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**Medical Home Series 2 Part IX
Telling The Truth and Collaboration
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The foundation of SETMA's Medical Home transformation was our facing of the truth about how we practice medicine. Nothing has changed about that. Former Notre Dame Philosophy professor, Tom Morris, applied Aristotle's four cardinal virtues to American business in writing, *If Aristotle Ran General Motors*. One of those virtues is truth, of which, Morris said in part:

“There is probably no greater source of wasted time and energy in modern corporate life than the distraction that arises when truth is not readily available in the workplace and speculation, gossip, and rumor rush in to fill the void.” (p. 30)

“Human beings can't do without truth.”

“...the Spanish-born Roman poet Martial wrote in the first century, ‘Conceal a flaw and the world will imagine the worst.’ Whenever you confront a problem, you confront the need for truth. The people who work with you can't be their best if they are busy imaging the worst:

- concerning the state of the company
- what you think of their performance, or
- what the future might hold. (31)”

As SETMA began the process of becoming a Medical Home, we determined that we do not want to achieve Medical Home simply by jumping through hoops but by fundamentally changing our healthcare-delivery model to gain the benefits of the ideals of Medical Home. When we started using NexGen EMR in 1999, it took us only three months to determine that it was too hard and too expensive if all we gained from it was an electronic means of completing a patient encounter. Therefore, we morphed from EMR to EPM (electronic patient management). All of our progress in disease management, evidenced-based medical management, population management and restructuring of our delivery model has been achieved as a result of that transition from EMR to EMP.

Early in the process of becoming a Medical Home, SETMA saw the potential of bringing about another major advancement in our delivery of healthcare. It has been and it is our intent to gain that advantage through taking seriously the spirit, intent, dynamic and potential of Medical Home. We believed that it would take five years before we would have the answer to this particularly question and before we would know whether we made the caliber of transition via Medical Home as we did via electronic patient management. That questions was being asked April, 2, 2009. Now, twenty-eight

months later, the evidence is in; Medical Home is a major step forward in healthcare delivery for SETMA. Thirty-two months from now, five years will have passed since we started this process. We now believe we will have passed the test.

In the past 28 months, we have learned a number of things about Medical Home. Perhaps the most remarkable is that when we started the Medical Home process NCQA would not include nurse practitioners in their Medical-Home recognition program, when the practice was an MD-led organization. This was a mistake as the BEST medical-home care-givers are Nurse Practitioners. In fact, it was like pulling teeth to get physicians to do the care which is the foundation of Medical Home, while nurse practitioners did it as a result of their training, experience and personal motivations.

We have come a long way since the Spring of 2009. At that time, we would not have qualified for a Tier I Medical Home. In the Summer of 2010, we were recognized as a Tier III. In 2009, we did not consistently demonstrate and document that we used evidence-based algorithms in treating our patients. In fact, we had partners who refused to use our disease management tools and who even told their nurses “Do not complete the diabetes templates,” or “We don’t use that part of the EMR.” As a result, we were deficient in our ability to prove what we were actually doing. Other partners did not refuse to use those tools; they just neglected to do so. Fortunately, that is no longer the case.

None of the above is to say that we were not practicing good medicine. It was only to say that if we could not prove that we were practicing good medicine. And, if we are not learning, based on random-controlled studies and evidence-based medicine which is the result of those studies, we will not be recognized for our efforts no matter how good they are. We no longer have partners or providers who refuse to use disease management tools and we now not only are but we can prove that we are, practicing excellent medicine.

We now document our awareness of, attention to, and performance in regard to evidence-based medicine by using the disease-management tools for diabetes, hypertension, lipids and CHF which have evidence-based standards and goals embedded in them. These standards are automatically aggregated and reported with the single click of a button. By paying attention to the alerts which are built into our system for preventive measures and for HEDIS compliance, we advance quality care. As we pay attention to the reports which we create about the measures endorsed by the National Quality Forum, we improve our care. We recognize that NCQA’s HEDIS measures are designed to examine three things:

- a. Effectiveness of Preventive Care
- b. Effectiveness of Acute Care
- c. Effectiveness of Chronic Care

Our system presently displays all of the HEDIS measures and automatically tracks our performance on those measures. Self-monitoring original was awkward so we

completely redesigned the presentation to make it easy to know what HEDIS measures apply to our patients and whether or not those measures have been met as of the current treatment date.

