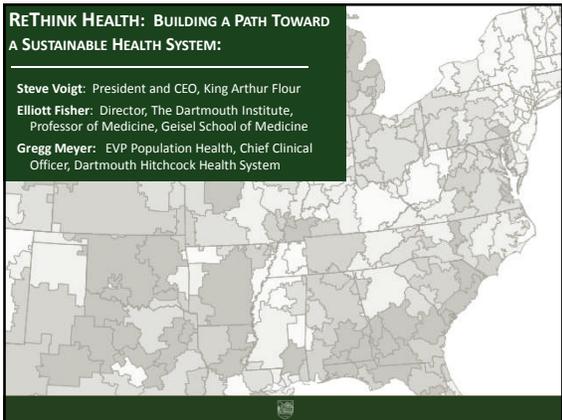


RETHINK HEALTH: BUILDING A PATH TOWARD A SUSTAINABLE HEALTH SYSTEM:

Steve Voigt: President and CEO, King Arthur Flour
Elliott Fisher: Director, The Dartmouth Institute, Professor of Medicine, Geisel School of Medicine
Gregg Meyer: EVP Population Health, Chief Clinical Officer, Dartmouth Hitchcock Health System



IMAGINE a future where....

ReThink Health - Atlanta

Introduction Create New Scenario Results Select Scenarios Map Info

Expand All Close All Guide

Progress Toward Core Values
 Percent Change Relative to the Baseline at Year 2040

Category	Value	Target
Health		
Death rate	-22.6%	-8.9%
Severe physical illness	-20.7%	-7.9%
Untreated mental illness	-24.3%	51.3%
Cost		
Health care costs, per cap	-18.4%	0.0%
Spending & Savings		
Program spending, at 2040	\$244M	25.5%
Program spending, cumul	\$5.50B	-40.9%
Unspent funds, cumul	\$158M	-27.1%
Net costs, at 2040	-\$1.68K	-35.6%
Productivity		
Spending vs indicated, at 2040	1.00	6.1%
Workforce care costs, per cap		-18.1%

Scenario: Healthy Beh, Self Care, PCP Eff, Coord Care, CCG SS

Work-in-Progress Model Version 2a: 09.01.13

How might we get there?



Initial Participants

- Laura Landy, Rippel Foundation
- Elliott Fisher, The Dartmouth Institute
- Don Berwick, CMS, IHI
- Amory Lovins, Rocky Mountain Institute
- John Sterman, MIT System Dynamics
- Marshall Ganz, Leading Change, Harvard
- Peter Senge, MIT, Society for Organizational Learning
- Elinor Ostrom, Nobel Laureate in Economics, Indiana University

Leadership Team: Subject Matter Experts

- Bobby Milstein
- Ruth Wagemen
- Sherry Immediato
- Kate Hilton

Modeling Team

- Jack Homer
- Gary Hirsch

ReThink Health



Major Elements

1. Active Stewardship
2. Effective Strategy
3. Sustainable Finance

Overcoming the Tragedy of the Commons

Traditional view

Common pool resources create social dilemmas
 Only two possible solutions:
 Treat as *private goods*: private property rights
 Treat as *public goods*: government regulation

Might there be a third way?

Are there examples of how local communities have managed to sustain a common pool resource?

Indeed



Source: Beyond Markets and States: Elinor Ostrom, Polycentric governance of Complex Economic Systems, American Economic Review, June 2010, pp 1-33.

Overcoming the Tragedy of the Commons

Design Principles

- Defined boundaries
- Known "appropriators"
- Those affected help establish rules
- Nested structures
- Monitoring, graduated sanctions
- Conflict resolution mechanisms
- Higher authorities grant power

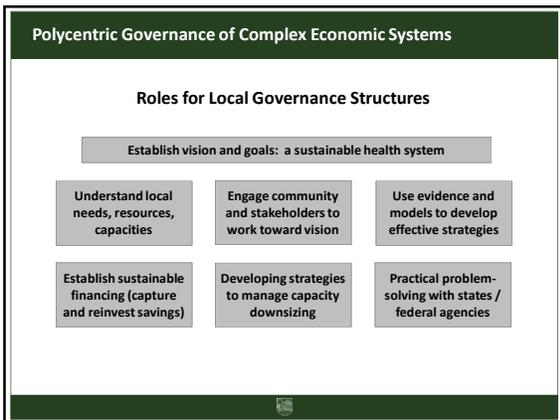
Processes that contribute

- Open communication
- Relationships, trust
- Recognition of shared interests
- Focus on problem solving



Stewardship as a core value

Source: Beyond Markets and States: Elinor Ostrom, Polycentric governance of Complex Economic Systems, American Economic Review, June 2010, pp 1-33.



