passion

My father did not go to college but started work as a laborer with Louisiana Power & Light Company. In 1947, when I was four, we moved to a company house at Camp Livingston, a decommissioned, military base outside of Ball, Louisiana. Our family of four shared a two-bedroom house with another family. My father traveled to Monroe every Monday morning and returned Friday night. Within a year, he ran the power station at Camp Livingston and we moved to Natchitoches where he ran the power company's interests over a large part of north Louisiana including Camp Polk which would become Fort Polk. Graduate engineers were sent to him for training. I watched his self-sustaining energy and drive, and his commitment to excellence without supervision and without guidance. I saw rich, educated and powerful men defer to my father because of his character and personal integrity. I learned.

Years later, while riding down an unpaved, country road, my father stopped and hailed a man plowing in the field. The man walked over and my father said, "I thought you were going to be by the house last Friday?" The man responded, "One of the kids got sick but I'll be there this week." As we drove on, I asked my father what that was about. He said, "He couldn't pay his light bill and I paid it for him." This was Louisiana, my father was Caucasian and his friend was African-American. I learned. He would never let children go without heat and power. Although he made less than \$5,000 a year, he was never without money to help others.

As my social liberalism grew, my father expressed concern. He had lived a life of compassion and kindness to others, but had never opposed his culture. I started aggressively opposing that culture when I was 17. I responded to my father's concern and said, "Daddy, everything I believe and everything I do, I learned from you." As my personal faith grew, it only reinforced the lessons I had learned from my father until I would define myself as "a social liberal, a fiscal conservative and a theological fundamentalist." My father is deceased, but I still live with a desire to be like him, to be a man of integrity, honor, compassion, and fearlessness.

The Honor of being a physician

The other great influence on and driver of my life is the overwhelming gratitude which I feel for the honor of being a physician. (for more on this concept, see: <http://www.jameslhollymd.com/Your-Life-Your-Health/pdfs/Memories-on-the-Auditorium-Dedication.pdf>, <http://www.jameslhollymd.com/In-The-News/pdfs/mission-magazine-a-call-to-heal-a-call-to-serve.pdf>, <http://www.jameslhollymd.com/Your-Life-Your-Health/pdfs/the-honor-of-being-a-physician.pdf>.)

Forty-three years later, I still stand in awe of having the privilege of being a physician. As I watched and re-watch the movie *Secretariat*, I am moved almost to tears at the portrayal of his running of the Belmont Stakes in 1973, the same year I graduated from medical school. After the first half of the race, he was no longer running to win. He was running for the sheer joy of running.

Like Mikhail Baryshnikov, the great Russian ballet star, *Secretariat* is competing only with himself and his achievement was breathtaking. When he crossed the finish line and the race was over, he was still running as no one believed a horse could. *Secretariat* had done something which had never been done before and which has never been done since. I am drawn to this race as I have come to the point in my life when I am working for the sheer joy of my work. I have frequently said, "I have a passion for which I am owed no credit and over which I have no control as it is a gift from God." Whatever your personal belief system, the principle can apply.

In the movie, *Saving Private Ryan*, Ryan, now in his seventies, approached the headstone of Captain John Miller who gave his life that Ryan could live. In the most poignant moment in a great film, tears stream down his face, as he crumpled before Miller's tombstone, as Ryan plaintively said to his wife, "Tell me that I have lived a good life; tell me that I have been a good man." The sacrifice of others, imposed upon Private Ryan a debt only a noble and honorable life could repay. My debt and yours did not originate so dramatically, but it still exists.

There are few gifts as great as that of the opportunity to be a physician. The trust of caring for others has always been a sacred trust. It is a trust which should cause each person so honored to tremble with fear that he/she will not have lived worthily of that trust. It should cause us to examine our lives for evidence that we have been good stewards of the treasure of knowledge, skill, experience, and judgment which has been bequeathed to us by our university, our professors and the public which funded our education.

What nobler calling could one have than the opportunity to collaborate with others in their quest for health and hope? The honor of the trust and of the respect given by strangers, who share their deepest secrets, knowing they will be held sacrosanct, is a gift which exceeds any pecuniary advantage. The pursuit of excellence in the care of others is a passion which is self-motivating.

Passion is the fuel which energizes any noble endeavor. It is what makes a person get up early in the morning, work hard all day, and go to bed late at night looking forward to the next day. It is a cause of great sadness that today's society is so devoid of true purpose-driven passion. Many only vicariously experience passion through the eyes and lives of athletes, movie stars, or musicians. Ultimately, passion and purpose are what make life worth living. Those of us, who have been allowed the privilege of being physicians, can and should know the passion of a noble purpose every day of our lives.

Transforming Clinic Practice Initiative (TCPI)

What does this have to do with TCPI?

Historically, governmental efforts to “change things” were associated with “rule making.” The desired change was mandated by regulations, and requirements, which were audited and enforced with penalties. While there is a place and even a need for standardization to promote and document change, and while there is a need to create accountability and to expose fraud and abuse, mandated change typically has been only modestly successful in producing excellence. Being motivated only by external pressure, which can reshape things over a short period of time, reform ultimately cannot sustain change and certainly has no generative power through which to create actively transformative change.

Inevitably, when pressure was decreased, or when the organization became indifferent to pressure, it resumed its original shape and structure. Through the elastic ability to mimic change, organizations have successfully resisted radical transformation judged by essential and inherent alterations in nature, dynamic and results. The organization’s inherent elasticity resists permanent and self-sustaining change. When pressure is decreased, the organization resumes its former shape and nature. Without increasingly greater pressure and/or reward, reform fails.

How is TCPI Different; How will CMS be Different?

TCPI is building on a different foundation and with a different dynamic than external pressure. Unlike the past, the Centers for Medicare and Medicaid Services (CMS) rather than mandating change, wants to become your partner, your colleague, your consultant. Rather than “telling you what to do,” with support and facilitation from the Practice Transformation Networks (PTNs), the Support and Alignment Networks (SANs) and in collaboration with the existing State Quality Improvement Organizations (QIOs), CMS wishes to empower and encourage your personal passion, vision and generative energy to create a future of your design, which will be sustained by the internal drive of your ideal of the future you wish to create.

In this way, as CMS is working to encourage and to enable your transformation, CMS is itself transforming its interaction with healthcare providers. While CMS will continue to exercise its fiduciary responsibility to the public it serves, which requires auditing and enforcement activities, there will be a changing culture of collaboration with healthcare providers where CMS and healthcare providers recognize, acknowledge and cooperatively pursue their shared commitment to safety, quality and

excellence in healthcare. It is almost as if CMS and healthcare providers have challenged themselves to adopt the principles of patient-centered medical home: activation, engagement and shared decisions making.

Transformation is Needed by Everyone

CMS is not the only organization which has and is facing the challenge of transforming itself as it promotes transformation in healthcare providers. Every accreditation agency which SETMA has invited to critique our performance has also been challenged to examine itself. In response to one accreditation experience, SETMA wrote the executives and said:

“SETMA has always taught that a test, a patient encounter, an accreditation visit, or any human interaction should be evaluation-al and educational for both parties. That means that both parties should be learning, and learning has only taken place when we make changes and sustain those changes.

“Peter Senge’s use of the term ‘learning organization’ in his book *The Fifth Discipline*, promotes organizational change that is a critical aspect of the dialectic of human interaction. Although we finished our accreditation site visit on a positive note – and successfully so as we had partial deficiencies in only 16 of over 1200 measures...– the hubris of the evaluators was obvious.

“Their attitude was that they had nothing to learn but were here only to critique and indeed to criticize as was demonstrated by their initial statement upon their arrival, in which they said, ‘If you are doing anything wrong, we will find it.’ This attitude was confirmed by their statement that it is a corporate policy never to say anything positive about an organization they are evaluating but only to point out the negative. The stated issue was that any positive response would diminish the imperative of making changes which were needed.

“SETMA’s philosophy is exactly the opposite. We believe that affirmation is the foundation of constructive observations and recommendations for change. And, affirmation actively empowers others to change.”

It is because of this philosophy that SETMA is willing to take the risk and to subject ourselves to the scrutiny of the highest standards. We are prepared to be transparent and to publish by provider name our performance on hundreds of quality metrics. This transparency drives our improvement. It allows SETMA to be the best we can be. It allows us to declare: ***Once you “open your books on performance” to public scrutiny; the only place you have in which to hide is excellence!***

As you, among the 140,000 healthcare providers CMS hopes to engage in TCPI, experience the role of the PTNs, the SANs and CMS itself, you will begin to see that this is a new undertaking, a new day and a new CMS which wants you to succeed, which believes that you want to change and that you will succeed, and a CMS whose goal is to help you succeed in transforming your practice to achieve your vision and goals.

Personal Mastery

Returning to the Origins of Passion and Purpose

It is as the gratitude you feel toward those who have contributed to your success drives you, and as you begin to experience the sheer joy and delight of your work and efforts, like Secretariat, your current reality inextricably moves toward your vision, driven by your passion. Just as in a patient-centric environment, the patient is activated and engaged by shared-decision making, you are moved forward by your participation in transforming your practice to fulfill the future you envision. You work hard and you succeed because you are implementing **YOUR** ideals and you are experiencing the logical implications of **YOUR** personal story.

In *The Fifth Discipline*, Senge, addresses the importance of “creative tension.” He calls this the “spirit of the learning organization in which participants have ‘personal mastery’ (which) goes beyond competence and skills, though it is grounded in (them). It goes beyond spiritual unfolding...although it requires spiritual growth. It means approaching one’s life as a creative work, living life from a creative as opposed to a reactive viewpoint.”

When personal master is integrated into our lives, it becomes a discipline and embodies two activities:

1. “The first is continually clarifying what is important to us.
2. “The second is continually learning how to see current reality more clearly.”

Senge concludes, “The juxtaposition of vision (what we want) and a clear picture of current reality (where we are relative to what we want) generates what we call ‘creative tension’: a force to bring reality and vision together, caused by the natural tendency of tension to seek resolution. The essence of personal mastery is learning how to generate and sustain creative tension in our lives.”

People with a high level of Personal Mastery Share Basic Characteristics:

As the TCPI promotes clinical practice transformation, that transformation will be sustained by providers developing personal mastery in which they will share the following characteristics:

- “They have a special sense of purpose that lies behind their vision and goals. *For such a person, a vision is a calling rather than simply a good idea.*
- “They see current reality as an ally, not an enemy. They have learned how to perceive and work with forces of change rather than resist those forces.
- “They are deeply inquisitive, committed to continually seeing reality more and more accurately.
- “They feel connected to others and to life itself.
- “Yet, they sacrifice none of their uniqueness.
- “They feel as if they are part of a larger creative process, which they can influence but cannot unilaterally control.
- “Live in a continual learning mode.
- “They never ARRIVE!
- “(They) are acutely aware of their ignorance, their incompetence, their growth areas.
- “And they are deeply self-confident!”

“Personal Mastery is not something you possess, it is a process.” As we clarify our vision and as we face our current reality, we will be driven to transformation. While there will be objective standards and while there will be measurable outcomes which are promoted, the dynamic of TCPI will be internalized and will become a personally driven passion.

Team Work

Team Work and a “Team Approach” to Healthcare Delivery

Part of the transformation hoped for in TCPI, is for practices to embrace and invest in team work. Before SETMA understood that Twenty-First Century medicine could not be practiced with “pencil and paper” (19th Century Medical Record Methodology), or even with “dictation and transcription” (20th Century Medical Record Methodology), both of which drove SETMA to Electronic Medical Records in 1998, SETMA understood that the demands of 21st Century medicine would require a team approach to healthcare delivery. Eventually, we would recognize that team work is not just an ideal of healthcare transformation; it is an imperative. And, that imperative grows out of the necessity of multiple people working in collaboration with patients and families in order to provide the quality and safety which 21st Century healthcare demands.

In the same way CMS and TCPI will be part of the team, promoting, driving and participating as a part of the healthcare team.

The principles of “team care” have been repeated and refined but they have been part of the organizational spirit of SETMA from the beginning. That team led us to a significant examination of the value of each member of the team and to their contribution to SETMA’s model of care. Without this team concept and reality, SETMA would not be where it is today. It also became apparent that a team approach to healthcare delivery, once embraced and executed, would inextricably require and lead to a Medical Home dynamic and structure of healthcare delivery.

Healthcare Education - Educating a Team - Physician and Nurse Collaboration

In order to create great teams, the educational process has to change: see <http://www.jameslhollymd.com/Your-Life-Your-Health/Medical-Home-Part-V-Healthcare-education-and-healthcare-Delivery-Changes-needed-in-both>. The ideal setting in which to deliver and to receive healthcare is one in which all healthcare providers value the participation by all other members of the healthcare-delivery team. In fact, that is the imperative of PC-MH. Without an active team, with team consciousness and team collegiality, PC-MH is just a name which is imposed upon the current means of caring for the needs of others. And, as we have seen in the past, the lack of a team approach at every level and in every department of medicine creates inefficiency, increased cost, potential for errors and that it actually eviscerates the potential strength of the healthcare system.

Collaborators or Collateralists?

Why is this? Typically, it is because healthcare providers in one discipline are trained in isolation from healthcare providers of a different discipline. Oh, they are in the same buildings and often are seeing the same patients, but they rarely interact. And, often they have little respect for one another and do not see themselves as collaborators but as isolated “collateralists,” often working side-by-side but not interactively. Often, even their documentation is done in compartmentalized paper records, which are

rarely reviewed by anyone but members of their own discipline. This is where the first benefit of technology can help resolve some of this dysfunction. Electronic health records (EHR), or electronic medical records (EMR) help because everyone uses a common data base which is being built by every other member of the team regardless of discipline. While the use of EMR is not universal in academic medical centers, the growth of its use will enable the design and function of records to be more interactive between the various schools of the academic center.

And, why is that important? Principally, because more and more healthcare professionals are discovering that while their training often isolates them from other healthcare professionals, the science of their disciplines is crying for integration and communication. For instance, there was a time when physicians rarely gave much attention to the dental care of their patients, unless they had the most egregious deterioration of teeth. Today, however, in a growing number of clinical situations, such as the care of diabetes, physicians are inquiring as to whether the patient is receiving routine dental care as evidence-based medicine is indicating that the control of disease and the well-being of patients with diabetes are improved by routine dental care. Also, as the science of medicine is proving that more and more heart disease may have an infectious component, or even causation, the avoidance of gingivitis and periodontal disease have become of concern to physicians as well as dentist.

Disruptive Innovation

In addition, Medical Home places major emphasis upon issues which historically have been the concern of nurses. Physicians who use EMRs are discovering that the contribution of nursing staff can make the difference in the excellent and efficient use of this documentation and healthcare-delivery method. No longer is the nurse a "medical-office assistant" ancillary to the care of patients, but the nurse is a healthcare colleague central and essential to the patient's healthcare experience. As evidence-based medicine expands the scope of what *The Innovator's Prescription: A Disruptive Solution for Health Care* By Clayton M. Christensen labels as "empirical medicine," which ultimately leads to "precise medicine," it is possible for physicians and nurses to be a true-healthcare delivery team, as opposed to the nurses only being an aide to the physician.

Christensen identifies the following "Levels of medicine" and makes the following judgments about the future of healthcare delivery:

- Intuitive Medicine -- "When precise diagnoses isn't possible...where highly trained and expensive professionals solve medical problems through intuitive experimentation and pattern recognition."
- Empirical Medicine -- "As patterns become clearer, care evolves into the realm of evidence-based medicine...where data are amassed to show that certain ways of treating patients are, on average, better than others."
- Precise medicine -- "When diseases are diagnosed precisely...therapy that is predictably effective ... (can) be developed and standardized."

Changes wrought by Precision Medicine

- "... (When) we know what type of bacterium, virus, or parasite causes one of these disease..."
- "... (When) we know the mechanism by which the infection propagates..."
- "...Predictably effective therapies can be developed..."
- "...Therapies that address the cause, not just the symptoms..."

As a result, Christensen concludes:

- "...nurses can now provide care for many infectious diseases..."
- "...patients with these diseases only rarely require hospitalizations."

It is easily recognized in this emerging paradigm that all of the schools in the academic healthcare center are actively involved in patient care and in the training of those who will be healthcare providers. Yet, it seems that the farther and farther a person advances in biomedical education, the obvious union of their disciplines at their foundations is lost and the more isolated from the whole these "specialists" and "experts" become.

This even creates problems within the various disciplines as egocentrism isolates one provider from another. It is as a result of the need for the integration of healthcare disciplines at the delivery level, that we recognize the imperative for the restructuring of the training of the members of this healthcare team. And, the first change must come in the relationships between the leaders of the training programs who educate and mentor future healthcare scientist, teachers, caregivers and researchers. The educational leaders must model this integration for their disparate student bodies and that modeling will require the investment of the most precious and rare resource: time. This is not the law of the land but it will be in the future. (For more on this see the discussion at the following link:

<http://www.jameslhollymd.com/Letters/an-open-letter-to-the-medical-executive-committees-of-baptist-southeast-texas-hospital-and-christus-st-elizabeth-hospital>; and at:

<http://www.jameslhollymd.com/Letters/comments-to-the-christus-medical-executive-committee-about-inpatient-healthcare-teams>; and at <http://www.jameslhollymd.com/Letters/value-and-power-of-the-healthcare-team-answering-dr-amy-townsend-imperative>)

Again, it is not only you, the healthcare provider seeking transformation which must change, CMS will be required to re-examine its definitions of healthcare and its descriptions of the scope of practice of various members of the healthcare team.

Glue? Adhesion and Cohesion

What is the model for this restructuring of the relationships between schools in the academic healthcare centers? It has been suggested that there is "glue" which unites the members of the various schools which will ultimately create this team. I would argue with that. Glue is an adherent. In this context, "adherence" is described and simultaneously defined by the following: "Two dissimilar parts touching each other but not fused." "The union of separate parts; tending to adhere to or be connected by contact." If propinquity -- the state of being close to someone-- is the principle motivation for the forming of a team, it will not survive the stresses and pressures which tend to make the team fly apart.

On the other hand, "cohesion" is "the bonding together of members of an organization/unit in such a way as to sustain their will and commitment to each other, their unit, and the mission," and it has been further defined as a "union between similar plant parts or organs." Synonyms of "cohesion" are "harmony, agreement, rationality." Here is the source of the union of the various elements of the healthcare team in training. It is in the recognition of their commonness and in the acknowledgment of their being part of the same "organism."

Harmonics

The concept of "harmony" is valuable here also. Harmony is not the absence of discord; it is the presence of a common nature. The typical definition for a harmonic is "a sinusoidal component of a periodic wave or quantity having a frequency that is an integral multiple of the fundamental frequency." I smiled and chuckled aloud as I wrote this last sentence. It is a mouthful, but how is it related to our problem of healthcare delivery? If you have a room filled with tuning forks of different frequency and you strike one of the forks, all of the forks which are of the same frequency or a multiple of the same frequency, as the one struck, will begin to sound. Those which are intrinsically different will remain silent.

In a room of educators, some health science, some historians, some vocalists, some archeologists, etc., when the sounding is of excellence in healthcare delivery; when the sounding is of evidence-based medicine; when the sounding is of containing the cost of healthcare while maintaining the quality; when the sounding is of increasing the accessibility of healthcare by removing barriers of affordability, linguistics, literacy, etc; each member of the healthcare-education team, whether nurse, dentist, physician, scientist, physical therapist, laboratory technician or other, will begin to resonate, as they are all coherent, by their nature, to the process of sustained improvement in the delivery of healthcare. It is as if the healthcare-education team, as the healthcare-delivery team, has become a symphonic orchestra made up of instruments which are different in sounding method but which harmonize to produce an aesthetically satisfying result. Remember, the Greek word "symphonia" means "sounding together." So it is that the members of the healthcare-education and the healthcare-delivery team "resonate together" to produce the results we all desire.

Personal Pilgrimage to the Vision of Team Work

My personal pilgrimage in this process began my first year in medical school, but it was not in the classroom. One day, as I was leaving the medical school with a classmate, the Dean's secretary ran up to us and said, "Larry, you must go downstairs. There is a meeting for the new health careers program and the Dean is there by himself." Reluctantly, I went and began a two-year participation in the School of Medicine's Health Careers Program and a life-time of desire to help young people pursue health careers. Every Saturday, we brought high school students, principally Hispanics, to the school of medicine and introduced them to health careers. I realized then that the recruitment of a diverse student body to the various elements of the health science center was not going to be done en masse but it was going to be done one student at a time. As a result, one of the missions of the SETMA Foundation is to help underwrite the education costs for students who qualify but cannot afford health-career education.

The second element to my pilgrimage was in Clifton, Texas, after graduation from Medical School. With the birth of my second child days before graduation and with him in neonatal ICU, I had to work in order to provide for my family. Monday after graduating on Saturday, I left for Clifton. I lived in the hospital around the clock with two days off in a month to take the state medical boards. I learned the value of a healthcare team from an LVN when one night, as I was preparing to treat a patient in the ER, she said, "I have noticed that our doctors do that this way." She was so kind. She didn't say, "Hey, stupid, didn't you learn anything in medical school?" Yet, over the next four weeks, my wealth of knowledge of physiology, pathophysiology, biochemistry, heart failure, etc., was augmented by a wealth of practical medicine taught to me by an LVN. What doctor cannot remember the same kind of experience with a nurse, or other healthcare team member who helped him/her through a patient encounter which was new? Why have we forgotten?

The third element of my pilgrimage was SETMA's migration to EMR. When SETMA was formed there was no uniformity in how medical records were created, filed or stored. Some dictated records, others hand wrote records. Some organized records alphabetically, others used a numeric system. On August 1, 1995, SETMA's medical-record-keeping illustrated all of the problems facing the future of healthcare in America. With the new millennium approaching, with all of the potential of 21st-Century technological care, SETMA was hamstrung by the use of mixture of a 19th -Century documentation system, i.e., pencil and paper, and a 20th-Century system, i.e., dictation and transcription. Neither system was capable of supporting innovation in healthcare delivery. In March of 1998, we purchased an EMR system.

Electronic Patient Management: How the team communicates

How the Team Interacts and Communicates

As TCPI progresses, your passion and your team's work will be conducted electronically. In May, 1999, SETMA's transformation process was radically changed as four seminal events took place. (For a full description of those events see: <http://www.jameslhollymd.com/your-life-your-health/may-1999-four-seminal-events-in-setmas-history>.)

Four Seminal Events – May, 1999

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 (<http://www.jameslhollymd.com/public-reporting/public-reports-by-type>).

Ten Principles for Building an EMR and for Transforming a Medical Practice

The second event was that from Senge's *The Fifth Discipline*, SETMA defined the principles which guided our development of an EHR and which defined the steps of SETMA's transformation from an electronic medical records (EMR) to electronic patient management (EPM). (see: <http://www.jameslhollymd.com/EPM-Tools/pdfs/designing-an-emr.pdf>). These principles would also be the foundation of SETMA's morphing into a patient-centered medical home (PC-MH) in 2009. 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

In 2009, we would discover that these principles are essentially the principles of PC-MH and that the past ten years had prepared SETMA to formally become a PC-MH. Between 2009 and 2014, SETMA became accredited as a medical home by NCQA, AAAHC, URAC and The Joint Commission.

Cortez - Fahrenheit 451 - Maginot Line

The third seminal event was the preparation of a philosophical base for our future; written in May, 1999 and published in booklet form in October, 1999, this blueprint was entitled, [More Than a Transcription Service: Revolutionizing the Practice of Medicine With Electronic Health Records which Evolves into Electronic Patient Management](#). This booklet was distributed to our practice and our community. It became our declaration that we were going to succeed at this process at any cost and at any effort. Like Cortez, who scuttled his ships on his expedition to Mexico so that there was no turning back, this booklet was SETMA’s public declaration that there was no going back. We were going to succeed. Our charge to ourselves was and our counsel to others is, “Don’t give up!” The key to success is the willingness to fail successfully. Every story of success is filled with times of failure but every story is also characterized by the relentlessness of starting over again and again and again until you master the task. When we started our IT project, we told people about what we were doing. We called that our “Cortez Project”. Like Cortez, we scuttled our ships; there was no going back. We had to succeed.

There were other “named” initiatives in SETMA’s history in addition to the Cortez declaration. There was the Fahrenheit 451 Initiative (the kindling point of paper) where we recognized and declared that paper was too expensive and too hard for record keeping and for transformation of healthcare. While we did not burn books, we set our sights on getting rid of paper in our practice.

There was also the Maginot Line Initiative. Like the fixed fortifications built by the French after World War I, as an obstacle to invasion by Germany and which fortifications were defeated by the ability of mechanized war-machines to “go around the line,” when confronted by a seemingly insurmountable obstacle to our successful transformation, SETMA went around the obstacles.

Defining and Developing Critical Supports

As we began defining and developing supports required for success in Performance Improvement, we found them to be:

1. Care where the same data base is being used at ALL points of care.

2. A robust EHR to accomplish the above.
3. A robust business-intelligence analytics system, which allows for real-time data analysis at the point of care.
4. A laser printer in every examination room so that personalized evaluational, educational and engagement materials could be provided to every patient at every encounter, with the patient's personal health data displayed and analyzed for individual goal setting and decision making.
5. Quality metric tracking, auditing and statistical analysis.
6. Public Reporting of quality metric performance by provider name.
7. Quality Improvement initiatives based on tracking, auditing and analysis of metrics.
8. Shared vision among all providers, support staff and administrators - a personal passion for excellence -- which creates its own internalized, sustainable energy for the work of healthcare transformation.
9. Celebratory culture which does not compete with others but continually improves the organization's own performance, using others as motivation but not as a standard.
10. Monthly peer-review sessions with all providers, to review provider performance and to provide education in the use of electronic tools.
11. Adequate financial support for the infrastructure of transformation.
12. Respect of the personal value of others and the caring for people as individuals.
13. An active Department of Care Coordination and a hospital-care support team which is in the hospital twenty-four hours a day, seven days a week.
14. Aggressive end-of-life counseling with all patients over fifty, and active employment of hospice in the care of patients when appropriate.

The fourth seminal event was that we determined to adopt a celebratory attitude toward our progress in EMR. In May, 1999, my cofounding partner was lamenting that we were not crawling yet with our use of the EMR. I agreed and asked him, "When your son first turned over in bed, did you lament that he could not walk, or did you celebrate this first milestone of muscular coordination of turning over in bed?" He smiled and I said, "We may not be crawling yet, but we have begun. If in a year, we are doing only what we are currently doing, I will join your lamentation, but today I am celebrating that we have begun." SETMA's celebratory spirit has allowed us to focus on the future through many lamentable circumstances and has allowed us to press forward through many disappointments. Focusing on our successes kept us moving forward and the cumulative effect was always success.

That celebratory attitude has given SETMA the energy and resolve to face hard times and the vision of electronic patient management has given us direction and substance to our goal. Today, we are not what we were, and we are not yet what we shall be, but we are on a pilgrimage to excellence which will never end. We started eight years ago at MGMA; where is the end? There isn't one and that is what helps us get up day after day, excited about the prospect of the future. Mostly what we celebrate today is the team which EMR has facilitated our forming.

