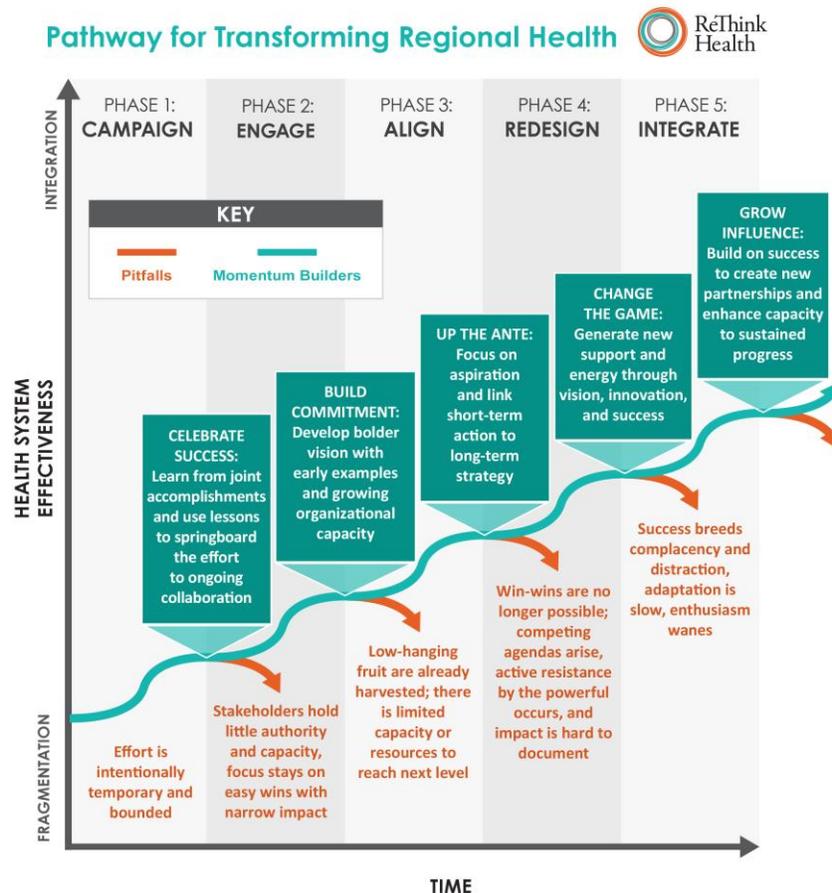


Pathway Self-Diagnostic Tool: Where Are We on the Pathway?

Pathway for Transforming Regional Health



The Pathway

The Pathway for Transforming Regional Health helps leaders and teams assess and drive progress toward a healthy system of health—one where collaborative efforts help individuals, families, and businesses thrive, and high-quality, affordable care is available when and where we need it. Built on well-grounded complex system change principles, the Pathway offers insights into five phases of



development that regions go through in approaching that vision. It focuses on the conditions that can contribute to momentum, and the forces that can disrupt progress.

As a core tool for ReThink Health, the Pathway helps leaders and teams see that both success and problems can be within their control, and understand that progress often breeds a new level of challenges. Transitions between the phases are critical moments of opportunity for leaders to foster greater momentum and tackle anticipated challenges.

Movement through the five phases is not always linear—leaders typically experience cycles within and between phases. Nor are the phases mutually exclusive, as different parts of a regional effort can be in different phases at the same time. The Pathway helps leaders understand what’s involved in the long journey to system transformation, and see the critical roles of stewardship, strategy, investment, and financing along the way.

Learning Objectives:

- To understand the five phases of the Pathway for Transforming Regional Health
- To assess in which phase of the Pathway your effort currently sits
- To identify areas of strength, improvement, and opportunity

Phase(s): This tool can be used by groups and individuals engaged in an effort in any Phase (I-V) along the Pathway for Regional Health Transformation

How to use this tool

The ReThink Health Pathway begins when leaders step outside of their own organizational boundaries to work collaboratively with other organizations and groups in the region.

