

Introduction

Over the last couple of years, I have come to further appreciate the narrative nature of our lives—how we frame our experiences into stories that help us make sense of our place in this world. I applied to medical school because of a spark I noticed within myself years ago—the beginning of an idea, the impact I wanted to make, the relationships I hoped to form, and the kind of person I needed to become to achieve it. As a third-year student, I have begun transforming my perspective from that of a student to that of a clinician. This process has been exciting, as I learn from each patient encounter and, often without realizing it at the time, start to discover the kind of physician I will become.

While this year has been exciting, it has also, at times, been daunting. I have witnessed disease processes with no effective treatments, patients suffering severe consequences from preventable diseases, and complex treatment plans developed just to find out the patient has nowhere to go after leaving the hospital. These and other experiences have led me to ask myself difficult questions: What impact can I truly make as a physician when a patient has no resources or support network? How can I expect someone to make changes in their life when they believe they don't deserve to change? Will my life be one of mopping the floor while the faucet keeps running, or will I be able to turn the faucet off and create lasting change?

Like most difficult problems, I believe the solution lies in a community of dedicated individuals working toward a shared vision of what can be achieved. As I read through Dr. Holly's digital archive, I was inspired by the values cultivated as a team through Southeast Texas Medical Associates (SETMA). In the Patient-Centered Medical Home (PC-MH), I saw articulated the kind of practice I have always envisioned for myself, which led me to begin thinking about how I would like to build upon the foundation they have established.

SETMA and What They Represent

Dr. Holly's career exemplified an unwavering commitment to patient-centered care and the integration of technology to enhance healthcare delivery. Under his leadership, SETMA earned numerous prestigious awards and recognitions for its innovative contributions to healthcare quality, technology, and patient-centered care. SETMA achieved accreditations from the AAAHC and NCQA, including Tier III Medical Home recognition, reflecting the highest standards of coordinated, patient-focused care.

The SETMA model of care involves real-time tracking of preventive, screening, and quality care standards by the entire healthcare team, followed by comprehensive audits of care quality. Using this information, detailed performance analyses are generated, including insights into demographic and socioeconomic disparities. Performance data is then publicly reported, empowering patients and fostering accountability among providers. Finally, the insights gathered enable quality initiatives to address care disparities, reduce preventable hospital readmissions, and improve clinical practice.

As a Patient-Centered Medical Home, SETMA emphasizes proactive and patient-focused care. This includes working alongside each patient's values to create a clear treatment plan, fostering

trust through the efficient reporting of test results, and empowering patients to take an active role in their care and embrace it as their own. In short, “the entire focus and energy of a health home is to rediscover the trusting bond between patient and provider.”

Harnessing Technology to Facilitate Growth

In his book *Discipline Equals Freedom*, decorated Navy SEAL Jocko Willink develops the idea that the true power of discipline lies in the opportunity it creates for meaningful activity after life’s responsibilities are addressed through dedicated work. In other words, the more efficient we are in handling the mundane and the difficult, the more time we have for what is truly impactful. Similarly, this underscores the importance of harnessing technology, especially in medicine. Technology allows us to document thoroughly and accurately, handle administrative duties, advocate with insurance companies and legislators, and continue learning as lifelong students—all without sacrificing the time needed to build and foster meaningful bonds with patients.

Artificial intelligence (AI) is expanding the boundaries of many fields worldwide, including medicine. During my third-year rotations, I witnessed some of the implications this technology is already having on my career. I saw residents significantly improve their note efficiency and worked with a neurologist who used AI to record entire patient encounters, generating an accurate HPI based on the conversation. As I read about Dr. Holly’s work with SETMA, I began to think about how I might further integrate this technology into my practice as a family physician.

One reason I chose medicine was my desire to continue learning and growing—not just during medical school and residency but throughout my career. This sentiment has been echoed by professors and attending physicians I have worked with since day one. They encourage us to view medical school not as an end goal but as the beginning of a lifelong journey of study. Medicine is a field where answering one question often leads to many more. It is a field where we see only a fraction of the truth, aware of how much we don’t know and may never fully understand. I want to dedicate my life to learning and advancing knowledge to prepare myself to handle whatever challenges arise in my practice.

