

Work-in-Progress

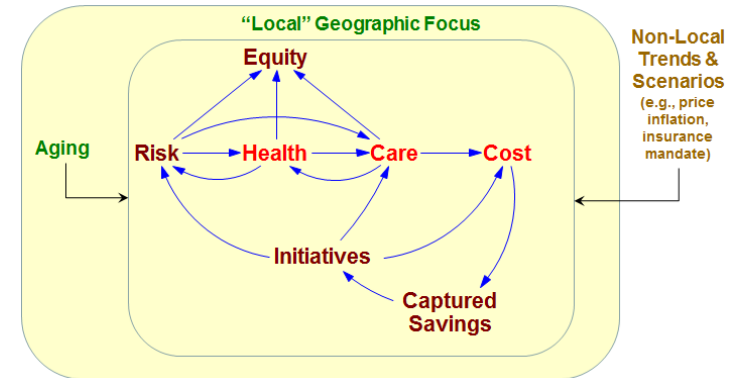
Main Elements, Interventions, and Causal Pathways in the ReThink Health Simulation Model (v1)

Studying & Sparking Change in Local Health Systems

Important innovations for health often begin with a “What if...” question. However, planners rarely address those questions fully because they typically cannot think through the complexities of the health system with their unaided minds. Rippel’s *ReThink Health Dynamics* program brings more structure, evidence, and creativity to the challenge of asking and answering questions about how to transform several dimensions of local health system performance simultaneously (e.g., better health, better care, lower cost, greater equity, etc).

Our goals in working with change agents are to





















1. Design a realistic but simplified portrait of a local health system for experimental learning
2. Assemble essential information into a credible—and testable—analytic framework
3. Let planners create and play out the likely consequences of their own intervention scenarios
4. Embrace uncertainty while dramatizing the potential for change—as well as the stakes of inaction
5. Convey trustworthy insights about what it takes to enhance local health system performance



Major Elements Represented

Risk	Health	Care	Cost
<ul style="list-style-type: none"> • Unhealthy behaviors • Environmental hazards • Crime • Poverty • Uninsurance 	<ul style="list-style-type: none"> • Chronic illness (physical, mental) • Episodes (non-urgent, urgent) • Deaths 	<ul style="list-style-type: none"> • Office visits (routine, acute) • Outpatient procedures & tests • ER & Inpatient • Post-acute/extended 	<ul style="list-style-type: none"> • Physician (primary care; specialist) • Hospital • Nursing Home • Home Health • Hospice • Dental & other professionals • Prescription drugs & other products

Intervention Options for Scenario Testing

Risk	Health	Care	Cost
 Enable healthier behaviors  Reduce environ hazards  Reduce crime  Create pathways to advantage	(affected by Risk & Care)	 Better routine care  Control mental illness  Support adherence  Increase PCP efficiency  Reduce hospital-acquired infections  Recruit PCPs (private)  Recruit PCPs (safety net)	 Coordinate care  Create PCP medical homes*  Better post-discharge care  More hospice use  Increase hospital efficiency*
Initiative Funding			
 Establish an innovation fund (size and duration)	 Capture and reinvest savings (negotiate with payers)	 Share captured savings with providers*	
Non-Local Trends			
 Expand insurance by Federal mandate			

* These interventions have the potential to dampen the “supply-push” backlash of specialists and hospitals responding to cost reduction efforts that reduce their income.