The 3-PART AIM:

***Better Care**
***Better Health**
***Lower Costs**

INNOVATION ADVISORS PROGRAM

Proposed Innovation Advisor

Last Name	Holly	First Name	James	Title	Dr.

Work Address	2929 Calder Suite 100
Address, Line 2	

City	Beamont	State	TX	Zip	77702

Phone	409 654-6819	Fax	409 654-6888

Work Email	jholly@setma.com

Applicant's Organization

Organization Trade Name	Southeast Texas Medical Associates, LLP
"Doing Business As" if different from above	
Employer Identification Number (EIN)	XX-XXXXXXX

Type of Organization (check one)

- ☐ Acute care hospital
- ☐ Department of Public Health
- ☐ Hospital system
- ☐ Health Plan
- ☒ Physician group practice
- ☐ Ancillary Service Provider
- ☐ Other, please describe

Description of Applicant's Organization

Provide a brief summary of your organization, including demographic information (i.e. number of beds, number of patients served, providers' breadth of specialties, and geographic coverage). Identify your organization's capacity to implement or improve the 3-part aim of better care, better health, lower costs. (200 words)

SETMA (www.setma.com) is multispecialty, ambulatory-care clinic with four clinic locations. SETMA has a 68,000 patient base, was founded in August, 1995 and began using EHR in 1999. All care is EHR documented and managed including clinics, hospice, home health, physical therapy, hospital, emergency department, nursing home and provider homes. SETMA includes nurse practitioners, internists, family physicians, physical therapy, American Diabetes recognized Diabetes Self Management Education Program, cardiology, ophthalmology, rheumatology, neurology, infectious disease and pediatrics and delivers care over a five-county area, with a secure web portal and a health information exchange. We have a hospital-care team which cares for patients around the clock.

SETMA functions as a PC-MH (NCQA Tier III and AAAHC), is debt free and has deployed extensive Clinical Decision Support (ONC Recognized as one of 30 exemplary practices). SETMA's supports the "3-part aim" as proved by the result of the CMS, RTI-International-conducted study to analyze patterns of care, health outcomes, and costs of care for Medicare fee-for-service (FFS) beneficiaries.

SETMA employees advanced EHR and Business-Intelligence capabilities to track, audit and analyze data for public reporting by provider name and for designing quality improvement initiatives. SETMA's team approach is ideal for successful innovation.

Interest in Innovation Advisors Program

Please explain (1) why you are interested in participating in the Innovation Advisors program and (2) what impact your participation may have for your organization. (300 words)

My wife and I endowed a Distinguished Chair in PC-MH at the University of Texas Health Science Center in San Antonio. Universal American, an HMO, with which SETMA works, contributed $100,000 to that endowment. In the transmittal letter, the President of UA, said:

"Our organization works with thousands of physicians…we collaborate with dozens of physician leaders who dedicate themselves to organizing outstanding patient care by seeking new and innovative ways to improve the entire patient care process…

"…Dr. Holly is in a league by himself. His energy, passion, and unrelenting commitment to improving quality of care are without equal in my experience. He drives positive change within his practice and community, implements valued-added technology to improve clinical outcomes, reads and writes prolifically regarding clinical and public health issues and generously shares what he has learned with all interested parties across the United States. Under Dr. Holly's leadership, SETMA has been honored on countless times for their innovation, technology and services to the community…their greatest accomplishment is the care and quality that each SEMTA patient receives. They are the real beneficiaries of this extraordinary physician practice."

Similar letters have been submitted to the National Quality Forum and to The Join Commission in support of the nomination of Dr. Holly for the 2011 John M. Eisenberg Patient Safety and Quality Awards. These letters are posted at www.setma.com under In-the-News and reflect Dr. Holly's commitment to innovation and excellence.

For the past seventeen years, I have devoted myself to the building of a platform for excellence of care. My participation, in the Innovation Advisors Program is a logical and sequential step in my history and in that of SETMA. SETMA's partners and staff are prepared to support my participation; our patients, community, region and practice will benefit from it.

Current Role and Responsibilities

Please describe your current role and responsibilities in your organization in the context of how it applies to the program's stated purpose of creating a network of individuals trained to achieve the common goal of better health, better care, and lower costs. Please also attach a curriculum vitae or résumé. (200 words)

As the CEO of SETMA, as the Director of SETMA's In-patient Care team, and as the Hospitalist, Medical Director, Chairman of the Board and President of the Golden Triangle Physicians Association – a physician owned and operated Independent Physicians Alliance (IPA) – I am in a unique position to know the healthcare improvement needs for our practice and community. SETMA's IT Department reports directly to me and works collaborative with me to support SETMA's healthcare delivery goals and to implement quality improvement programs.

SETMA is currently involved in three quality initiatives: Care Transitions founded on the Physician Consortium for Performance Improvement metric set; Medical Reconciliation founded upon the AMA's publication, The Physician's Role in Medication Reconciliation: Issues, Strategies and Safety Principles; Reducing Preventable Re-admissions to the Hospital based on SETMA's BI analytics. These three initiatives are inter-related and inter-dependent.

The CMMI Advisor program will allow me to gain new skills and for SETMA to expand its reach to involving non-SETMA providers and our patients in this process through HIE and secure web portal functionalities as well as through the strengthening of SETMA's analytics and internal processes. SETMA's PC-MH can be extended to producing a true regional Medical Neighborhood.

