

Stories from the Field

How Regions Have Used the ReThink Health Dynamics Model

Pueblo County, Colorado

In 2011, when ReThink Health began working with the Pueblo Triple Aim Corporation (PTAC) in Pueblo County, Colorado, the county had among the worst health outcomes in the state and questioned how it was investing their resources. Using the Dynamics Model, ReThink Health helped the coalition's leaders gather and interpret data and create an integrative map of the local health system. This process revealed the connections between different parts of the system and uncovered valuable insights about health care in Pueblo. The leadership team learned that a modest upfront investment of about 1% of total healthcare spending in Pueblo could net huge dividends: hundreds of millions of dollars for short- and long-term programs to improve health, while leaving funds for other priorities such as education and housing.

PTAC settled on a plan that includes focusing on higher-value care, supporting healthy behaviors, providing economic opportunities for those from disadvantaged backgrounds, and reinvesting savings. This plan helped PTAC attract significant funding to support its agenda. The 2016 County Health Rankings revealed that progress is being made, including a nearly 50 percent reduction in preventable hospital readmissions among seniors and significantly reduced teen/unintended pregnancies. PTAC is working closely with the Institute for Healthcare Improvement and other partners to continue to implement the plan and transform health for the Pueblo region.

“We received \$565,000 from Kaiser Permanente to continue to evaluate and expand our efforts to make Pueblo County the healthiest county in Colorado. We believe our work with ReThink Health was a factor in the Kaiser’s decision—they said they like how the model allows us to test our theories of change and envision long-term results.”

--Matt Guy, PTAC managing director

Upper Connecticut River Valley

The Upper Connecticut River Valley of Vermont and New Hampshire is home to 140,000 residents, and in 2012, this region was facing a number of challenges, including rapidly declining Medicaid reimbursements, stagnant unemployment, an aging population, and an influx of retirement-aged individuals.



Aspiring to a healthy and sustainable local economy, leaders from Dartmouth-Hitchcock challenged Upper Valley residents to join together in creating a stronger future. A leadership team was formed and convened more than 80 community representatives. Using the ReThink Health Dynamics Model, the group examined a number of strategies and settled on a set of priorities related to healthy behaviors, care coordination, and payment reform, particularly global payments. As a result of this work, the group has formed three “circles of innovation” that are leading efforts on each of these key agendas.

Dartmouth-Hitchcock Health

Like many hospitals and health systems in the United States, Dartmouth-Hitchcock Health (D-H) is grappling with a rapidly changing environment. In 2013, ReThink Health used the Dynamics Model to engage the D-H Board and senior staff in a discussion about its strategy. As a result, D-H created a *Population Health Innovation Fund*, which is financed with 30 percent of the investment returns that exceed budget targets. The fund has grown to more than \$14.5 million since its inception. One of the first of its kind in this country, this fund is a model for how existing health care resources can be invested differently to yield greater value.

Atlanta Regional Collaborative for Health Improvement

Seventy leaders, representing a wide range of sectors and perspectives, convened in Atlanta in 2013 with a goal of addressing worrisome health trends in their region. ReThink Health facilitated the Atlanta Regional Collaborative for Health Improvement’s (ARCHI) exploration of a variety of pathways to redesigning its health system using a version of the ReThink Health Dynamics Model that had been customized with Atlanta data. ARCHI participants devised a number of scenarios that they thought would provide the best outcomes in health, productivity, equity, and healthcare delivery. Participants quickly uncovered a remarkable degree of agreement on one strategy, which focused on encouraging healthy behaviors, increasing economic prospects, enhancing care coordination, and expanding health insurance coverage. This scenario now forms the basis of ARCHI’s agenda and teams of leaders from multiple sectors have been aligning their efforts with this new future direction.

“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, ARCHI Steering Committee Member

Cincinnati, Ohio

Cincinnati has some of the worst health outcomes in the state of Ohio, ranking 64 out of 88 counties in the County Health Rankings, as well as in the entire United States. Cincinnati has fared more poorly than its peers across the country in diabetes, obesity, and hypertension, among other health issues. To support better outcomes, The Collective Impact on Health Initiative was formed and its backbone organization, The Health Collaborative, worked with ReThink Health to align the greater community around priorities for achieving better health, better care, and lower costs.





To support this endeavor, ReThink Health created a customized version of the model, reflecting regional data, and helped more than 80 members of the community generate twelve different scenarios to consider. The group ultimately decided upon a strategy that concentrates on healthy behaviors, care delivery, and finance and payment reform. Some of the key insights from this work for the group were: reducing poverty is critical to health improvement, payment reform is essential to the strategy's success, and health system profitability will be influenced by excess capacity in the system. The Health Collaborative is working hard to support leaders in advancing their agreed-upon agenda.

