

RECOGNITION & ACCREDITATION IS GOOD BUT CULTURE IS KING

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Conflict of Interest



- Dr. Holly has no conflicts of interest to disclose.

Goals



1. To learn that achieving accreditation is not the end of the process of PC-MH transformation.
2. To learn that technology cannot produce health.
3. To learn the difference between transformation and reformation of healthcare.
4. To learn how to change organizational culture to achieve transformational change.
5. To understand Kaizen and cultural change.

SETMA's March Toward PC-MH

The process began in 1997 with four seminal events in May, 1999 (see addendum slides 35-44)

- ❑ Morphing from electronic medical records (EMR) to electronic patient management (EPM).
- ❑ Ten principles of how to build a practice and an EMR.
- ❑ Monograph: *More than a Transcription Service: Revolutionizing the Practice of Medicine with EHR Which Evolves into EPM.*
- ❑ The adoption of a celebratory spirit.

March Toward PC-MH



- On Tuesday, February 17, 2009, five of SETMA's staff attended a two-hour lecture in Houston on PC-MH. After the presentation, I asked, "If we are doing everything you say we must in order to be a medical home and I am confident that we are not a medical home, what must we do to become a medical home?"

March Toward PC-MH



- The speakers were unable to answer that question. At the root of my question is the topic of this address: **accreditation is good but culture is king**.
- Over the next sixteen weeks, my weekly health columns were about Medical Home. Gradually, we began to understand the concept and while we had the infrastructure built, we began to understand that there was more to Medical Home than electronics.

SETMA's March Toward PC-MH

- Medical Home success does not begin with accreditation nor end with accreditation.
- Accreditation can be a guide, but simply fulfilling any accreditation standard does not make you a medical home.
- If your vision is to be a medical home the journey to your goal begins with an honest assessment of your current reality.

SETMA's March Toward PC-MH

- Forward thinkers transform; day dreamers wish for change but seldom see it. Senge said: “The juxtaposition of vision (what we want) and a clear picture of current reality (where we are) generates...‘**creative tension**,’ (which is) a force to bring vision and reality together, through the natural tendency of tension to seek resolution.”

SETMA's March Toward PC-MH

- While an **EHR** has tremendous capacity to capture data, that is only part of the solution. **The ultimate goal must be to improve patient care and patient health, and to decrease cost, not just to capture and store information!**
- **EPM** employs the power of electronics to track, audit, analyze and display performance and outcomes, thus powering transformation with clinic decision supports and chronic disease management.

The Data Driven Life

- *The New York Times Magazine* of May 2, 2010, published an article entitled, "The Data-Driven Life," which asked the question, "Technology has made it feasible not only to measure our most basic habits but also to evaluate them. Does measuring what we eat or how much we sleep or how often we do the dishes change how we think about ourselves?"
- Further, the article asked, "What happens when technology can calculate and analyze every quotidian thing that happened to you today?"

The Data Driven Life

- **Technology must never blind us to the human.** Bioethicist, Onora O'Neill, said, *"...the new culture of accountability and audit makes professionals and institutions more accountable for good performance."*
- *This is manifest in the rhetoric of improvement and rising standards, of efficiency gains and best practices, of respect for patients and pupils and employees.*
- **But beneath this admirable rhetoric, the real focus is on performance indicators chosen for ease of measurement and control rather than because they measure accurately the quality of performance."**

The Data Driven Life



- In our quest for excellence, we must not be seduced by technology with its numbers and tables. This is particularly the case in healthcare.
- In the future of medicine, the tension - not a conflict but a dynamic balance - must be properly maintained between humanity and technology.
- Technology can contribute to the solving of many of our disease problems but ultimately cannot solve the "health problems" we face.

The Data Driven Life

- The focus and energy of "health home" is to rediscover the trusting bond between patient and provider.
- In the "health home," technology becomes a tool to be used and not an end to be pursued. The outcomes of technology alone are not as satisfying as those where trust and technology are properly balanced in healthcare delivery.

Trust - Hope - Value

The Data Driven Life

- Future generations will experience healthcare methods and possibilities which seem like science fiction to us. Yet, that technology risks decreasing the value of our lives, if we do not in the midst of technology retain our humanity.
- As we celebrate science, we must not fail to embrace the minister, the ethicist, the humanist, the theologian, indeed the ones who remind us that being the bionic man or women will not make us more human, but it seriously risks causing us to being dehumanized. And in doing so, we may just find the right balance between technology and trust and thereby find the solution to the cost of healthcare.

