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Seventeen years! I remember the day in May, 1995, that four physician met with one CPA to discuss forming a group medical practice. Some were dictating records others were handwriting records. One had an antiquated computer system for business which was unreliable, others had no computers. Some organized their charts by alphabet and others by numbers. In December 1995, one of SETMA's partners was struck by a car and suffered multiple injuries. As if the transition was not already difficult, this made matters worse. Yet, SETMA responded, as we would to all future crises, we rose to the occasion. The needs of the injured partner were met. His overhead and his salary were paid. His patients were seen and cared for. This was doubly difficult, as we were not yet in the same location.

We were a motley crew to say the least. It was March, 1996, before the remodeling of our first office was completed and it was not until June 14, that we were all in the same location. This simplified a complicated system but it still seemed impossible to face 21st Century healthcare with a paper healthcare system, even one which utilized transcription. Every weekend, some of us worked to file laboratory work and other documents which one provider had kept in plastic garden sacks. The task was compounded by the necessity of looking up the new numeric filing number and associating it with the old alphabetical system.

May, 30, 1996, a statement of SETMA's business philosophy was published. It established that the principles which would guide our decision were three. For SETMA to enter into an enterprise, it must be: 1) legal (ethical), this was the lowest standard but the first critical step in decision making; 2) fair (equitable), this addressed that business did not have to be a zero sum game, but that it was possible for all parties to be winners; 3) moral (Eternal), this addressed that the highest standards of rectitude would be met. There are things which are legal and fair but which are not moral, or eternally valid, and SETMA held itself to all three standards. These standards have served us well. This May, 1996 statement has been published and republished as a reminder to us of from whence we have come. The full text of that statement can be read at the following link: <http://www.jameslhollymd.com/Letters/SETMA-May-20-1996-statement-of-prosperity-Deut-8.pdf>

We were all interested in quality but with paper records, even returning telephone calls was complicated. Just the weight of our chart racks placed great pressure on the foundation of the building we occupied. We set the standard of answering every call from every patient every day, but found that attaching blue-telephone notes to charts and getting those to the proper provider left everyone at the end of the day with dozens of charts stacked in the office, all needing answering. Transcription cost began to escalate until it was costing \$14,000 a month to transcribe records and even then they were often not available for several days if not a week.

On July 25, 1996, we had our open house to introduce the community to SETMA's new offices. On September 30, 1996, SETMA announced that one of the partners had decided to leave SETMA. While disappointing, the nature of a group practice is that people will come and go.

The *SETMA Sentinel* – an in-house publication which was the principle means by which we began building a team – announced that the partner was leaving and that every courtesy would be extended to him. On October 22, 1996, the *Sentinel* announced the conclusion of all issues related to this partner's leaving SETMA. SETMA would face many challenges in its first seventeen years. All of them would be handled in the same way: straightforwardly, honestly and resolutely.

May, 1997, brought a financial crisis to SETMA. It was in that month that it seemed that SETMA would not be able to survive. Yet, following the principles we had established two years before, we not only survived but we succeeded. There would continue to be financial pressures but guided by principle, SETMA has been debt free for the past six years and continues to manage its affairs in a way that allows us to meet the needs of our patients, employees and staff.

The Advent of SETMA's EMR

In October, 1997, SETMA's partners attended the Medical Group Management Association's (MGMA) annual meeting in Washington, DC. We attended meetings in the day and met as a team in the evening. We looked at "the" future and planned for "our" future. One thing we did was to determine to adopt electronic medical records (EMR). We looked at 30-40 programs and over the next five months continued to examine EMRs. On March 30, 1998, we purchased the NextGen EMR and their enterprise practice management (EPM) system. We were on our way but barely.

On August 1, 1998, SETMA deployed NextGen's EPM program but it was Tuesday, January 26, 1999 before we were able to build enough functions to begin using the EMR. With a great deal of effort, by Friday, January 29th, all patients were seen using the EMR and have been since. Our use of the EMR has expanded to the emergency department, the hospital, the nursing homes, physical therapy and to all points of care for our patients.

Four Major Events in May, 1999

In May, 1999, SETMA made several strategic decisions. **First**, we determined that EMR was too hard and too expensive if all we could gain from it was the ability to document a patient encounter electronically. We had to learn to leverage electronics into a tool with which to improve the care of our patients. This decision launched us on a 14-year journey of developing disease management tools and clinical decision support tools. **Second**, utilizing the principles of Peter Senge's *The Fifth Discipline*, we defined our goals and objectives, which have not changed since that time. The principles which have guided Southeast Texas Medical Associates' development of a data base which supports these requirements are:

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.

These principles laid the ground work for SETMA's becoming a patient-centered medical home in the summer of 2010 and in SETMA gaining national recognition starting with the HIMSS Davies Award in 2005.