Proposed Systems Improvement Project

Please describe your proposed systems improvement project, including quantitative aims for cost reduction and quality improvement. Please include the objectives of the project; changes or innovations that you propose; milestones; and management controls such as health care finance, population health systems analysis, and spread of behavior changes. (400 words)

SETMA changed the name of the Hospital Discharge Summary to "Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan," which functionally addresses the critical role it plays in Care Transitions. Since the publication by the American Medical Association (AMA) through its Physician Consortium for Performance Improvement (PCPI) of the Care Transitions Measurement Set in June, 2009, SETMA has a 99.1% efficiency of completing the 14-data point and 4-action set. Conjoined with the Hospital Follow-up Call from SETMA's Care Coordination Department (CCD), which is a 12-30 minute health coaching call and not just a brief administrative call, the measurement set has given direction and substance to our efforts.

In addition to SEMTA's deployment of the PCPI measurement set and the involvement of SETMA's CCD, SETMA also deployed a Business Intelligence (BI) audit for Preventable Readmissions. This audit contrasts two populations: those who are and those who are not readmitted. This tool looks for leverage points for decreasing preventable readmissions. The tool examines morbidities and co-morbidities, lengths of stay, gender, age, socio-economic, care transitions and ethnicity. In addition, the tool looks at follow-up calls and follow-up visits. Thus far, the metric which relates to readmissions versus non-readmissions is the rapidity of a follow-up visit with the primary care provider.

SETMA has had some success. The result of the CMS FFS study, conducted by RIT International for CMS, for the SETMA II Clinic, where I practice, showed the following:

9.2 percent decrease in potentially avoidable readmissions
12.5 percent decrease in potentially avoidable ER visits.

(the table from the CMS report will not reproduce in your system)

The improvement in "potentially avoidable hospitalizations" from July, 2009 to July, 2010, corresponds to our use of the PCPI Care Transitions audit and with our deployment of the BI analytics tool.

The changes and innovations which we would add to what we are doing are to:
1. Deploy the HIE to all healthcare providers who have a key role in our project which would include: emergency department personnel (partially done), hospital administration (partially done), home health, hospice, specialists including non-SETMA cardiology, pulmonologist, gastroenterology, neurology, and general surgery.
2. Deploy risk stratification, predictive modeling, health risk assessments and tele-monitoring, none of which we currently do.
3. With number "2", all patients at high risk of readmission will be seen within 48 hours in the clinic and all other patients will be seen within five days following transition from in-patient to ambulatory care.

Our goal is to have a twenty percent improvement in readmission rates in 2012.

Support of Innovation Advisors Program Goals

Please describe how your systems improvement project will support the 3-part aim of better care, better health, and lower costs in the months and years to come. (200 words)

The September, 2010 Congressional Research Services published Medicare Hospital Readmissions: Issues, Policy Options and Patient Protection and Affordable Care Act states that readmissions within 30 days accounted for $15 billion of Medicare spending. The demonstration of an effective, reproducible and sustainable plan to decrease preventable readmissions by 20% will result in a potential savings of 3 billion dollars..

Better health and better care are flip sides to the same coin, as one should result in the other. Decreasing preventable readmissions improves patient safety by reducing the effects which can result in harm to patients. The elements of reducing readmissions – medication reconciliation, transitions of care and analysis of care -- all relate to better care. The access to care associated with a short interval between discharge, a coaching call and a follow-up visit with the primary care provider, also contribute to improved care.

The SETMA Foundation, founded in 2007, to which SETMA partners have contributed $500,000 per year, provides funding for care which patients' can't afford. This make certain that medication, procedures and care can be obtained by all patients making sure that their plan of care and treatment plan can be carried out.

Certifying Official

Provide the contact information for the certifying official who will complete the Organizational Statement of Support, which is a separate document. Applicants for the Innovation Advisors Program must submit the signed Organizational Statement of Support. Applications that do not include this document will be considered incomplete and are ineligible for an award.

Last Name	Holly	First Name	James	Title	Dr.
Work Address	2929 Calder Suite 100				
Address, Line 2					
City	Beaumont	State	TX	Zip	77702
Phone	409 654-6819	Fax	409 654-6888		
Work Email	jholly@setma.com				

Confirmation from Applicant

ACKNOWLEDGEMENT OF THE APPLICATION REQUIREMENTS

I acknowledge that a complete application for the Innovation Advisors Program (IAP) consists of

(1) This application form, with all sections completed;
(2) A résumé or curriculum vitae;
(3) An Organizational Statement of Support form, signed by an authorized official from my home organization.

COMMITMENT TO THE PROGRAM

If I am selected as an Innovation Advisor, I acknowledge that:
(1) Innovation Advisors will not become employees of the Centers for Medicare and Medicaid Services; any other government office or agency; or any other organization connected to IAP.
(2) During the program, Innovation Advisors will be expected to commit up to 10 hours per week during the initial six month period, with part of that time devoted to the organized curriculum and part devoted to implementing the systems improvement project proposed in the application.
(3) After completing the curriculum, Innovation Advisors will be expected to devote a certain percentage of their time to assist the Innovation Center in supporting local change and assisting the Innovation Center in connecting peer participants across the nation in exchange of new ideas and innovations that support the three-part aim of better care, better health, and lower costs.

CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED

I am aware that this program is supported by funding from the United States Government and, therefore, is subject to federal law regarding false statements and fraud, particularly the criminal provisions of 18 U.S. Code Section 1001. I certify, under penalty of law, that the submitted application contains no false or fraudulent representations, statements, or entries.

☒ Yes, I have read the above information and confirm the accuracy of the information and the identity of the Certifying Official who will endorse the Terms and Conditions of my appointment.

Date Certified: Oct 24, 2011