CMS/ONC Conference on Health IT to Support ACOs and Group Reporting

In April, 2015, CMS and the Office of the National Coordinator held a joint conference to examine the IT Support for successful Accountable Care Organizations (ACOs). (for a complete report see: <http://www.jamesholllymd.com/Letters/health-it-to-support-aco-and-group-reporting.>)

It is not surprising that SETMA's conclusion as a participant in this meeting was that the successful ACOs would depend upon a team dynamic and upon being a learning organization. This was summarized with a quote from Senge's *The Fifth Discipline*:

“Most of us at one time or another have been part of a great ‘team,’ a group of people who functioned together in an extraordinary way - who trusted one another, who complemented each other others’ strengths and compensated for each other’s limitations, who had common goals that were larger than individual goals, and who produced extraordinary results. I have met many people who have experienced this sort of profound teamwork - in sports, or in the performing arts or in business. Many say that they have spent much of their life looking for that experience again. What they experienced was a learning organization. The team that became great didn’t start off great - it learned how to produce extraordinary results.”

Being part of such a team:

- a. Requires each of us to be better than we have ever been before
- b. Enables us to be better than we have ever been before
- c. Motivates us to be better than we have ever been before
- d. Allows us to take the risk of becoming better than we have ever been before

The Imperative of a Philosophical Foundation

Furthermore the success of an ACO, like the success of TCPI will depend upon a solid philosophical foundation, i.e., knowing both what we are doing and why we are doing it. This was brought home to SETMA by the response of both the surveyors and one of the executives at The Joint Commission both of whom commented on the philosophical foundation of SETMA's work. They said: “I was just talking to one of my colleagues and showing him SETMA's notebook which was prepared in response to The Joint Commission's Standards and Requirements Chapter Seven on leadership.” The executive said, “Look at this; everything they do is founded upon a philosophical foundation. They know ‘what they are doing,’ but more importantly, they know why they are doing it.” SETMA is not the result of random efforts but of innovations and advances which are consistent with a structured set of ideals, principles and goals.

Head of the Pack and One of the Pack

Part of SETMA's culture is our willingness and ability to accept who we are. That can be expressed in the statement: Rarely can it be said that someone is THE best of ALL because we have strengths that place us at the head of the pack and we have weaknesses which make us one of the pack. Our progress and success is dependent upon our willingness to celebrate our strengths without arrogance and hubris and to acknowledge our weaknesses with humility and resolve to improve.

IT Integration and Communication

Whether in relationship to the ACOs success or the success of TCPI, communication and integration of the healthcare team through the power of IT will be critical. When the Robert Wood Johnson Foundation engaged the McColl Institute to conduct the Learning from Exemplary Practices (LEAP)

study, 30 practices were selected from 400 nominees. SETMA was selected as one of the exemplar practices. After a four-day site visit, the survey team concluded the following comments.

The uniqueness of SETMA's IT Department was a surprise to them. They felt that SETMA has approached healthcare transformation differently than anyone they have seen. They related that uniqueness to the decision we made in 1999 to morph from the pursuit of "electronic patient records" to the pursuit of "electronic patient management." They were surprised to see how centrally and essentially electronics are positioned into SETMA and how all other things are driven by the power of electronics. They marveled at the wedding of the technology of IT with clinical excellence and knowledge. The communication and integration of the healthcare team through the power of IT is novel, they concluded.

The first four conclusions they reached are the following.

- A. **The Care Coordination Department** - they had never heard of such a department and had never seen one. They were impressed at how the department is integrated with the clinical personnel through electronic communication and how critical they are to our mission. Across the nation, transformative efforts in healthcare include what is referred to as "daily huddles" - meetings to discuss patient care and the day's activities. They were interested in SETMA's concept of "electronic huddles" where there is continuous communications between departments and colleagues to strengthen, coordinate and improve care.
- B. **The Care Transition and Hospital Care Team** -- The complex solutions for this critical area of practice is very impressive to them. The integration of care with the admission hospital plan of care, the discharge Hospital Care Summary and Post Hospital Plan of Care and Treatment plan, the hospital follow-up care coaching call and other aspects of this care transition process, they identified as innovative improvements in the work force relationships among staff.
- C. **The I-Care team** - they are very impressed with the electronic tools we have with which to support the work of the full time staff and the professional support staff for I-Care. SETMA has worked in the long term residential care area for its entire existence and before. But, they were impressed with how a group of SETMA providers built upon that foundation and organized an excellent integration of work flow innovations to improve that care.
- D. **Learning Team** - they believe that the spontaneous and structured learning of SETMA allows us to continually and almost unintentionally learn and grow. They understand that learning, as Senge says, is only distantly related "to taking in more information." They believe that we have incorporated "systems thinking" and "systems structures" into SETMA extremely well. They think this is one of the most value aspects of SETMA's work force and work flow innovations. They were able to attend one of SETMA's monthly training meetings and were intrigued by the enthusiastic and engaged participation by all of SETMA's healthcare providers.

Quality Metrics and Data Analytics

Measuring Quality and Transparency – Data Analytics

The CMS/ONC Conference was also focused on Group Reporting for success in the ACO model of care. (for details on SETMA's tool for this see: <http://www.jameslhollymd.com/EPM-Tools/Accountable-Care-Organization-Quality-Measures-Performance-Tool-Tutorial.>)

SETMA has concluded that the tracking of quality metrics alone will not result in health care delivery transformation and/or improvement. Transformation and improvement will require the combining and

tracking of quality metrics (access, outcome, patient experience, process, structure and costs of care, etc) with data analytics. This concept is addressed in depth in the presentation found at the following link: <http://www.jameslhollymd.com/Presentations/The-Importance-of-Data-Analytics-in-Physician-Practice>.

The following are bullet point summations of this presentation:

1. “The juxtaposition of vision (what we want) and a clear picture of current reality (where we are) generates ‘creative tension,’ (which is) a force to bring vision and reality together, through the natural tendency of tension to seek resolution.”
2. Analytics transform knowledge into an agent for change. In reality, without analytics, we will neither know where we are, where we are going or how to sustain the effort to get there.
3. For transformation to take place through knowledge, we must be prepared to ask the right questions, courageously accept the answers and to require ourselves to change.
4. Healthcare transformation, which will produce continuous performance improvement, results from internalized ideals, which create vision and passion, both of which produce and sustain “creative tension” and “generative thinking.”
5. Transformation is not the result of pressure and it is not frustrated by obstacles. In fact, the more difficult a problem is, the more power is created by the process of transformation in order to overcome the problem.
6. The greatest frustration to transformation is the unwillingness or the inability to face current reality. Often, the first time healthcare providers see audits of their performance, they say, “That can’t be right!”
7. Through analytics - tracking data, auditing performance, and statistical analysis of results - we learn the truth. For that truth to impact our performance, we must believe it.
8. Through acknowledging truth, privately and publicly, we empower sustainable change, making analytics a critical aspect of healthcare transformation.
9. While an Electronic Health Record (EHR) has tremendous capacity to capture data that is only part of the solution. The ultimate goal must be to improve patient care and patient health, and to decrease cost, not just to capture and store information!
10. Electronic Patient Management employs the power of electronics to track, audit, analyze and display performance and outcomes, thus powering transformation.
11. Public Reporting by Provider name is transformative but quality metrics are not an end in themselves.
12. Optimal health at optimal cost is the goal of quality care. Quality metrics are simply “sign posts along the way.” They give directions to health.
13. Metrics coupled with analytics are like a healthcare “Global Positioning System”: it tells you where you are, where you want to be, and how to get from here to there.
14. Different elements of statistical analysis give different insight into population management, i.e. the mean may be at goal in a population but if the standard deviation is high, many are not to goal and efforts must be designed and made to maintain the mean while improving the standard deviation.

Quality Metrics: Principles and Philosophy

The identification of valuable quality metrics and the description and definition of them are a science. National Quality Forum, Physician Consortium for Performance Improvement (PC-PI), the National Committee for Quality Assurance (NCQA - HEDIS) and other organizations are equipped with the staff, experience and principles to identify and describe these metrics. Success with quality metrics will be built upon a sound philosophy and upon sound principles, some of which are:

- Quality metrics are not an end in themselves. Optimal health at optimal cost is the goal of quality care. Quality metrics are simply “sign posts along the way.” They give directions to health. And the metrics are like a healthcare “Global Positioning Service”: it tells you where you want to be; where you are, and how to get from here to there.
- The auditing of quality metrics gives providers a coordinate of where they are in the care of a patient or a population of patients.
- Statistical analytics are like coordinates along the way to the destination of optimal health at optimal cost. Ultimately, the goal will be measured by the well-being of patients, but the guide posts to that destination are given by the analysis of patient and patient-population data.
- There are different classes of quality metrics. No metric alone provides a granular portrait of the quality of care a patient receives, but all together, multiple sets of metrics can give an indication of whether the patient’s care is going in the right direction or not. Some of the categories of quality metrics are: access, outcome, patient experience, process, structure and costs of care.
- The collection of quality metrics should be incidental to the care patients are receiving and should not be the object of care. Consequently, the design of the data aggregation in the care process must be as non-intrusive as possible. Notwithstanding, the very act of collecting, aggregating and reporting data will tend to create a Hawthorne effect.
- The power of quality metrics, like the benefit of the GPS, is enhanced if the healthcare provider and the patient are able to know the coordinates while care is being received.
- Public reporting of quality metrics by provider name must not be a novelty in healthcare but must be the standard. Even with the acknowledgment of the Hawthorne effect, the improvement in healthcare outcomes achieved with public reporting is real.
- Quality metrics are not static. New research and improved models of care will require updating and modifying metrics.

The *New York Times Magazine* of May 2, 2010, published an article entitled, "The Data-Driven Life," which asked the question, "Technology has made it feasible not only to measure our most basic habits but also to evaluate them. Does measuring what we eat or how much we sleep or how often we do the dishes change how we think about ourselves?" Further, the article asked, "What happens when technology can calculate and analyze every quotidian thing that happened to you today?" Does this remind you of Einstein's admonition, "Not everything that can be counted counts, and not everything that counts can be counted?"

Technology must never blind us to the human. Bioethicist, Onora O'Neill, commented about our technological obsession with measuring things. In doing so, she echoes the Einstein dictum that not everything that is counted counts. She said, "In theory again the new culture of accountability and audit makes professionals and institutions more accountable for good performance. This is manifest in the rhetoric of improvement and rising standards, of efficiency gains and best practices, of respect for patients and pupils and employees. But beneath this admirable rhetoric the real focus is on performance indicators chosen for ease of measurement and control rather than because they measure accurately what the quality of performance is."

Technology Can Deal with Disease but Cannot Produce Health

In our quest for excellence, we must not be seduced by technology with its numbers and tables. This is particularly the case in healthcare. In the future of medicine, the tension - not a conflict but a dynamic balance - must be properly maintained between humanity and technology. Technology can contribute to

the solving of many of our disease problems but ultimately cannot solve the "health problems" we face. The entire focus and energy of "health home" is to rediscover the trusting bond between patient and provider.

In the "health home," technology becomes a tool to be used and not an end to be pursued. The outcomes of technology alone are not as satisfying as those where trust and technology are properly balanced in healthcare delivery. Our grandchildren's generation will experience healthcare methods and possibilities which seem like science fiction to us today. Yet, that technology risks decreasing the value of our lives, if we do not in the midst of technology retain our humanity.

As we celebrate science, we must not fail to embrace the minister, the ethicist, the humanist, the theologian, indeed the ones who remind us that being the bionic man or woman will not make us more human, but it seriously risks causing us to be dehumanized. And in doing so, we may just find the right balance between technology and trust and thereby find the solution to the cost of healthcare.

It is in this context that SETMA whole-heartedly embraces technology and science, while retaining the sense of person in our daily responsibilities of caring for persons. Quality metrics have made us better healthcare providers. The public reporting of our performance of those metrics has made us better clinician/scientist. But what makes us better healthcare providers is our caring for people.

SETMA believes that the key to the future of healthcare is an internalized ideal and a personal passion for excellence rather than reform which comes from external pressure. Transformation is self-sustaining, generative and creative.

Four Domains for Healthcare Transformation

In this context, SETMA believes that efforts to transform healthcare may fail unless four strategies are employed, upon which SETMA depends in its transformative efforts:

1. The methodology of healthcare must be electronic patient management.
2. The content and standards of healthcare delivery must be evidenced-based medicine.
3. The structure and organization of healthcare delivery must be patient-centered medical home.
4. The payment methodology of healthcare delivery must be that of capitation with additional reimbursement for proved quality performance and cost savings.

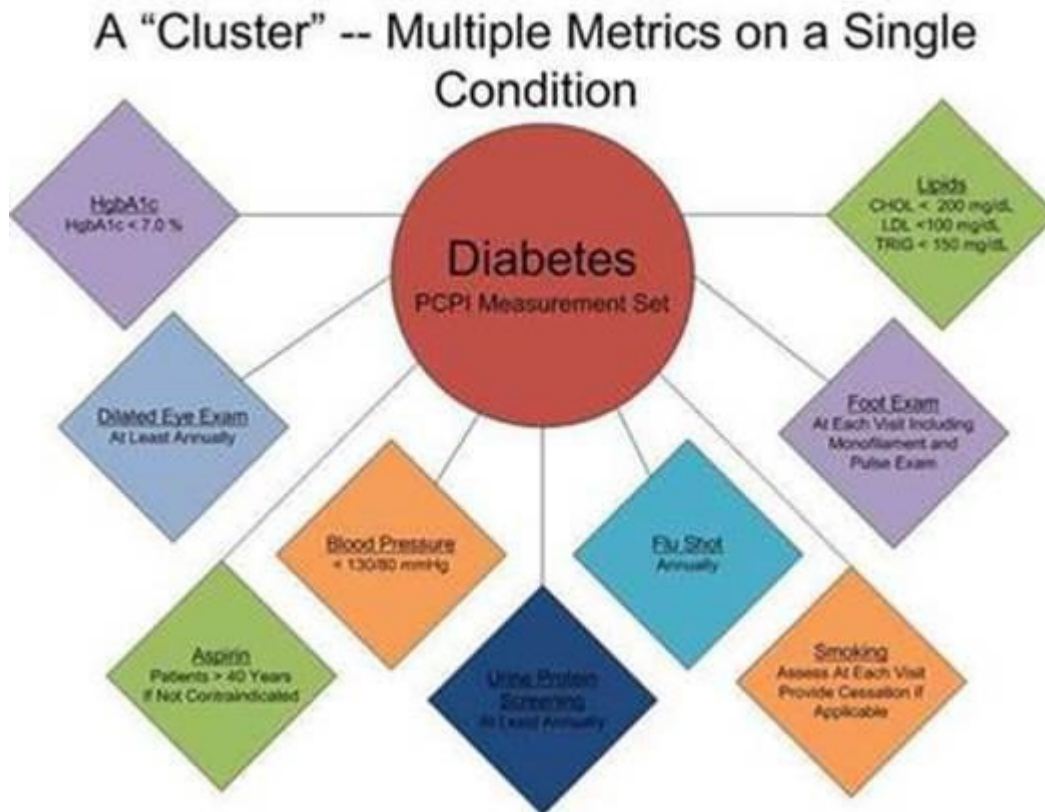
At the core of these four principles is SETMA's belief and practice that one or two quality metrics will have little impact upon the processes and outcomes of healthcare delivery and, they do little to reflect quality outcomes in healthcare delivery.

In the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting System (PQRS), healthcare providers are required to report on at least three quality metrics. This is a minimalist approach to providers quality reporting and is unlikely to change healthcare outcomes or quality. PQRS allows for the reporting of additional metrics and SETMA reports on 28 PQRS measures. One of the greatest "missed opportunities" in healthcare transformation was in the design of PQRS. If, all primary physicians, had been required to report on a comprehensive measurement set for diabetes, we would today have a database which could be used to transform the care of this condition and which would allow us to measure different approaches to healthcare delivery.

SETMA employs two definitions in our transformative approach to healthcare:

- A “cluster” is seven or more quality metrics for a single condition, i.e., diabetes, hypertension, etc.
- A “galaxy” is multiple clusters for the same patient, i.e., diabetes, hypertension, lipids, CHF, etc.

SETMA believes that fulfilling a single or a few quality metrics does not change outcomes, but fulfilling “clusters” and “galaxies” of metrics, which are measurable at the point-of-care, can and will change outcomes. The following illustrates the principle of a “cluster” of quality metrics. A single patient at a single visit, for a single condition, will have eight or more quality metrics fulfilled for a condition, which WILL change the outcome of that patient’s treatment.



The following illustrates a “galaxy” of quality metrics. A single patient, at a single visit, may have multiple “clusters” surrounding multiple chronic conditions thus having 60 or more quality metrics fulfilled in his/her care, which WILL change the quality of outcomes and will result in the improvement of the patient’s health. And, because of the improvement in care and health, the cost of that patient’s care will decrease as well.

A "Galaxy" -- Multiple "Clusters" Tracked on a Single Patient at a Single Visit



SETMA's Model of Care

SETMA's model of care is based on these four principles and the concepts of "clusters" and "galaxies" of quality metrics. (For a full explanation of this "model of care:" see <http://www.jameslhollymd.com/the-setma-way/setma-model-of-care-pc-mh-healthcare-innovation-the-future-of-healthcare>) **Foundational to this concept is that the fulfillment of quality metrics is incidental to excellent care rather than being the intention of that care.**

1. The tracking by each provider on each patient of the provider's performance on preventive care, screening care and quality standards for acute and chronic care. SETMA's design is such that tracking occurs simultaneously with the performing of these services by the entire healthcare team, including the personal provider, nurse, clerk, management, etc.
2. The auditing of performance on the same standards either of the entire practice, of each individual clinic, and of each provider on a population, or of a panel of patients. SETMA believes that this is the piece missing from most healthcare programs.
3. The statistical analyzing of the above audit-performance in order to measure improvement by practice, by clinic or by provider. This includes analysis for ethnic disparities, and other discriminators such as age, gender, payer class, socio-economic groupings, education, frequency of visit, frequency of testing, etc. This allows SETMA to look for leverage points through which SETMA can improve the care we provide.
4. The public reporting by provider of performance on hundreds of quality measures. This places pressure on all providers to improve, and it allows patients to know what is expected of them. The disease management tool "plans of care" and the medical-home-coordination document summarizes

a patient's state of care and encourages them to ask their provider for any preventive or screening care which has not been provided. Any such services which are not completed are clearly identified for the patient. We believe this is the best way to overcome provider and patient "treatment inertia."

5. The design of Quality Assessment and Performance Improvement (QAPI) Initiatives - this year SETMA's initiatives involve the elimination of all ethnic disparities of care in diabetes, hypertension and dyslipidemia. Also, we have designed a program for reducing preventable readmissions to the hospital. We have completed a Business Intelligence (BI) report which allows us to analyze our hospital care carefully.

The SETMA Model Detailed

The SETMA Model Step I -- Provider Performance Tracking

The Physician Consortium for Performance Improvement (PCPI) is an organization created by the AMA, CMS, Institute of Medicine and others to develop measurement sets for quality assessment. The intent is to allow healthcare providers to evaluate their own performance at the time they are seeing a patient.

SETMA is tracking a number of these measurement sets including: Chronic Stable Angina, Congestive Heart Failure, Diabetes, Hypertension, and Chronic Renal Disease Stages IV through ESRD, Adult Weight Management, and Care Transitions. Others will be added overtime. The details of these measurement sets and SETMA's provider performance on each can be found under Public Reporting [PCPI](#).

In addition to Provider Performance Tracking tools, such as those produced by PCPI, the National Quality Foundation (see Public Reporting [NQF](#)), and National Committee for Quality Assurance (see Public Reporting [HEDIS and/or NCQA](#)), SETMA has designed a pre-visit quality measures screening and preventive care tool. This allows a SETMA provider and a patient to quickly and easily assess whether or not the patient has received all of the appropriate preventive health care and the appropriate screening health care which national standards establish as being needed by this patient. The following is the Pre-visit Preventive Screening tool. All measures in black apply to the current patient and are fulfilled. All measures in red apply to the current patient and have not been fulfilled and all measures in grey do not apply to the current patient. If a point of care is missing, it can be fulfilled with the single click of a single button.

Pre-Visit/Preventive Screening

General Measures (Patients >18)

Has the patient had a tetanus vaccine within the last 10 years?

Date of Last

Has the patient had a flu vaccine within the last year?

Date of Last

Has the patient ever had a pneumonia shot? (Age>50)

Date of Last

Does the patient have an elevated (>100 mg/dL) LDL?

Last Ordered Today

Has the patient been screened at least once for HIV? (Age 13-64)

Date of Last

Testing not required if patient refused, tested elsewhere or diagnosis confirmed.

☐ Check if Patient Refuses Testing

☐ Check if Patient Tested Elsewhere

Elderly Patients (Patients >65)

Has the patient had an occult blood test within the last year? (Patients >50)

Date of Last

Has the patient had a fall risk assessment completed within the last year?

Date of Last

Has the patient had a functional assessment within the last year?

Date of Last

Has the patient had a pain screening within the last year?

Date of Last

Has the patient had a glaucoma screen (dilated exam) within the last year?

Date of Last Add Referral At Right

Does the patient have advanced directives on file or have they been discussed with the patient?

Discussed? ☒ Yes ☐ No Completed? ☒ Yes ☐ No

Is the patient on one or more medications which are considered high risk in the elderly?

Male Patients

Has the patient had a PSA within the last year? (Age >40)

Date of Last

Has the patient had a bone density within the last two years? (Age >65)

Date of Last Add Referral Below

Diabetes Screening

Is Diabetes screening appropriate for this patient?

Pre-Diabetic Patients

If pre-diabetic, has the patient had a HgbA1c test within the last year?

Date of Last

Diabetic Patients

Has the patient had a HgbA1c within the last year?

Date of Last

Has the patient had a dilated eye exam within the last year?

Date of Last Referral Sent Today Add Referral Below

Has the patient had a 10-gram monofilament exam within the last year?

Date of Last

Has the patient had screening for nephropathy within the last year?

Date of Last

Has the patient had a urinalysis within the last year?

Date of Last

Has the patient had a cholesterol screen within the last year?

Date of Last Ordered Today

Has the patient had a flu vaccine within the last year?

Date of Last

Is the patient on aspirin?

Is the patient allergic to aspirin? ☒ Yes ☐ No

Has the patient ever been referred to DSME?

Has the patient been referred to DSME within the last year?

Add Referrals Below

Female Patients

Has the patient had a pap smear within the last two years? (Ages 21 to 64)

Date of Last Add Referral Below

Has the patient had a mammogram within the last two years? (Ages 40 to 69)

Date of Last Add Referral Below

Has the patient had a bone density within the last two years? (Age >50)

Date of Last Add Referral Below

Referrals (Double-Click To Add/Edit)

Referral	Status	Referring

There are similar tracking tools for all of the quality metrics which SETMA providers track each day. The following is the tool for NQA measures:

National Quality Forum (NQF) National Voluntary Consensus Standards

Legend Measures in red are measures which apply to this patient that are not in compliance.
Measures in black are measures which apply to this patient that are in compliance.
Measures in gray are measures which do not apply to this patient.

General Health Measures

- [View](#) Body Mass Index Measurement
- [View](#) **Smoking Cessation**
- Proper Assessment for Chronic COPD
- [View](#) Adult Immunization Status

Blood Pressure Measures

- [View](#) Blood Pressure Measurement
- [View](#) **Blood Pressure Classification/Control**

Medication Measures

- [View](#) **Current Medication List**
- [View](#) **Documentation of Allergies/Reactions**
- [View](#) Therapeutic Monitoring of Long Term Medications
- [View](#) Drugs to Avoid in the Elderly
- Appropriate Medications for Asthma
- Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis
- [View](#) **LDL Drug Therapy for Patients with CAD**

Chronic Conditions Measures

- [View](#) **Comprehensive CHF Care**
- Osteoarthritis Care

Care for Older Adults

- [View](#) Counseling on Physical Activity
- [View](#) Urinary Incontinence in Older Adults
- [View](#) Colorectal Cancer Screening
- [View](#) **Fall Risk Management**

Diabetes Measures

- [View](#) **Dilated Eye Exam**
- [View](#) Foot Exam
- [View](#) **Hemoglobin A1c Testing/Control**
- [View](#) **Blood Pressure**
- [View](#) **Urine Protein Screening**
- [View](#) **Lipid Screening**

Female Specific Measures

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Osteoporosis Management

Pediatric Measures

- Appropriate Screening for Children with Pharyngitis
- Childhood Immunization Status

The providers' compliance with these measures is color coded for quick reference. The "view" button allows the provider to quickly review the content of the metric and to review the patient's results.

Passing the Baton

While healthcare provider performance is important for excellent care of a patient's health, there are 8,760 hours in a year. A patient who receives an enormous amount of care in a year is in a provider's office or under the provider's direct care less than 60 hours a year. This makes it clear that the patient is responsible for the overwhelming amount of their own care which includes compliance with formal healthcare initiatives and with lifestyle choices which support their health.

If responsibility for a patient's healthcare is symbolized by a baton, the healthcare provider carries the baton for .68% of the time. That is less than 1% of the time. The patient carries the baton 99.32% of the time. The coordination of the patient's care between healthcare providers is important but the coordination of the patient's care between the healthcare providers and the patient is imperative. Often, it is forgotten that the member of the healthcare delivery team who carries the "baton" for the majority of the time is the patient and/or the family member who is the principal caregiver. If the „baton" is not effectively transferred to the patient or caregiver, then the patient's care will suffer.



Firmly in the providers hand
--The baton - the care and treatment plan
Must be confidently and securely grasped by the patient, If change is to make a difference
8,760 hours a year.

The poster illustrates:

- That the healthcare-team relationship, which exists between the patient and the healthcare provider, is key to the success of the outcome of quality healthcare.
- That the plan of care and treatment plan, the “baton,” is the engine through which the knowledge and power of the healthcare team is transmitted and sustained.
- That the means of transfer of the “baton” which has been developed by the healthcare team is a coordinated effort between the provider and the patient.
- That typically the healthcare provider knows and understands the patient’s healthcare plan of care and the treatment plan, but that without its transfer to the patient, the provider’s knowledge is useless to the patient.
- That the imperative for the plan - the “baton” - is that it be transferred from the provider to the patient, if change in the life of the patient is going to make a difference in the patient’s health.
- That this transfer requires that the patient “grasps” the “baton,” i.e., that the patient accepts, receives, understands and comprehends the plan, and that the patient is equipped and empowered to carry out the plan successfully.
- That the patient knows that of the 8,760 hours in the year, he/she will be responsible for “carrying the baton,” longer and better than any other member of the healthcare team.

