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SETMA's Patient-Centered Medical Home Community Council

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As our Medical Home grew, SETMA started a patient-centered council from which we could get feedback about how we can improve our services. As our idea of this project grew, we realized that more than “feedback” on what we had decided to do, we wanted our patients and community to give us guidance on what we should do and/or what they wanted us to do.

For many years, we have asked patients to complete “patient satisfaction surveys.” Those are helpful and we shall continue to collect that information. In addition, SETMA has two other tools with which to “hear” from our patients about their response to the care they are receiving. These are completed by external auditing agencies to maintain objectivity; they are:

1. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS, patient response to care received in the hospital)
2. Consumer Assessment of Healthcare Providers and Systems (CAHPS, patient response to care received in the ambulatory setting)

However, even these tools which ask the patient to “assess” their care still are very similar to patient satisfaction surveys. In 2013 in SETMA's provider training , we studied the Institute for Healthcare Improvement's (IHI) paper entitled, “High-Impact Leadership Improve Care, Improve the Health of Populations and Reduce Cost.” This paper was modeled after the “Triple Aim” enunciated by IHI in 2008.

One of the major aspects of that paper is the encouragement for the adoption of new “mental models” which functionally are different ideals about healthcare delivery. Fundamentally, the change in mental models which is needed in healthcare is the move from a focus on “volume” – how many “things” providers do for patients and for which they are paid by each “thing” they do, to a focus on “value” where payment reflects the outcomes of care.

The significance of this is that value and quality when focused on “volume” are measured with patient satisfaction, while quality when focused on “value” is measured by patient centeredness with patients as partners in their care. The following table contrasts the elements of the mental models of “volume” and “value.”

Volume	Value
Patient Satisfaction	Persons as Partners in their care
Increase Top-Line Revenue	Continuously Decrease Per Unit cost and waste
Complex All-Purpose hospitals and Facilities	Lower Cost, Focused Care Delivery Sites
Quality Departments and Experts	Quality Improvement in Daily work for All staff

In that HCAHPS and CAHPS use the word “consumer,” SETMA initially determined to name the Council, the Consumer Council. The following critique from the holder of the Dr. and Mrs. James L. Holly Distinguished Chair of Patient-Centered Medical Home at the University Of Texas Health Science Center in San Antonio resulted in the changing of that name. Dr. Carlos Jaen said: “My only concern is with the term ‘consumer.’ Knowing what I know about SETMA, I know that you are more about partnerships and healing relationships than selling goods and services. How about ‘Patient and Community Partners Council’? I try to avoid using medical care as a commodity since it cheapens and devalues what we do in primary care.”

With this very good advice, the name became Community Council. The intent is that the Council is comprised of patients of SETMA, community leaders and SETMA colleagues. The majority voting membership of the Council will be patients. All SETMA Partners and Executive Management will be ex officio members of the Council and can attend the meetings but will not have voting rights except for two who are specifically designated with that responsibility. Any actions taken by the Community Council will be binding on SETMA with the limitation that anything which violates SETMA’s published principles, the rules of the Texas Medical Board or State or Federal statutes, will be disallowed.

The Council’s purpose is to increase SETMA’s sensitivity to the needs and desires of those who entrust us with their care. The purpose is to facilitate patient use of SETMA’s patient portal and health information exchange as well as for patients to help SETMA learn how to get patients more involved in their own medical decision making and in their adhering to the decisions made by them in collaboration with their healthcare provider. The Council is asked to review patient complaints (with identifying information removed) and to give advice on how to respond. The Council also works to expand SETMA’s Medical Home to a functioning and effective Medical Neighborhood in Southeast Texas.

The majority of the Council’s time is spent with patients and community leaders giving SETMA feedback on how we can meet patient needs and for SETMA to listen to the Council about what services they would like for SETMA so pursue and to offer in the future.

We sincerely want the Community Council's active participation in SETMA. While their personal health information will never be disclosed, we ask like permission to use patient and community leader names in public acknowledgment of the Council and in periodic reports of the Council's work. If we should want to quote a person personally, we ask their permission before doing so.

Thus far SETMA's experience with the Council has been outstanding. It is amazing the insights patients have about their experience and the good ideas they have in improving that experience. In our first meeting, patients complained about the length of time it took for them to get their blood drawn in the laboratory. And, not surprisingly, they knew what the problem was. It turns out that without our knowing it, the laboratory re-entered all lab requests into the computer which added a great deal of time for each venopuncture. The changes we made to comply with patient ideas have improved the process significantly.

The experience with the Council led SETMA to invite patients to travel to the 7th Annual Medical Home Summit where they were a big hit. The loudest applause and the most glowing responses were in relationship to the contribution of SEMTA's Medical Home Council members.

At the suggestion of Ms. Christine Bechtel of Bechtel Health Advisory Group, SETMA will expand its efforts to "understand and respond efficiently to the priorities of patients, families and consumers." At the 7th Annual Medical Home Summit, Christine collaborated with Mrs. Brenda Kerl of SETMA's Community Council in her session entitled "PC-MH from the Patient Perspective." The highest audience assessment scores of the week were garnered by Mrs. Kerl which reinforced our commitment to expand the role of the Council and of the participation of other patients in this effort to improve our practice.

As SETMA understands more about Kaizen, the Japanese concept of continuous quality improvement, we will involve all patients and particularly the Council in that process. In most cases Kaizen is based on making little changes on a regular basis: always improving productivity, safety and effectiveness while reducing waste. Suggestions are not limited to a specific area such as production or marketing. Kaizen is based on making changes anywhere that improvements can be made. Western philosophy may be summarized as, 'if it ain't broke, don't fix it.' The *Kaizen* philosophy is to 'do it better, make it better, and improve it even if it isn't broken, because if we don't, we can't compete with those who do.'

This is the intent and goal of SETMA's Patient-Centered Community Council. We believed that it will advance our fulfillment of SETMA's Mission Statement which was formulated in August, 1995. As we approach our 20th Anniversary in August, 2015, our mission statement has not changed and our passion to fulfill it has only deepened. Our Mission Statement which is displayed in all public places in SETMA's seven clinics states:

***To build a multi-specialty clinic in Southeast Texas
which is worthy of the trust of every patient
who seeks our help with their health,
and to promote excellence in healthcare delivery by example.***