



# HPOE *Live!*

## 2015 Webinar Series

# The presentation will begin shortly.

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ReThink  
Health

<http://rethinkhealth.org>



## ReThinking Population Health Strategies in Your Organization and in Your Community

Webinar for  
Association for Community Health Improvement  
Hospitals in Pursuit of Excellence  
June 3, 2015

**Sherry Immediato**, MBA, MPP - ReThink Health  
**Rebecca Niles**, MBA - ReThink Health  
**Shannon Sale**, MHA - Grady Health System &  
Atlanta Regional Collaborative for Health Improvement (ARCHI)

# Objectives



- Build understanding of community strategy lab process as means to enhance diverse stakeholder collaboration
- Increase awareness of pitfalls and opportunities of health improvement initiatives
- Share lessons from the field

# Agenda

1. Current efforts to improve population health
2. Developing high leverage sustainable strategies
3. An Example from the Field

*Leveraging health system strategies to achieve  
community goals*

## POLL QUESTION:

# How much field experience do we have here today?

How long has your work been focused on improving the health of your community?

- A. A year or less
- B. 1-5 years
- C. 6-10 years
- D. More than 10 years

## POLL QUESTION:

**How proud are you of your community's performance in improving population health?**

- A. Disappointed
- B. Hopeful – it's still early
- C. Optimistic - we can see progress
- D. Somewhat Pleased – we can see results
- E. Extremely Pleased - we can see results and can see signs that more improvement is likely

## POLL QUESTION:

**How confident are you that your current strategies will improve health and advance your progress toward the Triple Aim?**

If I were a betting person, I'd:

- A. Fold (Not very confident)
- B. Hold (Somewhat)
- C. Ante Up (Very)
- D. Go All In (This is a sure thing)

## POLL QUESTION:

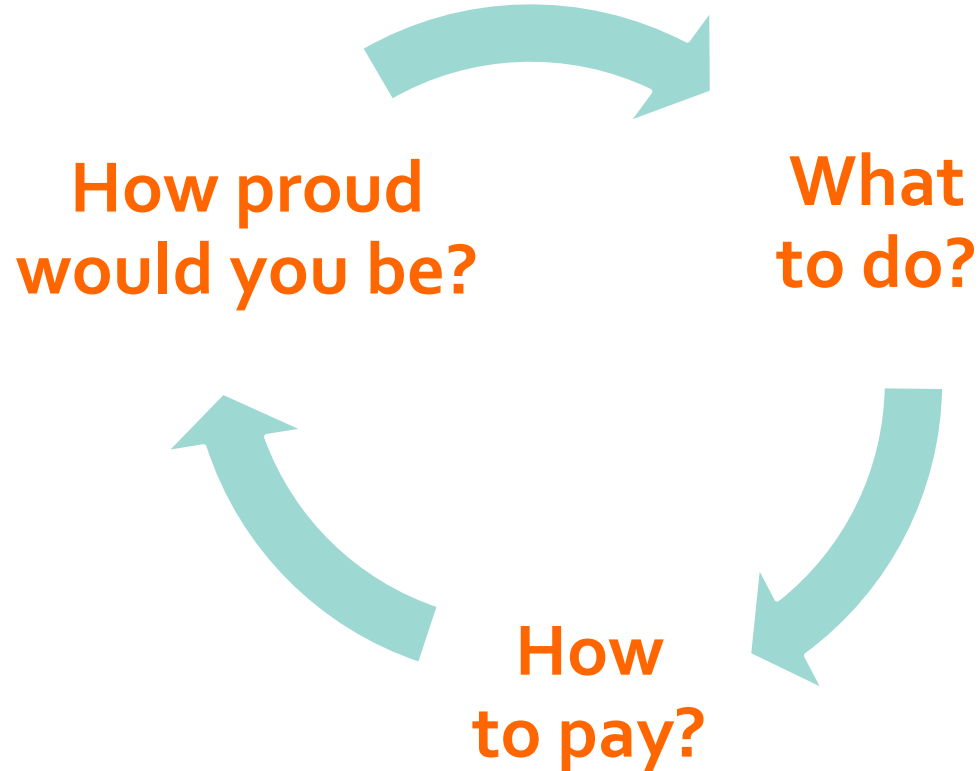
### Finally, how sustainable is funding for your initiatives?

- A. It's a struggle – we can't fund some of our best ideas
- B. We have funding for pilots – we hope to get funding following demonstrations
- C. We have funding indefinitely for key initiatives.



# How to Transform the System of Health in Your Region?

**Challenge:** Craft and implement an effective strategy to improve performance of the regional system of health, *and sustain those gains over time.*



# Some of the biggest challenges multiple stakeholders face who are working together to improve health in my community are ....

- Misalignment of resources and sustainability of funding
- Short time horizon
- Competing priorities and self-interest
- Lack of continuity of visionary leadership

# Everything has to work well, and together as a system



# The problem is, it doesn't...



# We find ourselves exactly where we want to avoid

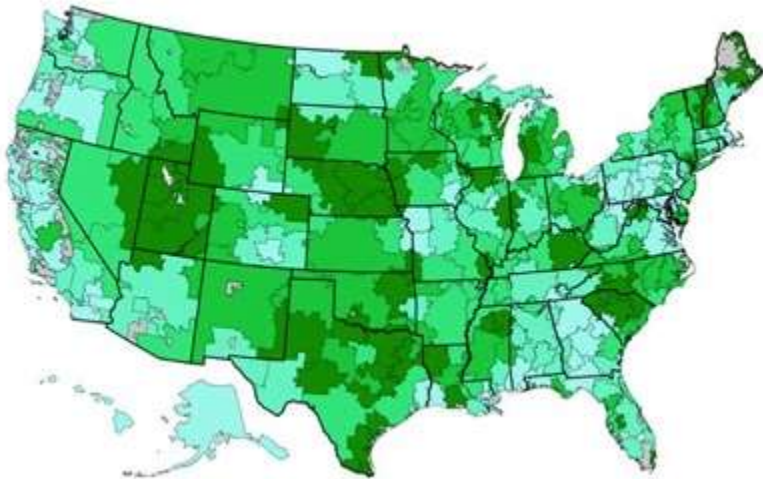


# And our efforts often make the situation worse



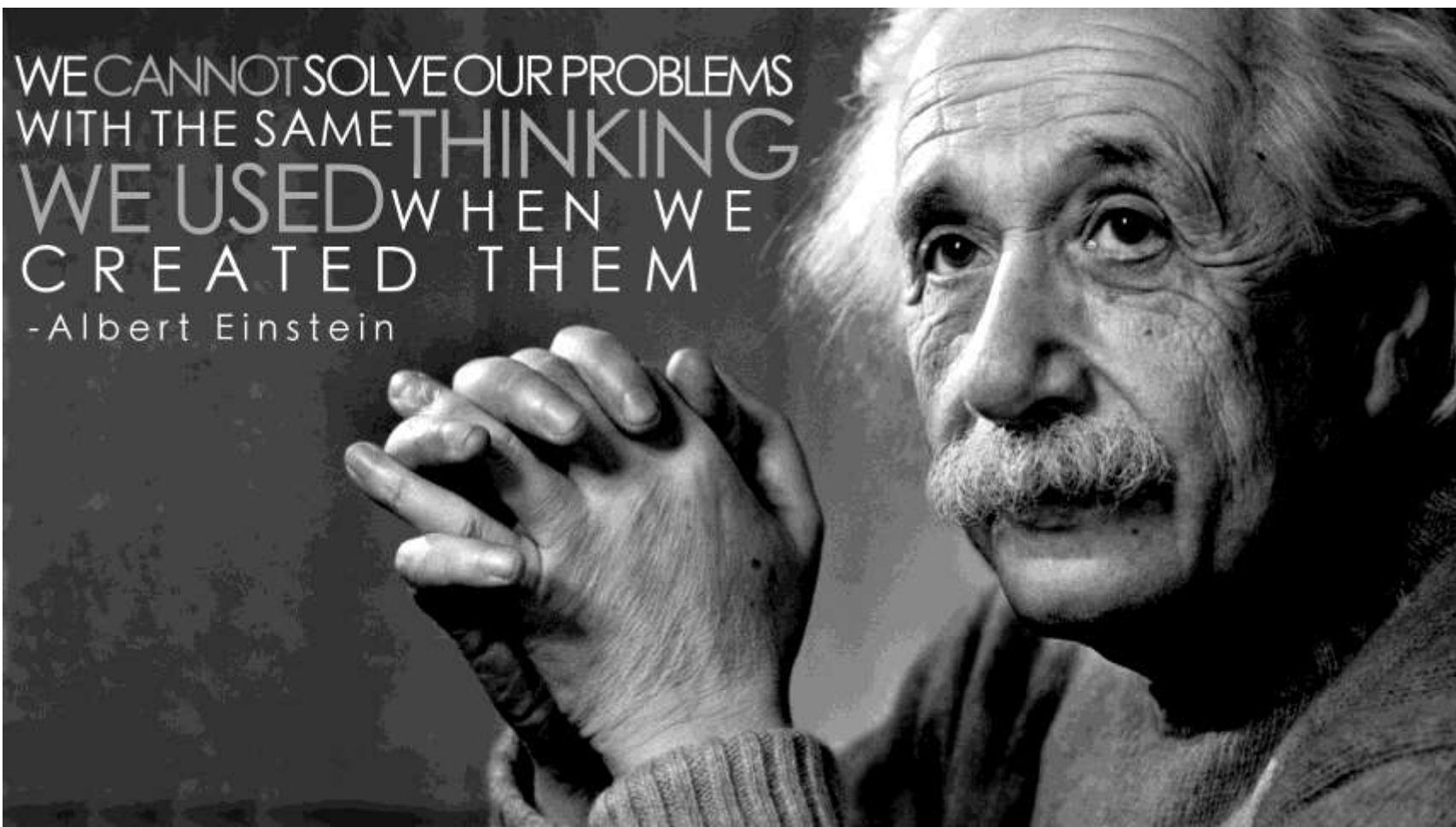
# Understanding the Outliers – Better Outcomes and Lower Costs