The genius and the promise of the Patient-Centered Medical Home are symbolized by the “baton.” Its display will continually remind the provider and will inform the patient, that to be successful, the patient’s care must be coordinated, which must result in coordinated care. In 2011, as we expand the

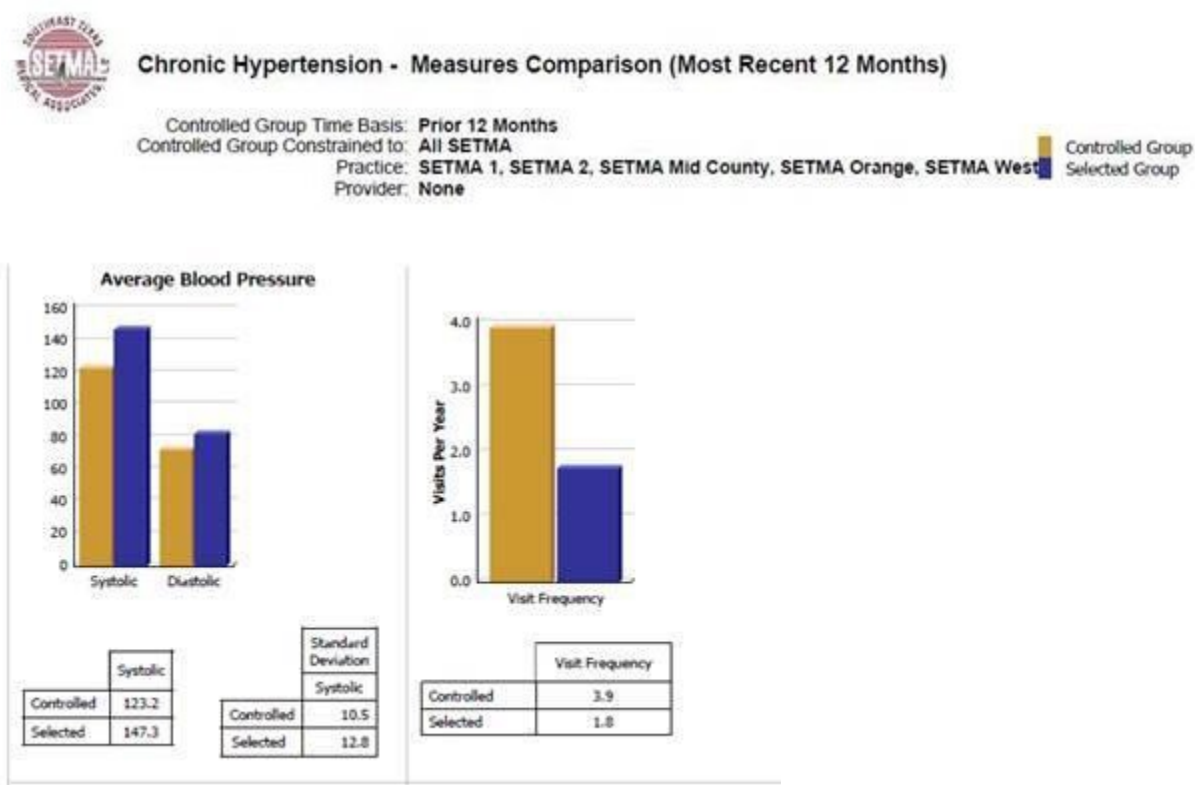
scope of SETMA's Department of Care Coordination, we know that coordination begins at the points of “transitions of care,” and that the work of the healthcare team - patient and provider - is that together they evaluate, define and execute that care.

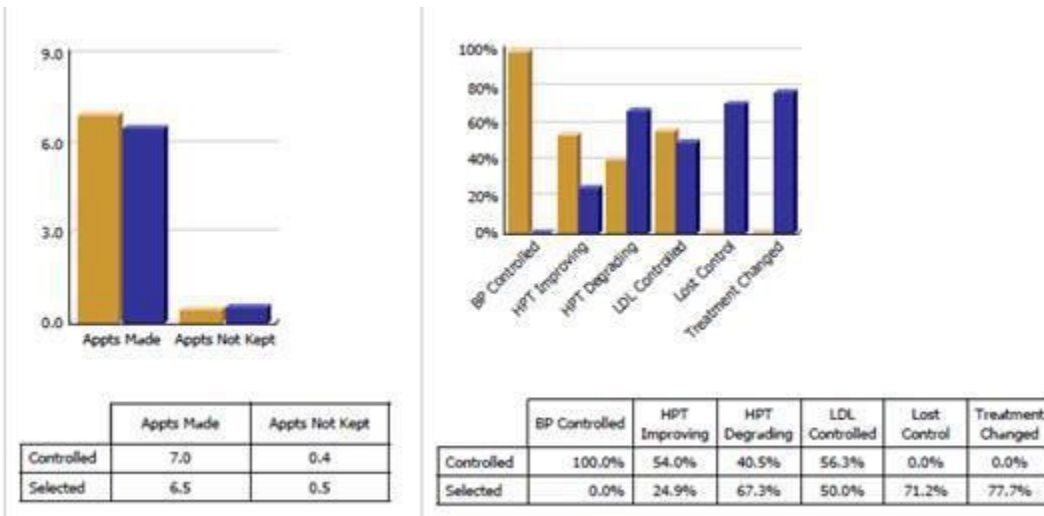
The SETMA Model - Step 2 -- Auditing of Provider Performance - SETMA’s Business Intelligence (BI) Project

The creating of quality measures is a complex process. That is why it is important for agencies such as the Ambulatory Care Quality Alliance (AQA), the NCQA, the NQF, the Physician Quality Reporting System (PQRS) and PCPI, among others, to identify, endorse and publish quality metrics. The provider’s ability to monitor their own performance and the making of those monitoring results available to the patient is important, but it only allows the provider to know how they have performed on one patient. However, the aggregation of provider performance over his/her entire panel of patients, through an auditing tool, carries the process of designing the future of healthcare delivery a further and a critical step. The problem with most auditing results, such as HEDIS, is that it is presented to the provider 12 to 18 months after the fact. SETMA believes that “real time” immediate auditing and giving of the audit results to providers can change provider behavior and can overcome “treatment inertia.”

Auditing of provider performance allows physicians and nurse practitioners to know how they are doing in the care of all of their patients. It allows them to know how they are doing in relationship to their colleagues in their clinic or organization, and also how they are performing in relationship to similar practices and providers around the country. As a result, SETMA has designed auditing tools through the adaptation to healthcare of a business intelligence software.

The following are a few examples of the auditing SETMA does of provider performance.





Through BI, SETMA is able to display outcomes trending which can show seasonal patterns of care and trending comparing one provider with another. It is also possible to look at differences between the care of patients who are treated to goal and those who are not. Patients can be compared as to socio-economic characteristics, ethnicity, frequency of evaluation by visits and by laboratory analysis, numbers of medication, payer class, cultural, financial and other barriers to care, gender and other differences. This analysis can suggest ways in which to modify care in order to get all patients to goal.

Using digital dashboard technology, SETMA analyzes provider and practice performance in order to find patterns which can result in improved outcomes practice wide for an entire population of patients. We analyze patient populations by:

- Provider Panel
- Practice Panel
- Financial Class - payer
- Ethnic Group
- Socio-economic groups

We are able to analyze if there are patterns to explain why one population or one patient is not to goal and others are. We can look at:

- Frequency of visits
- Frequency of testing
- Number of medications
- Change in treatment
- Education or not
- Many other metrics



Chronic Diabetes - Measures Comparison (Most Recent 12 Months)

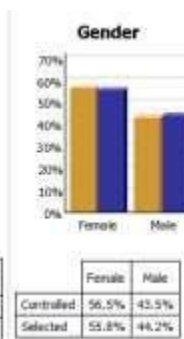
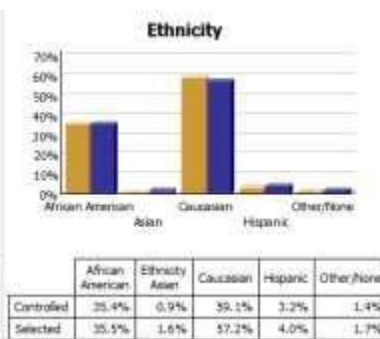
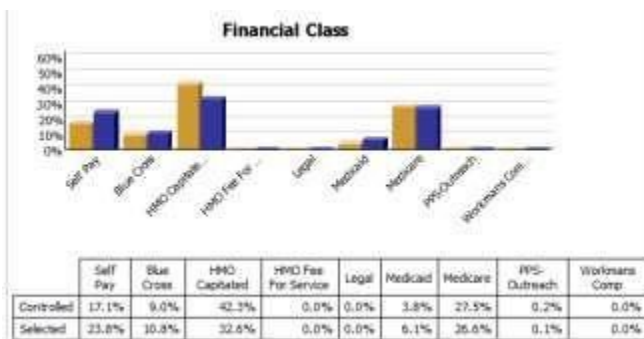
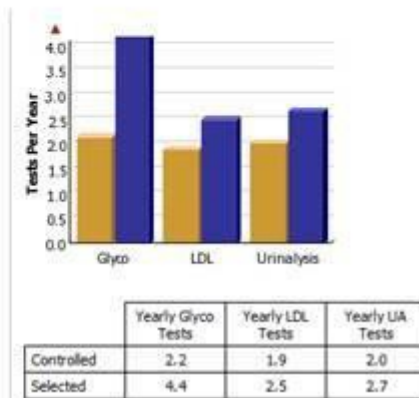
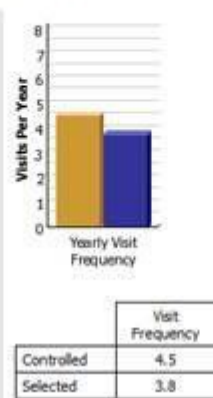
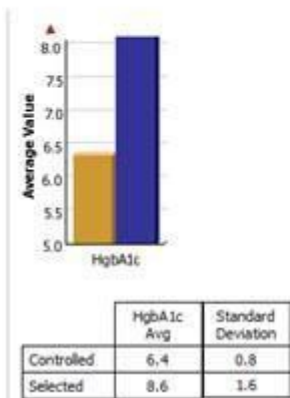
Controlled Group Time Basis: **Prior 12 Months**

Controlled Group Constrained to: **All SETMA**

Practice: **SETMA 1, SETMA 2, SETMA Mid County, SETMA Orange, SETMA West**

Provider: **None**

Controlled Group
Selected Group

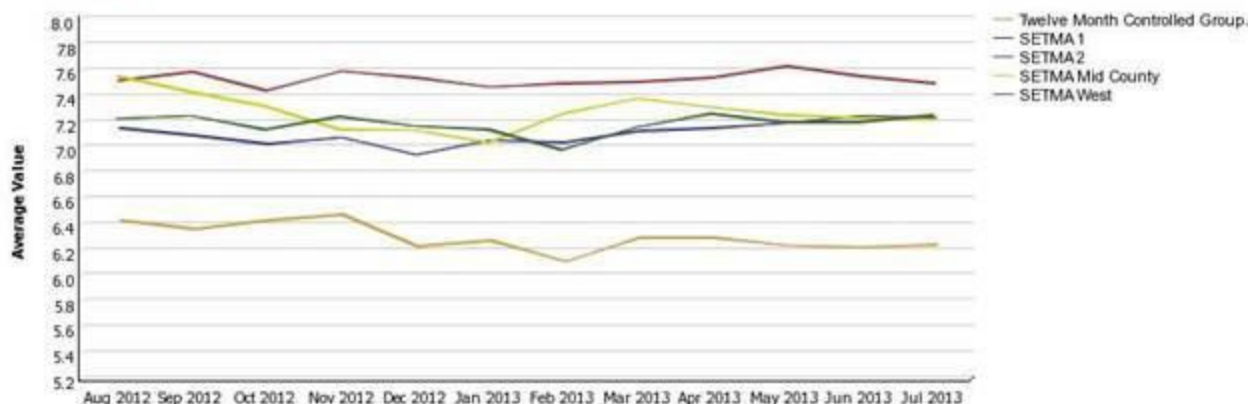


We are able to present over-time patient results comparing:

- Provider to practice
- Provider to provider
- Provider current to provider over time
- Trending of results to see seasonal changes, etc.



Chronic Diabetes - HgbA1c Trending



The SETMA Model - Step 3 -- Analysis of Provider Performance through Statistics

Raw data can be misleading. It can cause you to think you are doing a good job when in fact many of your patients are not receiving optimal care. For instance the tracking of your average performance in the treatment of diabetes may obscure the fact that a large percentage of your patients are not getting the care they need. Provider Performance at the point of service is important for the individual patient. Provider Performance over an entire population of patients is important also. However, until you analyze your performance data statistically, a provider will not know how well he or she is doing or how to change to improve the care they are providing.

Each of the statistical measurements which SETMA tracks, the mean, the median, the mode and the standard deviation, tells us something about our performance. And, each measurement helps us design quality improvement initiatives for the future. Of particular, and often, of little known importance is the standard deviation.

From 2000 to 2015, SETMA has shown annual improvement in the mean (the average) and the median results for the treatment of diabetes. There has never been a year when we did not improve. Yet, our standard deviations revealed that there were still significant numbers of our patients who are not being treated successfully. Even here, however, we have improved. From 2008 to 2013, SETMA experienced a 9.3% improvement in standard deviation. Some individual SETMA providers had an improvement of over 16% in their standard deviations. Our goal for 2010 is to have another annualized improvement in mean and in median, and also to improve our standard deviation. When our standard deviations are below 1 and as they approach .5, we can be increasingly confident that all of our patients with diabetes are being treated well.

An example of a statistical analysis of SETMA's diabetes care in regard to the elimination of ethnic disparities of care is given in the article [Eliminating Ethnic Disparities in Diabetes Care](#) Your Life Your Life Your Health *The Examiner* May 13, 2010.

The SETMA Model - Step 4 -- Public Reporting of Provider Performance

One of the most insidious problems in healthcare delivery is reported in the medical literature as "treatment inertia." This is caused by the natural inclination of human beings to resist change. Often,

when patients' care is not to goal, no change in treatment is made. As a result, one of the auditing elements in SETMA's BI Project is the assessment of whether a treatment change was made when a patient was not treated to goal. Overcoming "treatment inertia" requires the creating of an increased level of discomfort in the healthcare provider and in the patient so that both are more inclined to change their performance. SETMA believes that one of the ways to do this is the public reporting of provider performance. That is why we are publishing provider performance by provider name under [Public Reporting](#).

The following is a report which appears on our website for 2009-2015 through September 30, 2015 in the NCQA Diabetes Recognition audit. All SETMA providers have earned NCQA recognition.



NCQA Diabetes Measures
Encounter Date(s): January 1, 2013 to June 30, 2013

Provider	Encounters	A1c >9.0 <= 15%	A1c < 8.0 >= 65%	A1c < 7.0 >= 40%	BP > 140/90 <= 35%	BP < 130/80 >= 25%	Eye Exam >= 60%	Smoking Cessation >= 85%	LDL >= 130 <= 35 %	LDL < 100 >= 50%	Nephropathy >= 85%	Foot Exam >= 80%	Total Points
Ahmed	1,031	20.6%	58.3%	36.0%	9.4%	53.1%	58.3%	77.8%	10.2%	62.9%	72.2%	97.5%	50
Anthony	539	11.7%	80.1%	55.1%	13.5%	61.2%	70.5%	97.1%	11.7%	69.6%	91.8%	95.0%	100
Anwar	589	9.2%	77.8%	55.9%	5.8%	71.5%	64.7%	89.3%	8.0%	72.3%	89.5%	81.8%	100
Aziz	485	12.0%	75.1%	57.9%	21.4%	51.1%	53.8%	96.7%	10.1%	76.1%	87.0%	71.3%	85
Cash	1,104	22.4%	60.1%	32.2%	3.3%	72.5%	75.2%	76.5%	10.2%	69.4%	82.2%	99.7%	60
Castro	465	8.4%	51.0%	34.4%	24.7%	46.0%	58.3%	84.6%	3.9%	43.2%	54.2%	95.3%	52
Darden	123	11.4%	73.2%	56.1%	15.4%	53.7%	57.7%	100.0%	8.9%	65.0%	77.2%	93.5%	85
Dejarine, C	451	13.3%	68.7%	48.3%	10.6%	64.3%	43.7%	97.9%	12.2%	65.0%	71.2%	82.5%	85
Duncan	449	10.7%	77.7%	55.5%	9.6%	64.8%	50.1%	96.8%	14.9%	67.0%	82.2%	80.6%	85
Halburt	778	9.4%	78.5%	60.8%	17.1%	50.0%	50.0%	85.8%	13.9%	63.9%	71.7%	74.4%	80
Henderson	498	10.6%	80.1%	61.8%	8.6%	59.2%	46.4%	97.8%	13.3%	69.5%	84.3%	93.0%	85
Holly	146	3.4%	82.9%	65.8%	6.8%	73.3%	78.8%	91.7%	7.5%	76.7%	89.0%	95.2%	100
Horn	497	7.2%	84.3%	64.0%	6.0%	51.7%	57.3%	98.4%	13.9%	65.8%	88.7%	97.8%	90
Le	237	6.3%	65.4%	43.5%	19.4%	57.8%	42.6%	97.0%	8.0%	58.2%	60.3%	87.8%	85
Leffeste	467	7.9%	81.8%	63.2%	12.2%	59.1%	72.4%	69.1%	7.5%	76.7%	89.1%	93.6%	90
Murphy	759	9.4%	84.1%	66.7%	21.1%	48.5%	41.9%	88.0%	9.1%	79.7%	92.1%	88.4%	90
Palang	572	14.0%	65.0%	46.3%	16.1%	58.2%	35.1%	98.9%	13.1%	58.7%	51.0%	53.5%	80
Qureshi	427	17.6%	66.0%	46.8%	12.6%	64.4%	54.8%	89.4%	15.0%	61.4%	86.7%	91.6%	78
Read	481	10.2%	78.6%	58.8%	11.6%	44.3%	61.3%	84.0%	11.4%	71.3%	86.7%	85.9%	90
Shepherd	723	9.5%	70.4%	50.2%	16.6%	49.1%	66.1%	93.9%	8.0%	65.7%	82.8%	92.9%	95
Thomas	392	12.0%	72.4%	53.6%	16.1%	48.2%	44.1%	100.0%	14.3%	59.9%	86.7%	99.5%	90
Vardiman	42	11.9%	69.0%	47.6%	26.2%	40.5%	47.6%	75.0%	16.7%	50.0%	45.2%	69.0%	70
Wheeler	388	11.3%	80.9%	61.6%	20.6%	48.7%	59.3%	84.6%	14.7%	67.5%	89.4%	89.2%	80

A more complete explanation of SETMA's philosophy and intent in "public reporting" of Provider's performance can be found in the following articles:

- [Transforming Healthcare Public Reporting of Provider Performance on Quality Measures](#)
- [Patient-centered Medical Home SETMA's COGNOS Project, Changing Patient and Provider Behavior](#)
- [County Health Rankings Part II Quality of Care What Will Be Gained by Public Reporting](#)

The SETMA Model - Step 5 -- QAPI - Quality Assessment and Performance Improvement

Quality Improvement Initiatives based on tracking, auditing, statistical analysis and public reporting of provider performance are critical to the transformation of healthcare both as to quality of care and as to cost of care.

With the above described data in hand and with the analysis of that data, it is possible to design quality initiatives for future improvement in care. Currently SETMA is designing two major quality initiatives. One is for diabetes. It is an attempt to eliminate the last vestiges of ethnic disparity in the care of diabetes. This will require the use of additional internal resources and attention but it is our intent to do so and to permanently and totally eliminate ethnic disparities. The other is in regard to decreasing avoidable readmissions to the hospital.

The details of these two initiatives can be reviewed here:

- [Designing a Quality Initiative: How? Hospital Re-admissions](#)
- [Eliminating Ethnic Disparities in Diabetes Care](#)

Without a systems approach to healthcare, each of these steps are impossible; certainly, the analysis and transformation of healthcare is impossible. With a systems approach, this logical and sequential process is possible and rewarding for provider and patient. This process has also set SETMA on a course for successful and excellent healthcare delivery. Our tracking, auditing, analysis, reporting and design will keep us on that course.

SETMA's Model of Care has and is transforming our delivery of healthcare, allowing us to provide cost-effective, excellent care with high patient satisfaction. This Model of Care is evolving and will certainly change over the years as will the quality metrics which are at its core.

Process Analysis

Key to the success of TCPI will be your ability to examine complex tasks and through "process analysis" to design effective solutions. On March 30, 2012, I gave a presentation to the Massachusetts Medical Society, entitled, *The Importance of Data Analytics in Physician Practice*. (see: <http://www.jameslhollymd.com/Presentations/The-Importance-of-Data-Analytics-in-Physician-Practice>; a modification of this address was presented at Grand Rounds at the University of Texas Health Science Center, San Antonio, July 15, 2015 in a different format, see: <http://www.jameslhollymd.com/Presentations/setmas-automated-team-function>.)

In Boston, there were three speakers, each had an hour to speak and I was the last speaker. The first speaker asked, "How many tasks can you get a healthcare provider to perform at every patient encounter?" A vigorous discussion ensued at the end of which the speaker said, "I think you can get providers to do one thing." As the last speaker, I began by saying, "I would like to answer the first speaker's question, but to do so, you must first answer the following questions":

- How important is the task you are asking providers to do?
- How much time does it take?
- How much energy does it take?

If you were to create a formula to represent this process, there would be a direct correlation between how many tasks a provider can or will do and how important the tasks are; the more important the tasks, the more tasks a provider will do. There would be an inverse relationship between how much time it takes and how many tasks will be done; the more time it takes, the fewer tasks will be done. There would also be an inverse relationship between how much energy it takes and how many tasks will be done; the more energy it takes, the fewer tasks will be done.

The key to getting more done is to determine what is important and only to do that, and then to make the completion of the important tasks require less energy and less time. Let me illustrate. The Texas State Health Department's Reportable Conditions illustrates the standardization and the automation of parts of healthcare processes. Remember Peter Senge's statement in *The Fifth Discipline*: "The more complex a problem is, the more systemic the solution must be."

Conclusion to the question of how many tasks you can get a provider to perform

After the below discussion, which shows that with electronics, many complex and important tasks can be reduced to one second, or no seconds, with little energy expenditure, In he Boston discussion, I concluded: it is possible to get providers to do thirty or forty things every time they see a patient and at SETMA we do.

Illustration One: Reportable Infectious Diseases or Chronic Diseases

How can healthcare providers design a solution to a complex healthcare problem, particularly when the problem is not generated by a patient's request but by a public-health need? In the former case, the provider simply determines if the request is appropriate or not. In the latter case, no one is in the provider's office requesting a service; a requirement has been established and it is up to the provider, in the midst of many other demands, to remember and to fulfill the requirement. In the case of infectious diseases, requirements have been published for providers to report the occurrence of dozens of conditions.

Process Analysis: A Systems Solution to the Problem of Reporting Infectious Disease

The medical literature is filled with reports of a very low compliance of physicians with reporting infectious disease to State Health Departments. In Texas, there are 78 infectious diseases which require reporting. The window for reporting compliantly varies from immediate, to one working day, to one week, to ten days, to one month. It is improbable that many healthcare providers know the entire list or the requirement for reporting. The Department of Health wants the report to be triggered by a suspicion and not by a confirmed diagnosis. If the provider waits until the confirmation is made, the opportunity for a public health intervention is lost.

A systems solution would be best. The ideal solution would be an electronic medical record system in which the reporting action is triggered by the documentation of the diagnosis in the assessment in the EMR.

The following is the scenario which resulted in the systems solution being designed and deployed 48 hours later. On April 30, 2011, Dr. Holly made a presentation for a CME program at Texas A&M College of Medicine. The lecturer who followed him was Dr. Edward J. Sherwood, who lectured on

“The Ethics of Infectious Disease.” Dr. Sherwood distributed a publication of the Texas State Health Department which detailed the 78 reportable conditions.

SETMA’s IT Department was charged with deploying a functionality which would:

- Display the reportable conditions for provider review
- Detail the time frame in which each infectious disease should be reported.
- Denote on the display of the reportable conditions the infectious disease which is identified by the provider. This would be done automatically when the diagnosis is documented on the assessment template in the EMR.
- Simultaneous with number three, a telephone message would be sent to SETMA’s Care Coordination which would then make the call or send the fax to report the infectious disease. The fact that this had been done will be stored in the EMR in a searchable fashion.

SETMA’s IT Solution for Reportable Conditions

On SETMA’s AAA Home template, which is the place on all care begins, there is a new button entitled Reportable Conditions. It can be seen below outlined in Green.

SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.L.P.

Patient: Sex: Age: Patient's Code Status:

Home Phone: Date of Birth:

Work Phone: **Patient has one or more alerts!** [Click Here to View Alerts](#)

Reportable Conditions (highlighted in green)

Pre-Visit/Preventive Screening **Bridges to Excellence View**

Preventive Care	Template Suites	Disease Management	Last Updated	Special Functions																			
SETMA's LESS Initiative I	Master GP I	Diabetes I	09/21/2010	Lab Present																			
Last Updated: 06/30/2010	Pediatrics	Hypertension I	09/21/2010	Lab Future I																			
Preventing Diabetes I	Nursing Home I	Lipids I	09/21/2010	Lab Results I																			
Last Updated: / /	Ophthalmology	Acute Coronary Syn I	/ /	Hydration I																			
Preventing Hypertension I	Physical Therapy	Angina I	/ /	Nutrition I																			
Smoking Cessation I	Podiatry	Asthma	/ /	Guidelines I																			
Care Coordination Referral	Rheumatology	Cardiometabolic Risk Syn I	09/21/2010	Pain Management I																			
PC-MH Coordination Review	Hospital Care	CHF I	09/21/2010	Information																			
Needs Attention!	Hospital Care Summary I	Diabetes Education	/ /	Charge Posting Tutorial																			
HEDIS NQF PQRI	Daily Progress Note	Headaches	/ /	Drug Interactions I																			
Elderly Medication Summary	Admission Orders I	Renal Failure	01/20/2010	E&M Coding Recommendations																			
Exercise		Weight Management I	09/21/2010	ICD-9 Code Tutorial																			
Exercise I				Insulin Infusion																			
CHF Exercise I																							
Diabetic Exercise I																							
Patient's Pharmacy	Pending Referrals I																						
Wal-Mart - Vidor	<table border="1"> <thead> <tr> <th>Status</th> <th>Priority</th> <th>Referral</th> <th>Referring Provider</th> </tr> </thead> <tbody> <tr> <td>Completed</td> <td>Stat</td> <td>Abbas, Asad</td> <td>Holly</td> </tr> <tr> <td>Completed</td> <td>Routine</td> <td>SETMA</td> <td>Vardiman</td> </tr> <tr> <td>Completed</td> <td>Routine</td> <td>Ophthalmology</td> <td></td> </tr> <tr> <td>Completed</td> <td>Routine</td> <td>Bone Density</td> <td>Abbas</td> </tr> </tbody> </table>	Status	Priority	Referral	Referring Provider	Completed	Stat	Abbas, Asad	Holly	Completed	Routine	SETMA	Vardiman	Completed	Routine	Ophthalmology		Completed	Routine	Bone Density	Abbas		
Status	Priority	Referral	Referring Provider																				
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Phone: (409)769-1691																							
Fax: (409)769-9790																							
Rx Sheet - Active				Chart Note																			
Rx Sheet - New				Return Info																			
Rx Sheet - Complete				Return Doc																			
Home Health				Email																			
				Telephone																			
				Records Request																			
				Transfer of Care Doc																			

When this button is deployed the following template appears. The template can be used as a review for providers or nurses of what needs to be reported and/or to note that the diagnosed infectious condition, in this case “measles,” has been automatically checked as a result of the provider having selected this diagnoses on the assessment template.