Upper Connecticut River Valley – Initial Planning Team

NAME	TITLE	ORGANIZATION
Barbara Couch	VP Corporate Social Responsibility	Hypertherm
Elliott Fisher	Director	The Dartmouth Institute
Sara Kobylenski	Executive Director	The Upper Valley Haven
Laura Landy	President & CEO	The Fannie E. Rippe Foundation
Gregg Meyer	CCO and Executive VP for Population Health	Dartmouth-Hitchcock Medical Center
Al Mulley	Director	The Dartmouth Center for HCDS
Gene Nelson	Director of Population Health and Measurement	The Dartmouth Institute
Steve Voigt	President & CEO	King Arthur Flour
Janet Corrigan	Distinguished Fellow	Dartmouth Institute

Upper Connecticut River Valley – Workgroups

NAME	TITLE	ORGANIZATION
Barbara Couch	VP Corporate Social Responsibility	Hypertherm
Elliott Fisher	Director	The Dartmouth Institute
Sara Kobylenski	Executive Director	The Upper Valley Haven
Laura Landy	President & CEO	The Fannie E. Rippe Foundation
Gregg Meyer	CCO and Executive VP for Population Health	Dartmouth-Hitchcock Medical Center
Al Mulley	Director	The Dartmouth Center for HCDS
Gene Nelson	Director of Population Health and Measurement	The Dartmouth Institute
Steve Voigt	President & CEO	King Arthur Flour
Janet Corrigan	Distinguished Fellow	Dartmouth Institute

NAME	TITLE
Community Engagement	(Sara Kobylenski) Engage community to build vision, set goals, and create the conditions needed for regional stewardship
Stewardship	(Steve Voigt) Design and support the emergence of a stewardship structure to enable multi-stakeholder engagement in transformation
Measurement	(Gene Nelson) Develop and implement a measurement strategy that enables the initiative to trace progress, test effectiveness, learn
Innovation	(Barbara Couch) To build the inventory of current activities and help create an environment to identify, support and spread initiatives
Finance	(Janet Corrigan): To identify strategies for alignment of current funding streams and develop and implement approaches to capturing savings
Management	(Elliott Fisher) provide support and coordination for activities and until transition to a backbone organization



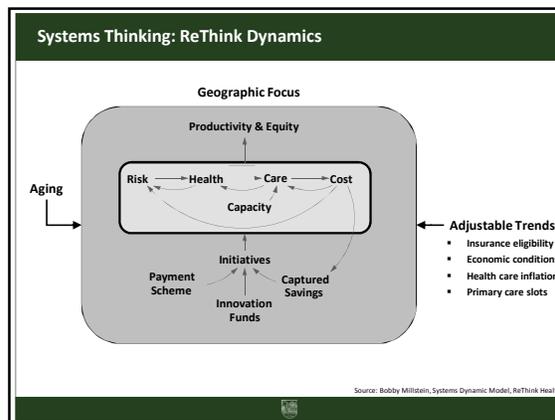
Systems Thinking

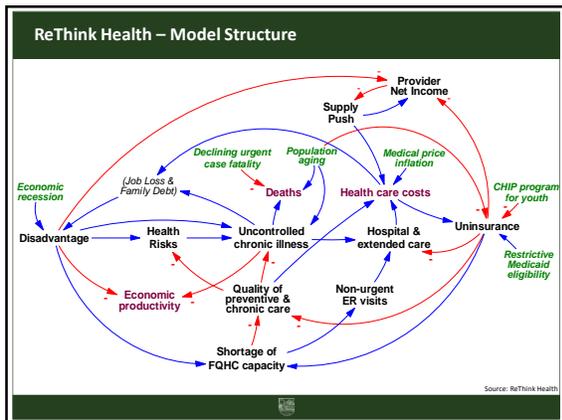
"...systems thinking and simulation modeling can help expand the boundaries of our mental models, enhance our ability to generate and learn from evidence, and catalyze effective change in public health and beyond."