Variations in Practice and Spending  
*The Dartmouth Atlas*



Variations in Health and Risks  
*The County Health Rankings*





WE CANNOT SOLVE OUR PROBLEMS  
WITH THE SAME THINKING  
WE USED WHEN WE  
CREATED THEM  
-Albert Einstein



# What will it take to change the system?





ReThink  
Health

**Overview of  
ReThink Health Dynamics**

# People everywhere are scrambling for solutions...



Deliver Better  
Care

Expand  
Insurance

Cut Costs

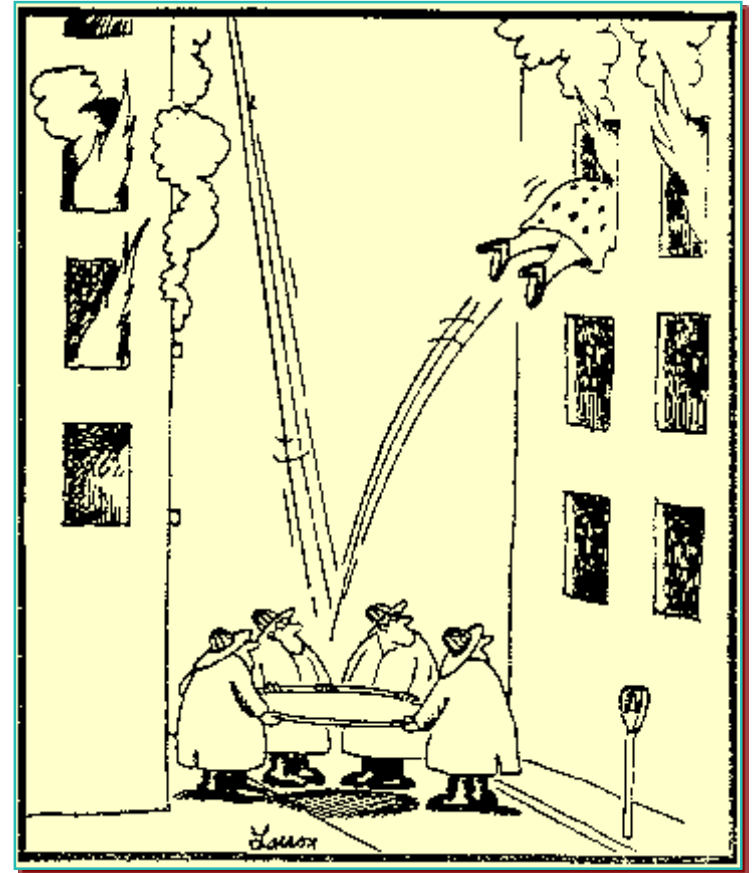
Create  
Healthier  
Conditions at  
Home

Change  
Payment  
Systems



**Unfortunately,  
disconnected efforts are  
rarely strong enough or  
last long enough to  
move us where we need  
to go.**

**And progress in one area,  
can make things worse in  
other areas.**





**STEP 1:**  
Build a multi-stakeholder  
organization to steward  
the health system  
improvement process

## Step 2: Empower these collective efforts with:

- good data,
- shared assumptions and values,
- ability to compare scenarios, and
- opportunity to imagine a better future



# A Regional Health System in a Computer



The ReThink Health model brings  
*greater structure, evidence, and creativity*  
to the process of multi-stakeholder strategy design



# Instant answers to “What if?” questions...



## WHAT IF...



**RUN SCENARIO**



# Explore how to do the most with our resources...

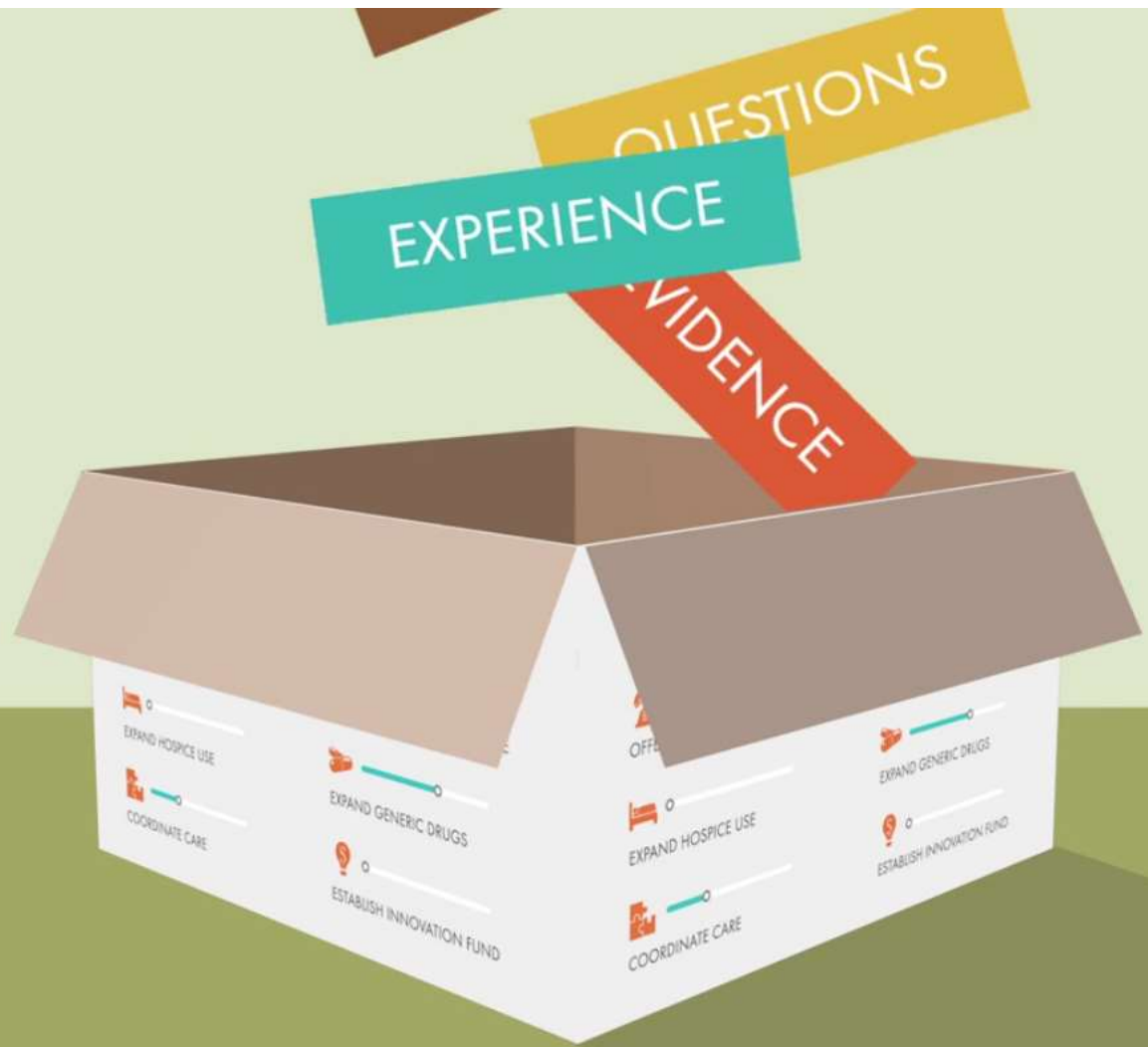


ReThink Health

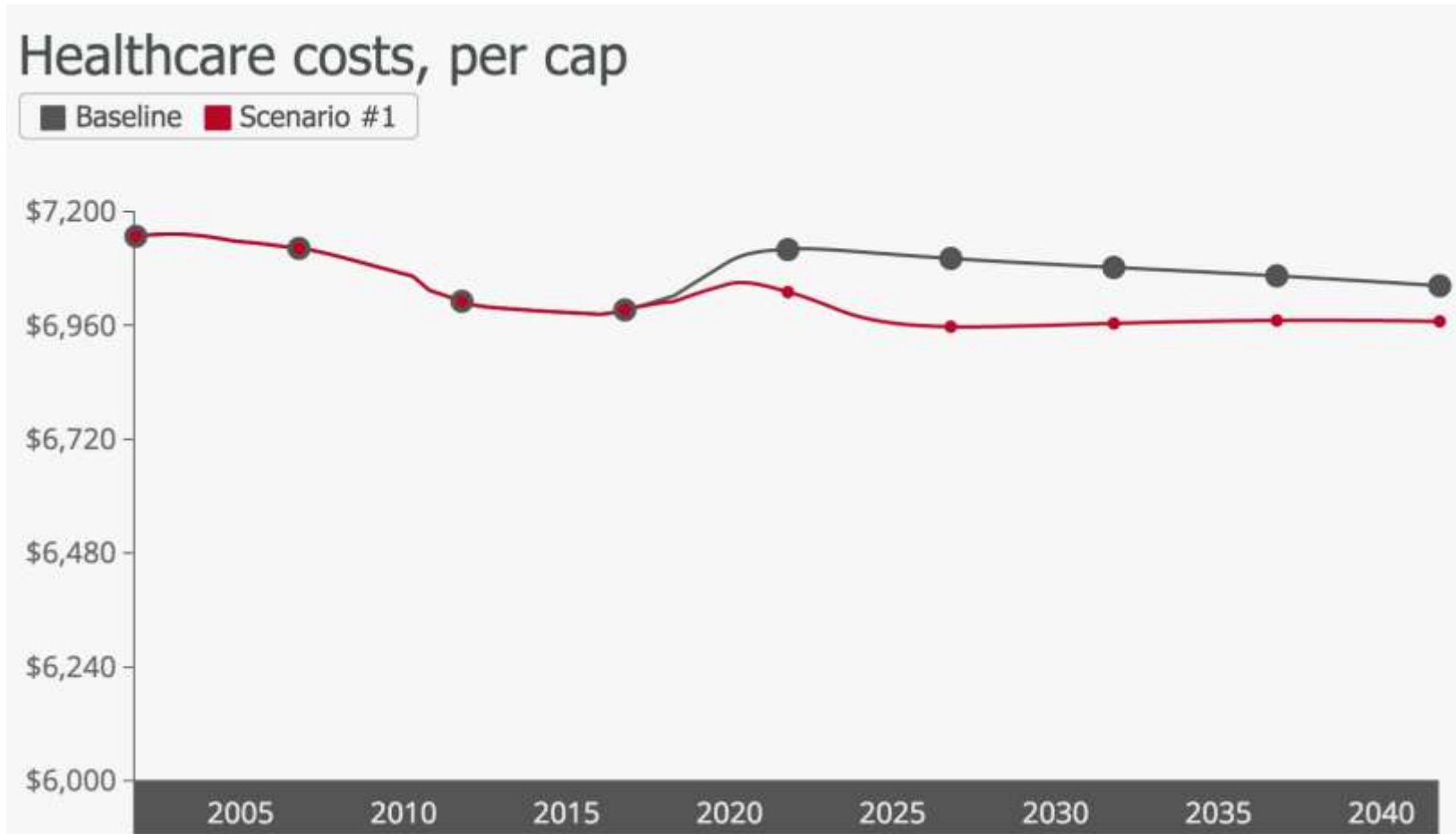
		
<p>How Long Will It Take?</p>	<p>How Much Will It Cost?</p>	<p>What Are The Pitfalls?</p>



