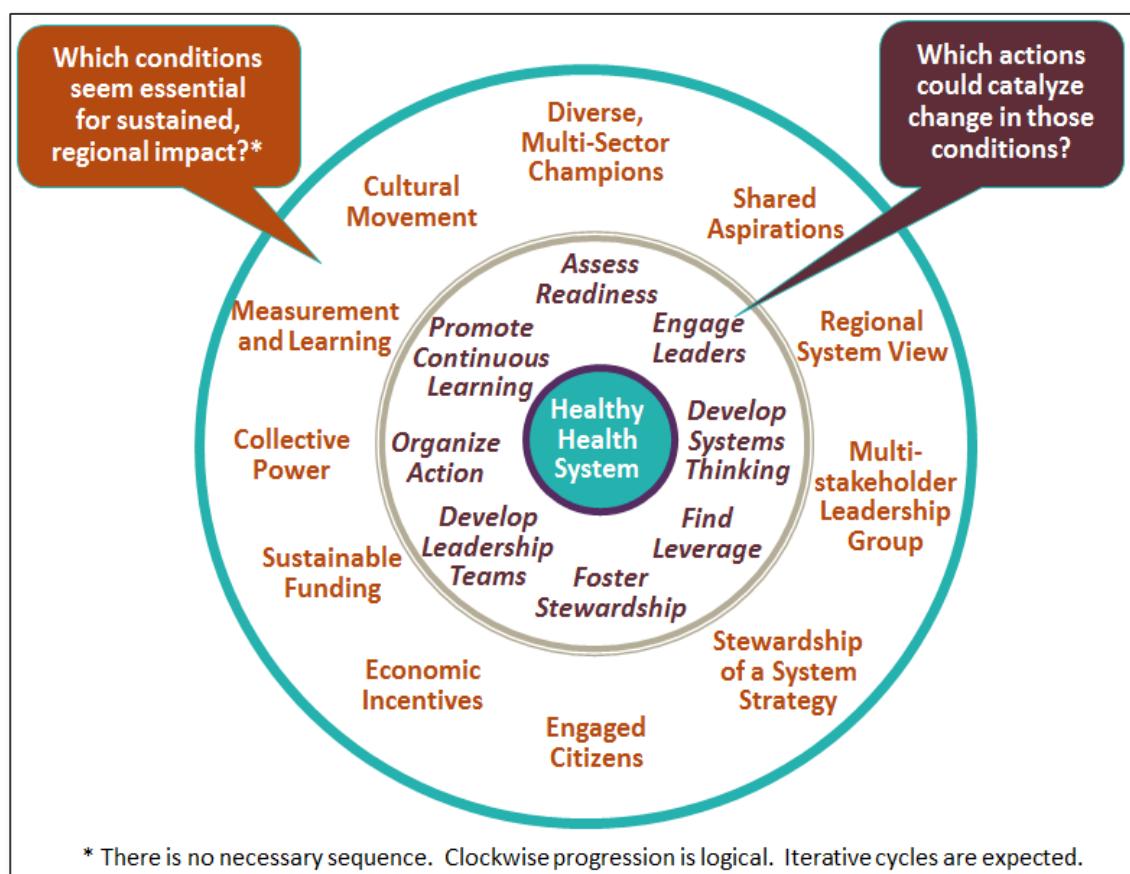


# Conditions for a Healthy Health System

## Theory of Change and Developmental Assessment

This assessment captures the key conditions that together stack the deck in favor of creating a healthy health system—and sustaining it—over time. For each of these eleven conditions we characterize five phases of development toward an increasingly integrated, directed health system in a region. You may find it helpful to assess your region's standing on each of these conditions, and identify which already are relatively well-developed and which you are poised to develop next.

## Conditions and Catalysts for a Healthy Health System



## Conditions for a Healthy Health System: Developmental Assessment

### INSTRUCTIONS

There are three parts to each condition listed below: (1) definition of the condition; (2) what to consider when rating your local effort; and (3) descriptions of each level for the condition being rated. You may find it helpful to go through the assessment in the following way.