This worksheet is a diagnostic tool to help you identify in which phase of the Pathway the **main collaboration across organizations in your region** currently sits. It provides definitions and characteristics of each phase along with key questions that will aid you in determining which phase most closely characterizes your work. If helpful, refer back to the **Pathway Diagram** as you complete the self-diagnostic. Once you have located where you believe your effort to be on the Pathway, the last section of the tool will guide you in considering what particular features of your regional effort need attention, what will be key to moving into later Phases, and what pitfalls may be around the corner.

This tool is most effective when completed by people deeply engaged in the regional change effort and well-informed about all its areas activity, such as those who are part of the core stewardship team leading the effort, or part of the backbone or integrator organization. It also can be completed by individuals knowledgeable about the effort.





It can be completed as a team: (1) invite individuals to complete their own Pathway self-diagnostic, (2) capture the range of team member responses for each condition; (3) discuss the conditions in particular where responses are misaligned, and develop a shared view of progress of your effort on the Pathway.

As you respond to the questions below, focus on the main collaborative effort to bring about large-scale changes in the health system, and the leadership group guiding this effort.

Identifying where you are on the Pathway

Phase 1: Campaign

Definition. Organizations conduct a focused, time-limited effort to align resources or take action on a specific issue or crisis.

Characteristics. High-energy, exciting, collaborative effort focused toward a single shared goal.

Example. In one region, public health workers, doctors, social services agencies, and community organizations worked together to reduce hospitalization of children with asthma and create a new way of supporting home care.

Phase 1 Key Questions	No	Yes
1. Is the health system change effort mainly led by one organization?*		
2. Is the collaborative effort designed to be temporary/time-bounded?		
3. Is your effort funded through a specific program, initiative, or grant (private or government) that has a finite amount of support and/or timeframe?		
4. Is your effort focused around a narrow problem (e.g., disease or sub-population specific)?		
5. Is your effort focused on addressing just one aspect of the health system (e.g., care coordination or access to care)?		

***If your answer to question 1 is YES, representing little real collaboration across stakeholder organizations, your effort may not yet be on the Pathway.**

Phase 2: Engage

Definition. A diverse set of stakeholders engages in an on-going dialogue focused on mutual understanding and coordination; small-scale experiments build capacity and trust across sectors, creating a support infrastructure for collaboration.

Characteristics. Focused leadership and growing relationships; leaders across organizations commit to on-going engagement; organizations enter into collective action on a relatively low level; leaders are





beginning to think about a system; innovations within institutions, occasional shared goals on particular topics or focused campaigns, focus on win-win results.

Example. In one region, CEOs from the hospitals, three community organizations, and public health leaders invented new places for healthcare for the underinsured at low costs; these leaders then began meeting regularly to decide what else might be done together.

Phase 2 Key Questions	Yes	No
1. Is your effort engaging a diverse set of leaders in ongoing dialogue about moving the whole health system in a significantly better direction?		
2. Does your effort have on-going innovations or experiments that are intended to build capacity and trust for continued collaboration?		
3. Has your effort moved beyond short-term cooperation and created a forum for on-going collaboration across key organizations, groups, and stakeholders?		
4. Is your effort beginning to invest resources and money to hire staff or create structure for more coordination?		

Phase 3: Align

Definition. The collaborative invests in alignment of efforts around shared goals across the region. The effort is building widespread engagement among stakeholders, including residents; the work is focused on targeted initiatives connected to shared goals, and members are jointly investing in infrastructure (e.g., staff, information systems) to support for coordination.

Characteristics. Enhanced relationships and collaboration, reinforcement of shared values, new array of funders for community efforts, growing community engagement and coordination, health system and care bridging, growing system orientation, growing orientation to using and sharing measures.

Example. In one region, a diverse group of stakeholders has together addressed “hot spots,” (geographies where hospital utilization is especially high), reduced hospital readmissions, and launched initiatives to support aging in place, generating real successes on multiple outcomes. They have a jointly hired staff to support coordination of these shared efforts and are deciding a handful of shared priorities to pursue over the next 5 years.