# Bringing together decades of evidence and experience



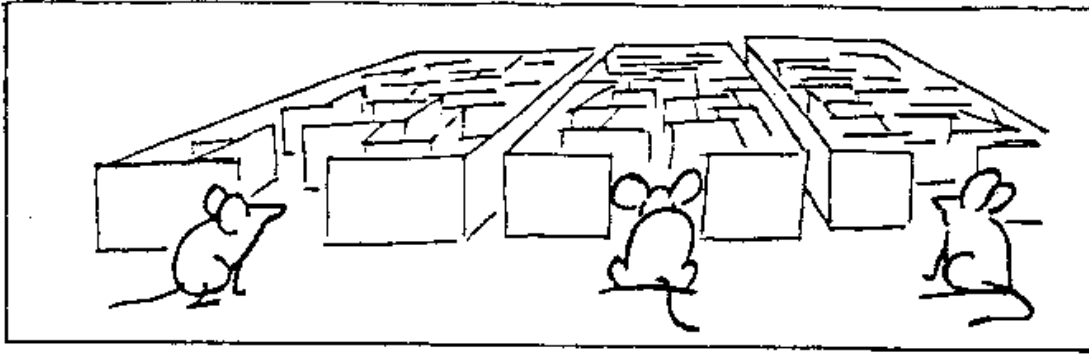
# Track results versus baseline on scores of measures



\* Based on U.S. national data scaled to represent Anytown, a prototypical mid-sized region (1:1,000)



# Preview of the Experience



Many  
pathways

# Stewardship Challenge

## Transform the Health System in Anytown

*Average American Town of 300,000*

Craft an effective strategy to improve performance of the Anytown health system, *and sustain those gains over time.*



# POLL QUESTION:

## Where is your organization spending most of its time and resources to improve population health?

- A. **Cost Reduction** (Pre-Visit Consult, Medical Homes, Medical Malpractice, Hospice, Care Coordination, Post-Discharge Care)
- A. **Care Improvement** (Preventive Physical Illness Care, Mental Illness Care, Self-Care, Hospital Acquired Infection)
- B. **Capacity Increases** (Primary Care Efficiency, Hospital Efficiency, PCP Recruitment)
- C. **Population Risk Reduction** (Healthy Behaviors, Crime, Environment, Family & Student Pathways)
- D. **Financing** (Innovation Financing, Contingent Global Payment Systems, Reinvestment of Savings)

# Intervention Options for Simulation Scenarios

## What To Do?

RISK	 Healthier behaviors	 Crime	 Pathways to advantage (family; student)
	 Environmental hazards		
CARE	 Preventive/chronic care	 Self care	 Hospital infections
	 Mental illness care		
CAPACITY	 PCP efficiency	 Recruit PCPs (general; FQHC)	 Hospital efficiency
COST	 Pre-visit consult	 Coordinate care	 Post-discharge care
	 Medical home	 Malpractice	 Hospice

## How to Pay for It?

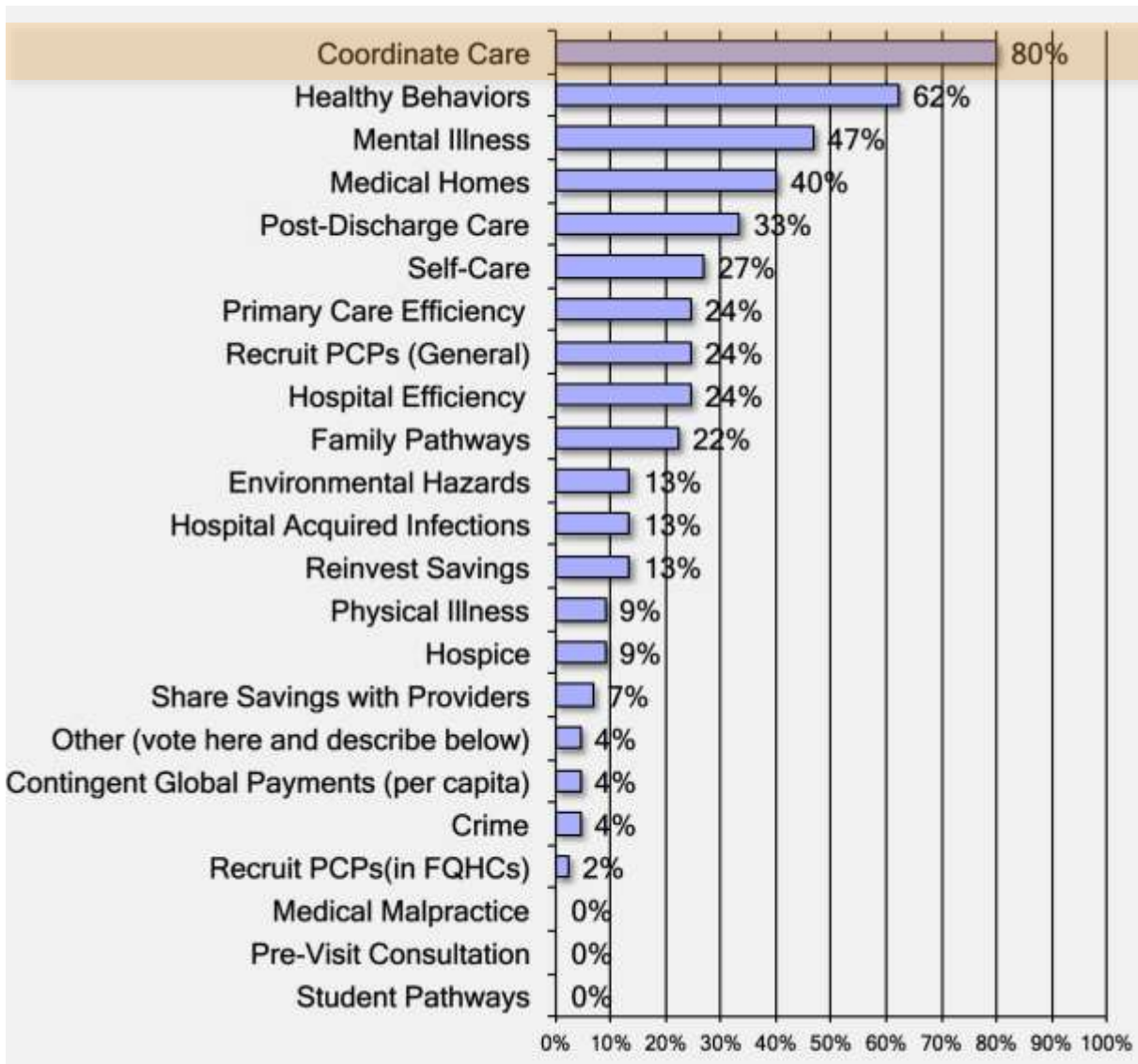
FUNDING	 Innovation fund	 Reinvest savings	 Contingent global payment

1% of total health care costs for 5 years; (\$24M x 5 years)



# Initiative Survey Results

*What are the 5 most critical initiatives to improve your local health system?*



N = 45/55 Respondents


## POLL QUESTION:

How much of a cost reduction would you expect from a coordinated care effort?

- A. 1%
- B. 2%
- C. 3%
- D. 4%
- E. 5%
- F. 6%
- G. 7%
- H. 8%
- I. 9%
- J. >10%

Coordinate patient care and provide coaching for patients and physicians to reduce duplicative or unnecessary referrals and admissions and to reduce medication costs. Care coordination requires sophisticated integrated information systems as well as coaching arrangements and protocols for shared decision making and use of generic drugs whenever appropriate.

# Testing Care Coordination in the ReThink Health Dynamics Model

 Anytown, USA 300,000 Resources Logout

Introduction **Create Scenario** Compare Diagnose All Graphs Manage Administrator

Selected Initiatives Establish Trends Assumptions

**Initiatives** *(select to activate)*

**Risk**

- Enable Healthier Behaviors
- Reduce Environmental Hazards
- Reduce Crime
- Create Student Pathways to Advantage
- Create Family Pathways to Advantage

**Care**

- Improve Physical Illness Care
- Improve Mental Illness Care
- Support Self-Care
- Reduce Hospital-Acquired Infection

**Capacity**


- Redesign Primary Care for Efficiency
- Increase Hospital Efficiency
- Recruit Primary Care Providers - General
- Recruit Primary Care Providers - FQHC

**Cost**


- Offer Pre-Visit Consultation
- Create Medical Homes
- Reform Medical Malpractice
- Expand Hospice Use
- Coordinate Care
- Improve Post-Discharge Care

**Active Initiatives**

*Level of Effort reflects planned reach, intensity, and investment relative to what evidence suggest is possible.*


 **Coordinate Care**

Level of effort:  100%

Start Date: 2015 

Update for New Technology

**Funding Sources**

 **Establish Innovation Fund**

Amount:  \$24M

for:  5 years

[Reset](#)  [Save & Run Scenario](#)

# Results: *Care Coordination*

**Cumulative Changes for Selected Metrics (2015-2040) <sup>Ⓢ</sup>**  
 Actual Values  Percent Change

Scenario Name	Priorities				Financing & Yield			
	↓ Cost <a href="#">Graph</a>	Death <a href="#">Graph</a>	Care <a href="#">Graph</a>	Inequity <a href="#">Graph</a>	Productivity <a href="#">Graph</a>	Program Spending <a href="#">Graph</a>	Net Costs <a href="#">Graph</a>	Net Productivity <a href="#">Graph</a>
Baseline	\$9,324	7.42	46.6%	22.8%	\$0.175 T	0	\$0.00 B	-\$0.00 B
<b>i</b> Coordinate Care <i>Anyt</i> <i>ownDemoFACI</i>	<b>-4.5%</b>	<b>-0.1%</b>	<b>+0.4%</b>	<b>-0.8%</b>	<b>+0.4%</b>	<b>\$0.08 B</b>	<b>-\$3.65 B</b>	<b>\$4.28 B</b>