1. Respond to each of the eleven conditions in sequence.
2. For each condition, first read the how the condition is being defined. The italicized items are the key aspects of the definition.
3. The notes for rating your local effort provide additional information about what observations or data you should consider when making your assessment.
4. Make your rating (1through 5) based on the level that most closely aligns with what is happening in your local context for that particular condition (Use levels 2 and 4 if your effort falls between descriptions of levels 1 and 3 or 3 and 5).
5. Please feel free to offer comments on why you decided to rate the condition as you did.

Please enter your contact information and the name of the partnership or initiative you are assessing. This is important to us for monitoring the state of health system transformation efforts across the country. We will not share your personal information or individual responses with anyone outside of our ReThink Health team; but aggregated results will be published at regular intervals to inform stakeholders interested in healthy health systems.

First Name:

Last Name:

Organization:

Email:

Partnership or Initiative:

**MULTI-SECTOR CHAMPIONS:** *Well-positioned leaders in the stakeholders across sectors have committed themselves publicly to aims that will benefit not just their institution, but the whole health system.*

- Identify the major voices in the region speaking publicly about what is needed for the future of health and health care locally (if any).
- Are these individuals from multiple sectors: local government, health-care providers, public health, academia, other institutions?
- Is the future they describe one that achieves positive outcomes for the population of the region, and key institutions other than their own?
- Do they take leadership responsibility for bringing about that future?
  - 1 Well positioned leaders of key institutions participate in collaborative efforts that will benefit and strengthen their institutions and express themselves as leading primarily on behalf of their own organizations.
  - 2
  - 3 Some well positioned leaders are committing themselves to aims that benefit other constituencies, in addition to their own institutions.
  - 4
  - 5 Well positioned leaders publicly articulate aims that benefit the whole health system and characterize themselves as feeling responsible to lead on behalf of the whole region.

**ASPIRATIONS:** *A key leadership group has articulated audacious goals about transforming the whole health system for all regional participants.*

- Consider the publicly recorded goals and vision for whatever multi-stakeholder initiative(s) exist in the region.
- Many such initiatives are about solving a specific problem that affects a subpopulation (e.g., care for the uninsured; better support for residents with diabetes), even if it involves multiple partners in complex ways.
- Some multi-stakeholder efforts aim to influence more than one outcome and more than one subpopulation (e.g., charity care for the uninsured and childhood asthma, low birth rate initiatives) in a move toward more widespread impact.
- “Audacious” goals are those of multi-stakeholder initiatives whose vision explicitly is about making the whole system work better for everyone, both “upstream” aims to improve population health and “downstream” aims to radically improve the system of care.
  - 1** The local emphasis is primarily project or sub-population specific.
  - 2**
  - 3** The focus of innovation is impact across multiple spheres such as how care is provided and which risks are addressed for certain subgroups.
  - 4**
  - 5** The focus of innovation is at the enterprise level, to create a sustainable regional system radically better than the status quo.

**REGIONAL SYSTEM VIEW:** *Many well positioned leaders across sectors have invested in developing the ability to understand the health system as a complex system, including how upstream factors influence health, how key institutions influence each others' actions and incentives, and how a long-term view should shape action in the short term.*

- How do key leaders talk about the health system, especially those that are engaged in cross-sector dialogue or partnerships? Is the perspective they express focused on how their organization influences and is influenced by others?
- Has there been any intervention or activity offered to groups of stakeholders that is explicitly aimed at broadening their understanding of the health system as a whole?
  - 1 Well positioned leaders in the region generally understand only narrow and siloed parts of the health system.
  - 2
  - 3 Some well positioned leaders are beginning to develop and articulate understanding of the interconnections between certain parts of the health system but leave others out.
  - 4
  - 5 Well positioned leaders are able to see the whole health system, articulate the relationships among key sectors and their priorities, and weigh tradeoffs between long and short-term goals for their organizations and the system.