Phase 3 Key Questions	Yes	No
1. Have stakeholders created a handful of clear, measurable, and high-priority goals for the region?		
2. Is there widespread alignment around the goals?		





3. Does the effort stimulate or launch an array of initiatives that address key elements of the health system?		
4. Are the initiatives linked to a long-term aspiration and strategy for the region?		
5. Is the infrastructure in place for coordinating the array of initiatives?		

Phase 4: Redesign

Definition. Organizations engage in high-impact system redesign efforts, and seed and spread disruptive innovations that alter participating organizations in fundamental ways; they redesign key processes (such as pay systems), with clear system goals and measures and pooled resources.

Characteristics. Rapid innovation cycles and prototyping, pooled and new resources and new allocation strategies; discontinuous change and organizational upheavals; experimentation grows to focus on scaling in place; high coordination and interdependence among organizations; increased policy protection for innovation; investment for long-term, distributed leadership.

Example. In one region, shared efforts to reduce hospital readmissions have borne fruit and leadership is actively discussing thorny problems like excess hospital capacity; diabetes and asthma programs tested and refined in pilots are being adopted in other neighborhoods; there are fully shared data systems supporting coordination among providers.

Phase 4 Key Questions	Yes	No
1. Are the main efforts focused on seeding and spreading collaborative, cross-organizational efforts and disruptive or high-impact innovations?		
2. Are leaders redesigning key processes, including incentives (especially for providers)?		
3. Are organizations working toward clear system-level goals, using shared measures, and drawing on pooled resources they have invested together?		

Phase 5: Integrate

Definition. Multi-stakeholder governance structure(s) with influence and authority is setting system goals, shaping and monitoring policies, influencing and directing the allocation of resources, and adjudicating breakdowns. These structures facilitate learning and rethinking, and guide transparency and impact evaluation.



Characteristics. Legitimacy of stewardship team, broad and active citizen engagement strategy, long-term system vision and targeted goals, clear strategy, diverse institutional agendas respected, mechanisms for shared risk in place, continuous performance improvement, sustainable investment and financial strategy.

Example. In one region, a nonprofit organization has been created and is vested with authority to guide meaningful change in the health system and create a healthier region, with responsibility for convening forums, enabling collective decision making, identifying priorities, staffing key initiatives, and fostering public participation in the process. The organization is steered by leaders who include elected residents representatives from public health, business leaders, as well as the healthcare provider community. They are responsible for convening forums, enabling collective decision-making, identifying priorities, and staffing key initiatives to foster meaningful system change and public participation in the process.

Phase 5 Key Questions	Yes	No
1. Is there an established and sturdy multi-stakeholder structure or structures that steers the whole health system by setting priorities and making mindful choices about how resources are invested for health and health care?		
2. Are providers in the region paid for value rather than volume, to encourage quality care and excellent health outcomes?		
3. Is the collaborative oriented to the future needs of residents and keeping a focus on learning and adaptation for sustained progress?		

Locating your effort on the Pathway.

Now that you have answered this series of questions, look back at the sequence of responses. Where are there checkmarks in the left-hand column? If the entire left column for a Phase is checked, your effort is solidly in—or through—that phase of the Pathway.

If the checkmarks in the left column stop or taper off at a particular point, (e.g., there is only one check mark in the left column in the Phase 3 questions), this indicates your effort is not yet solidly in that phase of the Pathway or has only just entered it.

Now that you have identified where your effort is on the *Pathway*, you are poised to consider what particular features of your regional effort need attention, what will be key to moving into later phases, and what pitfalls may be around the corner.

As you reflect on where you see yourselves on the *Pathway*, consider and identify:

1. What do you see as the key strengths that have been built by your effort so far? Where, especially with respect to stewardship, strategy, and financing, do you see your region holding real strengths for movement into the future?



2. What do you see as the main risks or potential pitfalls that face your effort? Would you characterize these as threats to stewardship, strategy, or financing and in what ways?

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