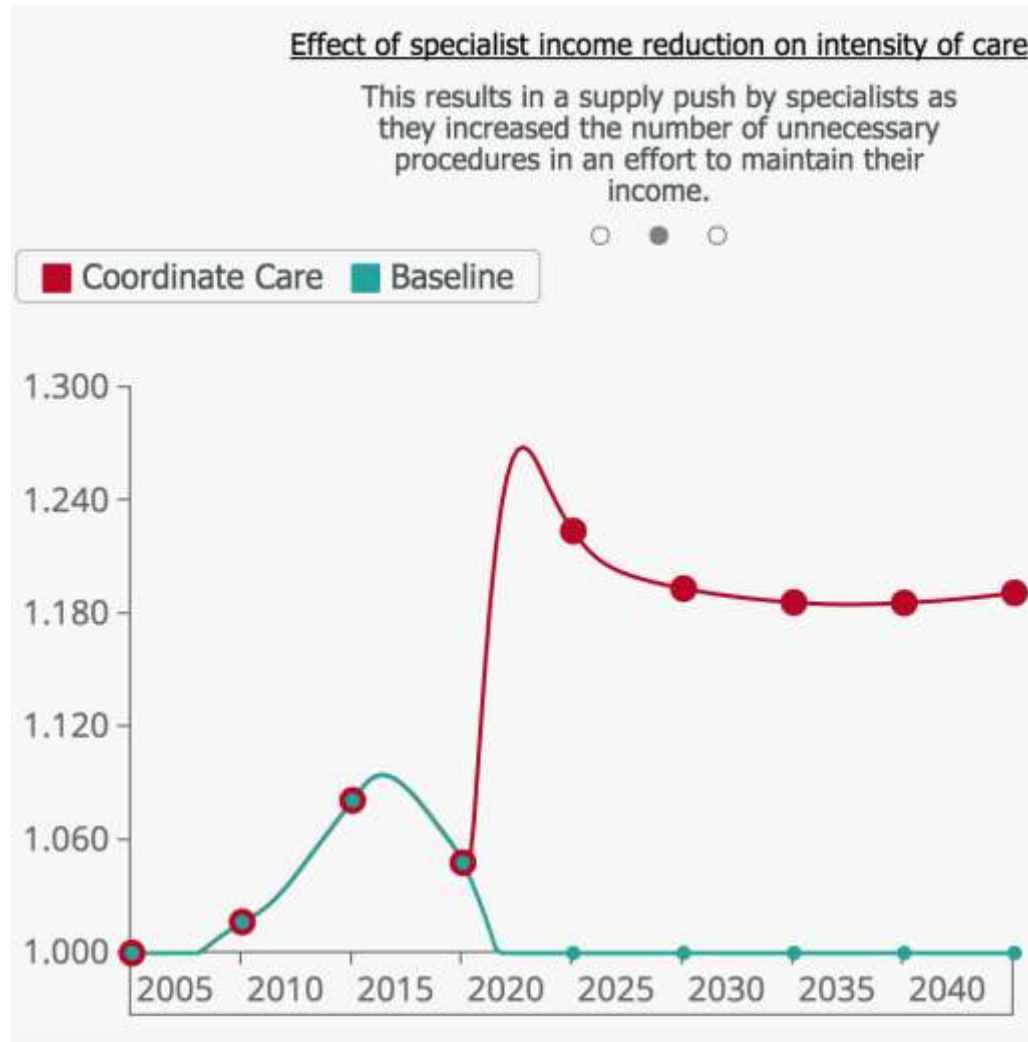
*What limits the results we are getting?*



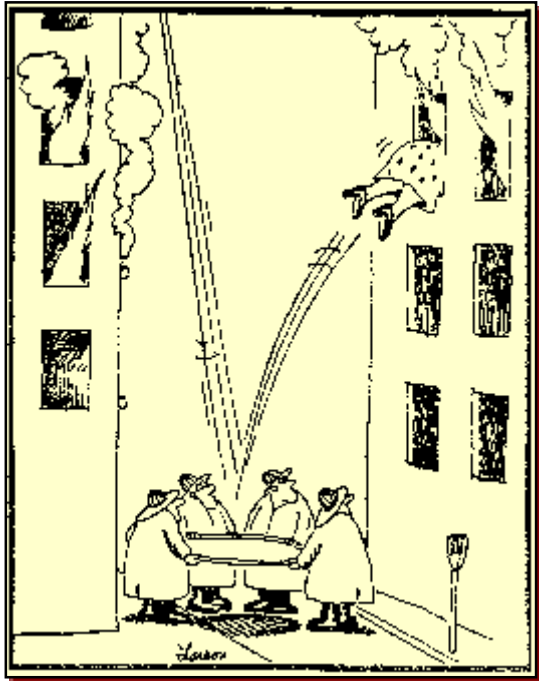
# Effective cost cutting reduces specialist income...



# creating a strong increase in intensity of care

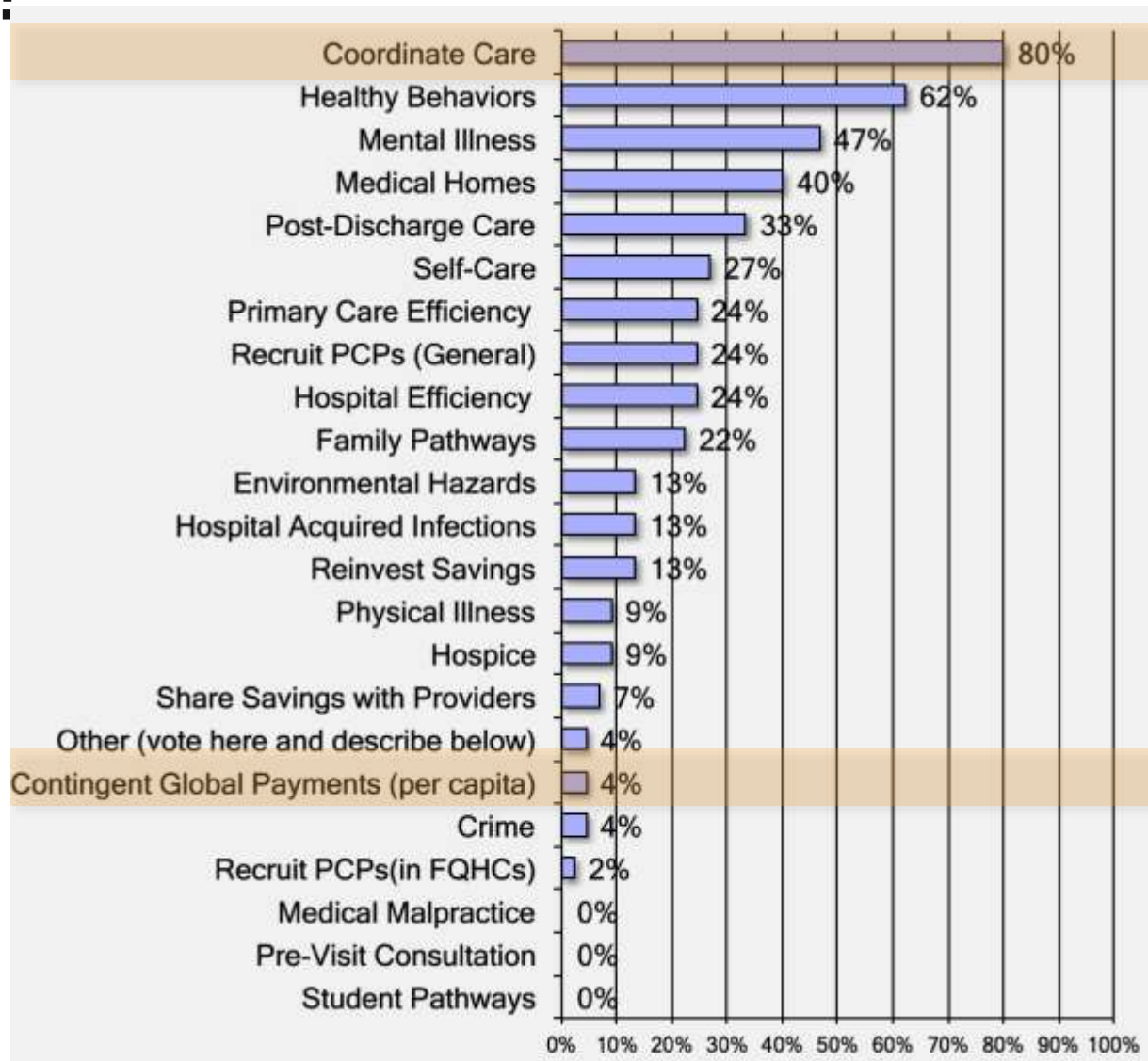


# Common Pitfalls for Population Health Efforts



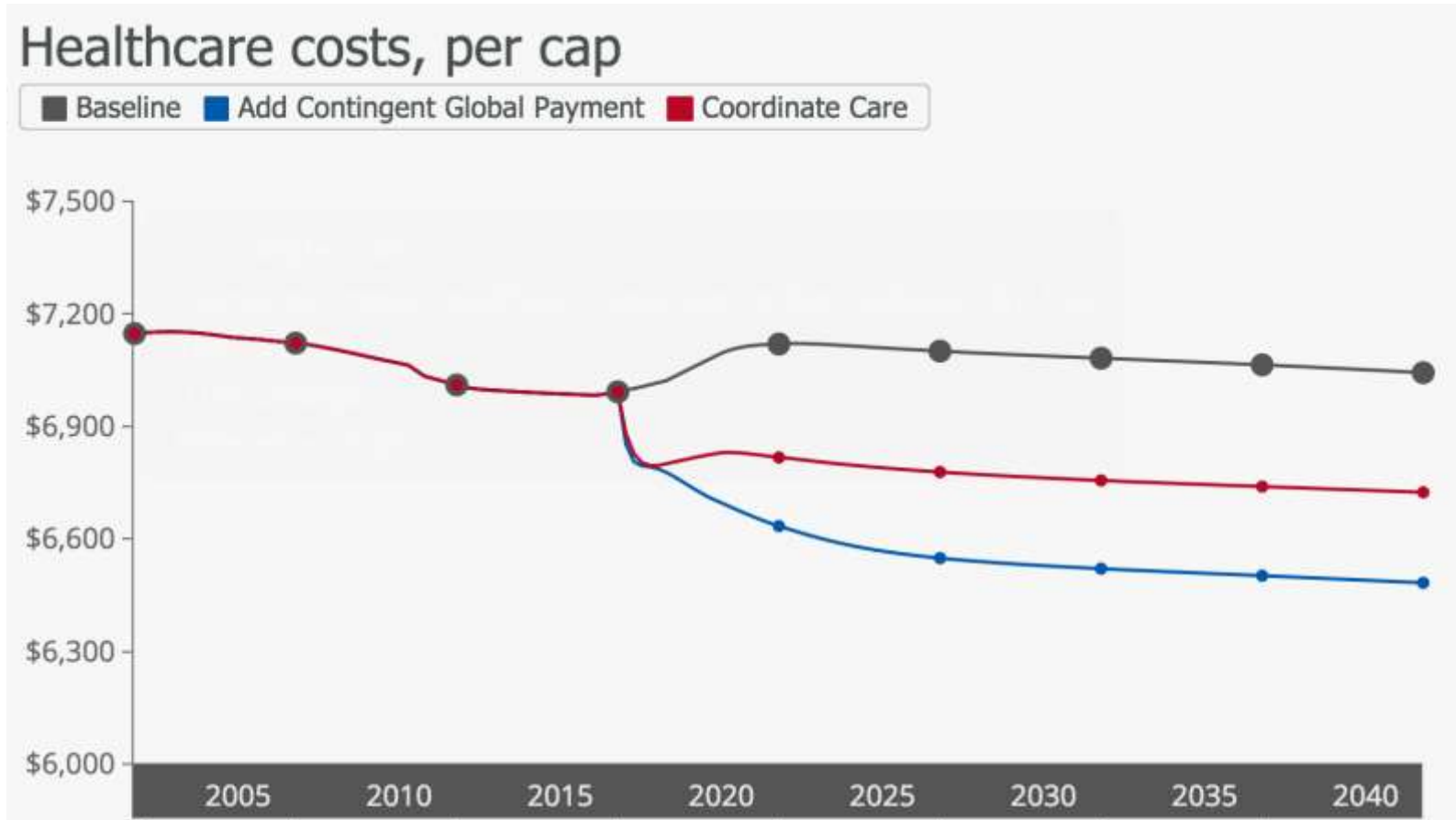
- Triggering “supply push” responses to declining utilization