**Texas Department of State Health Services
Reporting Guidelines**

The following conditions must be report to the Texas Department of State Health Services within the timeframe specified. Reports may be made by telephone to 1-800-252-8239 or by mail by clicking [here](#).

ANY outbreak, exotic disease or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means possible.

The following must be reported IMMEDIATELY.		The following must be reporting within ONE WORKING DAY.
☐ Anthrax	☐ Polio	☐ Brucellosis
☐ Botulism, Foodborne	☐ Rabies	☐ Hepatitis A, Acute
☐ Controlled Substance Overdose	☐ SARS	☐ Hepatitis B, Perinatal
☐ Diphtheria	☐ Smallpox	☐ Influenza-Associated Pediatric Mortality
☐ Influenza, Type B	☐ VISA and VRSA	☐ Pertussis
☐ Measles (Rubeola) ☒	☐ Tularemia	☐ Q Fever
☐ Plague	☐ Viral Hemorrhagic Fever (Including Ebola)	☐ Rubella, Including Congenital
	☐ Yellow Fever	☐ Syphilis, Primary and Secondary
		☐ Tuberculosis
		☐ Vibrio Infection, Including Cholera

The following must be reported within ONE WEEK.

☐ AIDS	☐ Escherichia Coli	☐ Pesticide Poisoning
☐ Amebiasis	☐ Gonorrhea	☐ Relapsing Fever
☐ Arbovirus	☐ Hansen's Disease (Leprosy)	☐ Salmonellosis, Including Typhoid Fever
☐ Asbestosis	☐ Hantavirus	☐ Shigellosis
☐ Botulism - Infant, Wound, Other	☐ Hemolytic Uremic Syndrome (HUS)	☐ Silicosis
☐ Campylobacteriosis	☐ Hepatitis B, C, D, E and unspecified	☐ Spotted Fever Group Rickettsioses
☐ Chancroid	☐ Hepatitis B (Prenatally or at delivery)	☐ Streptococcal Disease, Invasive (Group A, B, S Pneumo)
☐ Chickenpox	☐ HIV	☐ Syphilis
☐ Chlamydia	☐ Legionellosis	☐ Taenia Solium
☐ Creutzfeldt-Jacob Disease	☐ Leishmaniasis	☐ Tetanus
☐ Cryptosporidiosis	☐ Listeriosis	☐ Trichinosis
☐ Cyclosporiasis	☐ Lyme Disease	☐ Typhus
☐ Cystercercosis	☐ Malaria	☐ West Nile Fever
☐ Dengue	☐ Meningitis	☐ Yersiniosis
☐ Ehrlichiosis	☐ Mumps	
☐ Encephalitis		

The following must be reported within TEN WORKING DAYS.	The following must be reported within ONE MONTH.
☐ Drowning, Near Drowning	☐ Contaminated Sharps Injury
☐ Spinal Cord Injury	
☐ Traumatic Brain Injury	

The above checking off of “measles” was noted automatically when the ICD-9 and soon to be ICD-10 code was selected by the provider as is seen below. (Clinicians will amuse themselves with the co-morbidities denoted in this selected “test” patient. It is generally not the case to find measles in patients with diagnoses which are probably from an elderly patient.)

[PDM](#)
[NURSE](#)
[HISTORIES](#)
[HEALTH](#)
[QUIZES](#)
[HPI](#)
[ROS](#)
[P.E.](#)
[X-RAY](#)
[ASSESS](#)
[PLAN](#)
[PROCS](#)

Acute Assessments
[Re-Order](#)

	Status	HCC Risk Cat
Measles W/o Complications	Acute	

[Detailed Comments](#)

[Diagnosis Categories](#)
[Dx Category Abbrevs](#)
[Abbrevs in Descriptions](#)

Chief Complaints

Master GP
[Nursing](#)
[Histories](#)
[Health](#)
[Questionnaires](#)
[HPI Chief](#)
[System Review](#)
[Physical Exam](#)
[Radiology](#)
[Plan](#)
[Procedures](#)
Chart Note

Chronic Conditions
[Re-Order](#)

	Status	HCC Risk Cat
Renal Stage I Chron Disease		HCC HPI - 1,2
CHF Unspecified		HCC
Hypothyroidism Unspecified		RxHCC HPI - 3,4
RA, Rheumatoid Arthritis		HCC
Fibromyalgia Fibrositis		RxHCC HPI - 5,6
DM II Renal Manifestat Uncontr		HCC
Hyperten Benign Essential		RxHCC HPI - 7,8
Abd Pain Rebound Tender Perium		
Elev Troponin Renin		HPI - 9,10
Abd Pelv Mass Swell Lump LUQ		
HDL Deficiency Familial		RxHCC HPI - 11,12
Joint Calcification Hand		RxHCC
Lipid Hyperlipidemia NOS		RxHCC HPI - 13...
DM Pre-Diab Or Hyperglycemia		
		HPI - 15

Assessments into Problem List
General Comments

Chronic Condition Comments

When the infectious disease diagnosis is selected, the system:

- Automatically checks the diagnosed infectious disease on the list of infectious disease
- A telephone message is sent to SETMA's Care Coordination Department.
- The call notification appears in the workflow of the Care Coordination team.
- Once the report is made a note is added to the patient's chart noting that Health Department notification has been done.

The following is the Care Coordination telephone alert:

New Task

Due Date: 5/10/2011

Priority: High ☐ Completed

Subject: Reportable Condition Present

Description: This patient has one more conditions that must be reported to the Texas Department of Health Services within a timely manner.
Please open the attached template to review the conditions which are present along with the required timeframe for reporting.

Assigned: Care Coordination; [Assign To...](#)

Patient: Test, Greg [Select...](#)

Attach: Template AAA Home

☐ Task Categories [Add](#) [Cancel](#)

At this point, the process is complete. **The entire responsibility of the provider is to make the presumed diagnosis.** The remainder is done by a systems protocol which is automatic. We expect this to increase the reporting of infectious disease by SETMA to almost 100% thus improving individual patient care, community care and public health.

Addendum

If you click the link circled below, it will automatically launch the form if you chose to do the report by mail.

Reporting Infectious

Texas Department of State Health Services Reporting Guidelines

The following conditions must be reported to the Texas Department of State Health Services within the timeframe specified. Reports may be made by telephone to 1-800-252-8239 or by mail, clicking [here](#). ANY outbreak, exotic disease or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means possible.

The following must be reported IMMEDIATELY.

☐ Anthrax	☐ Polio
☐ Botulism, Foodborne	☐ Rabies
☐ Controlled Substance Overdose	☐ SARS
☐ Diphtheria	☐ Smallpox
☐ Influenza, Type B	☐ VISA and VRSA
☐ Lead, Any Level, Child or Adult	☐ Tularemia
☒ Measles (Rubella)	☐ Viral Hemorrhagic Fever (Including Ebola)
☐ Meningococcal, Invasive	☐ Yellow Fever
☐ Plague	

The following must be reported within ONE WORKING DAY.

☐ Brucellosis	☐ Pesticide Poisoning
☐ Hepatitis A, Acute	☐ Relapsing Fever
☐ Hepatitis B, Perinatal	☐ Salmonellosis, Including Typhoid Fever
☐ Influenza-Associated Pediatric Mortality	☐ Shigellosis
☐ Pertussis	☐ Silicosis
☐ Q Fever	☐ Spotted Fever Group Rickettsioses
☐ Rubella, Including Congenital	☐ Streptococcal Disease, Invasive (Group A, B, S Pneumo)
☐ Syphilis, Primary and Secondary	☐ Syphilis
☐ Tuberculosis	☐ Taenia Solium
☐ Vibrio Infection, Including Cholera	☐ Tetanus
	☐ Trichinosis
	☐ Typhus
	☐ West Nile Fever
	☐ Yersiniosis

The following must be reported within ONE WEEK.

☐ AIDS	☐ Escherichia Coli	☐ Pesticide Poisoning
☐ Amebiasis	☐ Gonorrhea	☐ Relapsing Fever
☐ Arbovirus	☐ Hansen's Disease (Leprosy)	☐ Salmonellosis, Including Typhoid Fever
☐ Asbestosis	☐ Hantavirus	☐ Shigellosis
☐ Botulism - Infant, Wound, Other	☐ Hemolytic Uremic Syndrome (HUS)	☐ Silicosis
☐ Campylobacteriosis	☐ Hepatitis B, C, D, E and unspecified	☐ Spotted Fever Group Rickettsioses
☐ Chancroid	☐ Hepatitis B (Prenatally or at delivery)	☐ Streptococcal Disease, Invasive (Group A, B, S Pneumo)
☐ Chickenpox	☐ HIV	☐ Syphilis
☐ Chlamydia	☐ Legionellosis	☐ Taenia Solium
☐ Creutzfeldt-Jacob Disease	☐ Leishmaniasis	☐ Tetanus
☐ Cryptosporidiosis	☐ Listeriosis	☐ Trichinosis
☐ Cyclosporiasis	☐ Lyme Disease	☐ Typhus
☐ Cystercercosis	☐ Malaria	☐ West Nile Fever
☐ Dengue	☐ Meningitis	☐ Yersiniosis
☐ Ehrlichiosis	☒ Mumps	
☐ Encephalitis		

The following must be reported within TEN WORKING DAYS.

☐ Drowning, Near Drowning
☐ Spinal Cord Injury
☐ Traumatic Brain Injury

The following must be reported within ONE MONTH.

☐ Contaminated Sharps Injury

[Click Here To Document Reporting Details](#)

When the Care Coordination department reports the infection, the following allows for the documentation of that report.

Reporting Infectious Det

Infectious Disease Reporting Details

Select Reporting Method: ☒ Mail ☐ Phone

Reporting Done By:

At:

On:

Comments:

PDF completed and sent via certified mail.

Auditing

Quarterly and annually, SETMA will create the following audits:

- How many infectious diseases were documented as having been suspected by providers in the practice? These will be categorized by each of the 78 reportable conditions listed above.
- How many infectious diseases were reported to the appropriate health agency?
- How many of each infectious diseases were reported within the designated time frame?
- If a confirmatory test was performed, what percentage of the report conditions were proved to be present?

This material will be an ongoing quality improvement project by SETMA.

This is a simple but elegant electronic solution to a complex problem which has never been completely solved in healthcare provider workflow. It requires no time on the part of the provider. It is measurable and it is sustainable. Since SETMA designed this solution, several issues have arisen which were unanticipated.

1. Does the Department of Health want previously reported incidences of chronic infectious diseases such as hepatitis and HIV to be re-reported?
2. Does the Department of Health want infectious diseases previously reported in other states reported when the patient moves to Texas?
3. Does the state have a way of determining that a chronic infectious disease has been previously reported or not?
4. In regard to EMR solutions, the diagnosis of "Coumadin Toxicity" is reported as an "overdose." Obviously, this is not the intent of the desire for public health officials to know the incidence of narcotic or psychotropic drug overdoses. The power of electronics has to be guided so as not to report conditions not intended to be reported.

It is probable that as we proceed, other issues in reporting infectious diseases will arise. The good news is that the above issues have not been considered previously and decisions are being made as to what the answers are. We are all learning and with electronics, we are all participating in improving the care Texans and Americans are receiving.

If an important task is not being done either because the provider is resistant to doing it, or because the provider has "too much" to do, automate it. (Remember the Maginot Line)

Summary of This Solution in the Context of our Three Questions

- How much time does it take the provider to complete this reporting? None
- How much energy does it take the provider to complete this reporting? None
- How important for public health is this reporting requirement? Very important
- How effective is SETMA's solution? Perfect reporting is continuously achieved

Illustration Two: Framingham Risk Scores

A second process analysis illustrates the power of electronic solutions to complex problems in healthcare. In August, 2010, the American Academy of Family Practice Journal recommended that every family physician calculate one Framingham Risk Score for each of their patients every five years.

The Framingham Study which began in 1949 is the longest running longitudinal health risk study ever undertaken. "Longitudinal" means that the same subjects are included at all stages of the study. There are weaknesses to the study. Often the Cardiovascular Risk calculators overestimate a person's health risk and because total cholesterol was the principle lipid element measured when the study was started, the data does not assess the risk of Low Density Lipoproteins (LDL, which is the "bad cholesterol)." We now know that controlling your LDL is the most important issue related to lipids and health risk.

Why do we use Framingham Heart Study Risk Calculators?

Even though these risk calculators are not perfect, they are still the best we have. And, it is imperative that you know and that your provider knows what your risk is, because it is with the knowledge of your risk that a plan of care and a treatment plan can be designed to help you preserve your health. Remember, "risk" is an attempt to determine what the future might be like which means it is imprecise. Some people with a high risk will not experience poor health and some who have low risk will. Overall, however, those with high risk will have more heart attacks and strokes than those with low risk.

Dynamic Complexity

The problem with biological systems is that change, even change which results in deterioration of your health, does not occur quickly and it often occurs without any signs or symptoms until the illness, or disease process has already caused significant damage. There is no explanation of this principle more apt to our use of "risk calculators" than Peter Senge's explanation of "dynamic complexity" in *The Fifth Discipline*.

Senge defines "dynamic complexity" as a situation "where cause and effect are subtle, and where the effects over time of interventions are not obvious." This perfectly describes the development of many disease states and the benefit of their treatment. We know that obesity causes, or contributes to most diseases including type 2 diabetes, hypertension, heart disease, cancer, etc. In these conditions, "obesity" is the cause; "cancer" is the effect, but the change is slow and is not apparent. Also, the results of treatment are very slow. Consequently, it is hard to sustain the changes necessary to eliminate the "cause," which is obesity, in order to avoid the "effect" which is cancer.

Shifting the Burden

There are structural problems which aggravate the obvious solutions to a business or a health problem; Senge addresses one of these and calls it "the shifting the burden." He defines "shifting the burden," as "an underlying problem generates symptoms that demand attention. But the underlying problem is difficult for people to address, either because it is obscure or costly to confront. So people 'shift the burden' of their problem to other solutions - well intentioned, easy fixes which seem extremely efficient. Unfortunately, the easier 'solutions' only ameliorate the symptoms; they leave the underlying problem unaltered. The underlying problem grows worse, unnoticed because the symptoms apparently clear up, and the system loses whatever ability it had to solve the underlying problem."

This happens in healthcare when a person looks to healthcare providers or medications to solve a problem which can only be solved by their own habits, choices, decisions and resolution. A pill, or a procedure, or a prescription is sought in order to overcome the "obesity." It will work for a short while

but not long term. When it fails, more aggressive interventions are tried without addressing the fundamental problem.

The Quick Fix Deception

Senge's business prescription is a good one for healthcare, also. He says, "Beware the symptomatic solution...that address only the symptoms...not fundamental causes, tend to have short-term benefits at best. In the long term, the problem resurfaces and there is increased pressure for symptomatic response. Meanwhile, the capability for fundamental solutions can atrophy." (p. 104) Senge adds, "The 'easy solution...the 'quick fix'...solves the problem temporarily ... (but) a shifting of burden structure lurks behind many 'solutions (and) explains a wide range of behaviors where well-intentioned 'solutions' actually makes matters worse over the long term." (p. 107)

Senge and Medicine

The longer a person delays addressing the "real" cause of their problem, the fewer options and the fewer resources they have for dealing with the "real" cause of the problem. For instance, the longer a person fails to exercise, often resulting in gaining weight and diminishing heart function, the more difficult effective solutions will be once a person determines to improve their health. If a person continues to "shift the burden" of their own irresponsibility to another, expecting an artificial solution to relieve the burden created by the rejection of the real solution, they will never achieve their goal. In this case, the harder the patient pushes for solutions from a healthcare system which cannot solve their problem, for which a natural and obvious solution exists, the less benefit the patient will achieve. It is possible to ignore the real solutions - i.e., activity such as walking - until the knees and other joints have deteriorated and it is not possible to become active. In that case, more and more pressure is placed on the artificial system with less and less satisfaction with the results.

Risk Calculators: Dynamic Complexity and Shifting the Burden

These are the reasons for our using "risk calculators." Because in a biological system proving the benefit of fundamental solutions by waiting for the negative consequences of poor health choices is not acceptable, we use "risk calculators" to project what those poor choices will lead to. Hopefully, those risk calculators will help you make a decision to make a change. The American Academy of Family Practice (AAFP) recommends that a healthcare provider calculate these risk factors every five years for their patients. By accessing [Cardiovascular Risk Calculators by Alan E Leifeste](#), you will be able to read Dr. Alan Leifeste's letter to the AAFP about SETMA's use of Framingham Risk Calculators.

More Information Found at www.jameslhollymd.com

The details of each of the risk calculators including the elements of your health used in calculating each score can be found on SETMA's website (www.jameslhollymd.com) under "Electronic Patient Management Tools" by clicking on "Framingham Cardiovascular Risk" and then accessing "[Framingham Cardiovascular and Stroke Risk Assessment Tutorial](#)." In addition, at our website under "Your Life Your Health", twenty-two articles can be found under "View Articles by Subject" and accessing "[Cardiovascular Disease Risk Factors](#)."

What If?

Because it takes SETMA only one second (really) to calculate all twelve risk calculators, we thought we were doing great. However, when we showed this function to Dr. Richard Jackson he commented that these scores overstate the risk and Dr. Kenneth Snow asked if we could show the patient how their risk would be affected if they make a change in their habits? Sadly, we had to admit that we could not. That was on Tuesday. November 30, 2010.

We realized that while the patient has to know their risk, to understand "dynamic complexity" and its dangers for their ignoring their health until it is too late, and to avoid "shifting the burden" of responsibility from themselves to another, their healthcare providers have a responsibility to show them that if "they make a change that it will make a difference."

Facts:

- There are 12 Framingham Risk Scores
- To turn these scores into a tool for challenging patients with the premise, "If you make a change, it will make a difference," you can add "What If Scenarios" to each
- But now you have 72 computations
- Can you get a provider to do all of these scores at every visit?

Remember our three questions: How important is it; how much time does it take; how much energy does it take? With electronics, we can make it easier to do it right than not to do it at all. Depending on the method, it can take 10 to 200 minutes to make these 72 computations, but with electronics the time can be reduced to one second. With team work, the time and energy on the provider can be reduced to zero.

The General Cardiovascular Disease 10-Year risk

This score projects the probability of a person having a major cardiovascular event such as a heart attack or stroke in the next ten years. The above patient's real heart age is 54 years but the relative heart age is 76 years (his health is deteriorating more rapidly than he is aging), and the 10 year risk is high at 25.3%. These are very discouraging number for a 45-year-old man. But now that we have added the - What If? section, we can assure this man that if he will make a change, it will make a difference. In addition, the greatest opportunity for improvement in his risk is indicated by the change in risk with each of the scenarios below.

- If he changes all of the elements in this calculation which are changeable (systolic blood pressure, cholesterol, smoking, hypertension treatment), his risk will improve. The unchangeable features are age, gender and diabetes.
- If he changes all of the elements to evidenced-based goals, his risk will drop to 9.4% and his relative heart age will drop from 80 years to 54 years. These are dramatic improvements in his risk. We can categorically assure him that -if he makes a change, it will make a difference.
- If he changes all of the elements by a 20% improvement, his risk will drop to 15.6% and his -relative heart age will drop to 64. Obviously these are not as good as the result of treating him to goal, but they are significantly improved.
- The changes for treating his blood pressure to goal without affecting the other elements shows a drop in risk as does changing the cholesterol. There is no improvement for smoking cessation in that it is noted that this patient does not smoke.

Framingham Heart Study Risk Calculators

Last Updated/Reviewed 10/02/2013

General Cardiovascular Disease, 10-Year Risk

Real Heart Age 54 years

Total Points 16

Total Risk 25.3 %

Relative Heart Age 76 years

WHAT IF?

All Elements To Goal	10	9.4	54
Overall 20% Improvement	13	15.6	64
Blood Pressure To Goal	14	18.4	68
Lipids To Goal	12	13.2	60
Smoking Cessation (if applicable)	0	N/A	N/A

Global Cardiovascular Risk Score

Total Points 8.4

A score above 4 indicates increased risk of a cardiovascular event.

WHAT IF?

Overall 20% Improvement	1.5
Blood Pressure To Goal	6.0
Lipids To Goal	4.5
HgbA1c To Goal	6.8
Smoking Cessation (if applicable)	0.0

The second risk score is the **Global Cardiovascular Risk Score**, which is technically not a Framingham Calculator, but which was derived from the Framingham Data. It was developed in order to eliminate the unchangeable features such as gender and age which are so heavily weighted in the Framingham Calculators so that many young people with significant risk are overlooked and many elderly people with lower risk are still rated at a very high risk. In addition, while others of the calculators take into consideration whether the patient has diabetes or not, as diabetes is an independent risk factor for heart disease, the Global Cardiovascular Risk Score takes into account whether patients with diabetes are well controlled, or not, as is indicated by the hemoglobin A1C (HbA1c).

The elements in this score are HDL, Systolic Blood Pressure, HbA1C, packs per day smoking and total cholesterol. As can be seen, if all of these elements are treated to goal, the risk goes from 13.9 points to 0.5 points. It is possible to get some indication of the contribution of each element to the risk by seeing how the risk changes when only one of the elements is changed such as blood pressure, lipids or HbA1C. As is suggested by this review, the most important thing to control is your blood pressure.

Stroke Risk - What IF?

The final calculator for which the -What If? scenarios have been calculated is -stroke risk, which is shown on the template below. The elements of this calculator are:

- Age 55-84
- Systolic blood pressure
- Diabetes mellitus
- Cigarette smoking,
- Prior cardiovascular disease (CHF, MI, Peripheral Vascular Disease, Angina)

- Atrial fibrillation
- Left ventricular hypertrophy
- Use of hypertensive medication

The current calculation of 16% risk is shown and the improvement with each scenario is displayed. Of interest is that simply controlling the blood pressure achieves almost all the possible improvement, i.e., from 16% to 5%. And, there is no difference between a -20% improvement and -a treatment to goal, demonstrating that it is not necessary to be perfect in order to achieve significant improvement; said another way, -If you make a change - even a small change -- it will make a difference.

Coronary Heart Disease, 10-Year Risk	Total Points	Total Risk
	9	20 %
WHAT IF?		
Overall 20% Improvement	6	10
Blood Pressure To Goal	7	13
Lipids To Goal	4	7
Smoking Cessation (if applicable)	9	20
Coronary Heart Disease, 2-Year Risk	Total Points 15	Total Risk 1 %
Stroke, 10-Year Risk	Total Points 10	Total Risk 6 %
WHAT IF?		
Overall 20% Improvement	6	3
Blood Pressure To Goal	8	4
Smoking Cessation (if applicable)	0	N/A
Atrial Fibrillation, 10-Year Risk	Total Points 12	Total Risk >30 %
Stroke After Atrial Fibrillation	Total Points 7	Total Risk 9 %
Stroke or Death After Atrial Fibrillation	Total Points 12	Total Risk 15 %
Congestive Heart Failure	Total Points 14	Total Risk 5 %
Hard Coronary Artery Disease, 10-Year Risk	Total Points 12	Total Risk 10 %
Intermittent Claudication	Total Points 10	Total Risk 4 %
Recurring Coronary Heart Disease	Total Points 16	Total Risk 11 %

Plan of Care and Treatment Plan

If a patient is going to make a change which will make a difference, there must be a basis on which change can be expected. We know that conversations at the time of an office visit are part of that decision to make a change. However, without a written, personalized plan of care and treatment plan, few patients will successfully make those changes and sustain them.

The -WHAT-IF? Scenarios described above will be added to patients' diabetes, hypertension and/or lipid plans of care and treatment plans. These documents are the -batons which are passed from one member of the healthcare team - your healthcare provider - to another member of the team - the patient. If the patient will study these documents, we believe it will encourage them to make changes and it is our confidence that those changes will make a difference. With the patient's name and personal data in each plan, the probability of their studying the material is greatly increased.

SETMA Tutorial For Use of Framingham Risk Calculators (the full 31-page tutorial can be found at <http://www.jameslhollymd.com/EPM-Tools/pdfs/framingham-tutorial.pdf>).

The SETMA Framingham Heart Risk Calculators can be found on the following Disease- Management Master Templates: Diabetes, Lipids, Hypertension, CHF, Acute Coronary Syndrome . and Chronic Stable Angina

This is an illustration taken from the Lipids Disease Management Tool:

The screenshot displays the 'Lipids Management' tool interface. At the top, patient information is entered: Patient 'Larry', Age '54', Sex 'M'. The 'Navigation' panel on the right includes links for 'Home', 'Lipids System Review', 'Extremity Exam', 'Eye Exam', 'Cardio Exam', 'Lifestyle Changes', and 'Lipids Plan'. The main content area is divided into several sections:

- Compliance:** Lists dates for 'Last Lipid' (04/04/2012), 'Last CRP' (04/04/2012), and 'Last Liver Panel' (04/04/2012). It also includes physical measurements like Height (72.00 inches), Weight (210.00 pounds), BMI (28.58), Body Fat (38.9%), BMR, Protein Req (114 g/day), and Waist (40.00 inches).
- Blood Pressure:** Shows readings of 144/98 mmHg.
- Diabetes Mellitus:** Includes checkboxes for 'Diabetes Mellitus' and 'Metabolic Syndrome'.
- Fredrickson Classification:** Provides options to 'Assess from Labs' with radio buttons for I, IIa, IIb, III, IV, and V.
- Most Recent Labs:** A table showing lab results: Cholesterol (212), HDL (36), Cholesterol/HDL (5.89), Triglycerides (193), Trig/HDL (5.36), Chylomicrons (+/-), CPK (//), LDL (155), VLDL (//), LDL-Remnant (//), Homocystiene (22), hsCRP (4.9), Apo A1, Apo E2, and Apo E4.
- VAP Test Results:** A table for 'VLDL 3', 'LDL 1 Pat A', 'LDL 2 Pat A', 'LDL 3 Pat B', 'LDL Pat 4 B', 'LDL Chol VAP', 'LDL Density', and 'LDL Real C'.
- Risk Factors:** Includes checkboxes for 'Coronary Heart Disease', 'MI (Heart Attack)', 'Angina', 'CABG', 'Non-Coronary Atherosclerosis', 'Peripheral Artery Disease', and 'Cerebrovascular Disease'.
- Framingham Risk Scores (highlighted in green):**
 - 10-Year General Risk: 25.3 %
 - 10-Year Stroke Risk: 6 %
 - Global Cardio Score: 8.4 pts
- Assessment:** Includes checkboxes for 'Male < 40', 'Female < 50', 'FHx Premature HD', 'Male First Degree < 55', and 'Female First Degree < 65'. A red note states: 'Aggressive measures must be taken to lower LDL to below 70.' The 'Last Updated/Reviewed' date is 01/22/2013.
- Lipoprotein Metabolism:** Includes a 'Summary of Lipid Studies' and 'Biomarkers of Atherosclerosis' section with links for Lipoproteins, Significance, Composition, Classification, Hyperlipoproteinemias, Hypolipoproteinemias, VLDLs, IDLs, LDLs, HDLs, LDL Receptors, Chylomicrons, and Chylomicrons and Triglycerides.
- Secondary Causes of Abnormal Lipids:** Includes links for Hypercholesterolemia, Hypocholesterolemia, Low HDL, and Hypertriglyceridemia.