**MULTI-STAKEHOLDER LEADERSHIP TEAM:** *A key leadership group of the health system is composed of all relevant stakeholders, operates as a real leadership team, and makes decisions together that affect the whole health system (they exercise legitimate authority).*

- Focus on the key leadership group that is the closest to a multi-stakeholder governing body or executive team that you have in your region. Some examples to consider are: a steering group, a board of a multi-stakeholder organization, an executive team, or all three.
- In assessing that team, consider the diversity of membership of the group, including involvement of payers, employers, public health, providers, and citizens.
- Consider degree of authorization this group has to make decisions together that affect many stakeholders in the region. What does this leadership team do when it convenes (e.g., make decisions, or just exchange information; establish priorities for the system or for small parts of it)?

**1** There is no recognizable multi-stakeholder group that considers the future of the whole regional health system.

**2**

**3** There is a multi-stakeholder group of leaders convening, but key stakeholders in the health system (such as payers or employers or public health officials) are not at the table, and/or the group has authority to act only for parts of the regional health system.

**4**

**5** There is a multi-stakeholder group convening and it includes stakeholders from all relevant sectors of the regional health system. The entity operates as a legitimate authoritative body for making collective decisions that affect the whole health system of a region.

**STEWARDSHIP OF A SYSTEM STRATEGY:** *A key leadership group has formulated a high leverage strategy that proposes a coherent set of initiatives to be undertaken in a coordinated way among stakeholders of the whole health system of a region.*

- Considering the same group(s) as above, what do their strategizing processes consider? Is there a multi-sector strategy? Does it show consistency and coherence across all the initiatives that the leadership team guides? Do the initiatives fit together to move multiple outcomes?
- Does the strategy that is formulated rely primarily on individual organizations and actors pursuing their own projects, or does it call for multiple stakeholders to coordinate their actions and attend to timing and sequencing of their initiatives over time?
  - 1 Major stakeholders establish their own change priorities independently of one another and are not guided by a coherent regional strategy.
  - 2
  - 3 A multi-stakeholder leadership group has identified shared goals and priorities for the region, but most change initiatives are intended to be undertaken independently by key stakeholders based on their own strategies (as opposed to a coordinated effort among stakeholder institutions).
  - 4
  - 5 A multi-stakeholder leadership group has created a shared strategy of high-leverage initiatives for the whole health system and change efforts are intended to be integrated and sequenced among stakeholder institutions.

**ENGAGED CITIZENS:** *The general population, individually and collectively, exercise responsibility and ownership for their own health system.*

- Considering the same leadership group(s) as above, are community members (not just high level leaders from community organizations) represented on the governing body? Do they have more than an advisory voice; are they part of making decisions for the future of the system?
- Considering change initiatives in the system: Are citizens involved in shaping the vision of the future system? Providing advice and feedback about aims and priorities? Are they active participants in leading the implementation of change efforts?

**1** Citizen involvement is largely pro forma: Citizens are mainly clients and no mechanisms exist for them to be meaningful decision makers in the design and priorities of their health system.

**2**

**3** There are deliberate recruitment and community outreach efforts to hear the views of non-health professionals by key institutions in the health system; but there is no formal role in governance by ordinary citizens.

**4**

**5** There are mechanisms in place for engaged citizens to get involved in shaping the health system, as well as active involvement in governance by citizens that makes the system accountable to the public.

**ECONOMIC INCENTIVES:** *Positive financial consequences accrue to individuals, groups and institutions contingent on system-level performance outcomes, and do not reward undesired behavior.*

- How are providers paid? Is there some form of global payment in place in the region, or is it still largely fee for service?
- Are cost savings and patient well-being rewarded?
- Do incentives for key stakeholders depend on population health status?
  - 1 Misaligned incentives dominate and efforts to change are stalled
  - 2
  - 3 Key groups are engaged in experiments in changing incentives toward aligned accountability for health status of the population.
  - 4
  - 5 Key actors are guided by incentives that encourage mutual accountability for the outcomes and health status of the population.

