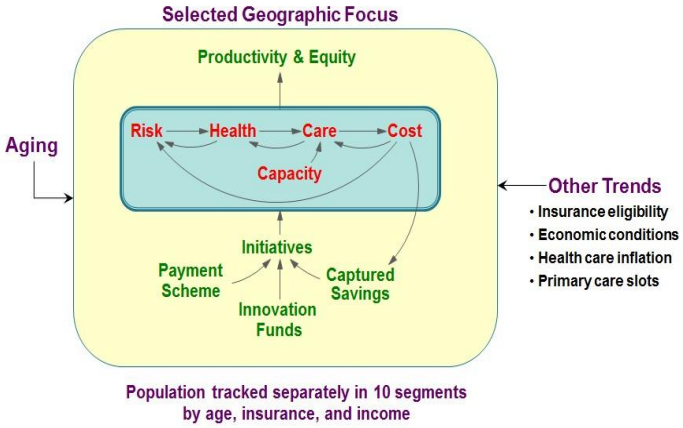
ReThink Health Dynamics Simulation Model (v2c)

Main Elements, Interventions, and Causal Pathways

Studying & Sparking Change in Local Health Systems

Important innovations for health often begin with a "What if…" question. However, planners rarely address such 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 transforming local health system performance simultaneously across many dimensions (e.g., better health, better care, lower cost, higher productivity, 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
• Unhealthy behaviors • Environmental hazards • Crime • Poverty • Uninsurance	• Chronic Illness (physical, mental) • Episodes (urgent, nonurgent) • Deaths	• Office visits (routine, acture) • Outpatient procedures & tests • Emergency (urgent, nonurgent) • Hospital inpatient • Post-acture / extended (home health, skilled nursing, hospice)	• Physician (primary care, specialist) • Hospital • Nursing Home • Home Health • Hospice • Dental & other professionals • Prescription drugs & other products

Intervention Options for Scenario Testing

Dozens of policy and program initiatives are represented in the model. These may be simulated individually, in combinations, or sequences to anticipate their likely consequences over time, relative to a baseline status quo scenario. Complete definitions are available online.

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
TRENDS	Uninsurance	Primary care slots	Inflation rate
	Local economy	Hospital occupancy	
FUNDING	Innovation fund	Reinvest savings	Contingent global payment

Note: These refer to version 2 of the ReThink Health Dynamics Model. Certain features may differ from the version currently online at: http://ReThinkHealth.org/dynamics

Main Causal Pathways