The three major Risk Score results - 10-Year General Cardiovascular Risk, 10-Year Stroke Risk and the Global Cardio Score -- are displayed on each master templates. When the button entitled **Framingham Risk Scores** is depressed on any of the above named master templates, the Framingham Heart Risk Calculator is launched. Without any other action on the provider's part, all twelve calculations are made. All data points are aggregated electronically for this purpose.

The following is the template which appears when the button entitled **Framingham Risk Scores** is depressed. It will be noted that the titles of each of the risk calculators is in blue. This means that each is a hyperlink and when depressed the elements on the basis of which the score is calculated is displayed.

This function is a useful teaching tool, as it is possible to review these elements with a patient when any score is being discussed. This will be a useful means of alerting patients to the changes they need to make in their lifestyles or treatment regimens in order to moderate their risk. The date that the Framingham Risk Scores were calculated and reviewed is noted at the top of the template.

Coronary Heart Disease, 10-Year Risk	Total Points	9	Total Risk	20	%
<i>WHAT IF?</i>					
Overall 20% Improvement	6	10			
Blood Pressure To Goal	7	13			
Lipids To Goal	4	7			
Smoking Cessation (if applicable)	9	20			
Coronary Heart Disease, 2-Year Risk	Total Points	15	Total Risk	1	%
Stroke, 10-Year Risk	Total Points	10	Total Risk	6	%
<i>WHAT IF?</i>					
Overall 20% Improvement	6	3			
Blood Pressure To Goal	8	4			
Smoking Cessation (if applicable)	0	N/A			
Atrial Fibrillation, 10-Year Risk	Total Points	12	Total Risk	>30	%
Stroke After Atrial Fibrillation	Total Points	7	Total Risk	9	%
Stroke or Death After Atrial Fibrillation	Total Points	12	Total Risk	15	%
Congestive Heart Failure	Total Points	14	Total Risk	5	%
Hard Coronary Artery Disease, 10-Year Risk	Total Points	12	Total Risk	10	%
Intermittent Claudication	Total Points	18	Total Risk	4	%
Recurring Coronary Heart Disease	Total Points	16	Total Risk	11	%

The remainder of this tutorial will be a review of the elements of each of the risk scores with an introductory statement for each, taken from the Framingham official website at

www.framinghamheartstudy.org followed by SETMA's display of the risk elements when the hyperlinks above are launched.

The Value of Framingham Calculators

In August, 2010, the American Family Physician (reference: Global Risk of Coronary Heart Disease: Assessment and Application, Anthony J. Viera, MD, MPH and Stacey L. Seridan, MD, MPH, University of North Carolina at Chapel Hill School of Medicine, Chapel Hill, North Carolina Am Fam Physician. 2010 Aug 1;82(3):265-274) made the following observations:

Coronary heart disease is the most common cause of death in the United States. The conventional risk factor approach to primary prevention excludes many patients who could benefit from preventive therapies. A global risk approach allows more accurate estimates of risk to guide clinical primary prevention efforts. Global risk of coronary heart disease is a calculation of the absolute risk of having a coronary heart disease event (e.g., death, myocardial infarction) over a specified period. It is based on an empiric equation that combines major risk factors, such as blood pressure and cholesterol levels. When physicians know a patient's global risk of coronary heart disease, they are more likely to prescribe risk-reducing therapies such as antihypertensives, statins, and aspirin. In addition, patients who know their risk level are more likely to initiate risk-reducing therapies. Many tools are available to estimate global risk, including several Web-based calculators. In the United States, tools based on the Framingham Heart Study are recommended.

The Automated Team (see: [http://www.jameslhollymd.com/epm-tools/Automated-Team-Tutorial-for-the-EMR- Automated-Team-Function](http://www.jameslhollymd.com/epm-tools/Automated-Team-Tutorial-for-the-EMR-Automated-Team-Function)) - this link is to a tutorial for "The Automated Team" These two illustrations are the foundation of what has come to be known as SETMA's "automated team." With automation, we can imitate Henry Ford, who automated the manufacturing of automobiles with assembly lines and in so doing made it possible for those who made cars to afford to drive them. There are many aspects of patient care which can be automated.

Classically, SETMA has used clinical decision support as reminders to providers, but now we are realizing that many of the tasks which were the object of CDS, actually could and should be automated, requiring no input from the provider. For instance, the value of the flu immunization is not enhanced by it being ordered by a healthcare provider, or by it being given by a registered nurse. And, the process of a flu immunization can be automated.

Making Primary Care Fun Again – John Patrick & IBM

In June, 2013, the *American Medical News* published an article entitled, "Serious work put into making primary care fun again." With an anticipated serious shortage of primary care physicians over the next twenty years, the article addressed how to improve the lot of primary care providers, stating in part:

"Amid alarming rates of physician burnout, hundreds of clinics nationwide are redesigning their practices with a goal in mind beyond improving the quality of care. They are aiming to make life as a primary care doctor enjoyable once more. Twenty-three of these clinics...describe practice innovations that can ease the chaos, administrative overload, miscommunication and computerized busy work that too often characterize primary care."

In 1993, John Patrick set IBM on another course and changed the company's future. Reading his story made me wonder, is it possible for SETMA to set medicine on another course and to change the future. John did not want people to work “collaterally,” side by side, maybe going in the same direction, maybe even having the same goal, but working independently and at best in a cooperative manner; he wanted people to work “collaboratively,” synergistically, leveraging the generative power of a team in creating a new future which they partially envision but which even they could not control.

What can we do today in healthcare which would mirror the changes IBM experienced? How can we change “**collaterallists**” into “**collaborativists**”? How can we use the power of electronics, analytics, and informatics principles to energize radical change to create a new future in healthcare? Testing and measurement is a science. In most industries, quality is determined by testing performance.

The TCPI Section added to Southeast Texas Medical Associates, LLP Website
www.jameslhollyvmd.com
by James L. Holly, MD

You can find the website by clicking on the web address above and then clicking on the button entitled **Transforming Your Practice (TCPI)**, outlined in green. The 21 following screen shots will navigate you through the materials available. All of this material can be used free of charge. The only limitations is that if you distribute and/or publish it with SETMA's name attached, it cannot be change. However, any of this material can be adapted and/or integrated into your work without attribution.

Healthcare Where Your Health is the Only Care

Transforming Your Practice (TCPI)

IMPORTANT SECTIONS:

- Vital Signs - Spring 2015
- The Stories and Ideals
- Portraits of SETMA's teams
- Display and Explanation of SETMA's Patient-Centered Medical Home Tools
- Accreditations by Provider
- Accreditation: NCQA, AAAHC, TME Health Quality Institute, URAC and Joint Commission
- Public Reports By Year for 2009-2015
- Public Reports By Type for 2009-2015
- CMS Medical Home Feedback Report Qualify & Cost
- Annotated Recent Additions to SETMA's Website
- History of SETMA's Preparation for ICD-10

Current Your Life Your Health Articles

- CMS' Transforming Clinical Practice Initiative (TCPI) - 12/10/2015
- The CMS Transforming Clinic Practice Initiative - 12/03/2015
- Thanksgiving Is Not Just Another Day: The Health of Gratitude - 11/26/2015
- Hospital Medical Staffs Being Asked to Comply with Recognized Standards - 11/19/2015
- Healthcare Provider Scope of Practice - Part III - 11/12/2015

Featured Content of Website and of SETMA's Work

This introductory document for TCPI is entitled:

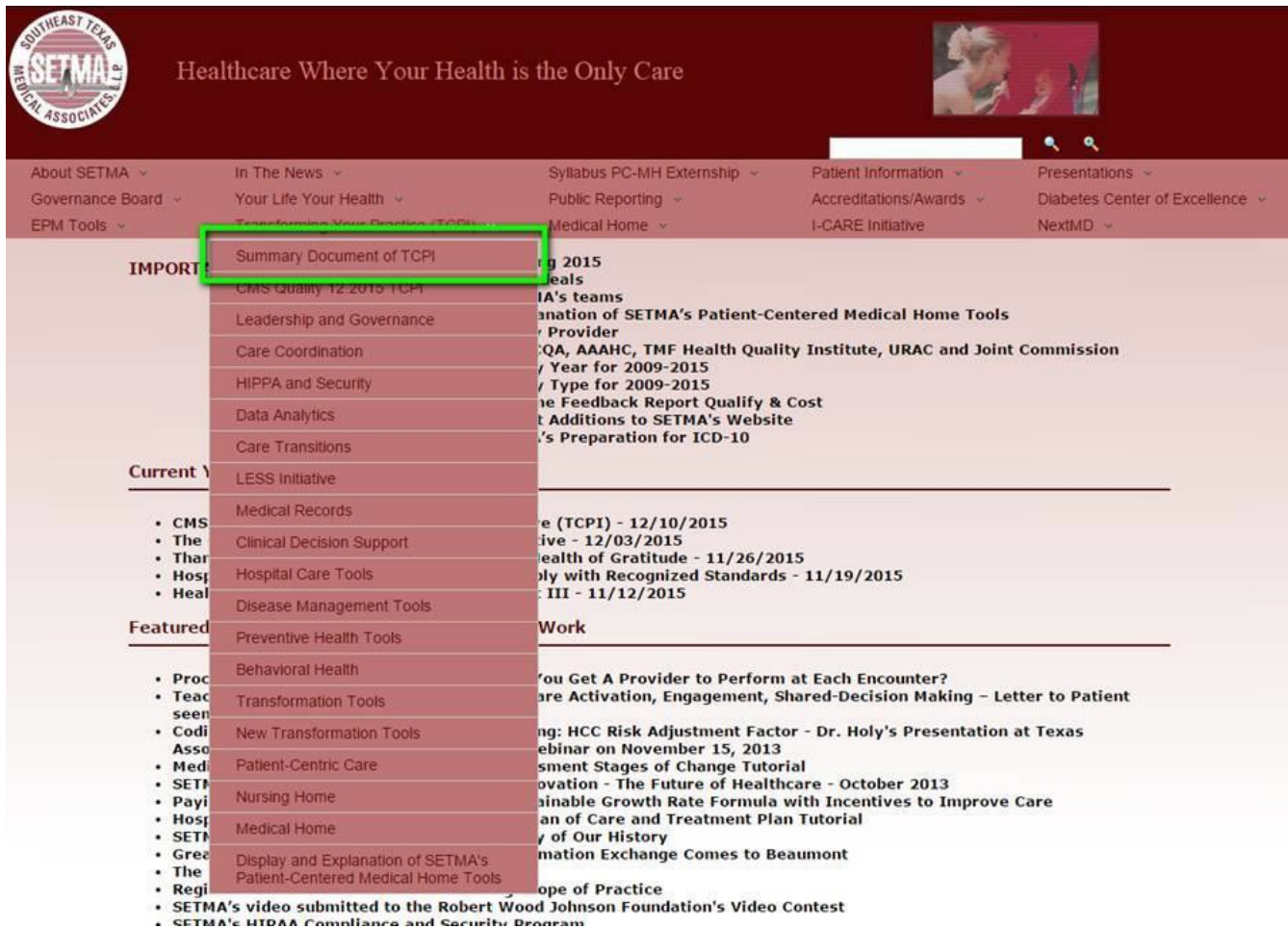
Overview and the Philosophical Underpinnings to SETMA's Website (www.jameslhollymd.com) which is SETMA's "Offer" to the Center for Medicare and Medicaid Services' (CMS) Transforming Clinic Practice Initiative (TCPI)

This document can be found by clicking on **Transforming Your Practice (TCPI)** outlined in green above. The following screen shots show all of the categories available on SETMA's website under **Transforming Your Practice (TCPI)**. When each of the 21 buttons is clicked a list of tutorials, links, or descriptions and explanations of contents will appear. The following is a partial screen shot of this section and represents the Index which improves access to the material in this introductory section.



Summary Document of TCPI

The first drop down after Transforming Your Practice (TCPI) is **Summary Document of TCPI**. With an extensive index, made up of hyperlinks to facilitate the accessing of all of the material, this document contains the materials on all of the 21 sections. These documents can be viewed individually by clicking on one of the buttons, or collectively by clicking on **Summary Document of TCPI**. This summary document and/or any of the sections can be printed for review or can be sent by an electronic link by e-mail to others.



The screenshot shows the SETMA (Southeast Texas Medical Associates) website. The header includes the SETMA logo and the tagline "Healthcare Where Your Health is the Only Care". A navigation menu at the top lists various links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", and "Presentations". Below this, a secondary menu highlights the "Transforming Your Practice (TCPI)" section. A dropdown menu is open under "Transforming Your Practice (TCPI)", and the "Summary Document of TCPI" link is highlighted with a green rectangular box. Other links in the dropdown include "CMS Quality 12-2015 TCPI", "Leadership and Governance", "Care Coordination", "HIPAA and Security", "Data Analytics", "Care Transitions", "LESS Initiative", "Medical Records", "Clinical Decision Support", "Hospital Care Tools", "Disease Management Tools", "Preventive Health Tools", "Behavioral Health", "Transformation Tools", "New Transformation Tools", "Patient-Centric Care", "Nursing Home", "Medical Home", "Display and Explanation of SETMA's Patient-Centered Medical Home Tools", and "SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest".

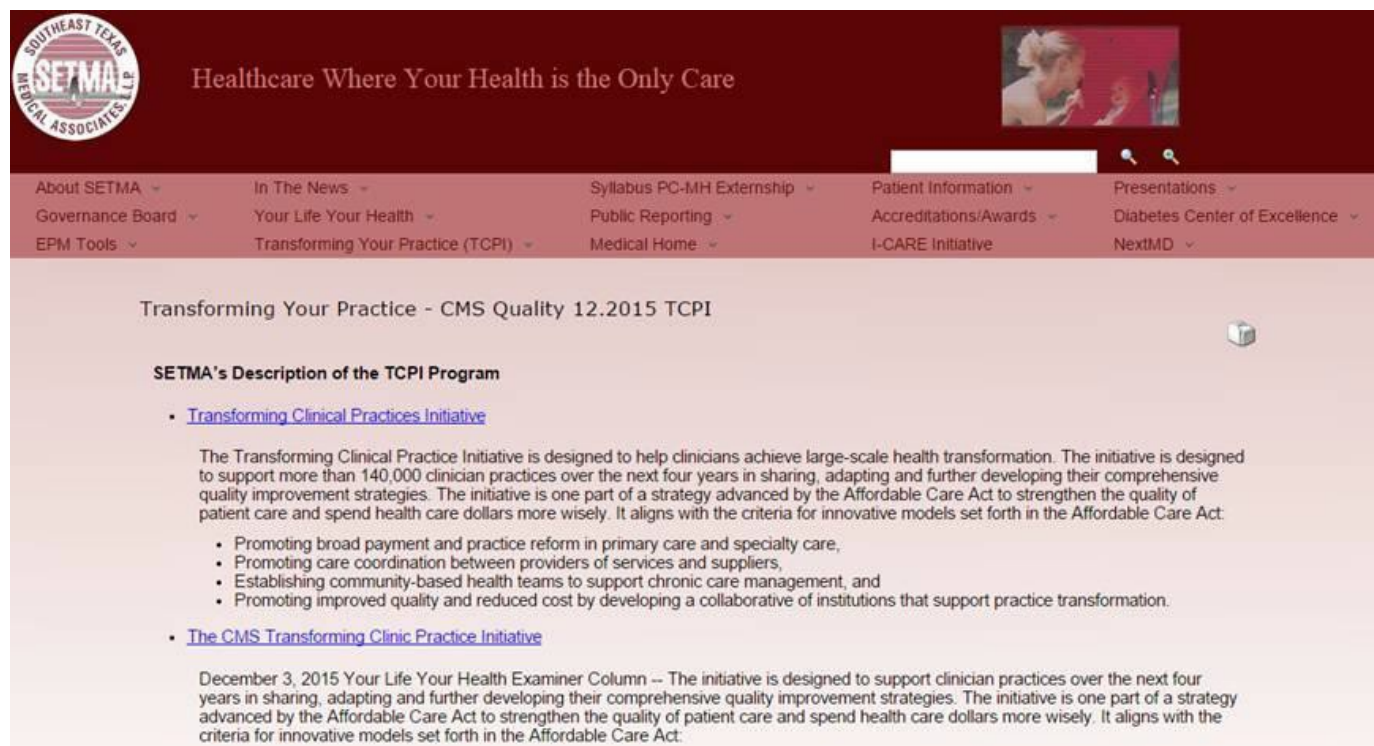
CMS Quality 12.2015 TCIP

This section contains materials produced during and/or in response to the CMS Quality Conference, December 1-3, 2015 in Baltimore, Maryland and during the TCPI potential faculty sessions held at that meeting. The material was distributed during the conference to many of those attending the potential faculty meetings.



The screenshot shows the SETMA website with a dark red header. The logo on the left reads 'SOUTHEAST TEXAS SETMA MEDICAL ASSOCIATES'. The tagline 'Healthcare Where Your Health is the Only Care' is centered. A navigation bar contains links: About SETMA, Governance Board, EPM Tools, In The News, Your Life Your Health, Transforming Your Practice (TCPI), Syllabus PC-MH Externship, Public Reporting, Medical Home, Patient Information, Accreditations/Awards, I-CARE Initiative, Presentations, Diabetes Center of Excellence, and NextMD. Below the navigation bar, a list of links is displayed. The 'Import' section is highlighted with a green box, and the link 'CMS Quality 12.2015 TCIP' is highlighted with a red box. Other links include 'Summary Document of TCPI', 'g 2015', 'eals', 'A's teams', 'ation of SETMA's Patient-Centered Medical Home Tools', 'Provider', 'QA, AAAHC, TMF Health Quality Institute, URAC and Joint Commission', 'Year for 2009-2015', 'Type for 2009-2015', 'ne Feedback Report Qualify & Cost', 't Additions to SETMA's Website', and 's Preparation for ICD-10'. The 'Current Y' section includes 'LESS Initiative', 'Medical Records', 'Clinical Decision Support', 'Hospital Care Tools', 'Disease Management Tools', and 'Preventive Health Tools'. The 'Featured' section includes 'Behavioral Health', 'Transformation Tools', 'New Transformation Tools', 'Patient-Centric Care', 'Nursing Home', 'Medical Home', 'Display and Explanation of SETMA's Patient-Centered Medical Home Tools', 'Regi', 'SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest', and 'SETMA's HIPAA Compliance and Security Program'.

The following is a screen shot of the beginning of the CMS Quality 12.2015 TCPI drop down.



The screenshot shows the SETMA website with a dark red header. The logo is a circular seal with 'SOUTHEAST TEXAS' at the top, 'SETMA' in the center, and 'MEDICAL ASSOCIATES' at the bottom. The tagline 'Healthcare Where Your Health is the Only Care' is to the right. A navigation bar contains links: About SETMA, Governance Board, EPM Tools, In The News, Your Life Your Health, Transforming Your Practice (TCPI), Syllabus PC-MH Externship, Public Reporting, Medical Home, Patient Information, Accreditations/Awards, I-CARE Initiative, Presentations, Diabetes Center of Excellence, and NextMD. The main content area is titled 'Transforming Your Practice - CMS Quality 12.2015 TCPI'. It includes a section 'SETMA's Description of the TCPI Program' with two bullet points: 'Transforming Clinical Practices Initiative' and 'The CMS Transforming Clinic Practice Initiative'. The first bullet point has a paragraph and a list of three items. The second bullet point has a paragraph.

Transforming Your Practice - CMS Quality 12.2015 TCPI

SETMA's Description of the TCPI Program

- [Transforming Clinical Practices Initiative](#)

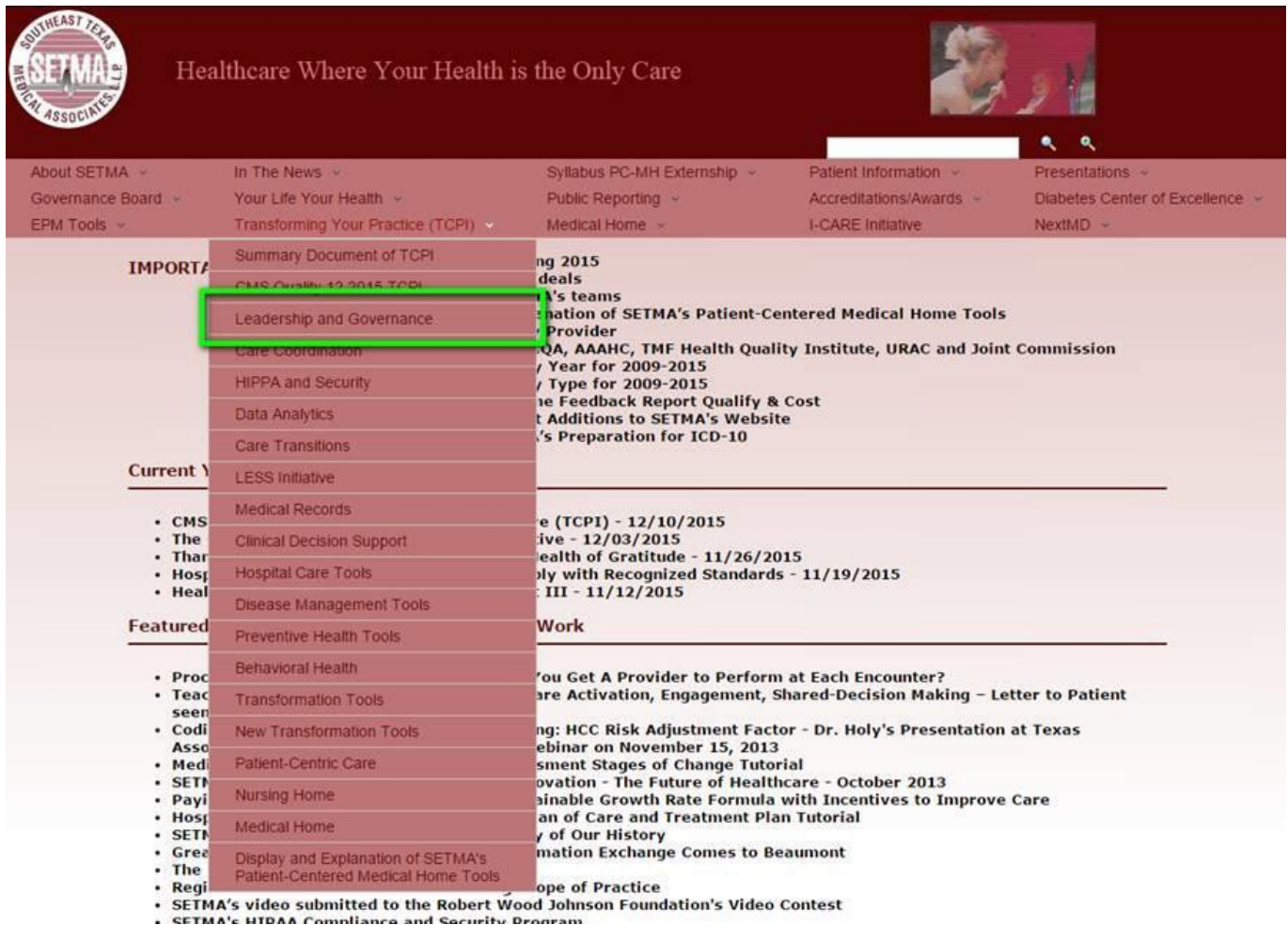
The Transforming Clinical Practice Initiative is designed to help clinicians achieve large-scale health transformation. The initiative is designed to support more than 140,000 clinician practices over the next four years in sharing, adapting and further developing their comprehensive quality improvement strategies. The initiative is one part of a strategy advanced by the Affordable Care Act to strengthen the quality of patient care and spend health care dollars more wisely. It aligns with the criteria for innovative models set forth in the Affordable Care Act.

 - Promoting broad payment and practice reform in primary care and specialty care,
 - Promoting care coordination between providers of services and suppliers,
 - Establishing community-based health teams to support chronic care management, and
 - Promoting improved quality and reduced cost by developing a collaborative of institutions that support practice transformation.
- [The CMS Transforming Clinic Practice Initiative](#)

December 3, 2015 Your Life Your Health Examiner Column -- The initiative is designed to support clinician practices over the next four years in sharing, adapting and further developing their comprehensive quality improvement strategies. The initiative is one part of a strategy advanced by the Affordable Care Act to strengthen the quality of patient care and spend health care dollars more wisely. It aligns with the criteria for innovative models set forth in the Affordable Care Act.

Leadership and Governance

This drop down menu contains material associated with SETMA's Leadership and Governance principles. It was prepared for our successful completion of accreditation for Ambulatory Care and Patient-Centered Medical Home by the Joint Commission, URAC, Accreditation Association of Ambulatory Health Care (AAAHC) and National Committee for Quality Assurance (NCQA). It gives examples to other practices as to the importance of each of these issues in regard to practice organization and transformation. It can be accessed by clicking on the button outlined in green below.



The screenshot shows the SETMA website with a dark red header. The logo on the left reads "SOUTHEAST TEXAS SETMA MEDICAL ASSOCIATES, L.L.P.". The header text says "Healthcare Where Your Health is the Only Care". A navigation bar contains links: About SETMA, Governance Board, EPM Tools, In The News, Your Life Your Health, Transforming Your Practice (TCPI), Syllabus PC-MH Externship, Public Reporting, Medical Home, Patient Information, Accreditations/Awards, I-CARE Initiative, Presentations, Diabetes Center of Excellence, and NextMD. A dropdown menu is open under "Transforming Your Practice (TCPI)", with "Leadership and Governance" highlighted by a green box. The dropdown menu lists various topics under three categories: "IMPORTANT", "Current Year", and "Featured".

