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Things I Would Like To Tell my Friend

By James L. Holly, MD

Your Life Your Health

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Yesterday marked the second anniversary of the death of our friend, colleague and co-founding partner of SETMA, Mark A. Wilson, MD. I really thought that the remembrance that I wrote on March 23, 2010 would be the last column that I would publish about Mark, but as this date approached again, more than usual my mind continually turned to Mark.

Many of my keenest memories of Mark are associated with his final illness. I shall never forget the August, 2007, evening when Mark called and asked if he could come to my home and talk. Eight physicians had recently announced that they were leaving SETMA. Four were for typical reasons for which anyone moves on. They were all leaving Beaumont for career moves of one kind or another. But, four of those who were leaving were for adversarial reasons. Two announced that they were confident that their leaving was a “tipping point” and that six months from their resignations (April 12, 2007) SETMA would no longer exist, or maybe they meant that it would be six months from their departure which was July 31, 2007. Whichever, both dates have come and gone, and, “Mark, what you helped start is flourishing.”

It was a stressful time and as I awaited Mark’s arrival at my home my imagination went wild. I wondered if Mark was discouraged and wanted to leave himself. Moments after he arrived, I realized how absurd the idea was but many were anxious about SETMA’s future and I wondered about Mark. Almost four years later, those moments are as real as the day they occurred. I thought that nothing could be worse than the stress of eight physicians, leaving but little did I anticipate that the leaving of eight would pale in significance in the face of the imminent departure of only one. When Mark said those words, which still echo in my mind, “I have terminal cancer,” I was speechless. His life had touched so many and I knew that his death would touch many more. Now two years after his death, I would like few things more than the opportunity to sit and talk to Mark about what has come to pass in these past four years.

I have searched repeatedly to find a note which Mark wrote me six years ago. In it, he expressed his desire for SETMA and, as its spokesman, for me to become a leader in healthcare policy and transformation. Little did either of us realize that in a small but significant way we would. I would love to tell him about SETMA’s 2009 and 2010. Not only has SETMA survived the traumas of 2007 but we have made progress far beyond what any of us ever imagined. Often, in these past two years, I have stood beside Mark’s grave and told him of these things but it is never as it would have been to sit down over a cup of coffee or tea and share with him the results of what we started in May, 1995, when we met in our accountant’s office to discuss the formation of SETMA. I smile as I remember how many people, speaking of Mark and me working together, said, “That will never work.” “Mark, it did work, didn’t it?”

Mark would be proud to know that SETMA’s Story, his professional story, has been told repeatedly around the nation:

1. Annual User's Meeting for NextGen EHR in Orlando, March, 2011, at which presentation some wept as they heard of the care SETMA gives and even pays for those who have great need and little means.
2. SETMA's Story being selected by HIMSS for a Tier I (the highest) Story of Success, March 2011. SETMA's Story was accepted for its support of the National Priorities Partnership for Patient and Family Engagement, Population Health Safety Care Coordination and for Infrastructure supports.
3. *Healthcare Informatics*' Magazine's Innovator of the Year Award, March, 2011, for the use of EHR to improve patient care.
4. Patient-Centered Primary Care Collaborative, The Patient Centered Medical Home: A Foundation for Transformation and Reform, PC-PCC Stakeholder's Working Meeting, SETMA honored for excellence in Diabetes Care and SETMA's story being told again, March, 2011.
5. SETMA's Story being told to the staff of the Office of National Coordinator of Health Information Technology, Health and Human Services, March 2011.
6. SETMA's Story being told to the Society for Academic Continuing Medical Education in New York City, April 2011.
7. SETMA's story being told to the *Harvard/Joslin Advances in Diabetes 2011* meeting, November 10-12, 2011 in Boston, MA.
8. HIMSS Regional Meeting, Austin, April, 2011.
9. Texas A&M School of Medicine Alumni, Weekend CME, April, 2011.
10. University of Texas School of Medicine, Alumni Weekend CME, October 2010.