# What can we do to avoid this unintended consequence?

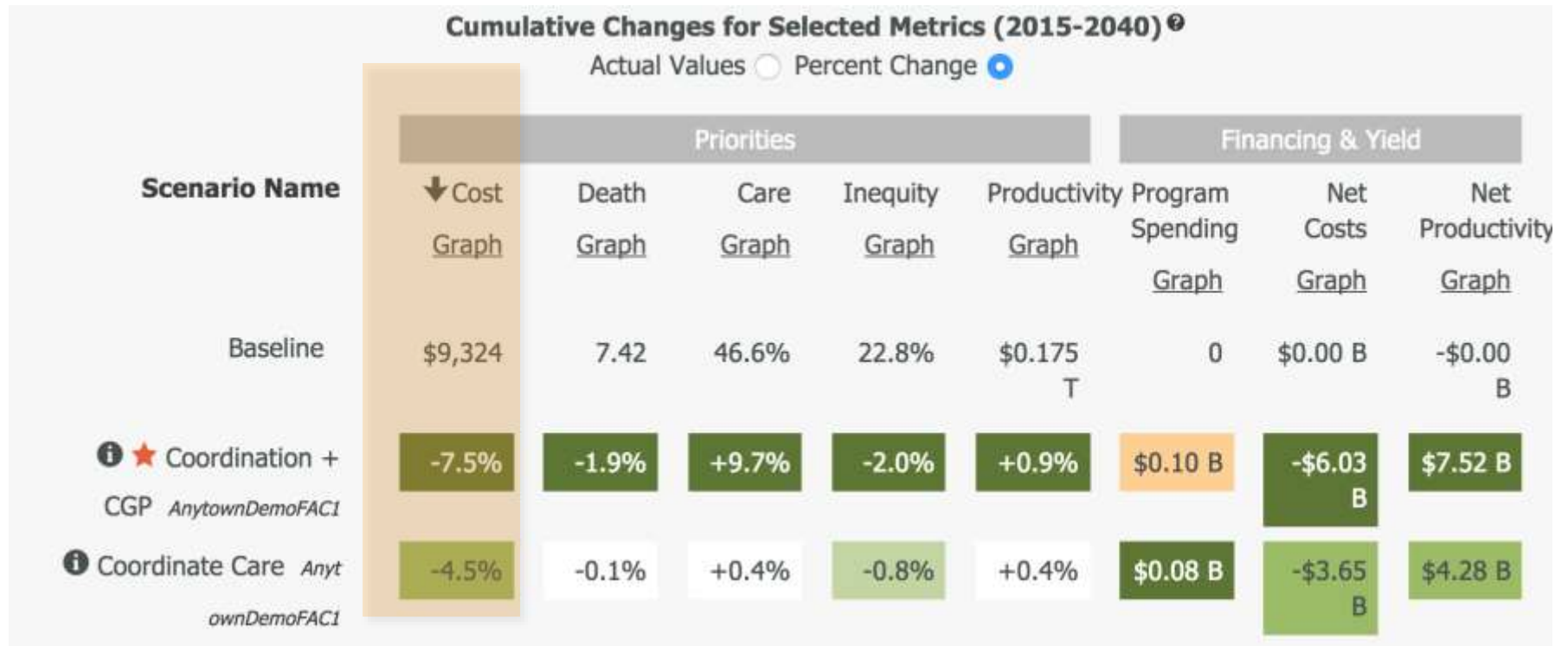




# Shifting to Contingent Capitated Payments helps..



# ...but primarily on cost reduction & quality of care

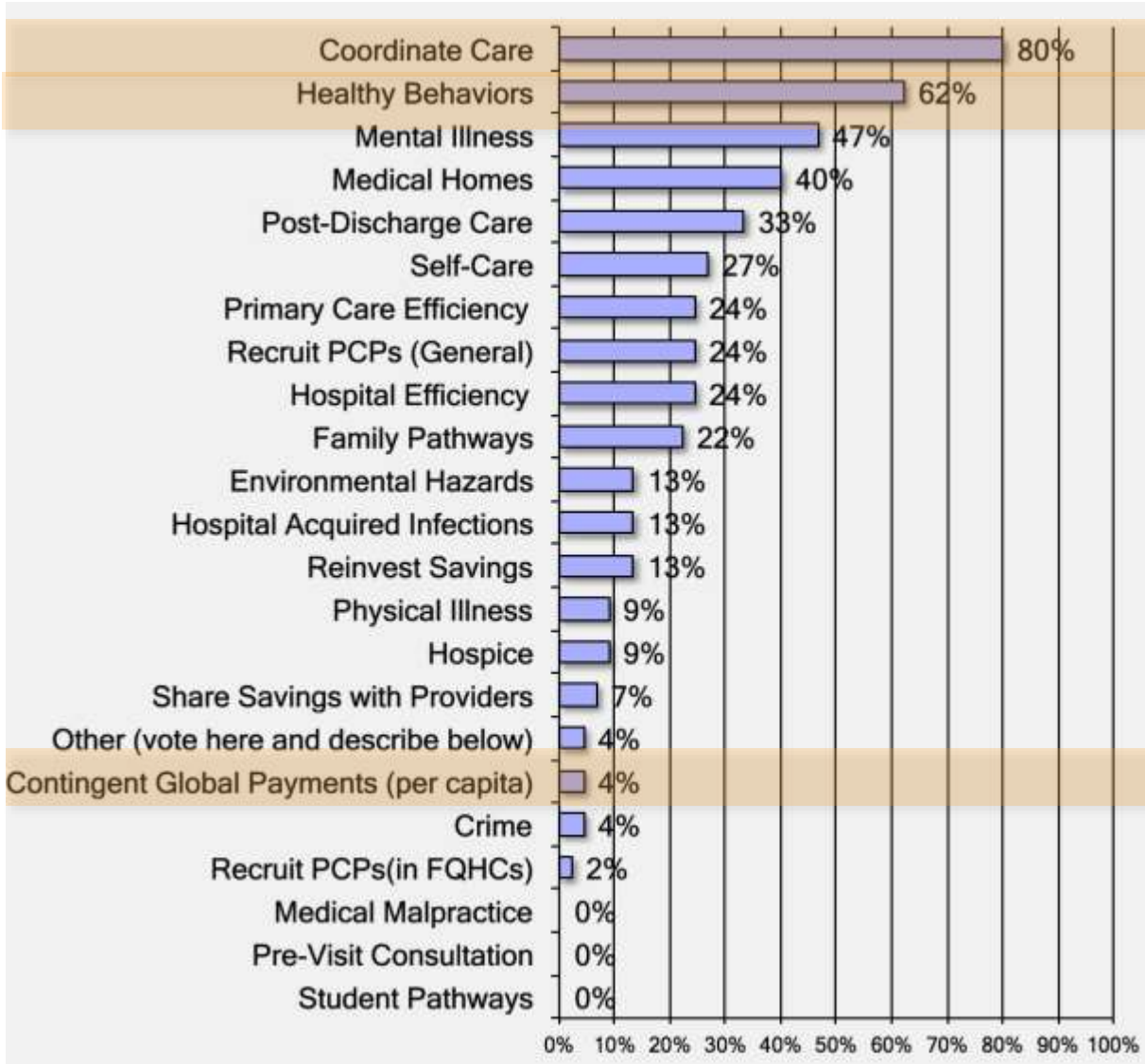


## POLL QUESTION:

Which of the following do you care most about?

- A. Cutting health care costs
- B. Increasing quality of care
- C. Improving health
- D. Reducing inequity
- E. Growing employee productivity

# How can we achieve improvement on a wider array of metrics – the Triple Aim and Beyond?



N = 45/55 Respondents

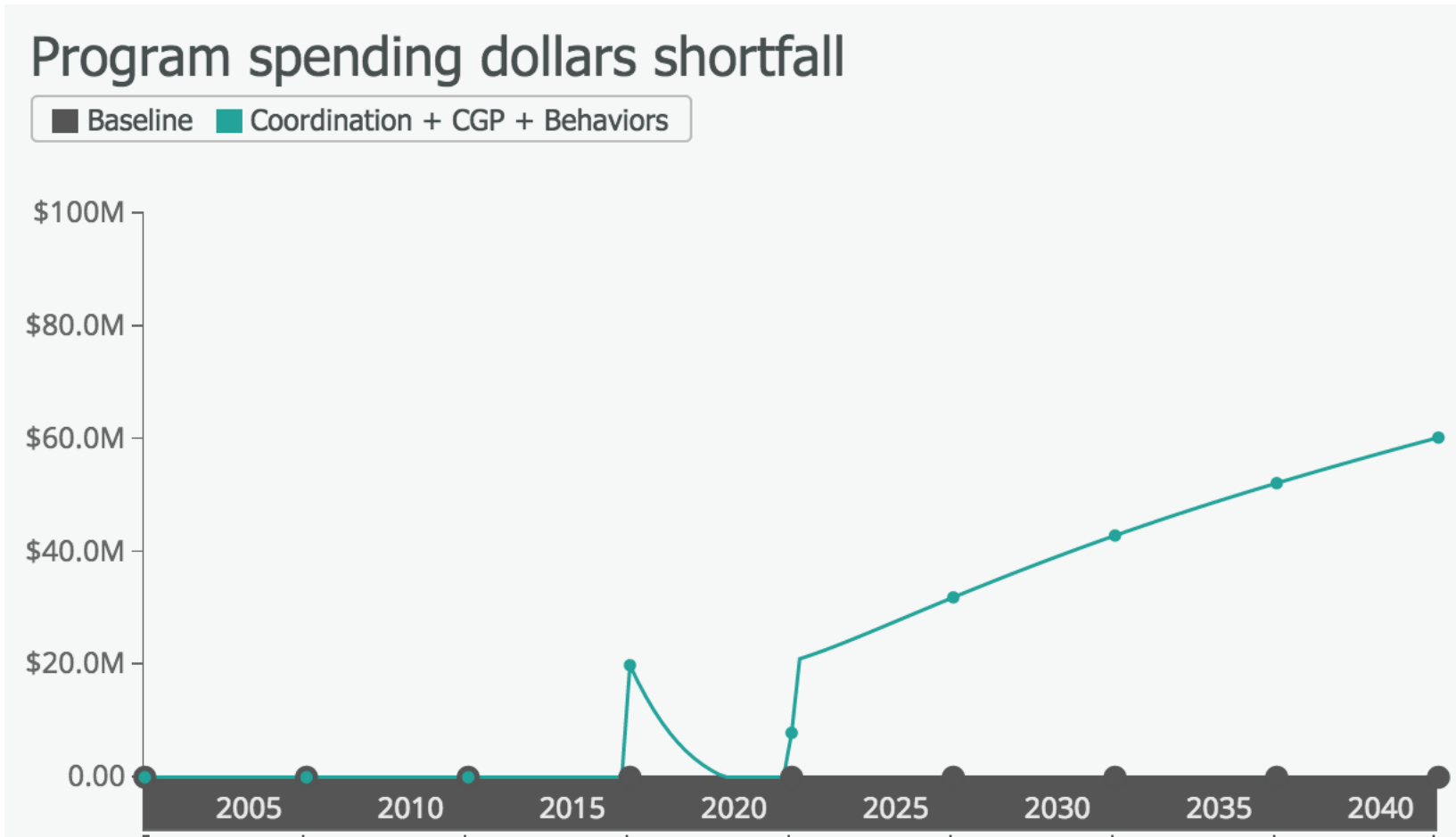
# But adding Behaviors makes things worse...