IMPORTANT

- Summary Document of TCPI
- CMS Quality 12-2015 TCPI
- Leadership and Governance
- Care Coordination
- HIPPA and Security
- Data Analytics
- Care Transitions

Current Year

- LESS Initiative
- Medical Records
- Clinical Decision Support
- Hospital Care Tools
- Disease Management Tools
- Preventive Health Tools
- Behavioral Health
- Transformation Tools
- New Transformation Tools
- Patient-Centric Care
- Nursing Home
- Medical Home
- Display and Explanation of SETMA's Patient-Centered Medical Home Tools

Featured

- Proc...
- Teac...
- seen
- Codi...
- Asso...
- Medi...
- SETM...
- Payi...
- Hosp...
- SETM...
- Gree...
- The
- Regi...
- SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest
- SETMA's HIPAA Compliance and Security Program

The following is a screen shot of the Leadership and Governance section.



The screenshot shows the website for Southeast Texas Medical Associates (SETMA). The header features the SETMA logo on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a photo of a family on the right. Below the header is a navigation menu with links to various sections. The main content area is titled "Transforming Your Practice - Leadership and Governance" and includes a paragraph about the Governance Board, followed by a bulleted list of links to related documents.

Healthcare Where Your Health is the Only Care

Navigation Menu:

- About SETMA
- In The News
- Syllabus PC-MH Externship
- Patient Information
- Presentations
- Governance Board
- Your Life Your Health
- Public Reporting
- Accreditations/Awards
- Diabetes Center of Excellence
- EPM Tools
- Transforming Your Practice (TCPI)
- Medical Home
- I-CARE Initiative
- NextMD

Transforming Your Practice - Leadership and Governance

Governance Board - the keys to a successful practice transformation are clear chains of command, identification of leadership, leadership responsibilities and leadership training:

- [Administrative Organization Chart](#)
- [Governance Board Members](#)
- [Governance Board Responsibilities](#)
- [Governance Board Leadership Training](#)
Institute for Healthcare Improvement. High-Impact Leadership to fulfill the Triple Aim: Improve Care, Improve the Health of Populations and Reduce Cost.

Care Coordination

This section contains information about the organization, responsibilities and functions of a care coordination department. It can be found by clicking on the button outlined in green below. This department is critical to the transformation of traditional medical practices into a high function Patient-Centered Medical Home.



The screenshot shows the SETMA website with the following structure:

- Header:**
 - Logo: Southeast Texas Medical Association (SETMA)
 - Slogan: Healthcare Where Your Health is the Only Care
 - Search icon
- Navigation Menu:**
 - About SETMA
 - Governance Board
 - EPM Tools
 - In The News
 - Your Life Your Health
 - Transforming Your Practice (TCPI) **Expanded Menu:**
 - Summary Document of TCPI
 - CMS Quality 12 2015 TCPI
 - Leadership and Governance
 - Care Coordination** (highlighted in green)
 - HIPAA and Security
 - Data Analytics
 - Care Transitions
 - Medical Home
 - Syllabus PC-MH Externship
 - Public Reporting
 - Patient Information
 - Accreditations/Awards
 - I-CARE Initiative
 - Presentations
 - Diabetes Center of Excellence
 - NextMD
- Main Content Area:**
 - Important:**
 - ing 2015
 - deals
 - IA's teams
 - ation of SETMA's Patient-Centered Medical Home Tools
 - Provider
 - IA, AAAHC, TMF Health Quality Institute, URAC and Joint Commission
 - Year for 2009-2015
 - Type for 2009-2015
 - ne Feedback Report Qualify & Cost
 - t Additions to SETMA's Website
 - 's Preparation for ICD-10
 - Current Year:**
 - LESS Initiative
 - Featured:**
 - Medical Records
 - Clinical Decision Support
 - Hospital Care Tools
 - Disease Management Tools
 - Preventive Health Tools
 - Behavioral Health
 - Transformation Tools
 - New Transformation Tools
 - Patient-Centric Care
 - Nursing Home
 - Medical Home
 - Display and Explanation of SETMA's Patient-Centered Medical Home Tools

The following is a screen shot of this section of the TCPI materials.



The screenshot shows the website of the Southeast Texas Medical Association (SETMA). The header features the SETMA logo on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a small image of a family on the right. Below the header is a navigation menu with links to various sections: About SETMA, Governance Board, EPM Tools, In The News, Your Life Your Health, Transforming Your Practice (TCPI), Syllabus PC-MH Externship, Public Reporting, Medical Home, Patient Information, Accreditations/Awards, I-CARE Initiative, Presentations, Diabetes Center of Excellence, and NextMD. The main content area is titled "Transforming Your Practice - Care Coordination" and contains a 3D cube icon. The text discusses the importance of care coordination and the role of the healthcare provider in ensuring that the patient's information is accurate and up-to-date. It mentions that generic information is often ignored, but when personalized, it is more likely to be remembered. The text also notes that the more complex the information, the more likely it is to be forgotten. The final paragraph states that the following appears on the "Baton" poster:

Generic information given to the patient, which is not personalized and/or which does not contain the patient's personal health information will usually be ignored. But, when the patient is given educational materials or instructions with their name on it and with their data in it, they will pour over it. This is why the structure of "care coordination" requires that the information given to a patient have the patient's name on it and that it includes the patient's personal information. One of the most teachable moments in medicine occurs when the patient returns to a follow-up visit, and with the previously given "plan of care" and "treatment plan" in hand, declares, "This information is wrong!" At this point, the patient is engaged and ready to learn. This statement does not glorify error, if error exists, but it does focus on the value of patient realization that their "reality" appears to them to be unreal.

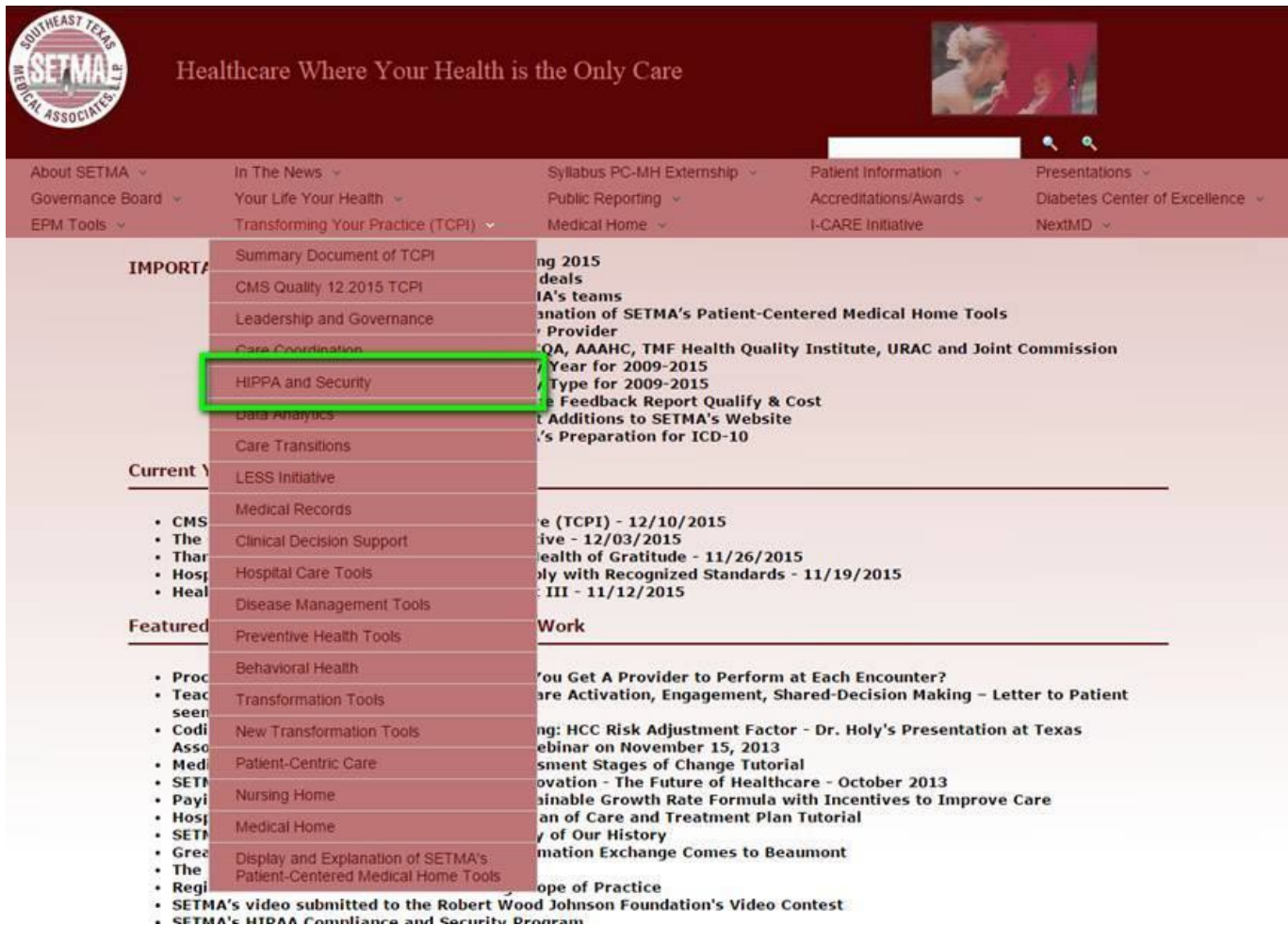
The more important information is, the more probable it is that a person will forget that information, remember it incompletely, or be confused by it. This is particularly the case when the information is complex, containing unfamiliar terms and spoken to the patient only once and briefly.

It is at this "transitions of care" - when the patient leaves the point of care, which most often is the healthcare provider's office-- where "care coordination" is most critical. As a result, a poster now appears in all of SETMA's examination rooms and in strategic points around the clinic. It is called "The Baton," and it illustrates the necessity for the healthcare provider to "hand off" "the baton" to the next member of the team - the patient -- who is to carry the team's plans and purposes to the goal - improved or sustained health.

The following appears on the "Baton" poster:

HIPPA and Security

To fulfill the responsibility of a transforming practice to patients and to Federal regulations and standards, HIPPA compliance and security measures are critical. This section introduces the importance and scope of this responsibility. A complete examination of this subject is beyond this presentation. The section can be found by clicking on the button outlined in green.



The screenshot shows the SETMA (Southeast Texas Medical Association) website. The header features the SETMA logo and the tagline "Healthcare Where Your Health is the Only Care". A navigation menu includes links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", and "Presentations". A dropdown menu is open under "Transforming Your Practice (TCPI)", listing various resources. The "HIPPA and Security" link is highlighted with a green rectangular box. Other visible links in the dropdown include "Summary Document of TCPI", "CMS Quality 12.2015 TCPI", "Leadership and Governance", "Care Coordination", "Data Analytics", "Care Transitions", "LESS Initiative", "Medical Records", "Clinical Decision Support", "Hospital Care Tools", "Disease Management Tools", "Preventive Health Tools", "Behavioral Health", "Transformation Tools", "New Transformation Tools", "Patient-Centric Care", "Nursing Home", "Medical Home", "Display and Explanation of SETMA's Patient-Centered Medical Home Tools", and "SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest".

The following is a screen shot of the HIPPA and Security section of this material.



The screenshot shows the website of the Southeast Texas Medical Association (SETMA). The header features the SETMA logo on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a small image of a family on the right. Below the header is a navigation menu with links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", "Presentations", "Governance Board", "Your Life Your Health", "Public Reporting", "Accreditations/Awards", "Diabetes Center of Excellence", "EPM Tools", "Transforming Your Practice (TCPI)", "Medical Home", "I-CARE Initiative", and "NextMD".

Transforming Your Practice - HIPPA and Security

- [Medical Records: Is it Secure?](#)

January, 2001 -- Once you are confident that your medical records contain all of the information needed (see Your Life, Your Health, Examiner, January 12th and 17th), you want to be sure that only those who have the "right or responsibility" to know your medical history have access to it. In the past, the security of your medical record consisted of the lock on your doctor's office door and the receptionist who sat at the front desk in the doctor's office. No one thought much about how many people had uncontrolled access to the medical records because in reality most people are honest and wouldn't read someone else's record. With the advent of electronically stored data, i.e., electronic medical records (EMR), this has changed. All of the functions and capacities which our previous articles identified as essential for 21st Century medical records can only be achieved with EMR. This means that now the issues of security of your medical record and the confidentiality of that record requires new levels of access control.

While electronic medical records are more secure than the old paper charts, new initiatives are being undertaken to insure the continued improvement in that security and the guarantee of the confidentiality of those records.

A humorous anecdote illustrates these points. When making the decision to migrate to EMR, SETMA's founding partners attended the Medical Group Management Associates annual meeting in Washington, D.C. During one of the sessions at this 1997 conference, a representative of an EMR company related her experience while making a presentation to a group of hospital administrators in a large mid-western city. Close to the end of her discussion, the elder statesmen of the administrators confronted her and said, "Young lady, you can't make your electronic stored medical records more secure than our paper records!" He was aggressive, adamant and loud. Realizing that her success potential was waning rapidly, she assured this gentleman that the electronic records were more secure than his paper records. He persisted, repeatedly making the same point: your electronic records can't be as secure as our paper records. She attempted to convince him without success. Finally, with an instantaneous change in his facial expression -- a smile now broke out on his face -- he said, "Young lady, we can't find our medical records, you can't make them more secure than that!" The entire audience broke out into laughter, and the speaker breathed a sigh of relief.

Data Analytics

The power of analytics in the transformation of healthcare delivery and in the improvement of outcomes is critical. If you have a GPS service which tells you where you want to go but which does not tell you where you are, you can never get to your destination. Data Analytics helps you know where you are so that you can get to where you want to be. Remember Abraham Lincoln's great quote: "If we can first know where we are and whither we are tending; we can better judge what to do and who to do it." Data Analytics helps us face our "reality" which when measured against our "vision," creates a self-sustaining "creative tension" which drives us to success. You can find the section on Data Analytics by clicking on the buttons shown below, outlined in green.



The screenshot shows the SETMA (Southeast Texas Medical Association) website. The header includes the SETMA logo and the tagline "Healthcare Where Your Health is the Only Care". A navigation bar contains links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", and "Presentations". Below this, a "Data Analytics" link is highlighted with a green rectangle in the "Important" section. The website also features sections for "Current Year", "Featured", and "Upcoming Events".

SETMA
SOUTHEAST TEXAS
MEDICAL ASSOCIATES

Healthcare Where Your Health is the Only Care

About SETMA ▾ In The News ▾ Syllabus PC-MH Externship ▾ Patient Information ▾ Presentations ▾
Governance Board ▾ Your Life Your Health ▾ Public Reporting ▾ Accreditations/Awards ▾ Diabetes Center of Excellence ▾
EPM Tools ▾ Transforming Your Practice (TCPI) ▾ Medical Home ▾ I-CARE Initiative ▾ NextMD ▾

Important

- Summary Document of TCPI
- CMS Quality 12.2015 TCPI
- Leadership and Governance
- Care Coordination
- HIDAA and Security
- Data Analytics**
- Care Transitions

Current Year

- LESS Initiative
- Medical Records
- Clinical Decision Support
- Hospital Care Tools
- Disease Management Tools

Featured

- Preventive Health Tools
- Behavioral Health
- Transformation Tools
- New Transformation Tools
- Patient-Centric Care
- Nursing Home
- Medical Home
- Display and Explanation of SETMA's Patient-Centered Medical Home Tools

Upcoming Events

- TCPI - 12/10/2015
- Health of Gratitude - 11/26/2015
- Apply with Recognized Standards - 11/19/2015
- III - 11/12/2015

Work

- You Get A Provider to Perform at Each Encounter?
- Are Activation, Engagement, Shared-Decision Making - Letter to Patient
- HCC Risk Adjustment Factor - Dr. Holy's Presentation at Texas
- Webinar on November 15, 2013
- ment Stages of Change Tutorial
- ovation - The Future of Healthcare - October 2013
- ainable Growth Rate Formula with Incentives to Improve Care
- an of Care and Treatment Plan Tutorial
- y of Our History
- mation Exchange Comes to Beaumont
- ope of Practice
- SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest
- SETMA's HIPAA Compliance and Security Program

The following is a screen shot of the “Data Analytics” section.



The screenshot shows the website of the Southeast Texas Medical Association (SETMA). The header features the SETMA logo on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a photo of two smiling people on the right. Below the header is a navigation menu with links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", "Presentations", "Governance Board", "Your Life Your Health", "Public Reporting", "Accreditations/Awards", "Diabetes Center of Excellence", "EPM Tools", "Transforming Your Practice (TCPI)", "Medical Home", "I-CARE Initiative", and "NextMD".

The main content area is titled "Transforming Your Practice - Data Analytics" and includes a small icon of a book. It lists two bullet points:

- [The Importance of Data Analytics in Physician Practice](#)
March, 2012 Presentation to Massachusetts Medical Society on the "Important of Data Analytics in Physician Practice," Analytics transform knowledge into an agent for change. In reality, without analytics, we will neither know where we are, where we are going or how to sustain the effort to get there. For transformation to take place through knowledge, we must be prepared to ask the right questions, courageously accept the answers and to require ourselves to change.
- [Abraham Lincoln and Modern Healthcare](#)
Contained within Abraham Lincoln's famous "House Divided Speech," delivered to the Republican Convention on April, 16, 1856, is the imperative for data analytics and performance auditing by healthcare providers today. Lincoln said, "If we could first know where we are, and whither we are tending, we could better judge what to do, and how to do it,". (Quoted by David Eisenhower in the Foreword to *Churchill: The Prophetic Statesman*, by James C. Humes, Regnery, New York, 2012) In any human enterprise, if the participants are unwilling to objectively and honestly face where they are, it is improbable that they will ever get to where they want to be, let alone to where they should be.

Care Transitions

The most important number in healthcare today is 8,760. It is the number of hours in a year. If a patient receives a great deal of healthcare, he/she may be in a provider's presence for 30 hours a year; that leaves 8,730 hours in the year when the patient is in charge of his/her own care. Without care transitions, the patient will be lost. With patient activation, engagement, shared decision and with care coordination and transitions, the patient can sustain their healthcare initiative all year long.

Healthcare Where Your Health is the Only Care

Navigation Menu:

- About SETMA
- In The News
- Syllabus PC-MH Externship
- Patient Information
- Presentations
- Governance Board
- Your Life Your Health
- Public Reporting
- Accreditations/Awards
- Diabetes Center of Excellence
- EPM Tools
- Transforming Your Practice (TCPI)
- Medical Home
- I-CARE Initiative
- NextMD

Current Section:

- Summary Document of TCPI
- CMS Quality 12.2015 TCPI
- Leadership and Governance
- Care Coordination
- HIPPA and Security
- Data Analytics
- Care Transitions**
- Medical Records
- Clinical Decision Support
- Hospital Care Tools
- Disease Management Tools
- Preventive Health Tools
- Behavioral Health
- Transformation Tools
- New Transformation Tools
- Patient-Centric Care
- Nursing Home
- Medical Home
- Display and Explanation of SETMA's Patient-Centered Medical Home Tools
- SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest
- SETMA's HIPAA Compliance and Security Program

The following is a screen shot of the Care Transitions section.



The screenshot shows the website of Southeast Texas Medical Associates (SETMA). The header features the SETMA logo on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a small image of a doctor and a patient on the right. Below the header is a navigation menu with links to various sections: About SETMA, Governance Board, EPM Tools, In The News, Your Life Your Health, Transforming Your Practice (TCPI), Syllabus PC-MH Externship, Public Reporting, Medical Home, Patient Information, Accreditations/Awards, I-CARE Initiative, Presentations, Diabetes Center of Excellence, and NextMD. The main content area is titled "Transforming Your Practice - Care Transitions" and contains three paragraphs of text discussing the importance of care transitions and the "Baton" poster.

Transforming Your Practice - Care Transitions

Generic information given to the patient, which is not personalized and/or which does not contain the patient's personal health information will usually be ignored. But, when the patient is given educational materials or instructions with their name on it and with their data in it, they will pour over it. This is why the structure of "care coordination" requires that the information given to a patient have the patient's name on it and that it includes the patient's personal information. One of the most teachable moments in medicine occurs when the patient returns to a follow-up visit, and with the previously given "plan of care" and "treatment plan" in hand, declares, "This information is wrong!" At this point, the patient is engaged and ready to learn. This statement does not glorify error, if error exists, but it does focus on the value of patient realization that their "reality" appears to them to be unreal.

The more important information is, the more probable it is that a person will forget that information, remember it incompletely, or be confused by it. This is particularly the case when the information is complex, containing unfamiliar terms and spoken to the patient only once and briefly.

It is at this "transitions of care" - when the patient leaves the point of care, which most often is the healthcare provider's office-- where "care coordination" is most critical. As a result, a poster now appears in all of SETMA's examination rooms and in strategic points around the clinic. It is called "The Baton," and it illustrates the necessity for the healthcare provider to "hand off" "the baton" to the next member of the team - the patient -- who is to carry the team's plans and purposes to the goal - improved or sustained health.

The following appears on the "Baton" poster:

Less Initiative (Loss Weight, Exercise, Stop Smoking)

Less illness and more health was the goal which created the Less Initiative. It was one of the first major practice transformations which SETMA created. It can be found at the link outline in green below.



The screenshot shows the SETMA website with the following structure:

- Header:**
 - Logo: Southeast Texas Medical Association (SETMA)
 - Slogan: Healthcare Where Your Health is the Only Care
 - Search bar and social media icons.
- Navigation Menu:**
 - About SETMA
 - Governance Board
 - EPM Tools
 - In The News
 - Your Life Your Health
 - Transforming Your Practice (TCPI)
 - Syllabus PC-MH Externship
 - Public Reporting
 - Medical Home
 - Patient Information
 - Accreditations/Awards
 - I-CARE Initiative
 - Presentations
 - Diabetes Center of Excellence
 - NextMD
- Main Content Area:**
 - IMPORTANT:**
 - Summary Document of TCPI
 - CMS Quality 12.2015 TCPI
 - Leadership and Governance
 - Care Coordination
 - HIPPA and Security
 - Data Analytics
 - Care Transitions
 - Current:**
 - LESS Initiative** (highlighted with a green box)
 - Featured:**
 - Medical Records
 - Clinical Decision Support
 - Hospital Care Tools
 - Disease Management Tools
 - Preventive Health Tools
 - Behavioral Health
 - Transformation Tools
 - New Transformation Tools
 - Patient-Centric Care
 - Nursing Home
 - Medical Home
 - Display and Explanation of SETMA's Patient-Centered Medical Home Tools

The following screen shot of the Less Initiative section of TCPI begin the introduction of this critical practice transformation initiative.



The screenshot shows the website for Southeast Texas Medical Associates (SETMA). The header features the SETMA logo on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a family photo on the right. Below the header is a navigation menu with links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", and "Presentations". The main content area is titled "Transforming Your Practice - LESS Initiative" and includes a sub-link "Less Initiative: SETMA". The text describes the "Lose Weight, Exercise, Stop Smoking: Shared Responsibilities" initiative, stating it is dependent on shared responsibility among healthcare team members. A bulleted list outlines the roles of the IT team, nursing staff, healthcare providers, and nurse management staff in this initiative.

Transforming Your Practice - LESS Initiative

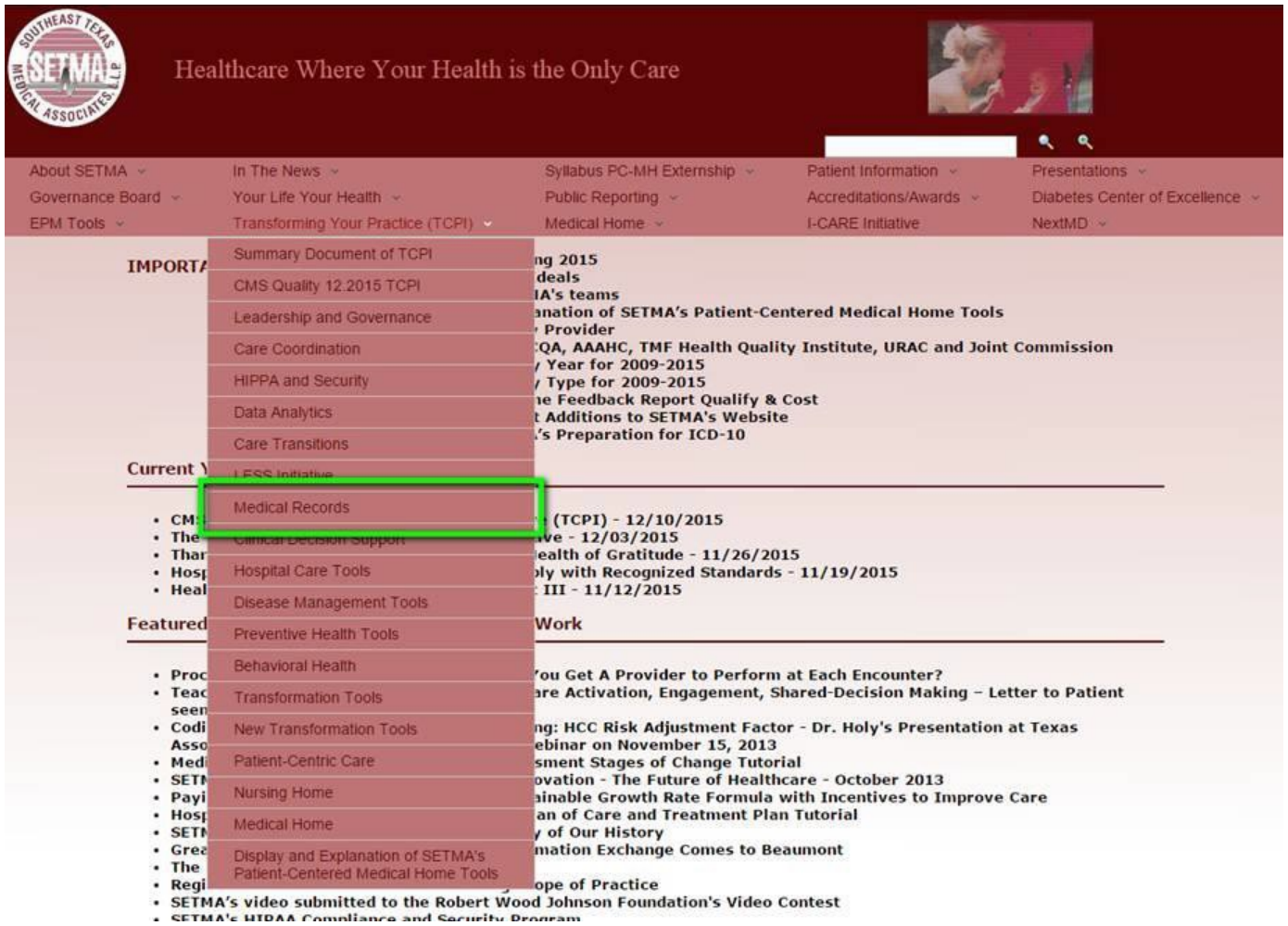
- [Less Initiative: SETMA](#)

Lose Weight, Exercise, Stop Smoking: Shared Responsibilities -- The LESS Initiative is dependent upon the sharing of responsibility by the various members of SETMA's healthcare team:

- The IT team (Information technology) has to make it possible to easily and conveniently produce the documents and to audit the performance.
- The Nursing and support staff have to collect the data - weight, height, waist size, abdominal girth, hip measurements, neck size, chest size, body fat, etc. - which allows the computation of the information used in determining the patient's health risk.
- The Nursing Staff have to create, print and distribute the documents, as well as initiate the discussion with the patient of the information in each.
- The Healthcare Providers - physicians and nurse practitioners - have to interact with the patient about the imperatives for change which are indicated by the information in the document, discussing with the health risks of doing nothing and the health benefits of changing the lifestyles...
- The Nurse Management Staff must audit the charts at the end of the day to make certain that this has been done. It has been established that a 95% effectiveness is the standard for determining success.