This is only a partial listing of recent acknowledgements of SETMA on top of:

1. NCQA Medical Home Tier III
2. NCQA Diabetes Recognition Program
3. Joslin Diabetes Affiliate
4. AAAHC Medical home
5. AAACH Ambulatory Care.

Mark would remember that in 1997, when SETMA signed its first \$650,000 note for an electronic medical record many in Beaumont commented that it was such a waste to spend so much money which would do nothing to improve the healthcare of our patients. Those comments stopped long ago.

I wish Mark could read the analysis of SETMA made by a CPA who recently attended the same conference with six of SETMA's leadership; he said:

"Being intrigued with the SETMA journey, I spent a few hours reflecting on your comments and viewing your website with this question in mind. When I come across aberrations such as SETMA, I ask, why at SETMA? Here's my, admittedly unsolicited, perspective.

"I should mention my background - a CPA who left that life to be a CFO of the 600-physician practice at University of _____, and then became Executive Director of a 30-physician group that grew to 430 physicians over 15 years. Some of this growth came through practice

acquisitions. Through all this, I've had the privilege of becoming intimate with a few hundred physician groups over the years. Academically, I studied the history and sociology of medicine at _____ to see what insights were available from that.

“So, what do I think I see at SETMA that I don't see elsewhere?”

1. “It's not all about the money. While nearly all practices focus on giving good patient care, physician compensation is an ever-present issue. There is a constant, unvoiced worry about whether ‘I'm getting what I deserve, my fair share . . .’ I'd be surprised if there weren't tensions of this sort at SETMA, but my point is that they don't seem to ‘rule the day’. They haven't derailed efforts to improve.
2. “The sorry fact is that current reimbursement methodology can be easily ‘gamed’ so that lots of money comes in without the corresponding value to patients. It looks like you rejected the temptation to be driven singularly by the \$\$\$. The effort to achieve what you achieved at SETMA costs money. If you were closer to the normal practice, you would have authorized bigger paychecks for partners each year. Somehow you have been able to keep enough profits in SETMA to invest in infrastructure - a rare accomplishment when the ‘payback’ for these investments can be slow to arrive, or not to arrive at all...The large majority of practices distribute every dollar at year-end, and I've seen some physicians take loans out with their receivables as collateral to get to their ‘number.’
3. “At SETMA, history is carried proudly and stories are highly valued. That's so important to keep your heads in ‘the long view.’ I don't see this elsewhere - most practices are so, ‘in the moment’ types of places. You put those ‘moments’ in the bigger, broader context of patient health and your organization.
4. “Fortitude - You embrace technology, being willing to endure the pain of it all. Your eyes are set on the big picture of value after the long, dreary march into the EMR (and you celebrate your small steps to counter the dreariness of it.) I've been involved with EMR conversions in dozens of practices and experienced the technical and social dysfunction that is common to it..... Until the effort bears fruit.
5. “You limit the extent to which the physician profession's tradition of *independence* affects care delivery. In the great majority of practices, accommodation is given to individual physician preference, thereby preventing a systematic approach to care delivery. While we all appreciate the freedom which should be enjoyed by a patient and his/her physician regarding medical decision-making, this notion is often extended to the complete care experience. Potential life-enhancing, systemic changes in care delivery never come because the spirit of independence will not allow it.
6. “The physicians of the practice respect the non-physician roles in the practice (e.g., a nurse practitioner as CMO.)
7. “A vision for the ideal responsibility that patients are willing to own. Most primary care physicians have become weary of urging patients to change and can only deal with the immediate problem in front of them.
8. “Numbers matter - not just for care of the individual patient, but for judging the SETMA performance.
9. “Health care is about more than fighting disease, AND any primary care practice has a major responsibility in urging change in patient behavior.”

Whether this assessment is completely true, it gives all of SETMA a challenging goal to pursue and it is gratifying that one who invested a great deal of effort into learning about SETMA judged us to have reached these goals.

I would like to tell all of this to Mark personally, but I will have to content myself in telling it to his community, his family and his friends. Perhaps, it will be possible for our Creator and our God to let him know some of this. I think he would be pleased.