**Cumulative Changes for Selected Metrics (2015-2040)** <sup>Ⓜ</sup>

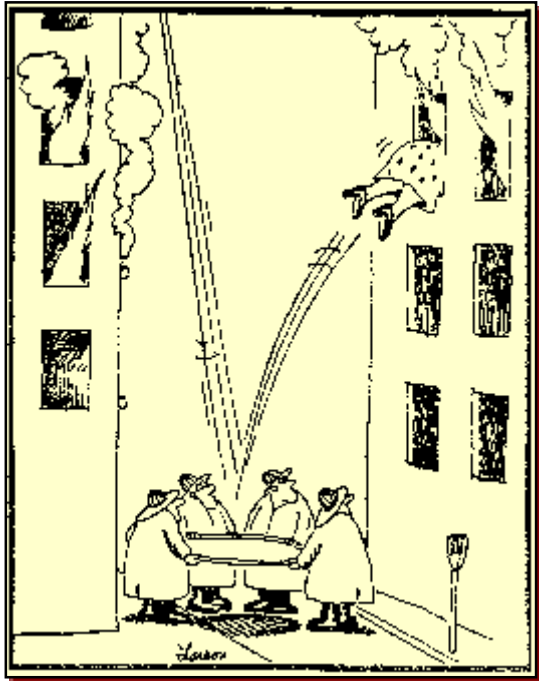
Actual Values  Percent Change

Scenario Name	Priorities					Financing & Yield		
	↓ Cost <a href="#">Graph</a>	Death <a href="#">Graph</a>	Care <a href="#">Graph</a>	Inequity <a href="#">Graph</a>	Productivity <a href="#">Graph</a>	Program Spending <a href="#">Graph</a>	Net Costs <a href="#">Graph</a>	Net Productivity <a href="#">Graph</a>
Baseline	\$9,324	7.42	46.6%	22.8%	\$0.175 T	0	\$0.00 B	-\$0.00 B
<b>i</b> ★ Coordination + CGP <i>AnytownDemoFAC1</i>	-7.5%	-1.9%	+9.7%	-2.0%	+0.9%	\$0.10 B	-\$6.03 B	\$7.52 B
<b>i</b> Coordinate Care <i>AnytownDemoFAC1</i>	-4.5%	-0.1%	+0.4%	-0.8%	+0.4%	\$0.08 B	-\$3.65 B	\$4.28 B
<b>i</b> Coordination + CGP + Behaviors <i>AnytownDemo</i>	-4.3%	-3.3%	+6.7%	-2.1%	+0.8%	\$0.12 B	-\$3.28 B	\$4.70 B

# ...because we spread ourselves too thin and run out of funding



# Common Pitfalls for Population Health Efforts

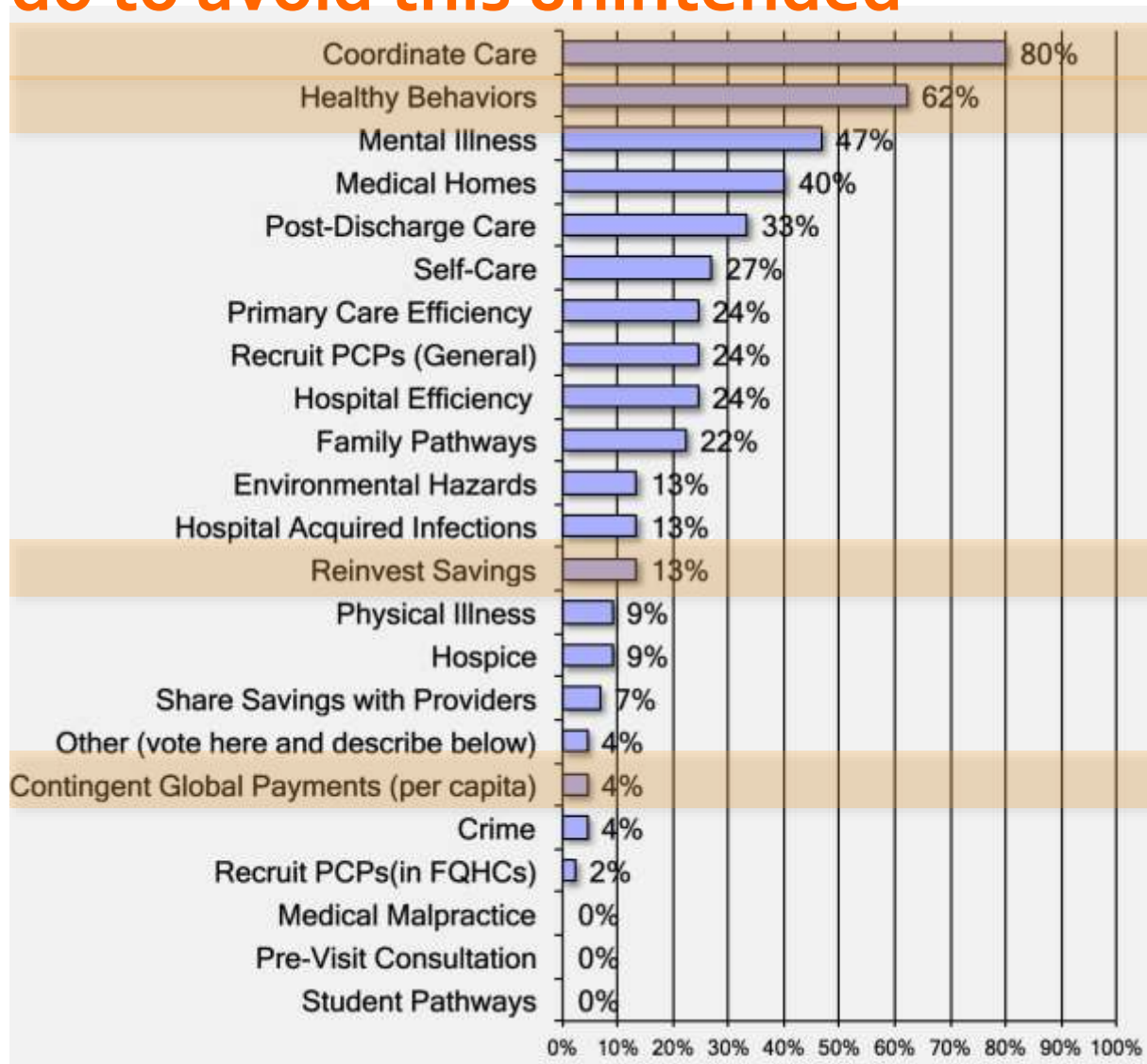


- Triggering “supply push” responses to declining utilization
- Spreading resources over too many initiatives
- Unsustainable program financing

# POLL QUESTION:

## What should we do to avoid this unintended consequence?

- A. Cut back on initiatives
- B. Apply for more grants
- C. Encourage shifting priorities among collaborators
- D. Negotiate reinvestment of cost savings





# Reinvestment has a significant sustainable impact...

**Cumulative Changes for Selected Metrics (2015-2040)**  
 Actual Values  Percent Change

Scenario Name	Priorities					Financing & Yield		
	↓ Cost <a href="#">Graph</a>	Death <a href="#">Graph</a>	Care <a href="#">Graph</a>	Inequity <a href="#">Graph</a>	Productivity <a href="#">Graph</a>	Program Spending <a href="#">Graph</a>	Net Costs <a href="#">Graph</a>	Net Productivity <a href="#">Graph</a>
Baseline	\$9,324	7.42	46.6%	22.8%	\$0.175 T	0	\$0.00 B	-\$0.00 B
<b>REINVESTMENT</b> Coord+CGP+Beh+Reinvest <i>AnytownDemoFAC1</i>	-10.4%	-7.2%	+11.0%	-4.9%	+1.7%	\$0.48 B	-\$7.87 B	\$10.77 B
Coordination + CGP <i>AnytownDemoFAC1</i>	-7.5%	-1.9%	+9.7%	-2.0%	+0.9%	\$0.10 B	-\$6.03 B	\$7.52 B
<b>+ \$24M/yr for 5 years</b> Coord+CGP+Behavior+\$24M <i>AnytownDemoFAC1</i>	-7.1%	-5.8%	+9.1%	-3.7%	+1.3%	\$0.24 B	-\$5.35 B	\$7.66 B
Coordinate Care <i>AnytownDemoFAC1</i>	-4.5%	-0.1%	+0.4%	-0.8%	+0.4%	\$0.08 B	-\$3.65 B	\$4.28 B
Coord+CGP+Beh <i>AnytownDemoFAC1</i>	-4.3%	-3.3%	+6.7%	-2.1%	+0.8%	\$0.12 B	-\$3.28 B	\$4.70 B