Medical Records

This section, found at the button outlined in green below, introduces practices to SETMA early medical record transformation in 1998-1999.



The screenshot shows the SETMA website with a dark red header. The logo is on the left, and the tagline "Healthcare Where Your Health is the Only Care" is in the center. A navigation bar contains links like "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", and "Presentations". Below this, a "Current Year" section lists various topics, with "Medical Records" highlighted by a green box. Other sections include "Important", "Featured", and "Upcoming Events".

Medical Records

The title of the first link in this section shown in the screen shot below introduced an article which SETMA published as a booklet. It was distributed widely to our practice, patients, community and others and represented our Cortez Initiative – the declaration that there was not going back. We started with EMR, we changed to EPM and we were going to succeed not matter the cost or effort required.



The screenshot shows the SETMA website with a dark red header. The header includes the SETMA logo (Southeast Texas Medical Associates, Inc.) on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a small image of a doctor and a patient on the right. Below the header is a navigation menu with links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", and "Presentations". The main content area is titled "Transforming Your Practice - Medical Records" and features a link to a booklet titled "More Than a Transcription Service: Revolutionizing the Practice of Medicine And Meeting the Challenge of Managed Care With Electronic Medical Records (EMR) which Evolves into Electronic Patient Management". Below the link is a paragraph of text starting with "May, 1999 -- When I was a child, medical records were kept on a 3x5-file card."

Healthcare Where Your Health is the Only Care

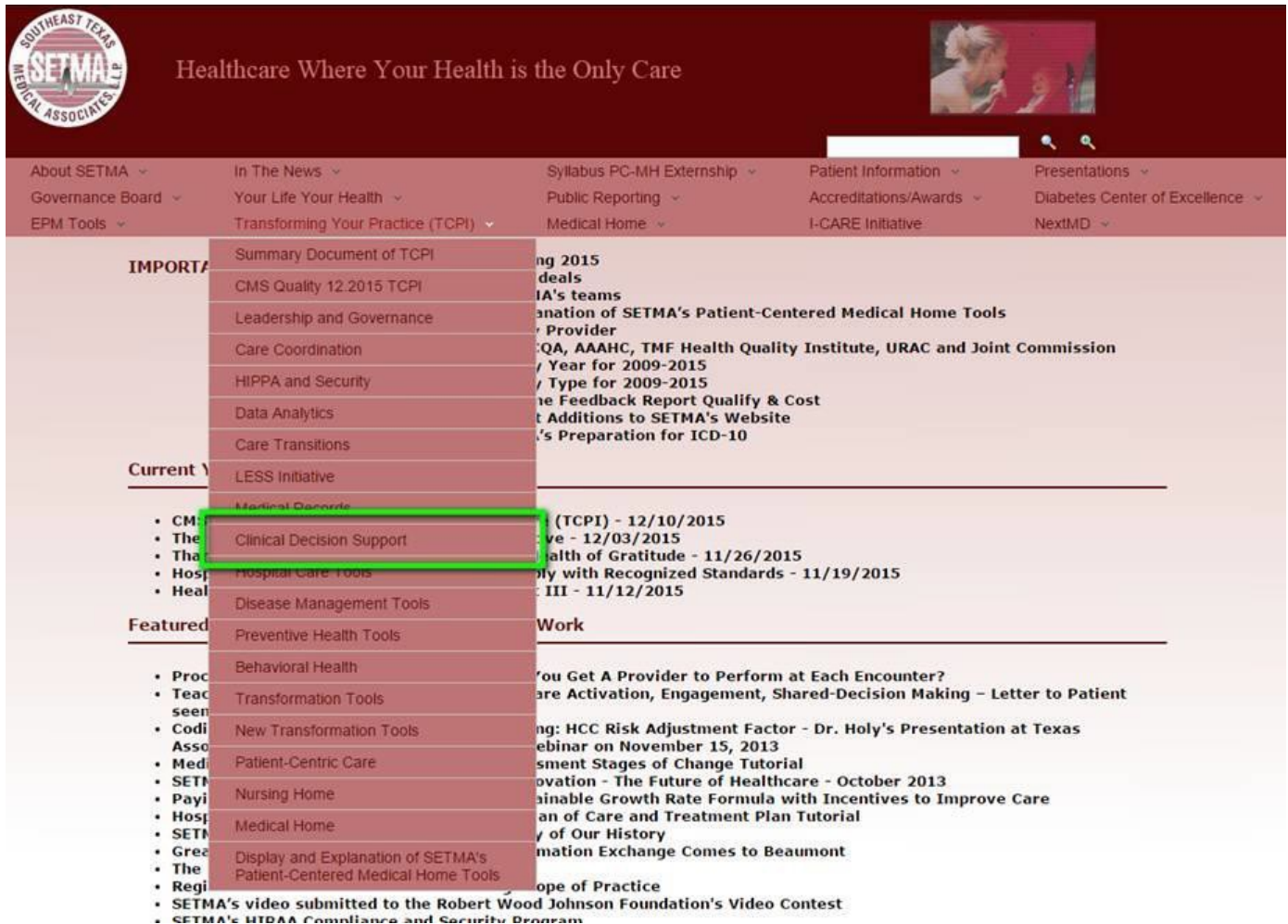
Transforming Your Practice - Medical Records

- [More Than a Transcription Service: Revolutionizing the Practice of Medicine And Meeting the Challenge of Managed Care With Electronic Medical Records \(EMR\) which Evolves into Electronic Patient Management](#)

May, 1999 -- When I was a child, medical records were kept on a 3x5-file card. The information essentially reflected the date and a one-word statement of what transpired in the visit to the doctor, often related merely to a shot or medicine, which was given. Patients paid a dollar for the visit, a dollar for the shot and a couple of dollars for the medication. Expectations were low and expenses were, also. The physician kept most of the important patient information in his/her head. Therefore, when the physician wasn't available, data on the patient wasn't available. This system was extremely personal and was often very satisfying for the patient and the physician. When I was born, Dr. Culpepper was my family doctor. In 1949, my family moved and did not use Dr. Culpepper as a physician again. In 1973, when I graduated from medical school, I called Dr. Culpepper and said, "Dr. Culpepper, I wanted to say hello and tell you I have graduated from medical school." Dr. Culpepper was in his early eighties and said spontaneously, "How are Bill and Irene," calling my parents by their first names, after not having seen them in 24 years. Dr. Culpepper had a wonderful mind, but it could only be in one place at a time. For a PDF copy of this article, see: [Revolutionizing the Practice of Medicine And Meeting the Challenge of Managed Care With Electronic Medical Records \(EMR\) which Evolves into Electronic Patient Management](#).

Clinical Decision Support

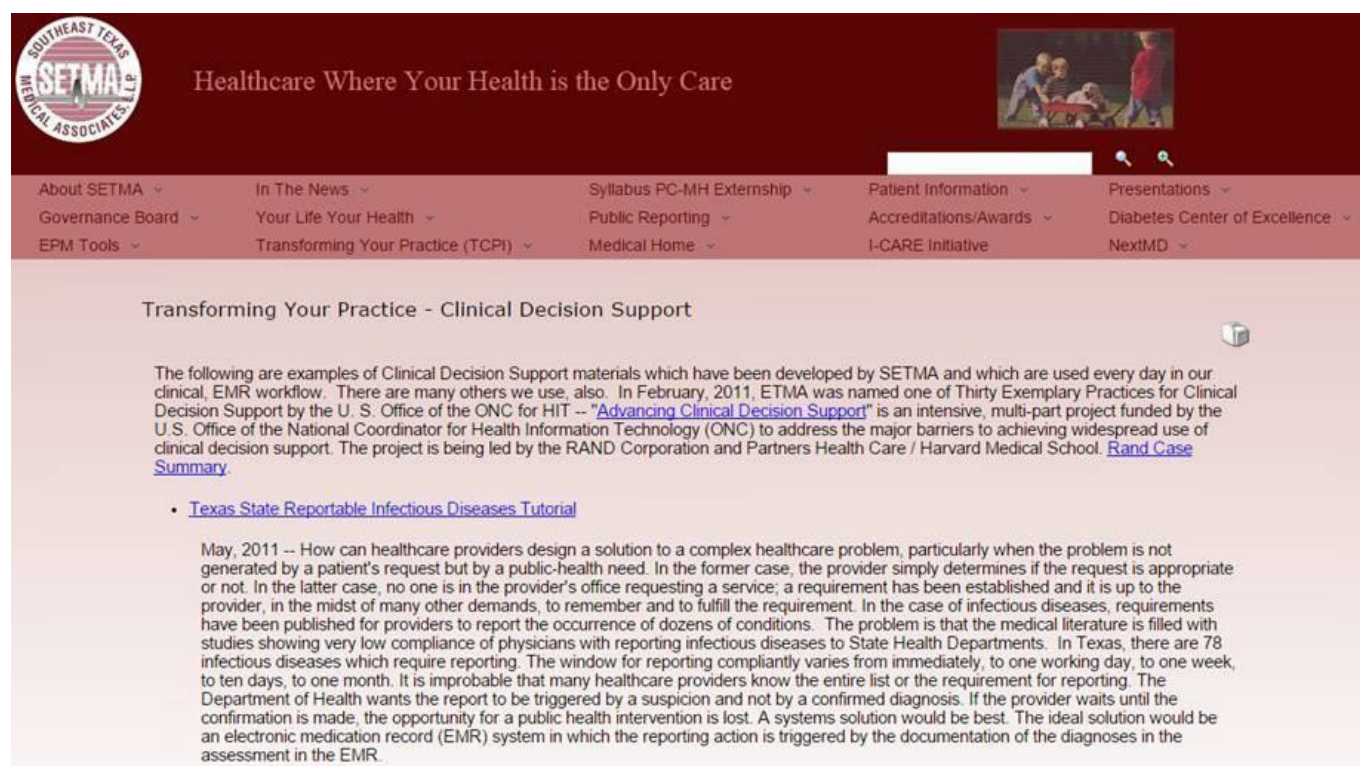
Once SETMA morphed from EMR to EMP (electronic patient management), disease management tools and clinical decision support became the backbone of our work. This section can be found by clicking on the button outlined in green below.



The screenshot shows the SETMA website with the following structure:

- Header:**
 - Logo: Southeast Texas Medical Association (SETMA)
 - Slogan: Healthcare Where Your Health is the Only Care
 - Search bar and social media icons.
- Navigation Menu:**
 - About SETMA
 - Governance Board
 - EPM Tools
 - In The News
 - Your Life Your Health
 - Transforming Your Practice (TCPI)
 - Syllabus PC-MH Externship
 - Public Reporting
 - Medical Home
 - Patient Information
 - Accreditations/Awards
 - I-CARE Initiative
 - Presentations
 - Diabetes Center of Excellence
 - NextMD
- Main Content Area:**
 - IMPORTANT:**
 - Summary Document of TCPI
 - CMS Quality 12 2015 TCPI
 - Leadership and Governance
 - Care Coordination
 - HIPPA and Security
 - Data Analytics
 - Care Transitions
 - Current Year:**
 - LESS Initiative
 - Maternal Care
 - Clinical Decision Support** (highlighted in green)
 - Hospital Care Tools
 - Disease Management Tools
 - Featured:**
 - Preventive Health Tools
 - Behavioral Health
 - Transformation Tools
 - New Transformation Tools
 - Patient-Centric Care
 - Nursing Home
 - Medical Home
 - Display and Explanation of SETMA's Patient-Centered Medical Home Tools

The screen shot of Clinical Decision Support seen below introduces the ideal of EMR and EPM which requires that electronics make tasks easier to perform and to audit.



Healthcare Where Your Health is the Only Care

[About SETMA](#) ▾ [In The News](#) ▾ [Syllabus PC-MH Externship](#) ▾ [Patient Information](#) ▾ [Presentations](#) ▾
[Governance Board](#) ▾ [Your Life Your Health](#) ▾ [Public Reporting](#) ▾ [Accreditations/Awards](#) ▾ [Diabetes Center of Excellence](#) ▾
[EPM Tools](#) ▾ [Transforming Your Practice \(TCPI\)](#) ▾ [Medical Home](#) ▾ [I-CARE Initiative](#) [NextMD](#) ▾

Transforming Your Practice - Clinical Decision Support

The following are examples of Clinical Decision Support materials which have been developed by SETMA and which are used every day in our clinical, EMR workflow. There are many others we use, also. In February, 2011, ETMA was named one of Thirty Exemplary Practices for Clinical Decision Support by the U. S. Office of the ONC for HIT -- "[Advancing Clinical Decision Support](#)" is an intensive, multi-part project funded by the U.S. Office of the National Coordinator for Health Information Technology (ONC) to address the major barriers to achieving widespread use of clinical decision support. The project is being led by the RAND Corporation and Partners Health Care / Harvard Medical School. [Rand Case Summary](#).

- [Texas State Reportable Infectious Diseases Tutorial](#)

May, 2011 -- How can healthcare providers design a solution to a complex healthcare problem, particularly when the problem is not generated by a patient's request but by a public-health need. In the former case, the provider simply determines if the request is appropriate or not. In the latter case, no one is in the provider's office requesting a service; a requirement has been established and it is up to the provider, in the midst of many other demands, to remember and to fulfill the requirement. In the case of infectious diseases, requirements have been published for providers to report the occurrence of dozens of conditions. The problem is that the medical literature is filled with studies showing very low compliance of physicians with reporting infectious diseases to State Health Departments. In Texas, there are 78 infectious diseases which require reporting. The window for reporting compliantly varies from immediately, to one working day, to one week, to ten days, to one month. It is improbable that many healthcare providers know the entire list or the requirement for reporting. The Department of Health wants the report to be triggered by a suspicion and not by a confirmed diagnosis. If the provider waits until the confirmation is made, the opportunity for a public health intervention is lost. A systems solution would be best. The ideal solution would be an electronic medication record (EMR) system in which the reporting action is triggered by the documentation of the diagnoses in the assessment in the EMR.

Hospital Care Tools

One of the most significant deficiencies of ambulatory, electronic health records is the isolation of ambulatory care from inpatient care. SETMA's hospital care tools. Few things represent the power of a team as SETMA's history in the hospital. Since January 1, 2007, SETMA has discharged 18,952 distinct patients from the hospital, which represents 39,340 distinct instances of discharges/encounters as of today. That is an average of 2,000 distinct patients a year and 4,371 annual admissions. The **Hospital Care Summary and the Post Hospital Plan of Care and Treatment Plan** (the discharge summary (this name was changed at an NQF, Transitions of Care conference in September, 2010) was completed at the time of discharge on 96.5 percent of the discharges/encounters **at the time of the discharge**. I would like the percentage to be higher but this is not a bad number. For the hospital, this means no "held charges," and effective transitions of care with all follow-up care, medication reconciliations and readmission risks determined before the patients leave the hospital. This is not the work of solitary physicians working by themselves but it is the work of a team. This is the results of SETMA's Hospital Care Tools and of SETMA's Hospital Care Team.



The screenshot shows the SETMA website with the following structure:

- Header:**
 - Logo: Southeast Texas Medical Associates (SETMA)
 - Slogan: Healthcare Where Your Health is the Only Care
 - Search icon
- Navigation Menu:**
 - About SETMA
 - Governance Board
 - EPM Tools
 - In The News
 - Your Life Your Health
 - Transforming Your Practice (TCPI)
 - Syllabus PC-MH Externship
 - Public Reporting
 - Medical Home
 - Patient Information
 - Accreditations/Awards
 - I-CARE Initiative
 - Presentations
 - Diabetes Center of Excellence
 - NextMD
- Main Content Area:**
 - IMPORTANT:**
 - Summary Document of TCPI
 - CMS Quality 12 2015 TCPI
 - Leadership and Governance
 - Care Coordination
 - HIPPA and Security
 - Data Analytics
 - Care Transitions
 - Current Year:**
 - LESS Initiative
 - Medical Records
 - Clinical Decision Support
 - Hospital Care Tools** (highlighted in green)
 - Disease Management Tools
 - Featured:**
 - Preventive Health Tools
 - Behavioral Health
 - Transformation Tools
 - New Transformation Tools
 - Patient-Centric Care
 - Nursing Home
 - Medical Home
 - Display and Explanation of SETMA's Patient-Centered Medical Home Tools

The following is a screen shot which introduces the Hospital Care Tools. The screen shot shows how SETMA addressed many issues in the hospital including “how nomenclature can obscure function.”



The screenshot displays the SETMA website with a dark red header. The header includes the SETMA logo (Southeast Texas Medical Associates) on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a photo of two smiling people on the right. Below the header is a navigation menu with links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", "Presentations", "Governance Board", "Your Life Your Health", "Public Reporting", "Accreditations/Awards", "Diabetes Center of Excellence", "EPM Tools", "Transforming Your Practice (TCPI)", "Medical Home", "I-CARE Initiative", and "NextMD".

The main content area is titled "Transforming Your Practice - Hospital Care Tools" and features a small 3D cube icon. The text describes the deployment of an ambulatory care EMR and the collaboration of the Hospital Care Team. It mentions the completion of hospital history and physical examinations, discharged summaries (renamed "Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan" in September, 2010), and the capacity to complete daily progress notes in the EMR.

- [Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan Tutorial](#)

Nomenclature Can Confuse Function

While the traditional "discharge summary" should have been the most important document created during a patient's hospital stay, it historically came to be nothing but a document created for an administrative and billing function for the hospital and attending physician. It has long ceased to be a dynamic document for the improvement of patient management. The "discharge summary" rarely provided continuity of care value, or transitions of care information, such as diagnoses, reconciled medication list, or follow-up instructions. In reality, the "discharge summary" was often completed days or weeks after the discharge and was a perfunctory task which was only completed when hospital staff privileges were threatened or payment was delayed. The "discharge summary" should have always been a transition-of-care document which not only summarized the patient's care during the hospitalization but guided the patient's post-hospital care with a plan of care and treatment plan. In this way, the document would have been a vehicle for patient engagement and activation.

Changing the Name to Clarify Function

In September, 2010, SETMA representatives as an invited participant attended a National Quality Forum conference on Transitions of Care. ([NQF - Summary of Dr. Holly's Comments - September 2nd, 2010](#)) During that conference, SETMA realized that the name "discharge summary" needed to be changed. It was thought that a name change would clarify and focus the intent of this critical document. The name was changed to "Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan." The purpose and content of the new document was defined as:

Disease Management Tools

These tools are not just “how to” in using electronic functions but they are also lessons in disease natural history and in best practices in how to improve the overall health of patients while addressing specific illnesses. They provide the ability for providers to measure their quality performance at the point of care and they make it efficient to create treatment plans and plans of care.



The screenshot shows the SETMA (Southeast Texas Medical Association) website. The header includes the SETMA logo and the tagline "Healthcare Where Your Health is the Only Care". The navigation menu lists various sections: About SETMA, Governance Board, EPM Tools, In The News, Your Life Your Health, Transforming Your Practice (TCPI), Syllabus PC-MH Externship, Public Reporting, Medical Home, Patient Information, Accreditations/Awards, I-CARE Initiative, Presentations, Diabetes Center of Excellence, and NextMD. The main content area is divided into sections: "IMPORTANT", "Current Work", "Features", and "Work". The "Current Work" section lists several items, with "Disease Management Tools" highlighted in green. Other items include "Summary Document of TCPI", "CMS Quality 12.2015 TCPI", "Leadership and Governance", "Care Coordination", "HIPPA and Security", "Data Analytics", "Care Transitions", "LESS Initiative", "Medical Records", "Clinical Decision Support", "Hospital Care Tools", "Behavioral Health", "Transformation Tools", "New Transformation Tools", "Patient-Centric Care", "Nursing Home", "Medical Home", "Display and Explanation of SETMA's Patient-Centered Medical Home Tools", and "SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest".

The following is a screen shot of the Disease Management section.



The screenshot shows the website of Southeast Texas Medical Associates (SETMA). The header features the SETMA logo on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a small image of a doctor and patient on the right. Below the header is a navigation menu with links to various sections: About SETMA, Governance Board, EPM Tools, In The News, Your Life Your Health, Transforming Your Practice (TCPI), Syllabus PG-MH Externship, Public Reporting, Medical Home, Patient Information, Accreditations/Awards, I-CARE Initiative, Presentations, Diabetes Center of Excellence, and NextMD. The main content area is titled "Transforming Your Practice - Disease Management Tools" and contains three paragraphs of text.

Transforming Your Practice - 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.

Preventive Health Tools

The foundation of effective preventive care is “hope.” The following link gives a more detailed explanation of this last statement: [Value, Virtue, Trust and Hope - The Foundation of Health Improvement](#). Without a sense of person value and personal virtue from which comes the capacity to trust, the result of the coexistence of these three, hope, will not exist. And without “hope” individuals will not take the steps and make the changes for the power and potential of preventive medicine to improve health.



The screenshot shows the SETMA (Southeast Texas Medical Association) website. The header includes the SETMA logo and the tagline "Healthcare Where Your Health is the Only Care". A navigation menu at the top lists various categories like "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", and "Presentations". Below the navigation menu, there are several sections of content. The "Current Year" section lists various initiatives and reports. The "Feature" section lists various tools and resources. The "Preventive Health Tools" link is highlighted in a green box.

SETMA
SOUTHEAST TEXAS
MEDICAL ASSOCIATES

Healthcare Where Your Health is the Only Care

About SETMA ▾ In The News ▾ Syllabus PC-MH Externship ▾ Patient Information ▾ Presentations ▾
Governance Board ▾ Your Life Your Health ▾ Public Reporting ▾ Accreditations/Awards ▾ Diabetes Center of Excellence ▾
EPM Tools ▾ Transforming Your Practice (TCPI) ▾ Medical Home ▾ I-CARE Initiative ▾ NextMD ▾

IMPORTANT

- Summary Document of TCPI
- CMS Quality 12.2015 TCPI
- Leadership and Governance
- Care Coordination
- HIPPA and Security
- Data Analytics
- Care Transitions

Current Year

- LESS Initiative
- Medical Records
- Clinical Decision Support
- Hospital Care Tools
- Process Management Tools

Feature

- Preventive Health Tools
- Behavioral Health
- Transformation Tools
- New Transformation Tools
- Patient-Centric Care
- Nursing Home
- Medical Home
- Display and Explanation of SETMA's Patient-Centered Medical Home Tools

• Proc
• Teac
• seen
• Codi
• Asso
• Medi
• SETM
• Payi
• Hosp
• SETM
• Grea
• The
• Regi

• You Get A Provider to Perform at Each Encounter?
• Care Activation, Engagement, Shared-Decision Making – Letter to Patient
• HCC Risk Adjustment Factor - Dr. Holy's Presentation at Texas
• Webinar on November 15, 2013
• Assessment Stages of Change Tutorial
• Innovation - The Future of Healthcare - October 2013
• Sustainable Growth Rate Formula with Incentives to Improve Care
• Plan of Care and Treatment Plan Tutorial
• History of Our History
• Information Exchange Comes to Beaumont
• Scope of Practice
• SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest
• SETMA's HIPAA Compliance and Security Program

The following is a screen shot to the section on Preventive Health Tools.



The screenshot shows the website of the Southeast Texas Medical Association (SETMA). The header features the SETMA logo on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a family photo on the right. Below the header is a navigation menu with links to various sections. The main content area is titled "Transforming Your Practice - Preventive Health Tools" and contains three paragraphs of text discussing the future of healthcare, preventive health, and the importance of hope in preventive care.

Healthcare Where Your Health is the Only Care

Transforming Your Practice - Preventive Health Tools

The future of healthcare is going to be focused upon health and not simply upon excellent care of disease processes. Yet, the ideal of preserving and/or regaining of a healthy state of being is not as easy as it sounds. Often, patients do not see any immediate benefit in making a change which may or may not make a difference in their sense of well being. Also, making a change in one's life style requires the hope that such change will make a difference. Many patients do not have hope. Many do not have the resources or mental or emotional capacity to make those changes. All of this complicates our realizing the promise of preventive care.

Typically, when we talk about "preventive health" we are talking about immunizations, screening and disease avoidance strategies. Another element of preventive health has to include [risk stratification](#). Evidenced-based medicine not only helps us understand what treatment methodologies work but also who needs the most aggressive treatment either in prevention or therapeutics. "Preventive health" also must include life-style changes by individuals.

Preventive health initiatives can be measured and they should be. But, if those measurements are going to make a difference, the results must be disclosed. In a recent conversation with the staff of the American Medical Association's Physician Consortium for Performance Improvement (PCPI) Department, SETMA addressed the "missing element" in quality measures. That missing element is a systematic and consistent auditing of a practice's and/or of a provider's performance on those quality measures.

The foundation of effective preventive care is "hope." The following link gives a more detailed explanation of this last statement: [Value, Virtue, Trust and Hope - The Foundation of Health Improvement](#). Without a sense of person value and personal virtue from which comes the capacity to trust, the result of the coexistence of these three, hope, will not exist. And without "hope" individuals will not take the steps and make the changes for the power and potential of preventive medicine to improve health.

Behavioral Health

This section is a discussion of SETMA's efforts in Behavioral Health which are growing rapidly. According to the [World Health Organization](#) (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others.: WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. However, cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. A person struggling with his or her behavioral health may face stress, [depression](#), [anxiety](#), relationship problems, [grief](#), [addiction](#), [ADHD](#) or [learning disabilities](#), [mood disorders](#), or other psychological concerns. Counselors, therapists, [life coaches](#), [psychologists](#), [nurse practitioners](#) or [physicians](#) can help manage behavioral health concerns with treatments such as therapy, counseling, or medication. The new field of [global mental health](#) is "the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide."



