DYNAMIC MODELING INITIATIVE OPTIONS

The ReThink Health Dynamics Model is an empirically based, computer simulation that provides a realistic representation of a regional health system. By demonstrating how the health system responds to changes, the model allows leaders to explore initiatives and investments, often in unexamined combinations, and simulate their short- and long-term outcomes. The model includes approximately 20 initiatives and a number of funding options, outlined in the following charts. For more information on the model: www.rethinkhealth.org/model.

RISK

Initiative	Brief Description
Enable Healthier Behaviors	Promote healthier behaviors (such as good diet and active living) and reduce behaviors that lead to illness or injury (such as smoking, binge drinking, substance abuse, violence, and unsafe sex).
Reduce Environmental Hazards	Reduce the fraction of people with significant exposure to environmental hazards and pollutants in their homes, neighborhoods, or workplaces.
Reduce Violent Crime	Reduce the fraction of people who live and work in high-crime areas.
Expand Student Pathways to Advantage	Provide programs for disadvantaged high school and college students to improve graduation rates and thereby improve chances of attaining higher-paying jobs.
Expand Family Pathways to Advantage	Institute policies and programs (for example, living wage policies, tax credits and subsidies, and housing vouchers) to improve economic prospects so that some disadvantaged families may become advantaged.

CARE

Initiative	Brief Description
Improve Care for Physical Illness	Improve physician adherence to guidelines for preventive/chronic care for physical illness. Includes screening, immunization, lifestyle counseling, and referral to behavioral/mental health counselors as needed. Implementation may require investment in reminder systems and training.
Improve Care for Mental Illness	Help people living with mental illness effectively manage symptoms and live more positively and productively.
Support Self Care	Address barriers to seeking preventive care and adherence to treatment of chronic conditions. This may involve reminder systems, transportation, and other support services.
Prevent Hospital-Acquired Infections	Change procedures in hospitals to reduce the fraction of inpatients that develop an infection.

● = initiatives

CAPACITY

Initiative	Brief Description
Redesign Primary Care for Efficiency	Implement efficiency improvements for primary care to maximize capacity and quality. Techniques include appointment scheduling, staff utilization, and use of information technology.
Increase Hospital Efficiency	Make process improvements that reduce the average length of stay for inpatients.
Recruit Primary Care Providers - General	Recruit more primary care providers (PCPs) in offices and clinics serving people who are privately insured (commercial), publicly insured (Medicaid), or self paying. May involve first-year income guarantees and local residency programs.
Recruit Primary Care Providers - FQHC	Recruit more PCPs to work in federally qualified health centers (FQHCs) serving people who are poor (both insured and uninsured). May involve first-year income guarantees and local residency programs.

COST

Initiative	Brief Description
Offer Pre-Visit Consultation	Establish telephone call centers, staffed by trained triage nurses with software support, to advise callers on whether to seek medical care for a non-urgent episode or instead care for themselves at home.
Create Medical Homes	Ensure more patients access to primary care rather than specialists or hospitals for routine, non-urgent care. Medical homes need electronic medical records, decision support tools, and referral arrangements.
Reform Medical Malpractice	Institute effective tort limits or a fairer adjudication process so that fewer lawsuits go forward and, as a result, doctors see less need to engage in purely defensive practices that do not benefit patients.
Support End-of-Life Care	Expand use of hospice and palliative care at the end of life to reduce use of hospitals, physicians, and nursing homes.
Coordinate Care	Coordinate healthcare services and provide coaching for patients and providers to reduce duplicative or unnecessary referrals/admissions and to reduce medication costs. Requires integrated information systems, coaching protocols, and increased use of generic drugs.
Improve Post-Discharge Care	Reduce the risk of hospital readmissions through improved discharge practices. Includes medication reconciliation and more referral to home healthcare and skilled nursing facilities for rehabilitation.

● = initiatives

FUNDING

Initiative	Brief Description
Establish Innovation Funding	Gather funding from one or more sources to enact selected initiatives. A temporary innovation fund can be for a limited amount and duration, with an initial setting at 1 percent of annual healthcare costs for 5 years. Users can also develop detailed funding plans with multiple types of grants, loans, and taxes, while accounting for any constraints on allowable uses, such as upstream vs. downstream initiatives, or unrestricted general use.
Shift to Value-Based Payment	Shift provider payment to value-based contracts in which providers and hospitals are rewarded for improving quality and reducing costs in certain specified ways.
Shift to Global Payment	Shift provider payment to annual, global amounts (capitated) per person, with no fee-for-service extras or volume-based bonuses. Global payments to physicians typically correspond to salaries they receive from larger healthcare organizations (for whom they work as employees), whereas global payments to hospitals come directly from insurers.
Reinvest Savings	Negotiate arrangements with insurers (i.e., Medicare, Medicaid, commercial) to reinvest a share of healthcare cost savings to fund selected initiatives. A fraction of those reinvested savings may also be allocated to providers, hospitals, and individuals/employers.
Establish a Backbone Organization	Establish a formal backbone organization to strengthen the collaborative infrastructure for a multi-sector partnership. Backbone resources may support planning, prioritization, communication, measurement, financing, and other tasks. In this model, the backbone option is an accounting tool that lets users track how program funds are used (i.e., for the backbone organization or for selected initiatives). It does not alter the effectiveness of the initiatives themselves.

Complete definitions of initiatives and funding options are available on-line at:
http://www.rethinkhealth.org/dynamics/interventions.

● = funding options

The following table categorizes each intervention by concentration of direct effects.

RISK	Healthier Behaviors	Violent Crime	Student Pathways
	Environmental Hazards	Family Pathways	
CARE	Preventive/ Chronic Care	Self Care	
	Mental Illness Care	Hospital Infections	
CAPACITY	PCP Efficiency	Recruit PCPs (General; FQHC)	Hospital Efficiency
COST	Pre-Visit Consult	Coordinate Care	Post-Discharge Care
	Medical Home	Malpractice	End-of-Life Care
FUNDING	Innovation Funding	Value-Based Payment	
	Reinvest Savings	Global Payment	
BACKBONE	Backbone Organization		

● = initiatives   ● = funding options