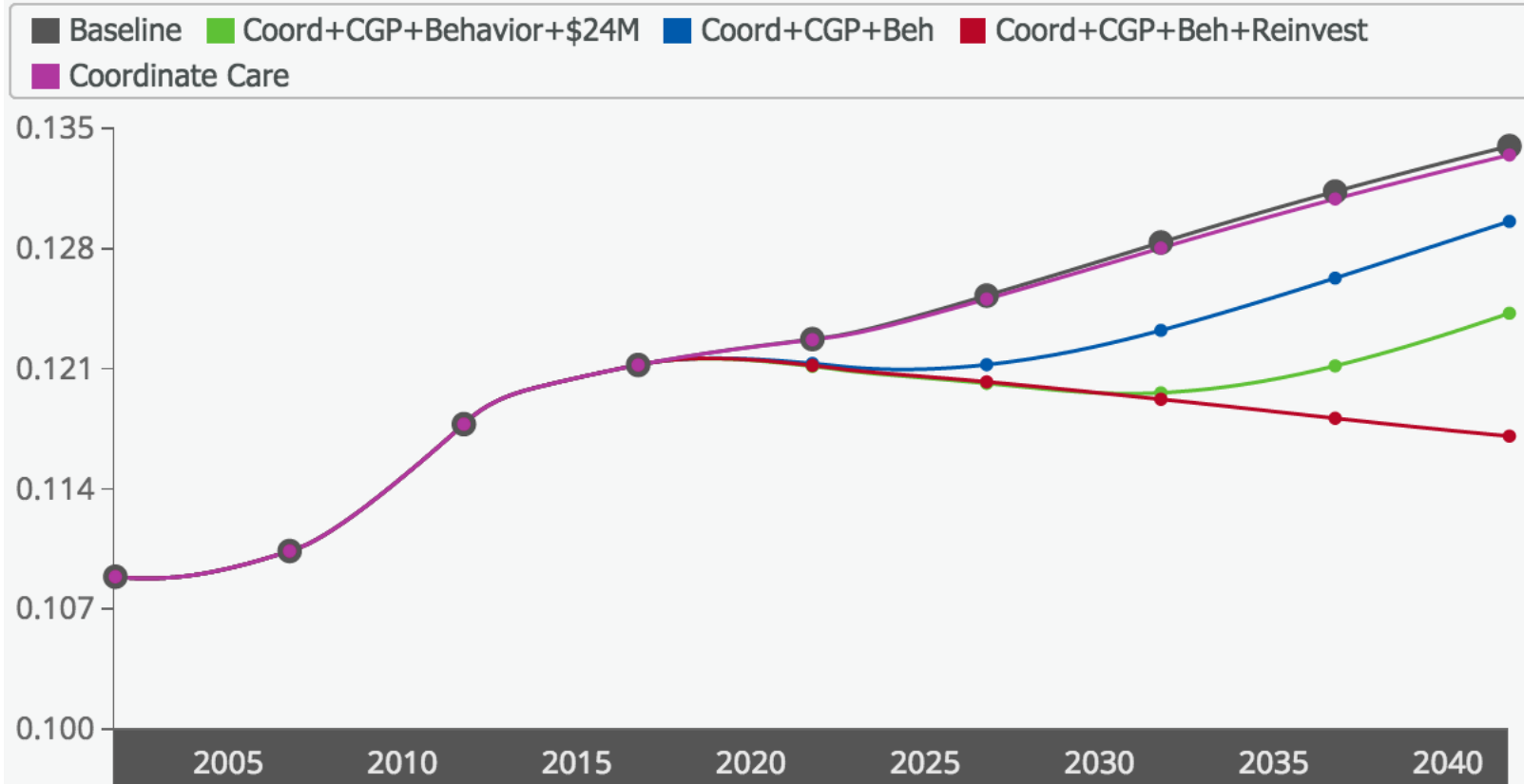
★ Most Recent Scenario  
 ♥ Favorite Scenario

**Performance Relative to Baseline**  
 Best  Slightly Better No Change Worse



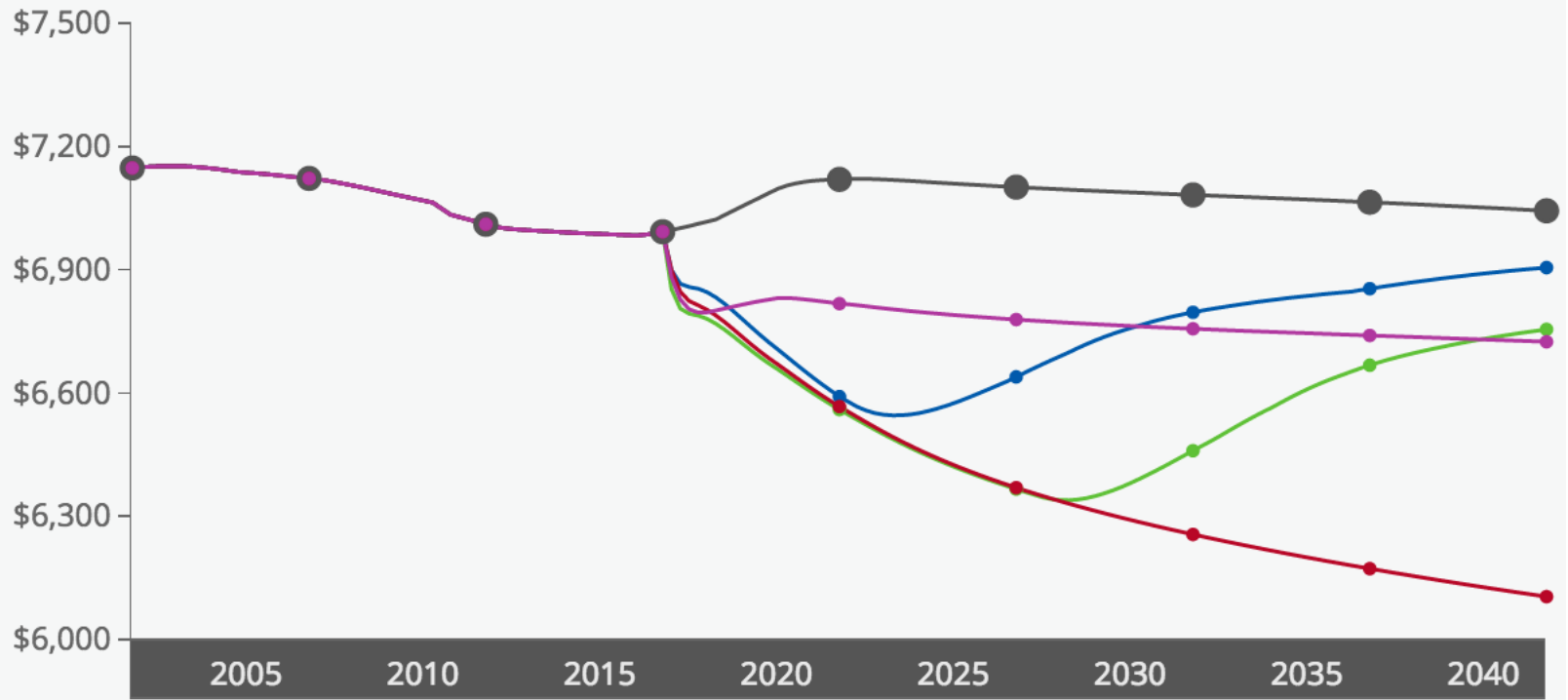
# ...in Health

## Severe chronic physical illness

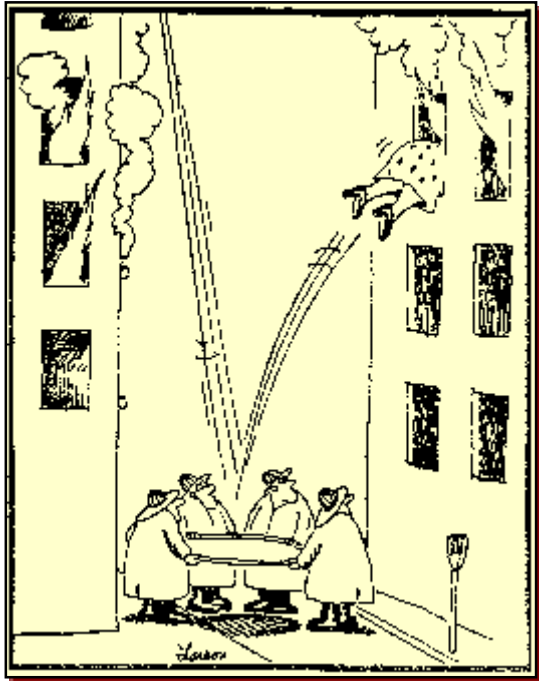


# ...and Healthcare Costs

## Healthcare costs, per cap



# Common Pitfalls for Population Health Efforts



- Triggering “supply push” responses to declining utilization
- Spreading resources over too many initiatives
- Unsustainable program financing
- Lopsided investments downstream or upstream
- Exacerbating capacity bottlenecks
- Perpetuating inequity
- Neglecting or focusing only on disadvantaged, children, or seniors
- Pursuing narrow goals and short-term impacts
- Concentrating only on small sub-systems

# Some Policy Insights from the Model

## Most compelling scenarios feature

- **A global payment scheme, replacing fee-for-service, to ensure provider cooperation with “Cost” and “Care” initiatives**
- **“Cost” and “Care” initiatives for fast, focused impact, but also “Risk” initiatives for broad progress on health, cost, equity, and productivity**
- **Sustainable financing, probably via reinvestment**
- Broad application of initiatives across the whole population, not limited only to high-risk subgroups (e.g., by age or income)
- Selection of “Care” and “Risk” initiatives based on cost-effectiveness, to avoid spreading limited funds too thinly
- Some interventions included based on the particulars of place (e.g., poverty level, environmental hazards, and crime)



