

# HIMSS 2006

Davies Award

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## SETMA's Time Line

October, 1997– MGMA

March, 1998 – Purchase

August, 1998 – EPM Rollout

January 1999 – EMR Rollout

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## Benchmarks

Worst Day of My life	Jan '99
Celebration	May '99
Fahrenheit 451	Jan '00
Hospital EMR	Jan '01

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## Benchmarks Continued

Disease Management	Jan '02
Diabetes Education	May '04
Paperless	Dec '04
Nursing Home EMR	Dec '04



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## Benchmarks Concluded

LESS Initiative	Dec '04
Tutorials Completed	July '05
Research Program	Jan '06
The Future	

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## Current Functions of Note

Diabetes Prevention

Hypertension Prevention

Pain Management and Habituating  
Medications

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## Current Functions of Note Nursing Home Care

Hydration Assessment

Nutrition Assessment

Unavoidable Skin Lesions

Depression

Fall Risk Assessment

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## Current Functions of Note Disease Management

ACS, Angina, Asthma, CHF,  
Diabetes, Diabetes Education,  
Headaches, Hypertension, Lipids,  
Metabolic Syndrome, Renal  
Disease, Weight Management

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## Current Functions of Note

Electronic Tickler File

Future Labs

Charge Posting

Guidelines (28)

Insulin Infusion

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## Current Functions of Note

Smoking Cessation

Exercise

Routine

CHF

Diabetes

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## Current Functions of Note

Drug Interactions

Admission Orders

Discharge Summaries

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## Special Data Bases

General Medicine

Nursing Home

Ophthalmology

Pediatrics

Physical Therapy

Rheumatology



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## Principles of Development

- Electronic Patient Management rather than Electronic Patient Records
- Bring to bear upon every patient encounter what is known rather than what a particular provider knows.

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## Principles of Development

- Make it easier to do it right than not to do it at all.
- Continually challenge providers to improve their performance.

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## Principles of Development

- Infuse new knowledge and decision-making tools throughout an organization instantly.
- Establish and promote continuity of care with patient education, information and plans of care.

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## Principles of Development

- Enlist patients as partners and collaborators in their own health improvement.
- Evaluate the care of patients and populations of patients longitudinally.

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## Principles of Development

- Audit provider performance based on the Consortium for Physician Performance Improvement Data Sets.
- Create integrated disease-management tools giving patients the benefit of expert knowledge while they get the benefit of a global approach to their total health.

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Healthcare delivery is not improved simply by the providing of more information to the healthcare provider at the point of care.

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Care is improved by data display which creates a dynamic interaction all members of the healthcare team, simultaneously integrating data across disease processes and specialties.

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Care is improved when data and decision-making tools are displayed in a fashion which dynamically changes as the patient's situation and needs change.



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Care improves when data processed in one setting is simultaneously available in all settings resulting in efficiency and in displaying the impact elements contained in one data set exert upon multiple aspects of a patient's health.

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Care is improved when evaluation of its quality, as measured by evidenced-based criteria, is automatically determined at the point of care and when the data display makes it simple for the provider to comply with the accepted standards of care.

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Healthcare is improved when data can be Displayed longitudinally, showing the patient how their efforts have affected their well-being. This is circular thinking.

- A person begins at health.
- Aging and habits result in illness.
- Positive steps retain or restore health.

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Healthcare improvement via systems will require dynamic auditing tools giving providers and patients immediate feedback on the effectiveness of their healthcare.

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## The Future

What is will look like is beyond me  
but it will be built upon the  
foundation of excellence, just as  
our presence system is.