Third, in May, 1999, SETMA also published a booklet entitled: *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*. This described SETMA's vision of the future of healthcare. It can be read in its entirety at: [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](#). Thirteen years later, the fruition of SETMA's vision would become reality with the publication of *SETMA's Model of Care* in January, 2012. It can be read at [The Future of Healthcare Innovation and Change SETMA's Model of Care Patient-Centered Medical Home](#).

The **fourth** major event in May, 1999, was the enunciation of SETMA's "celebratory philosophy." Through discouragement, SETMA determined not to focus on what we weren't doing but to celebrate what we had done and what we were actively doing. This decision allowed us to face many difficult circumstances, any one of which could have stifled our progress. We adopted Mikhail Baryshnikov's philosophy, in which he said, "I never try to dance better than anyone else; I try to dance better than myself. SETMA determined to do better than what we had done before. We continually improved and no matter how discouraging things might seem, we celebrated our accomplishments and moved forward.

The years between 2000 and 2007 were filled with advancement and successes. SETMA won award after award (see www.jameslhollymd.com Awards) and we pushed ourselves to learn and to advance more and more. The EMR became the life blood of our practice. As we began using it in all areas of our practice, we pushed developed new applications as we learned the power of electronics. We accelerated our design and deployment of disease management tools and of clinic decision support functions which benefited our patients and which attracted more national attention.

2007

These years were not without turmoil. Physicians had been struggling for years with the tension between professionalism and entrepreneurship. SETMA was not immune from those pressures. On April 12, 2007, four physicians announced they were leaving SETMA. Two of them were

partners; two were their friends. (In 2012, one of the latter two returned to SETMA as a partner.) Simultaneously and unrelated, four other physicians announced individually that they were leaving SETMA to move to other cities. (In the past five years, five of the eight physicians have affirmed that the best job they ever had was with SETMA.) The spring of 2007 seemed like a bleak time. Although it was apparent that SETMA would survive this, it certainly was not going to be fun. Surely nothing could be worse!

In August, 2007, co-founding partner, Mark Wilson, MD, announced that he had cancer and he began a courageous nineteen-month battle with the disease. The eight departing physicians seem to be a small thing, as we all faced Mark's illness. The remaining partners of SETMA rallied to Mark's support, relieving him of all clinical responsibilities and continuing to pay his salary and benefits until his death. I personally have never been as proud of SETMA's partners as I was of their conduct at that time.

Expansion

In 2004, SETMA expanded to a second clinical location at 3570 College and in 2005 opened the Mark A. Wilson Clinic on Dowlen Road in Beaumont's west end. In February, 2011, SETMA opened a fourth clinic in Port Arthur and in the fall of 2012 will open a fifth clinic in Orange, Texas. In the summer of 2013, SETMA's Lumberton clinic will open. These six locations, supported by a common electronic communication system and a common EMR and EPM allow SETMA to meet the needs of all of SETMA's patients regardless of where they live.

In this same time, SETMA has achieved:

1. National Committee for Quality Assurance (NCQA) recognition as a patient-centered medical home.
2. NCQA recognition for diabetes care
3. Accreditation Association for Ambulatory Health Care (AAAHC) accreditation as a medical home
4. AAAHC accreditation for ambulatory care
5. Joslin Diabetes Center Affiliated with Harvard School of Medicine affiliation with SETMA as the Joslin Affiliate at SETMA.

SETMA's website displays:

1. SETMA's public reporting by provider name on their performance on over 250 quality metrics.
2. Over 750 articles written over the past 14 years in the *Beaumont Examiner* as Your Life Your Health columns.
3. Over 160 articles written in national magazines and journals about SETMA.
4. Over 75 electronic patient management tools comprised of over 7,000 pages of disease management tools.
5. Over 50 national awards and recognitions
6. Over 60 presentations given at national meetings

SETMA has hosted or will host training programs for:

1. Lamar X-ray Techs
2. Lamar Dietician and Registered Nutritionists
3. Nurse Practitioner training for multiple programs
4. University of Texas Health Science Center at San Antonio School of Medicine residents and medical students
5. Texas A&M Health Science Center School of Medicine residents and medical students.
6. University of Texas Medical Branch School of Medicine residents and medical Students.

SETMA's Staff

As SETMA celebrates its history and as we look forward to a 25th anniversary celebration in 2020, we are grateful for God's blessings in the past and for the friendship and for the support of many in our community. Also, we are proud of our staff and we look forward to those who will be joining us in the coming months and years.

Perhaps nothing bespeaks as well of SETMA as does this statistic: 79% of our employees have been with us for five years or more, and another 13% have with us for 4 years. This is a credit to SETMA's policies, executive management staff, culture and the respect in which we hold our employees.

We are looking forward to the future of healthcare, of Southeast Texas and of SETMA. We hope you will join us on this journey.