ReThink  
Health

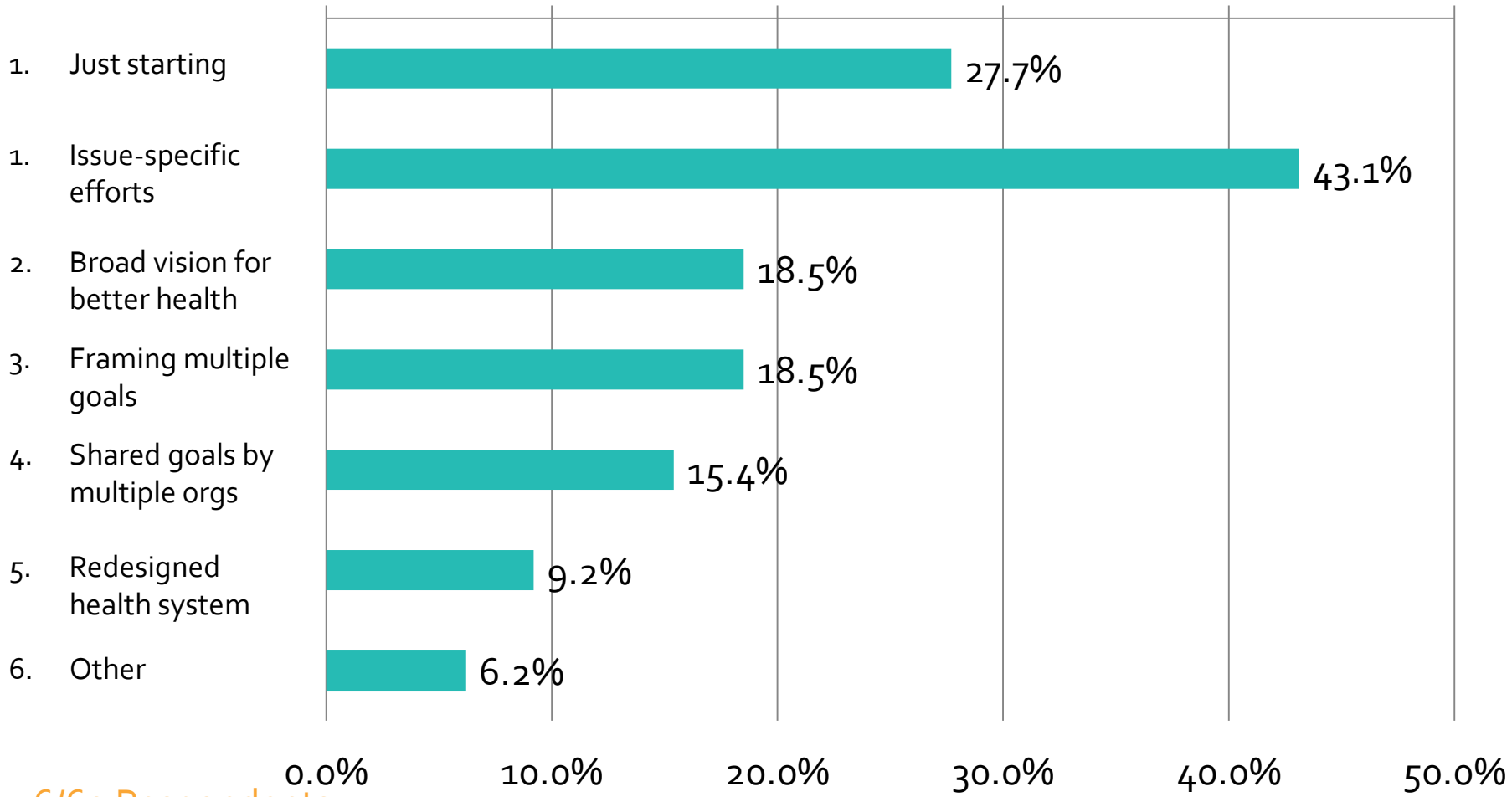
ReSearch • ReConnect • ReDesign

## **An Example from the Field**

*Leveraging health system strategies  
to achieve community goals*

# Survey Results

*How would you describe local efforts of diverse stakeholders to broadly improve health in your community?*



N = 56/60 Respondents

## POLL QUESTION:

How would you describe local efforts of diverse stakeholders to broadly improve health in your community?

- A. Just starting
- B. Issue-specific efforts
- C. Broad vision for better health
- D. Framing multiple goals
- E. Shared goals by multiple organizations
- F. Redesigned health system
- G. Other



# Profile of ReThink Health Modeling in Atlanta



The screenshot shows a blog post on 'The Health Care Blog'. The main article is titled 'It Takes More Than A Village To Improve Community Health' by Susan Dentzer. The article discusses the Atlanta Regional Collaborative for Health Improvement (ARCHI) and its goals to improve the quality and efficiency of the local health care system. The article includes a photo of Susan Dentzer and a sidebar with various health-related news items and a 'Health 2.0 News' section.

“If it takes a village to raise a child, what would it take to improve health and health care across a huge and diverse metropolitan area?”

The answer: a multi-stakeholder effort, such as the Atlanta Regional Collaborative for Health Improvement, or ARCHI.”

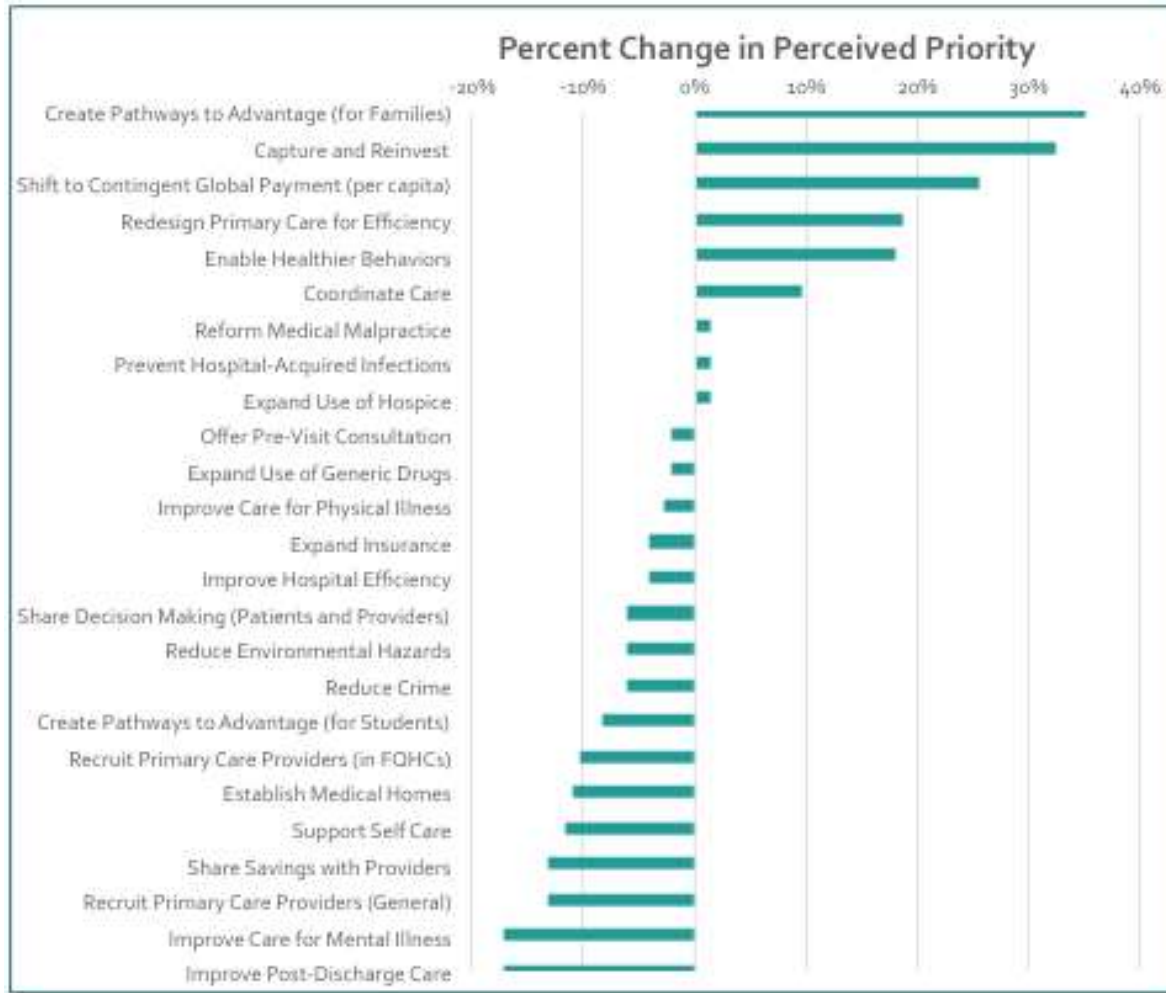
-- Susan Dentzer

Dentzer S. It takes more than a village to improve community health. The Health Care Blog. October 14, 2014. Available at <http://thehealthcareblog.com/blog/2014/10/14/it-takes-more-than-a-village-to-improve-community-health/>



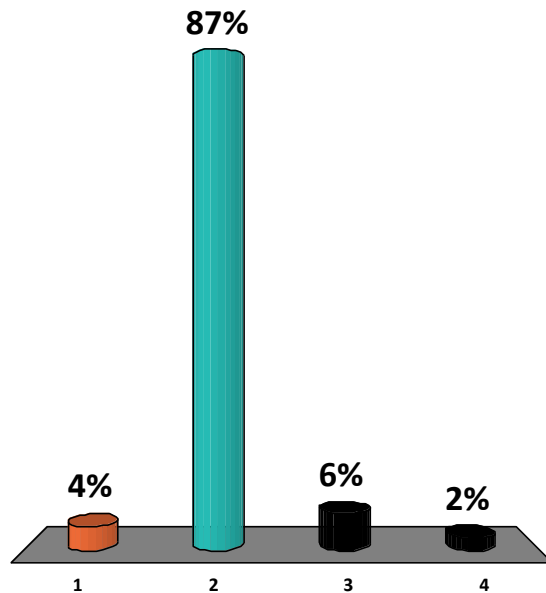
# Shifting Priorities in Pre/Post Assessments

*Which are the five most critical strategies for Atlanta?*



# Which scenario offers the strongest foundation?

1. Far-Reaching
2. Atlanta Transformation
3. Better Health Atlanta
4. Promote Health Today





*ReThink Health modeling helped people discover surprisingly strong areas of consensus. It helped us sail through a step where we might otherwise have gotten stuck.*

**Karen Minyard  
Executive Director  
Georgia Health Policy Center**

HOME
WHO WE ARE
MEETINGS
RESOURCES



## Why is this important, now?

The Atlanta region has a great opportunity to change the culture of healthcare. A number of converging forces encourage providers to take a collaborative approach to health assessments and interventions:

1. Public health departments who seek accreditation must perform community assessments;
2. Local governments are thinking seriously about their investments in health, assessing needs and setting priorities;
3. Foundations are increasingly choosing to invest in collaboratives rather than single agencies;
4. Federally Qualified Health Centers must assess the need for expansion; and
5. Hospitals are pressed to assess, plan, and invest to meet new IRS regulations. It's tempting to approach this work independently, but the real opportunity lies in collaboration. With the potential to be more efficient and effective, collaborative assessment can lay the groundwork for collective priority setting and investment to achieve maximum impact.



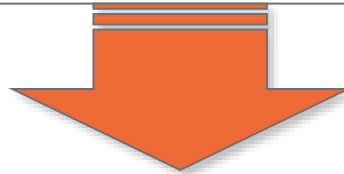
**The challenges that lie ahead for Atlanta's health care system are vast and complex.**

**We need a better path forward.**

Atlanta Regional Collaborative for Health Improvement. ARCHI Playbook; 2013.  
Available at [http://www.archicollaborative.org/archi\\_playbook.pdf](http://www.archicollaborative.org/archi_playbook.pdf)

# Evidence of Impact

- **Individuals** ~100% think differently, shift priorities, build competencies, and refocus their roles
- **Groups** ~90% move toward consensus-building and seek different or missing perspectives
- **Strategies** ~30% (within 6 months) change organizational structures, policies, investments
- **Methods** ~85% use system science to set strategies and shape investments



## Health and Resilience

health, care, cost, equity, productivity

# Would you like to learn more?

- Explore the model at [tinyurl.com/ReThinkHealth-Anytown](https://tinyurl.com/ReThinkHealth-Anytown)
- Read more at <http://bit.ly/ReThinkingAmericanHealth>
- For more information, contact [ecawvey@rethinkhealth.org](mailto:ecawvey@rethinkhealth.org)
- Info on a follow-up webinar will be distributed with Q&A via email
- General information is available at [www.rethinkhealth.org](http://www.rethinkhealth.org)









# HPOE *Live!*

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<https://www.surveymonkey.com/s/hpoe-6-3-15-webinar>

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