Because our partners were willing to modify their practice patterns, we have been able to remodel SETMA into a leader in 21st Century medicine. We led in the adoption of EMR; now as we lead in the Medical Home movement, we will improve the care all of our patients are receiving; we will secure our future; and, we will continue to fulfill our motto: Healthcare where your health is the only care.

Change always comes in the midst of challenges and often in the midst of crisis and sometimes in the midst of tragedy. SETMA started the process of becoming a Patient-Centered Medical Home at the same time that we were experiencing the loss of our friend and partner, Dr. Mark Wilson. Organizations often slow down and stop transformation at such times, but SETMA did not.

I wrote in March, 2009 words which are as true today as then:

“...I am proud of SETMA...**but the pride that I have in the partners of SETMA knows NO BOUNDS**...it is not possible for me to mourn my friend’s death and my loss of him without being filled with gratitude to Drs. Aziz, Anwar, Colbert, Halbert, Murphy and Leifeste. They are men of honor, of integrity and of character, and they have proved each of those traits by their conduct through this very difficult time.

“I stand and I salute them. I say to them, thank you, and thank you. May God bless you and your families forever for your good deeds in your care of Dr. Wilson. Words are inadequate but words are demanded to say to each of you, Muhammad, Imti, Bobbie, Dean, Vince and Alan, I admire you and respect you. You deserve the best that it is possible for you to receive. I shall never forget what you have done; it shall always stand as the greatest evidence of what SETMA is all about.

“Mark and I are the founding partners of SEMTA, but in the last 19 months (From August, 2007 when Dr. Wilson announced his illness) each of you has joined the foundation of SETMA. You shall now and forever in the future be founders of this great and prospering organization. Dr. Wilson expressed his pride in you often and he would embrace what I have said.”

That kind of perseverance is what has brought us to where we are. It will take us to where we want to be. As our Medical Home matures, we will grow and expand our understanding of this revolutionary concept and its foundation will be our collaboration.

Tom Morris addresses collaboration; he said:

“...Tomas Hobbes (1588-1679) said, ‘Knowledge is power...Too few executives seem to see that the sharing of knowledge yield more than shared power. It typically results in greatly expanded power. (p. 36)

“As knowledge is shared, it expands. And as knowledge expands, power expands. Why should you run a forty-watt company when you could all be blazing with light? Share your knowledge and multiply your power. (p 37)

“In my book *True Success: A New Philosophy of Excellence*, I stressed the importance of this sort of clear vision for effectively launching any quest for success.” (p 56)

From these ideas and from our desire to improve our practice, we can observe that **the ultimate corporate reality is when we are able to tell ourselves the truth about ourselves and when we are willing to acknowledge that others already know that truth about us.** It is as the lead character says in one of my favorite movies, *My Cousin Vinny*. When addressing a witness, Vinny Gambini said, “Go ahead, you can tell them (the jury), they already know.” Facing the truth about ourselves, which truth others already know, is the foundation for growth, development and maturity.

Finally, Morris addresses the concept of collaboration:

Peer Relation	Stance	Key Characteristics
Combative	Fighting	Aggression, resistance, damage
Competitive	Striving	Rivalry, mixed motivations
Cooperative	Agreeing	Acquiescence, obedience
Collaborative	Partnering	Synergistic interaction

Morris continued:

“The point is that collaboration is not the same thing as cooperation. Recall that I just characterized cooperation as a multiplication of hands to get a job done. **Collaboration is a multiplication of heads as well.** (p. 61)

“At their best, collaborators don’t think exactly alike but are sufficiently in harmony with one another that their differences create new insight, and each is taught by the other.

“Collaboration is all about teams and basic transformation. It is about community, creativity, learning, building and pioneering. A collaborative model of excellence sees this highly sought after human state of maximum achievement in relational terms.

“Synergy ideally creates properties which either do not or cannot characterize the related individuals alone who are synergistically interacting. (p. 61)

“At the deepest level, collaboration is not just one of many alternatives possible means to excellence but rather an inevitable component of any form of excellence truly worth having.” (p. 62)

SETMA is a team and as the partners, providers and management synergize their energy, their talents and their passion with that of their colleagues, we can take Medical Home, transform ourselves and change the future of the healthcare we delivery.