The Data Driven Life

- It is in this context that SETMA whole-heartedly embraces technology and science, while retaining the sense of person in our daily responsibilities of caring for persons.
- Quality metrics have made us better healthcare providers.
- The public reporting of our performance of those metrics has made us better clinician/scientist.
- But what makes us better healthcare providers is our caring for people.

Standardization's Potential Problems

Meaningful Use standards

Patient-Centered Medical Home standards

ACO and Medicare Advantage standards

- ❑ Technology can actually become a barrier to the transformative goals we have established.
- ❑ If everyone is required to do the same thing, the same way, because that makes it easier to measure and monitor, creativity and transformation can and will be stifled.

Standardization's Potential Problems

- ❑ Transformation will change your culture but that is only possible with the internalization of values.
- ❑ Reformation is the result of technology and can support transformation but will not cause transformation.
- ❑ A transformative process initiates behavioral changes which become self-sustaining, not because of rules, regulations and restrictions, but because the images of the desired changes are internalized by the organization which then finds creative and novel ways of achieving and maintaining those changes.

Standardization's Potential Problems



- It is possible for an organization to meet rules, regulations and restrictions perfunctorily without ever experiencing the transformative power which was hoped for by those who fashioned the external pressure in hope of effecting change.

Transformation



- Transformation to patient-centric care with patient activation, engagement and shared-decision making requires the reestablishment of trust, which once existed between provider and patient.
- This can only be done by the transformation of healthcare into the system which we had fifty to seventy-five years ago where in the absence of modern technology care relied upon the dynamics of trust, hope and values.

Transformation



- The patient must be absolutely confident that they are not only the center of care but also that they are principally responsible for their own health.
- The provider must be an extension of the patient's larger family.
- This is the ultimate genius behind the concept of Medical Home and it cannot be achieved by regulations, restrictions and rules or by standards.

Transformation



- ❑ Transformation directed to the Triple Aim will require patient and provider losing their fear of death and surrendering their unspoken idea that death is the failure of healthcare.
- ❑ Death is a part of life and, in that it cannot forever be postponed, it must not be seen as the ultimate negative outcome of healthcare delivery.
- ❑ Recognizing the limitations of our abilities to prolong life forever and of the inevitability of death can lead us to more rational and compassionate end-of-life healthcare choices.

Accreditation



- NCQA Tier III is not the destination, it is only the first step toward the destination.
- NCQA Recognition is a good step and I think may ought to be the first step, but it is not the goal.
- NCQA recognition can be achieved with technology alone without a cultural change which is transformative of healthcare.

Accreditation

- It is possible to go through all of the accreditation processes and still not have transformed the dynamic of the relationship between patient and provider.
- This is also true of all accreditation processes including AAAHC, URAC and The Joint Commission.
- The only accreditation body totally focused on a cultural change is Planetree which is not widely known.

Process of Changing Culture



Abraham Lincoln said,

“If we could first know where we are, and whither we are tending, we could better judge what to do, and how to do it.”

(Quoted by David Eisenhower in the Foreword to *Churchill: The Prophetic Statesman*, by James C. Humes, Regnery, New York, 2012)

Process of Changing Culture



“In any human enterprise, if the participants are unwilling to objectively and honestly face where they are, it is improbable that they will ever get to where they want to be, let alone to where they need to be or should be.”

Analytics Transform Knowledge



- Analytics transform knowledge into an agent for change. In reality, without analytics, we will neither know where we are, where we are going or how to sustain the effort to get there.
- For transformation to take place through knowledge, we must be prepared to ask the right questions, courageously accept the answers and to require ourselves to change.

Kaizen – Cultural Change



- The key to becoming a medical home is changing the practice culture so that more happens than data collection, metric fulfillment and accreditation achievement.
- Cultural change does not happen by accident.
- Cultural Change is not the result of a single person's vision, passion or ideals.

Kaizen – Cultural Change

- A note from a colleague:

“I wanted to share both because I believe you (Dr. Holly) have *Kaizen* and you are not a for-profit, multinational corporation, but a doctor working in a border town in Texas who's sharing of *Kaizen* has far reaching systemic impact!”

(Richard Cohen YAI NYC)

Kaizen – Cultural Change



- *Kaizen* is a Japanese word meaning, “a system of continuous improvement in quality, technology, processes, company culture, productivity, safety and leadership. *Kaizen* was created in Japan following World War II.
- The word *Kaizen* means "continuous improvement".