The screenshot shows the SETMA website with the following structure:

- Header:**
 - Logo: Southeast Texas Medical Association (SETMA)
 - Slogan: Healthcare Where Your Health is the Only Care
 - Navigation Menu:
 - About SETMA
 - Governance Board
 - EPM Tools
 - In The News
 - Your Life Your Health
 - Transforming Your Practice (TCPI)
 - Syllabus PC-MH Externship
 - Public Reporting
 - Medical Home
 - Patient Information
 - Accreditations/Awards
 - I-CARE Initiative
 - Presentations
 - Diabetes Center of Excellence
 - NextMD
- Main Content Area:**
 - IMPORTANT:**
 - Summary Document of TCPI
 - CMS Quality 12.2015 TCPI
 - Leadership and Governance
 - Care Coordination
 - HIPPA and Security
 - Data Analytics
 - Care Transitions
 - Current Year:**
 - LESS Initiative
 - Medical Records:**
 - Medical Records
 - Clinical Decision Support
 - Hospital Care Tools
 - Disease Management Tools
 - Featured:**
 - Behavioral Health** (highlighted with a green box)
 - Transformation Tools
 - New Transformation Tools
 - Patient-Centric Care
 - Nursing Home
 - Medical Home
 - Display and Explanation of SETMA's Patient-Centered Medical Home Tools

The following is a screen shot of this section.



The screenshot shows the website of Southeast Texas Medical Associates (SETMA). The header features the SETMA logo on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a small image of a family on the right. Below the header is a navigation menu with links to various sections: About SETMA, Governance Board, EPM Tools, In The News, Your Life Your Health, Transforming Your Practice (TCPI), Syllabus PC-MH Externship, Public Reporting, Medical Home, Patient Information, Accreditations/Awards, I-CARE Initiative, Presentations, Diabetes Center of Excellence, and NextMD. The main content area is titled "Transforming Your Practice - Behavioral Health" and includes a sub-section "Behavioral Health in SETMA's Patient-Centered Medical Home Model of Care". The text defines behavioral health as a term covering mental and emotional well-being, from daily challenges to mental illnesses. It references the World Health Organization (WHO) and discusses the importance of mental health in achieving psychological resilience. The text also mentions various professionals who can help manage behavioral health concerns, such as counselors, therapists, life coaches, psychologists, nurse practitioners, and physicians.

Transforming Your Practice - Behavioral Health

- [Behavioral Health in SETMA's Patient-Centered Medical Home Model of Care](#)

Behavioral health is a term that covers the full range of mental and emotional well-being - from the basics of how we cope with day-to-day challenges of life, to the treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorders and other addictive behaviors. While they are not precisely synonyms, behavioral health and mental health are functionally the same. The following is a published description of mental health. It is a level of [psychological well-being](#), or an absence of a [mental disorder](#); it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment." From the perspective of [positive psychology](#), mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve [psychological resilience](#).

According to the [World Health Organization](#) (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others." WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. However, cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. A person struggling with his or her behavioral health may face stress, [depression](#), [anxiety](#), relationship problems, [grief](#), [addiction](#), [ADHD](#) or [learning disabilities](#), [mood disorders](#), or other psychological concerns. Counselors, therapists, [life coaches](#), [psychologists](#), [nurse practitioners](#) or [physicians](#) can help manage behavioral health concerns with treatments such as therapy, counseling, or medication. The new field of [global mental health](#) is "the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide."

Transformation Tools

Does the distinction between reformation and transformation of the healthcare system really make a difference? In order to examine this question, we must define our terms. The definition of "reformation" is "improvement (or an intended improvement) in the existing form or condition of institutions or practices etc.; intended to make a striking change for the better in social or political or religious affairs." Synonyms for "reformation" are "melioration" and "improvement." Another definition states, "The act of reforming, or the state of being reformed; change from worse to better."

On the other hand, "transformation" is defined as, "a marked change in appearance or character, especially for the better." "Metamorphosis," a synonym for "transformation," is the transliteration of a Greek word which is formed by the combination of the word "morphe" which means "form," and "meta" which means "change." "Metamorphosis" conveys the idea of a "noticeable change in character, appearance, function or condition." Metamorphosis is what happens when a caterpillar morphs into a butterfly.

In function, the distinction between these two concepts as applied to healthcare is that "reformation" comes from pressure from the outside, while "transformation" comes from an essential change of motivation and dynamic from the inside." Anything can be reformed - reshaped, made to conform to an external dimension - if enough pressure is brought to bear. Unfortunately, reshaping under pressure can fracture the object being confined to a new space. And, it can do so in such a way as to permanently alter the structural integrity of that which is being reformed. Also, once the external pressure is eliminated, redirected or lessened, the object often returns to its previous shape as nothing has fundamentally changed in its nature.

Being from within, transformation results in change which is not simply reflected in shape, structure, dimension or appearance, but transformation results in a change which is part of the nature of the organization being transformed. The process itself creates a dynamic which is generative, i.e., it not only changes that which is being transformed but it creates within the object of transformation the energy, the will and the necessity of continued and constant change and improvement. Transformation is not dependent upon external pressure but is sustained by an internal drive which is energized by the evolving nature of the organization.



Healthcare Where Your Health is the Only Care



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- CMS
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- Medical Records
- Clinical Decision Support
- Hospital Care Tools
- Disease Management Tools

Featured

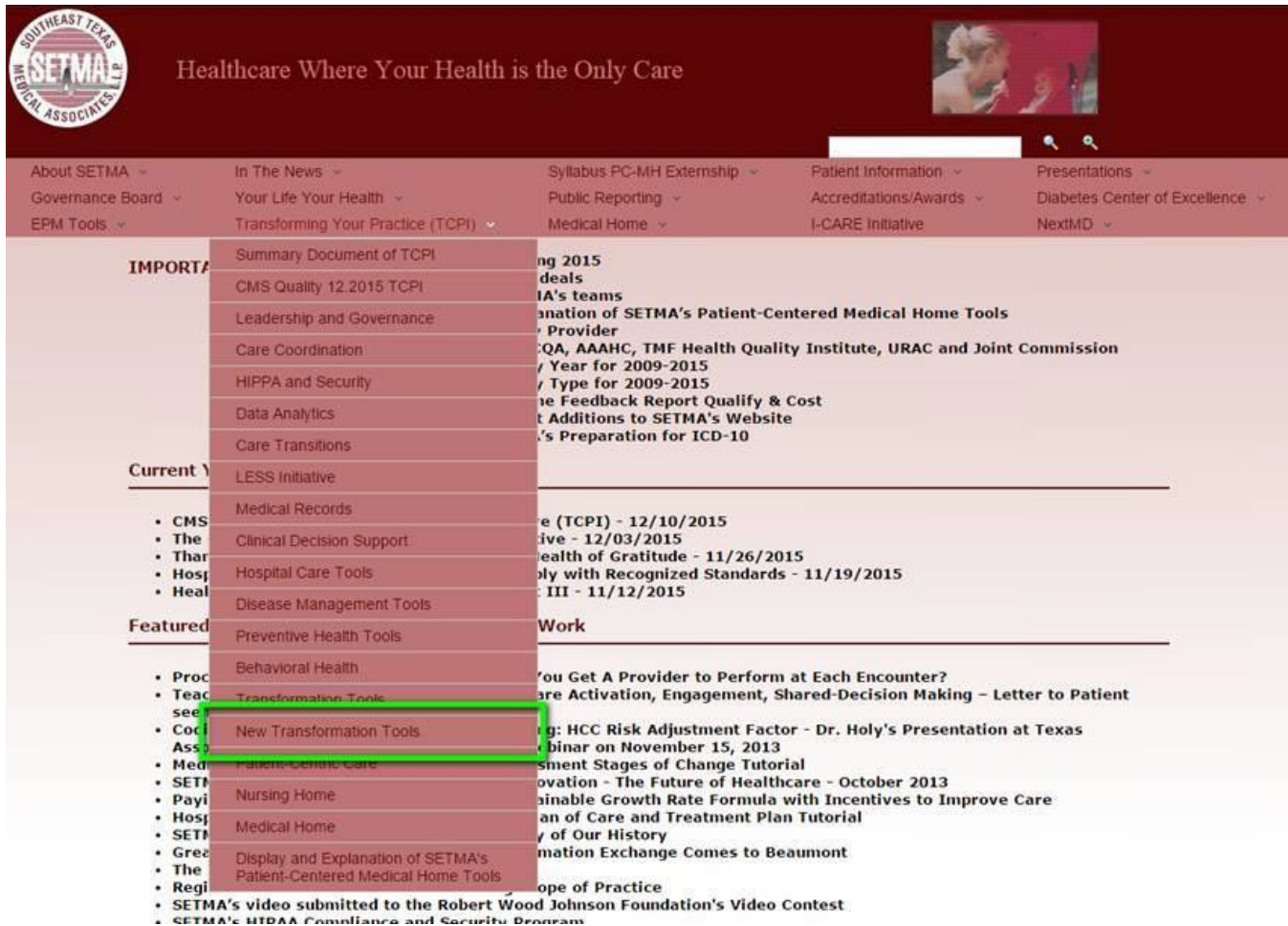
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New Transformation Tools

This section is placed here for new tools which we develop. The first tutorial which will be deployed here will be the Chronic Conditions Management Tutorial which is complete but will be posted to the website soon.



The screenshot shows the SETMA (Southeast Texas Medical Associates) website. The header includes the SETMA logo and the tagline "Healthcare Where Your Health is the Only Care". A navigation bar contains links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", and "Presentations". Below the navigation bar, there are several sections. The "Featured" section is visible, listing various resources. The "New Transformation Tools" link is highlighted with a green box. Other links in the "Featured" section include "Transformation Tools", "Patient-Centered Care", "Nursing Home", "Medical Home", "Display and Explanation of SETMA's Patient-Centered Medical Home Tools", and "SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest".

Patient-Centric Care

Many ideas are new to the “old” way of practicing medicine: coordination, transitions, activation, engagement, shared-decision making, but nothing is newer than the concept of “patient-centric care.” This section is designed to introduce concepts like patient-centric conversations and other equally novel concepts.



The screenshot shows the SETMA (Southeast Texas Medical Association) website. The header features the SETMA logo and the tagline "Healthcare Where Your Health is the Only Care". Below the header is a navigation menu with links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", and "Presentations". The main content area is divided into several sections, including "IMPORTANT", "Current Year", "Featured", and "Patient-Centric Care". The "Patient-Centric Care" section is highlighted with a green border and contains a list of resources, including "Patient-Centric Care", "Medical Home", and "Display and Explanation of SETMA's Patient-Centered Medical Home Tools".

SETMA
SOUTHEAST TEXAS
MEDICAL ASSOCIATION

Healthcare Where Your Health is the Only Care

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SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest

SETMA's HIPAA Compliance and Security Program

The following screen shot of this section alerts the provider to some of the challenges for practice transformation.



The screenshot displays the SETMA (Southeast Texas Medical Associates) website. The header features the SETMA logo on the left and the tagline "Healthcare Where Your Health is the Only Care" in the center. A navigation menu below the header includes links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", "Presentations", "Governance Board", "Your Life Your Health", "Public Reporting", "Accreditations/Awards", "Diabetes Center of Excellence", "EPM Tools", "Transforming Your Practice (TCPI)", "Medical Home", "I-CARE Initiative", and "NextMD". The main content area is titled "Transforming Your Practice - Patient-Centric Care" and contains a welcome message about SETMA's Medical Home "Story Book". It mentions that the story began in February 2009 and is organized into three sections: "The SETMA Model of Care", "Patient Centered Medical Home: Healthcare Innovation, the Future of Healthcare", and "The following are links to some of our 'stories:'". A list of links follows, including "Paternalism or Partnership - the Dynamic of the PC-MH", "Learning From One's Mistakes", "Medical Home Poster Child", "Patient Centered Medical Home Poster Child: An Update after Five Years of Treatment in a Medical Home", "Evolution of Health Care", "Homicidal Threat to Reciprocal Caring", and "Medical Home Pilgrimage - Stories".

Healthcare Where Your Health is the Only Care

About SETMA ▾ In The News ▾ Syllabus PC-MH Externship ▾ Patient Information ▾ Presentations ▾
Governance Board ▾ Your Life Your Health ▾ Public Reporting ▾ Accreditations/Awards ▾ Diabetes Center of Excellence ▾
EPM Tools ▾ Transforming Your Practice (TCPI) ▾ Medical Home ▾ I-CARE Initiative ▾ NextMD ▾

Transforming Your Practice - Patient-Centric Care

Welcome to SETMA's Medical Home "Story Book." The contents are the thoughts, ideas and analysis of SETMA about Medical Home and particularly about our medical home. Formally, our story began February 17, 2009 when we attend a lecture about Patient-Centered Medical Home (PC-MH). In reality, our medical-home pilgrimage began decades ago. The initial part of our story is organized into three sections, each of which represents articles written in the years 2009, 2010 and 2011. A primer to SETMA's medical home is at: [The SETMA Model of Care](#).
[Patient Centered Medical Home: Healthcare Innovation, the Future of Healthcare](#)

The following are links to some of our "stories:"

- [Paternalism or Partnership - the Dynamic of the PC-MH](#)
- [Learning From One's Mistakes](#)
- [Medical Home Poster Child](#)
- [Patient Centered Medical Home Poster Child: An Update after Five Years of Treatment in a Medical Home](#)
- [Evolution of Health Care](#)
- [Homicidal Threat to Reciprocal Caring](#)
- [Medical Home Pilgrimage - Stories](#)

Nursing Home

This section introduces special tools for this unique care delivery site. Five problems are identified as the most complex and difficult and solutions are identified and described.



The screenshot shows the SETMA (Southeast Texas Medical Association) website. The header includes the SETMA logo and the tagline "Healthcare Where Your Health is the Only Care". A navigation menu at the top lists various resources. The main content area is divided into sections: "IMPORTANT", "Current Year", "Featured", and "Medical Home". The "Medical Home" section is highlighted with a green box, and the "Nursing Home" link is highlighted with a green box within that section.

Navigation Menu:

- About SETMA
- Governance Board
- EPM Tools
- In The News
- Your Life Your Health
- Transforming Your Practice (TCPI)
- Syllabus PC-MH Externship
- Public Reporting
- Medical Home
- Patient Information
- Accreditations/Awards
- I-CARE Initiative
- Presentations
- Diabetes Center of Excellence
- NextMD

Main Content Sections:

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 - Summary Document of TCPI
 - CMS Quality 12 2015 TCPI
 - Leadership and Governance
 - Care Coordination
 - HIPPA and Security
 - Data Analytics
 - Care Transitions
- Current Year:**
 - LESS Initiative
 - Medical Records
 - Clinical Decision Support
 - Hospital Care Tools
 - Disease Management Tools
- Featured:**
 - Preventive Health Tools
 - Behavioral Health
 - Transformation Tools
 - New Transformation Tools
 - Deliver Patient Care
 - Nursing Home
 - Medical Home
 - Display and Explanation of SETMA's Patient-Centered Medical Home Tools
- Medical Home:**
 - Summary Document of TCPI
 - CMS Quality 12 2015 TCPI
 - Leadership and Governance
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 - HIPPA and Security
 - Data Analytics
 - Care Transitions
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 - Clinical Decision Support
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 - Preventive Health Tools
 - Behavioral Health
 - Transformation Tools
 - New Transformation Tools
 - Deliver Patient Care
 - Nursing Home
 - Medical Home
 - Display and Explanation of SETMA's Patient-Centered Medical Home Tools

The following screen shots introduces the Nursing Home tools designed by SETMA.



The screenshot displays the SETMA website with a dark red header. The header includes the SETMA logo (Southeast Texas Medical Associates, P.C.) on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a family photo on the right. Below the header is a navigation menu with links such as "About SETMA", "In The News", "Syllabus PC-MH Externship", "Patient Information", "Presentations", "Governance Board", "Your Life Your Health", "Public Reporting", "Accreditations/Awards", "Diabetes Center of Excellence", "EPM Tools", "Transforming Your Practice (TCPI)", "Medical Home", "I-CARE Initiative", and "NextMD".

The main content area is titled "Transforming Your Practice - Nursing Home" and features a small 3D cube icon. It contains two bullet points:

- [EPM Tools - Nursing Home](#)

The Nursing Home is a unique place to practice medicine. The special needs of patients in the nursing home provide an opportunity for electron patient management to raise the standard and the level of that care. SETMA's nursing home service team provides an excellent level of care in that all patient management is done through the EMR. SETMA has design a [special suite of templates for the nursing home](#). These templates address the five most difficult problems faced in long-term residential patient care. SETMA has designed special templates for each of these concerns and these templates are used in many other places in SETMA's electronic patient management. This is one of the great strengths of EPM - a solution to a problem in one setting, can be used in all other settings where that same problem occurs. With the use of the EMR and with the continuity of care provided with EPM, SETMA has reduced nursing home patients' admission from a national standard of 7-10% to below 3.5%. This shows the power of EPM not only for quality of care but also for reducing the cost of that care.
- [Nursing Home Suite of Templates Tutorial](#)

For many reasons, the long-term residential-care setting presents serious and unique challenges to excellence of care for patients who require such placement. SETMA's commitment to dignified, personal and excellent care for all who require long-term-residential care, whether due to advanced age and infirmity, disability and infirmity, or other reasons, has resulted in the forming of a team of healthcare professionals to coordinate and deliver that care. This team is supported by a reference laboratory, mobile x-ray service and hospital-care team which provide a continuity of care between the outpatient, inpatient, and residential-care settings. With this commitment SETMA has expanded the use of electronic patient records, and, electronic patient management, into the long-term residential-care setting. The Nursing Home Suite of Templates is the foundation of that expansion.

Medical Home

Stories, ideals, details and designs for Patient-Centered Medical Home are part of healthcare transformation and part of the TCPI.



The screenshot shows the SETMA (Southeast Texas Medical Association) website. The header features the SETMA logo and the tagline "Healthcare Where Your Health is the Only Care". Below the header is a navigation bar with various links. A dropdown menu is open, displaying a list of topics. The "Medical Home" link is highlighted with a green box.

Navigation Bar Links:

- About SETMA
- Governance Board
- EPM Tools
- In The News
- Your Life Your Health
- Transforming Your Practice (TCPI)
- Syllabus PC-MH Externship
- Public Reporting
- Medical Home
- Patient Information
- Accreditations/Awards
- I-CARE Initiative
- Presentations
- Diabetes Center of Excellence
- NextMD

Dropdown Menu Items:

- Summary Document of TCPI
- CMS Quality 12 2015 TCPI
- Leadership and Governance
- Care Coordination
- HIPPA and Security
- Data Analytics
- Care Transitions
- LESS Initiative
- Medical Records
- Clinical Decision Support
- Hospital Care Tools
- Disease Management Tools
- Preventive Health Tools
- Behavioral Health
- Transformation Tools
- New Transformation Tools
- Patient-Centric Care
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Other Content:

- ing 2015
- deals
- IA's teams
- ation of SETMA's Patient-Centered Medical Home Tools
- Provider
- QA, AAAHC, TMF Health Quality Institute, URAC and Joint Commission
- / Year for 2009-2015
- / Type for 2009-2015
- Feedback Report Qualify & Cost
- Additions to SETMA's Website
- 's Preparation for ICD-10
- (TCPI) - 12/10/2015
- ive - 12/03/2015
- Health of Gratitude - 11/26/2015
- oly with Recognized Standards - 11/19/2015
- III - 11/12/2015
- Work
- You Get A Provider to Perform at Each Encounter?
- are Activation, Engagement, Shared-Decision Making - Letter to Patient
- ng: HCC Risk Adjustment Factor - Dr. Holy's Presentation at Texas
- ebinar on November 15, 2013
- ment Stages of Change Tutorial
- ovation - The Future of Healthcare - October 2013
- inable Growth Rate Formula with Incentives to Improve Care
- in of Care and Treatment Plan Tutorial
- of Our History
- ation Exchange Comes to Beaumont
- ope of Practice
- SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest
- SETMA's HIPAA Compliance and Security Program

The following is a screen shot for the Medical Home section of this site.



The screenshot shows the website for Southeast Texas Medical Associates (SETMA). The header features the SETMA logo on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a photograph of a doctor with a patient on the right. Below the header is a navigation menu with links to various sections. The "Medical Home" link is highlighted. The main content area is titled "Medical Home" and "SETMA, LLP" with the subtitle "The Story and the Ideals". It contains two sections: "The Story and the Ideals" with a list of links to various articles and reports, and "Introduction to Preventive Health Tools" with a list of links to various health tools and initiatives.

Medical Home

Medical Home
SETMA, LLP
The Story and the Ideals

[The Story and the Ideals](#)

- [Paternalism or Partnership - the Dynamic of the PC-MH](#)
- [Learning From One's Mistakes](#)
- [Medical Home Poster Child](#)
- [Patient Centered Medical Home Poster Child: An Update after Five Years of Treatment in a Medical Home](#)
- [Evolution of Health Care](#)
- [Homicidal Threat to Reciprocal Caring](#)
- [Medical Home Pilgrimage - Stories](#)

[Introduction to Preventive Health Tools](#)

- [If You Make A Change Will it Make a Difference.](#)
- [Dynamic Complexity](#)
- [Cardiovascular Risk Assessment](#)
- [Annual Questionnaires](#)
- [Accountable for Good Preventive Care](#)
- [Less Initiative](#)
- [Smoking Cessation](#)
- [Exercise](#)

Display and Explanation of SETMA's PC-MH Tools



Healthcare Where Your Health is the Only Care

[About SETMA](#)
[In The News](#)
[Syllabus PC-MH Externship](#)
[Patient Information](#)
[Presentations](#)

[Governance Board](#)
[Your Life Your Health](#)
[Public Reporting](#)
[Accreditations/Awards](#)
[Diabetes Center of Excellence](#)

[EPM Tools](#)
[Transforming Your Practice \(TCPI\)](#)
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[I-CARE Initiative](#)
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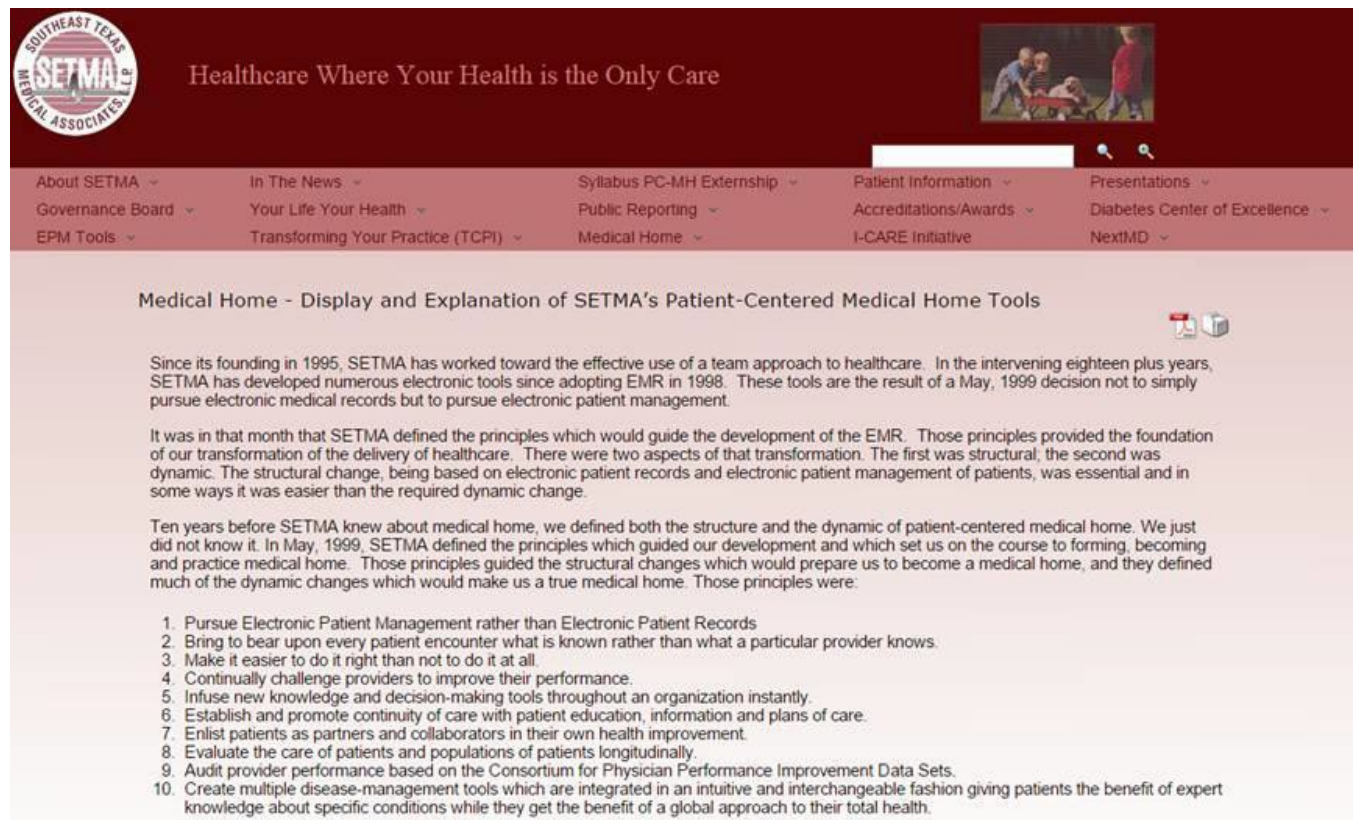
ation Exchange Comes to Beaumont

pe of Practice

SETMA's video submitted to the Robert Wood Johnson Foundation's Video Contest

SETMA's HIPAA Compliance and Security Program

There is some redundancy here but a different organization makes access to these concepts easier. This is a screen shot for this section.



The screenshot shows the website of the Southeast Texas Medical Association (SETMA). The header features the SETMA logo on the left, the tagline "Healthcare Where Your Health is the Only Care" in the center, and a photograph of a family on the right. Below the header is a navigation menu with links to various sections. The main content area is titled "Medical Home - Display and Explanation of SETMA's Patient-Centered Medical Home Tools". It contains three paragraphs of text and a numbered list of 10 principles.

Medical Home - Display and Explanation of SETMA's Patient-Centered Medical Home Tools

Since its founding in 1995, SETMA has worked toward the effective use of a team approach to healthcare. In the intervening eighteen plus years, SETMA has developed numerous electronic tools since adopting EMR in 1998. These tools are the result of a May, 1999 decision not to simply pursue electronic medical records but to pursue electronic patient management.

It was in that month that SETMA defined the principles which would guide the development of the EMR. Those principles provided the foundation of our transformation of the delivery of healthcare. There were two aspects of that transformation. The first was structural; the second was dynamic. The structural change, being based on electronic patient records and electronic patient management of patients, was essential and in some ways it was easier than the required dynamic change.

Ten years before SETMA knew about medical home, we defined both the structure and the dynamic of patient-centered medical home. We just did not know it. In May, 1999, SETMA defined the principles which guided our development and which set us on the course to forming, becoming and practice medical home. Those principles guided the structural changes which would prepare us to become a medical home, and they defined much of the dynamic changes which would make us a true medical home. Those principles were:

1. Pursue Electronic Patient Management rather than Electronic Patient Records
2. Bring to bear upon every patient encounter what is known rather than 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. Establish and 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 the Consortium for Physician Performance Improvement Data Sets.
10. Create multiple disease-management tools which are integrated in an intuitive and interchangeable fashion giving patients the benefit of expert knowledge about specific conditions while they get the benefit of a global approach to their total health.