-John Sterman, PhD

How?
 Establish formal theory
 Incorporate feedback, delays, stocks, & flows
 Ground predictions in evidence
 Estimate implementation costs
 Strengthen decision-making

Source: APH, March 2006, 96-505





Systems Thinking: Avoiding Failure

Common Pitfalls in health reform initiatives

- Failing to invest enough (resources spread too thinly)
- Lopsided investments downstream or upstream
- Triggering “supply push” responses to declining utilization
- Exacerbating capacity bottlenecks
- Failing to sustain program financing
- Pursuing narrow goals and short-term impacts

Systems Thinking: Atlanta

ReThink Health - Atlanta

Progress Toward Core Values
Percent Change Relative to the Baseline at Year 2040

Category	Indicator	Value
Health	Death rate	-22.0%
	Severe physical illness	-26.7%
	Untreated mental illness	-24.3%
Cost	Health care costs, per cap	-18.4%
	Net costs, at 2040	-1.68K
Spending & Savings	Program spending, at 2040	\$244M
	Program spending, cumul	\$5.50B
Inequity	Disadvantaged group	-8.9%
	Disadvantaged deaths	-7.8%
Care	Adequacy previchron care	51.3%
	PCP sufficiency Medicaid	0.9%
Productivity	Value of productivity	6.1%
	Workforce care costs, per cap	-18.1%

Work-in-Progress Model Version 2b, 08.21.13

EFFECTIVE STRATEGY: Key insights

Key elements:

- Balanced interventions**
 - Upstream: healthy behaviors
 - Downstream: self care, care coordination
 - Cost: PCP efficiency
- Payment reform:** global payment (ACO)
- Sustainable finance:** capture and reinvest

Source: ReThink Health

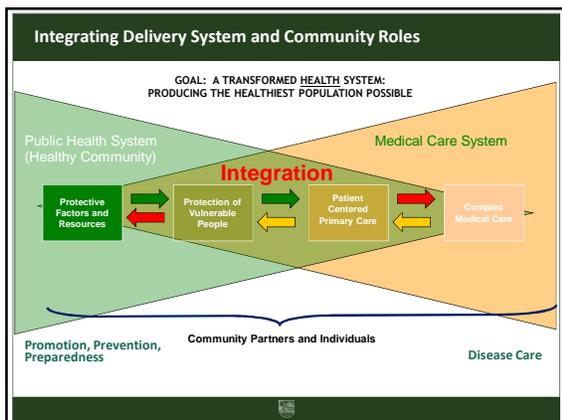
ReThink Health

Major Elements

1. Active Stewardship
2. Effective strategy
3. Sustainable Finance

Creating a sustainable health system:

Population Health	NEAH SVHC (D-H Putnam) Boston Children's Elliot
Value Based Care	HVHC Mayo NINEACC Dartmouth College Industry Partners
New Payment Models	Pioneer OneCare VT NH ACO Network Health Plan Partner



Community Benefit → Population Health Improvement

Prior to FY 2010	Leadership/ Reporting	FY 2014 Forward
Public Affairs/Marketing	EVP/Population Health	
Compliance with Community Benefit laws and public good will	Primary Goals	Improve population health through community strategies
Public Affairs -defined "Focus for Change" areas. Some linkage of community health needs and activities.	Planning/ Decision Making	Community Health Improvement Plan vetted by community, D-H leadership, and D-H Trustees. Use of UW-PHI health determinants model.
Value evaluated primarily through community good will generated and assumed support for health.	Value	Value increasingly measured through health, behavioral, and environmental outcomes with consideration to cost.
Convening community organizations; goodwill contributions; some support for community health initiatives.	Strategies	Leadership of multi-sector community partnerships; catalytic support for evidence-based policy/practice change; multi-strategy collective impact approaches.
Funding largely tied to fixed institutional programs and contributions	Budget	Increased funding (3x) for adaptable strategies responding to identified community health needs.

FROM RANDOLPH TO COMMUNITY GOVERNANCE: CAN WE OVERCOME THE TRAGEDY OF THE COMMONS?

ELLIOTT S. FISHER, MD, MPH
 JAMES W. SQUIRES PROFESSOR OF MEDICINE
 GEISEL SCHOOL OF MEDICINE AT DARTMOUTH

DIRECTOR
 THE DARTMOUTH INSTITUTE FOR HEALTH POLICY AND CLINICAL PRACTICE