Kaizen – Cultural Change

- From the Japanese words ("kai") which means "change" or "to correct" and ("zen") which means "good," *Kaizen* is a system that involves every employee – from management to the cleaning crew.
- Everyone is encouraged to come up with small improvement suggestions on a regular basis.
- This is not a once a month or once a year activity. It is continuous.
- Japanese companies, such as Toyota and Canon, a total of 60 to 70 suggestions per employee per year are written down, shared and implemented.

Kaizen – Cultural Change

- “In most cases these are not ideas for major changes. *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, improve it even if it isn't broken, because if we don't, we can't compete with those who do.’”

Kaizen – Cultural Change



- *Kaizen* involves setting standards and then continually improving those standards. To support the higher standards *Kaizen* also involves providing the training, materials and supervision that is needed for employees to achieve the higher standards and maintain their ability to meet those standards on an on-going basis.”

SETMA's Pilgrimage Continues

- Having begun our PC-MH pilgrimage with the adoption of EMR in 1997 and of EPM in 1999, SETMA has been on a long and continuous journey.
- We have been the beneficiaries of many who have gone before us and we have made the effort to help others along their way.
- In our journey, we have used technology extensively without being seduced by technology.
- We have made radical change to our culture with the certainty that other changes will **continue** to be made and that change will be **continual**.

Contact



www.jamesholllymd.com

- All material on SETMA's website can be acquired and copied without cost with two limitations – they cannot be sold and if SETMA's name is used on them, they cannot be changed.
- SETMA's Accreditation Team can be contacted at jholly@jamesholllymd.com.

Four Seminal Events – May 1999



- Addendum with details of Four Seminal Events from May, 1999

Four Seminal Events – May 1999

1. In May, 1999, SETMA's CEO announced that the EHR was too hard and too expensive if all SETMA gained was the ability to document a patient encounter electronically. EHR was only “worth it,” if we leveraged electronics to improve care for each patient; to eliminate errors which were dangerous to the health of our patients; and, to develop electronic functionalities for improving the health and the care of patients and of population groups. **This was SETMA's transition from electronic medical records (EHR) to electronic patient management (EPM).**

Four Seminal Events – May 1999

2. The second event was that from Peter Senge's *The Fifth Discipline* SETMA defined the principles which guided our development of an EHR and which defined the steps of transformation from an EMR to EPM.

(see <http://www.jameslhollymd.com/EPM-Tools/pdfs/designing-an-emr.pdf>)

EMR to EPM

These principles would in 2009 also be found to be ‘the foundation principles of SETMA’s morphing into a patient-centered medical home (PC-MH).

The principles were to:

- Pursue Electronic Patient Management rather than Electronic Patient Records
- Bring to every patient encounter what is known, not what a particular provider knows.

EMR to EPM



- **Make it easier to do “it” right than not to do it at all.**
- Continually challenge providers to improve their performance.
- Infuse new knowledge and decision-making tools throughout an organization instantly.
- Promote continuity of care with patient education, information and plans of care.

EMR to EPM

- Enlist patients as partners and collaborators in their own health improvement.
- Evaluate the care of patients and populations of patients longitudinally.
- Audit provider performance based on endorsed quality measurement sets.
- Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions.

Four Seminal Events – May 1999

3. The third seminal event was the preparation of a philosophical base for our future; written in May, 1999 and published in booklet form in October, 1999, this blueprint was entitled, More Than a Transcription Service: Revolutionizing the Practice of Medicine With Electronic Health Records which Evolves into Electronic Patient Management.”

This booklet was distributed to our practice and community and became our declaration that we were going to succeed at this process at any cost and effort.

Four Seminal Events – May 1999



- Like Cortez, who scuttled his ships on his expedition to Mexico so that there was no turning back, this booklet was SETMA's public declaration that there was no going back. We were going to succeed. Our charge to ourselves was and our counsel to others is, "Don't give up!" The key to success is the willingness to fail successfully.

Four Seminal Events – May 1999

4. The fourth seminal event was when we determined to adopt a celebratory attitude toward our progress in EMR. My cofounding partner was lamenting that we were not crawling yet with our use of the EMR.

I agreed and asked him, “When your son first turned over in bed, did you lament that he could not walk, or did you celebrate this first milestone of muscular coordination of turning over in bed?” He smiled and I said, “We may not be crawling yet, but we have begun. If in a year, we are doing only what we are currently doing, I will join your lamentation, but today I am celebrating that we have begun.”

Four Seminal Events – May 1999



- SETMA's celebratory spirit has allowed us to focus on the future through many lamentable circumstances and has allowed us to press forward through many disappointments. Focusing on our successes kept us moving forward and the cumulative effect was always success.