

While the pathway toward becoming a physician can seem quite formulaic at times, careers such as Dr. James Holly's demonstrate that the journey is truly what one makes of it, and that an unwavering commitment to your mission can help guide one through moments of uncertainty and carve out a niche that fulfills the needs of an entire community. As an aspiring physician and non-traditional student, most of my fears lie in getting lost in the minutiae of immediate tasks and failing to devote the same amount of time toward thinking about the bigger picture. These periods of my journey often leave me feeling unmoored, and more susceptible toward ideas that 'sound' right instead of drawing on my own experiences to cultivate a space in medicine that best suits my passions and strengths. By poring through Dr. Holly's digital archive while writing this paper, I have found answers to questions that I have long been asking myself and created new questions that I will be attempting to answer for years to come.

With a long-standing discipline such as medicine, one of the challenges that health care providers constantly face is making sound decisions concerning what innovations will or will not be integrated into the health care system. How does one differentiate between a passing fad and a generation-defining health care innovation when the medical field has encountered countless examples of both through the millennia? Drs. Holly and Mark Wilson faced this same obstacle when they attended a strategic planning conference and discussed their respective ideas concerning how to approach Southeast Texas Medical Associates (SETMA). Unexpectedly, the creativity required to create such an initiative requires a healthy combination of both risk-taking and painstaking foresight, both constant knowledge-seeking and self-critique. By focusing on their shared mission "to promote excellence in healthcare delivery by example", Drs. Holly and Wilson were able to reconcile any differences in ideas on how to accomplish said mission enough to reach meaningful compromises.

Dr. Holly's approach has a particular focus on innovation and improvement, on both qualitative and quantitative fronts. In a 'Your Life, Your Health' article in *The Examiner*, Dr. Holly's regard for narrative storytelling is best summarized by his assertion that "our stories are the means for remembering, and by remembering we improve". He holds fast to the idea that although the medical home relies on objective standards for measuring efficacy, the impact of stories must not be thrown to the wayside, and notes that the medium of "three-dimensional stories and experiences" adds context in a manner that not even standardized qualitative data can accomplish. The practice of this belief is exemplified through the addition of the "Patient Goal" comment box in the electronic medical record (EMR), where the patient, *in their own words*, explains what they want out of the care they are receiving at SETMA. The full realization of a patient's role in their own medical experience should not be overlooked. Oftentimes, when discussing patient-centered care, the language suggests even autonomous practices as something being 'administered' to the patient. Prioritization of narrative medicine in the patient-centered medical home (PC-MH) makes it that much harder to lose scope of the patient as a fully realized human being and integral member of the health care team, with experiences and insights that add depth to the collaborative process. Giving patients the opportunities to define what being 'healthy' means to them is how narrative medicine aids healthcare providers in applying the universal truths of medicine to patients in an individualized manner.

I have first-hand experiences in the additional textures and flavors that narrative traditions may add to the context of a group of people. As a first-generation Nigerian American, I am more

familiar with my tribe's oral accounts of historical events, social norms, and traditions, which are often more accurate than the popularized textual estimates and interpretations given by colonial British accounts. This is especially important to me as I was raised in neither a pre- nor post-colonial Nigeria and am often prone to miss many of the nuances that come from that lived experience when it is not verbally explained. Aside from accuracy, these stories do a much better job of encapsulating the heart and general consciousness of my people, as narratives provide a means of sharing pieces of the human experience to which anyone can connect, no matter what their background. They allow you to see yourself in the stories that others tell as well as draw parallels between another person's struggles and victories and your own.

The integration of electronics and data analysis into the practice of medicine lends itself to the success of SETMA, and the decision to do so serves as an example of the combination of forward-thinking and intentionality required for the sustainable initiatives within SETMA. The advent of the NextGen electronic patient management (EPM) system as a means of evaluating the data entered in the EMR introduced new methods of measuring the effectiveness of healthcare entities toward their respective disease management targets and overall mission. By the inception of SETMA in 1995, computer informatics was an established industry with its own purported advantages, but the integration of this field with medicine to improve long-term patient outcomes had yet to be explored in-depth. Because SETMA was one of the first healthcare entities to do so, the sustainability of its practices lives on in the improvements made to its initial initiatives as well as the success of other programs' subsequent initiatives and improvements. Dr. Holly chose to view technological advancements as a response to the increasing demands on healthcare systems and providers as opposed to a means of depersonalizing patient care, and this foundation of intentional optimism is what gave SETMA the ideological means of changing the future of medicine. It required an acceptance of what one could not change, which was that ever-present unknown, and pressing onward in good faith.