The challenge, then, lies in this conundrum: As the medical and scientific community continues to push the boundaries of understanding, there is exponentially more to learn, implement, and ponder. Thousands of journals publish millions of articles annually. How, then, is a physician expected to stay current while also integrating this knowledge into clinical practice?

To me, this represents one of the greatest opportunities for AI: its ability to process and synthesize vast amounts of information quickly. AI programs are already synthesizing and analyzing the results of multiple studies on similar topics, generating accurate summaries shorter than the average abstract. Further advancements could improve the accuracy and effectiveness of these methods, creating a reliable, comprehensive information source for providers. This information could even be filtered by disease process, age group, or specialty to meet specific needs and interests efficiently.

Another domain for AI application is improving interprofessional collaboration. SETMA, as a Patient-Centered Medical Home, prioritized a holistic approach to patient care. They did not treat diabetes, for example, in isolation. Dr. Holly emphasized the importance of examining patients' teeth, recognizing dental health's systemic implications. He shared the story of a patient hospitalized seven times in three years, on nine medications, and with rapidly deteriorating health. Noticing her "completely rotten teeth," Dr. Holly arranged for her dental treatment. Following the procedure and ongoing care, she avoided hospitalization for eight years, reduced her medications to one, and optimized her HbA1c to pre-diabetic levels—all beginning with a dental consult.

One of SETMA's pillars was electronic patient management: creating a universal database that the entire healthcare team could access for each patient. This approach fostered communication and understanding among interprofessional providers, enabling them to work synergistically to treat the whole person rather than individual parts.

Automated systems can further unite care teams by expanding quality metrics to include contributions from various healthcare professionals. These systems can help tailor treatment plans and medications in harmony with patients' broader health goals. Increased efficiency in documentation and administrative duties would free up time and energy for direct patient care.

Dr. Holly, while pioneering advancements in electronic patient management, recognized the importance of balancing technological progress with humanitarianism. While improvements in efficiency, effectiveness, and systemic processes drive progress, they mean nothing without the heart and purpose that guide their use.

Expanding the Role of Social Work

One of the most impactful lessons I have learned during my time in the clinical setting is how common it is for the most daunting items on the A/P problem list to be not hypertension or diabetes, but rather lack of housing, access to care, and a complete lack of a support system. To me, this represents one of the greatest challenges facing primary care physicians. Moreover, I believe the challenge of treating illness and promoting health and well-being amidst major psychological and social barriers cannot be an afterthought following the recommendation of a treatment plan. It must be at the core of what the physician and their practice stand for.

One aspect that stood out to me while reading Dr. Holly's work was his emphasis on valuing the person beyond the patient. He consistently demonstrates generosity and recognizes that making a difference in someone's health often requires more than just making a diagnosis and formulating a treatment plan. For instance, he has personally funded multiple full dentition repairs, provided his personal phone number to patients in need of support, and donated money to cover expenses that patients could not afford. These examples—and likely many others beyond what his digital archives reflect—exemplify what it means to center the physical, social, and psychological well-being of each patient and strive for something greater.

As a future family doctor, I aspire to make a similar impact in both my practice and my life. I aim to go beyond what is expected of me as a physician, empowering and facilitating lasting

change in the pursuit of health and well-being. Specifically, I want to integrate the psychological and social health of my patients into my practice, better understanding the values of the community I will serve and identifying the true barriers to genuine health and well-being. I hope to echo the spirit of Dr. Holly's work by further incorporating social workers into the primary care team as a cohesive and integral component.

Although social workers have been increasingly integrated into primary care teams within patient-centered medical home models, their presence remains relatively uncommon in most primary care practices. Greater incorporation of social workers has been associated with improved mental health outcomes, enhanced chronic disease management, reduced healthcare utilization, and improved access to services. I believe fostering the role of social workers and incorporating their expertise is a crucial step toward a brighter, more holistic future for primary care.