**SUSTAINABLE FINANCING:** *The health system change strategy is supported by a financing strategy that is designed to be self-sustaining and its survival is not dependent on any one main funding stream or outside grants.*

- Consider what you know about where the funding comes from to support both the infrastructure for cross-sector collaboration (i.e., the organization in charge of implementing shared strategy) and the joint initiatives that are part of the effort. How diverse is the array of funding? Are participants investing jointly in the effort?
- Does an agreement exist among key stakeholders in a regional health system to identify funds that might be saved as a consequence of one initiative, and to invest those funds in upstream initiatives to improve health over time?
  - 1 Joint initiatives are largely dependent on external funding or short-term investments.
  - 2
  - 3 Stakeholders provide financial resources for supporting a backbone organization and implementing joint initiatives, but a long-term financing strategy is yet to be developed.
  - 4
  - 5 Stable funding comes from diverse sources, including reinvestment of savings, to drive further improvements over time for the whole health system of the region.

**COLLECTIVE POWER:** *Groups implementing innovations are coordinating with each other and combining resources where possible in a way that builds toward critical mass for change to take hold.*

- Consider who is providing resources, personnel, leadership, and other capacities to projects. Is each innovation or improvement effort managed by a single stakeholder, or are efforts combined and aligned across organizations and sectors?
- When redesign efforts are undertaken (in the health delivery system, in how social services or other services are provided) are those efforts designed jointly by different stakeholder organizations and types, and are they implemented with personnel working interdependently across organizations?
  - 1 Different stakeholders pursue their own initiatives; collaborations are time bounded and project focused.
  - 2
  - 3 Some stakeholders pursue intentionally aligned and collectively adopted goals over time, but they implement independently of each other in taking action toward those goals.
  - 4
  - 5 Distinct groups and organizations work together and jointly deploy resources to combine their “collaborative muscle” to achieve shared aims.

**MEASUREMENT AND LEARNING:** *A coordinated effort exists to collect and use data that measure impact across a range of key outcomes, for testing hypotheses about the impact of initiatives, and for altering course based on findings.*

- Consider the core multi-stakeholder leadership team and the ways in which information systems, evaluation practices, and measurement have been incorporated into initiatives.
- What key metrics is that group tracking, and for what populations? Do they collectively represent a diverse dashboard, covering the range of outcomes that define an effective health system?
- To what degree are measures used to test progress? Are they used to suggest course corrections and serve as a source of collective reflection by key leaders engaged in implementing the strategy?
  - 1 The local effort does measure key outcomes only at the specific project level.
  - 2
  - 3 The local effort has developed at least some shared metrics to test effectiveness of a suite of initiatives toward improving health, care and costs.
  - 4
  - 5 The local effort includes integrating meticulous measures into a dashboard assessing regional movement towards a healthy health system, including excellent population health, high quality care, and sustainable costs.

**CULTURAL MOVEMENT:** *Different stakeholders pervasively express similar strong values about the characteristics of a healthy health system in the region, and their norms of behavior and organizational priorities support action toward those values.*

- Consider the stories key leaders tell and what gets celebrated as accomplishment in the local effort:  
Are there consistent themes across stakeholders that are widely shared?
- If there are surveys in use as part of the local effort, consider questions about what respondents value in their health system. Do citizens as well as well-positioned leaders express a set of shared values about health, access, sustainability, and other key attributes?
  - 1 Values about what a better health system means vary widely among institutions and groups and are not yet strongly shared.
  - 2
  - 3 Many groups in the local system are beginning to coalesce around certain shared values for a better health system.
  - 4
  - 5 Values for a transformed health system are widely and strongly shared and actively pursued by a powerful movement in the whole community.