The PC-MH model is a reorganization of healthcare delivery in order to provide the core functions of primary care in one location. Its design optimizes a comprehensive, coordinated, and accessible means of quality care in aims of improving long-term health outcomes and quality of life on a community-wide scale through a combination of preventative medicine, longitudinal education, and acute care. The success of the PC-MH through SETMA supports the exploration of other health care delivery models that depart from traditional formats. While the fragmentation of medicine has many advantages, a glaring disadvantage is the increasing difficulty for patients and providers to conceptualize the holistic and comprehensive nature of health. Housing several specialties and subspecialties under one roof reinforces their connection and equal importance in improving a patient's health outcomes.

The details of my future impact in the primary care space have changed greatly since I started my medical journey, but my dedication to carving out spaces for patients to practice autonomy as well as improve health care on a larger scale have stayed consistent. Of all of the wisdom I have gained though Dr. Holly's career and reflections, I have come away with three concepts that I know will guide me through those seemingly rudderless, transitional periods of my medical journey.

Drs. Holly and Wilson's inception of SETMA and its continued success exemplifies the power of understanding and adapting to the primary care demands of the *current* time. With physicians that have long medical careers, the advantages of experience are often lauded more than the disadvantages, one of which being a stronger resistance to change. As someone who plans to practice medicine for the rest of my life, being a physician that adheres to schools of thought from when I was first learning medicine is a weakness I often think about. A healthy amount of self-awareness allows a physician to examine their own biases from a growth mindset as opposed to a defeatist one, which is crucial for making informed decisions that consistently align with one's goals and values. A physician that can readily address and accept their shortcomings as well as the logic and emotions behind them is also more likely to be a communicative team member. While it is easier to accept new ideas when you have fewer experiences to inform you otherwise, the multiple reflections in Dr. Holly's digital archive show that this alone does not have to inform your medical practice. The incorporation of EMR and later EPM were both active choices to meet the current needs of a patient base and a show of commitment to constant revision to SETMA's operations. Even in 2017, decades into his medical career, he was still critiquing, changing, and reflecting on the format of a highly efficacious program. Furthermore, by publishing these works in *The Examiner*, Dr. Holly contributed to the community-wide spread of these ideas outside of SETMA's network.

The concept of "disruptive innovation" tells us to not be afraid of changing a method of delivery in order to better leverage the power of the healthcare team. It tells us to be comfortable with making things temporarily uncomfortable for the long-term benefit of our patients. The PC-MH is an example of an innovation that disturbed the precedent of medical specialties working in isolation of each other. Dr. Holly's discussion of the infectious component of gingival health playing a significant role in the development of heart disease highlighted the importance of interaction between primary care physicians and dentists in preventative measures. He also noted how SETMA's healthcare delivery structure had a "major emphasis on issues which historically have been the concerns of nurses", and how redefining the nurse as a "healthcare colleague" instead of "only an aide to the physician" has better served SETMA's mission. In this instance, an aspect of the hierarchical organization of medicine was deemed an impediment, and disrupting this structure better facilitated the functions of the PC-MH. In future practice, I aim to adopt the idea that no task or position is 'below' my station as a physician, or outside my scope of responsibility. Aside from fostering a more collaborative work environment, sincere consideration of every teammates' role allows for a more comprehensive understanding of every person's strengths and weaknesses, aiding the team's adaptability.

Dr. Holly's focus on electronics, informatics, and analytics in the healthcare space was initially unfamiliar to me, but his thoughts throughout the archive effectively detailed the unique way in which informatics adds to both the patient and provider experience. Electronics offer an additional media to facilitate patients being active members of the healthcare team. Through patient portals, mobile health apps, and the EMR, patients have direct access to the material that they need to make informed decisions. In my own career interests, on the larger scale of public health implementation, health informatics provides larger entities the necessary support to surveil and control public health concerns as well as the formation of an evidence base to perform studies and subsequently inform evidence-based health care and policy. In a 2001 Governance Board, Dr. Holly explains how automated reporting upon diagnosis of a notifiable condition

from the Texas Department of State Health Services' (DSHS) relegates an important task to the "automated team", which subsequently frees time and energy for the physician to focus on other tasks, improving team efficacy. The reliance on automation is not fearfully interpreted as a departure from the traditional methods, but rather an opportunity to further pour into the patient experience by managing burdens of the healthcare team. Dr. Holly also discusses the capacity for self-improvement that data analytics brings to the healthcare space. Recalling the mistakes made in SETMA's earliest days as "both refreshing and embarrassing" is an apt description; any earnest critique of past endeavors will contain both of these sorts of moments. He further notes the differences in what SETMA measured in 1999 versus 2018, which exemplifies a constant pursuit of improvement as the truest marker of success. Having the humility to both accept and learn from past mistakes as well as utilize electronic resources to better facilitate this process is a practice I aim to carry into my own medical career.

While I imagine the healthcare space will have experienced significant changes by the time I enter as a practicing physician, Dr. James Holly's career-long pursuit of both personal and professional development makes me markedly less focused on measures of objective aptitude and more so on embracing necessary changes.