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SETMA's Collaboration with Delegations from Mainland China

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This is the link to the follow-up note to the SETMA/China visit on November 10, 2015 which was a follow-up to their June, 2014 visit to SETMA. On SETMA's website, at the end of this piece, there are links to seven other articles about the growing relationship between SETMA and China. We are also having a rich discussion on Face Book with plans for SETMA's visit to China in 2016 and for return visits to SETMA by China in the future.

The link is [November 11, 2015 Follow-up to Second Chinese Delegation to SETMA and Future Plans](#). Ultimately, our goals and our Chinese colleague's goals are to build a strong primary care infrastructure in China in collaboration with the AAFP, IBM, PC-PCC and SETMA, beginning with a robust disease management tool for the treatment of diabetes.

Technology is valuable but only if it compels excellence in healthcare delivery and in outcomes performance. SETMA will share with the Chinese the processes which created this wedding between clinician and technician. Much of that is defined in the ten principles SETMA identified in May, 1999 which are explained in the following article: [May, 1999 -- Four Seminal Events in SETMA's History](#).

The ten principles for transforming healthcare both electronically and philosophically are the result of SETMA's study of Peter Senge's *The Fifth Discipline*. From that study, in May, 1999, SETMA defined the principles which guided our development of an EHR and which defined the steps of SETMA's transformation from the pursuit of an electronic medical record to electronic patient management. (see: [Designing an EMR on the Basis of Peter Senge's The Fifth Discipline](#)).

These principles would also be the foundation of SETMA's morphing into a patient-centered medical home (PC-MH). The principles are:

1. Pursue Electronic Patient Management rather than Electronic Patient Records
2. Bring to every patient encounter what is known, not what a particular provider knows
3. Make it easier to do "it" right than not to do it at all
4. Continually challenge providers to improve their performance
5. Infuse new knowledge and decision-making tools throughout an organization instantly

6. Promote continuity of care with patient education, information and plans of care
7. Enlist patients as partners and collaborators in their own health improvement
8. Evaluate the care of patients and populations of patients longitudinally
9. Audit provider performance based on endorsed quality measurement sets
10. Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions

The first major undertaking is to design tools for the transformation of diabetes care for China, which has already begun, as the delegation has already begun to translate SETMA's Diabetes Disease Management tool into Chinese.

In response to IBM's Dr. Paul Grundy's encouragement on Face Book, where he said, "Go SETMA," I posted the following: "Thank you, Paul, but it is important for everyone to know and to remember that without you, China would have never heard of SETMA. Thank you for introducing us and for continuing to encourage us to collaborate.

At our visit on Tuesday, November 10, 2015, Jingwei Liu said, "Why had we never heard about SETMA?" To which I responded that without Paul Grundy we still would not know one another. I don't want it to be lost on any of us that while SETMA is a very small contributor to relationships with China through CETC, that our friendship creates another bond between our two nations.

China is no longer a history or a faceless mass to us, but China is our friends Jingwei Liu, Jiaping Hao, Eric Liu, Michael Ni, Huang Yanil, and Jia Ping Hao, along with the six colleagues we met in June, 2014. Let us not forget that we discover again that we are all part of a larger human family and that our relationships, however miniscule in the context of our nations sizes, our relationships can contribute to the well-being of our people and of our nations' futures.

Where to from here? The last slide of the first presentation to SETMA is entitled, "Cooperation Expectation." It can be seen at [SETMA Healthcare transformation Pilgrimage](#). This slide identifies four steps which are the hope of the Chinese Delegations for an on-going ten-year relationship with SETMA. They are:

1. Visit China to share SETMA's experience on healthcare transformation
2. Healthcare IT Joint Innovation
3. Healthcare Workforce Exchange and Training Programs
4. Jointly establish a next-generation clinic chain in China

This is ambitious. The first step is for SETMA to review "Process Analysis" in healthcare transformation with our Chinese friends. (see: [Process Analysis and How Many Tasks Can You Get A Provider to Perform at Each Encounter?](#)) We will do this virtually by the Chinese examining their workflow and identifying areas which can either be automated (see [Tutorial for the EMR Automated Team Function](#)) or which can be done electronically by a healthcare team.

The Chinese will send SETMA their ideas about a process. We will review it and suggest how we would approach the issue. Together, we will design a new process which will improve

primary healthcare in China. During our visit to China we will spend more time face-to-face developing this new skill set. We will also work on definition and deployment of teams in health in order to increase efficiency and excellence.

Two experiences at SETMA will be used to help prepare China for the transformative work which must be done: the first is suggested by The Joint Commission Accreditation for Ambulatory Care and PC-MH's conclusion about SETMA. Both the surveyors and one of the executives at The Joint Commission commented about the philosophical foundation of SETMA's work. Wednesday afternoon (March 5, 2014) I called my executive contact at The Joint Commission. He 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 continued, "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.

This will be one of the major aspects of our collaboration for everyone in China to understand "why" things will be done differently. Once the "why," which is part of the vision is embraced, the "how to," and the "sustaining of" the effort will logically follow. We will embed into the thinking of this collaboration, Peter Senge's concept of "creative tension." Senge said: "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 them together, caused by the natural tendency of tension to seek resolution." With vision and passion, we will attempt to create "creative tension" in the Chinese healthcare system. The generative (creative) efforts to resolve that tension will transform the Chinese healthcare system.

The second experience was in relationship to the Robert Wood Johnson Foundation LEAP Study's conducted by the MacColl Institute. After their four-day visit to SETMA, the MacColl team summarized their findings at SETMA. The fifth area of uniqueness of SETMA identified by the RWJF team was a surprise to them, they said; it was SETMA's IT Department. The RWJF team 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.

And so, SETMA and our Chinese colleagues begin. No one knows where this will end, but we all are willing to invest time and energy in a cause which is worthy of our efforts - improving healthcare for one-third of the world's population.

As we dare to even acknowledge this effort, I am reminded of Jingwei Liu's Face Book post of Margaret Mead's words. He said, "As we think about impacting enormous and seemingly insurmountable challenges, we should remember Dr Mead's words; she said, "Never doubt that a small group of thoughtful, committed citizens can change the world, indeed, it's the only thing that ever has."

His words reminded me of Theodore Roosevelt's statement entitled, "The Man in the Arena," where he said:

"It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better.

"The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat."

I have often said, I would rather fail a thousand times trying, than to succeed once at doing nothing. The future of healthcare, particularly in China, is daunting, but if we fail, it will not be for want of trying.