To fully integrate social work into primary care, several steps can be taken to enhance patient care and address broader determinants of health. Social workers can be embedded as essential members of primary care teams, working on-site to facilitate real-time collaboration with physicians, nurses, and other staff. They can assist in vital responsibilities such as coordinating care during transitions between primary care, hospitals, and specialists. Additionally, they can provide mental health services, including counseling for anxiety, depression, and substance use disorders, while connecting patients to community resources such as housing assistance, financial aid, and food programs. Collaborating with community health workers, social workers can focus their efforts on the specific populations and communities they serve. Furthermore, integrating social work documentation into electronic health records can give providers a more efficient way of understanding each patient's social and behavioral circumstances.

To strengthen this collaboration further, interdisciplinary training programs can be developed to improve collaboration between social workers and other primary care providers. Training in areas such as motivational interviewing, trauma-informed care, and chronic disease management would benefit both professions. During my time at UTHSCSA, I have learned and worked alongside dental, physical therapy, occupational therapy, and nursing students. Together, we have begun forming the interprofessional relationships that will shape our future healthcare teams.

Moving forward, my aim is not to excuse the primary care physician from considering the psychological and socioeconomic background of each patient. Rather, by investing in the inclusion of social workers in primary care teams, I believe providers can foster more holistic and personalized care plans with which patients can better identify.

A Personal Shift in Mindset

Central to the work of SETMA is the belief in cultivating a provider-patient relationship in which the patient holds the responsibility for their healthcare for more than 99% of the time. This acknowledges that the fraction of time they spend in the office is minuscule compared to the rest of their lives. The goal is to use that limited time with the individual to collaborate on shared decision-making and develop personalized care plans moving forward. At its core, this

philosophy recognizes that the will and engagement of the patient ultimately determine the effectiveness of their treatment. It is a belief system that can be humbling for providers, as it requires acknowledging that their role is not that of a driver but more of a guide—a guide whom the patient may choose to follow or not, depending on their own path.

On a personal level, I reflected on this as I read about Dr. Holly and SETMA. I believe that this perspective on the provider-patient relationship is essential for fostering lasting change. By asking more of our patients, we give them greater responsibility for their care. It is an act of trust we place in them and a sign of respect, demonstrating our confidence in their ability to take ownership of their health.

To be clear, this approach does not ask less of physicians; in fact, it demands more. Empowering patients requires providers not only to develop a treatment plan but also to understand the specific comorbidities a patient may have, the value system that shapes how they perceive their health, the culture with which they identify, and the socioeconomic constraints under which they live. Each of these factors contributes to the larger narrative of the patient's life. For healthcare to be truly effective, our plans as providers must complement and add value to the vision patients have for themselves.

As I continue my journey toward becoming a primary care physician, I hope to internalize these ideals. I aspire to be a doctor who diagnoses and treats but also listens and empowers. I want to develop relationships in which patients trust me to be part of one of the most valuable aspects of their lives—their health. I aim to earn this trust by showing the same confidence in them. Through communication, collaboration, and shared values among the care team, I believe we can work together to create treatment plans that are worth following. These plans should add value to their health in a way that aligns with their goals, circumstances, and overall vision for their well-being.

Conclusion

Dr. Holly's legacy with SETMA serves as a guiding light, demonstrating the impact of patient-centered care, the integration of technology, and the importance of addressing social determinants of health. I am grateful for the groundwork he has laid for the next generation of primary care physicians, and I hope to continue building toward a shared vision of a brighter future in primary care.

Specifically, I hope to harness emerging technologies to enhance efficiency and precision. With the belief that the whole is greater than the sum of its parts, I want to instill a holistic approach to primary care—one that integrates disciplines such as social work to continue learning and growing together. My goal is to be a physician who not only provides care but also inspires trust, instills confidence, and empowers individuals to take charge of their health.

One thing I have learned over the last couple of years is that life in medicine moves fast. The days are long, but the weeks and months seem to fly by. Learning about Dr. Holly's career and the standard he established with SETMA has given me the opportunity to slow down and reflect on my own path. I am not the same person I was at my white coat ceremony—far from it. What

remains constant, though, is the heart behind why I chose this path: to create lasting change—not just for individual patients, but for the community I serve. I strive to be a student, a clinician, and a leader committed to pushing the boundaries of what is possible in this field. It won't be easy, but to me, that will be a story worth telling, and when it's all said and done, a life worth living.

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