



## Going Big

### A Case Study About Addressing Big Challenges in Health and the Economy

Sometimes, a problem can seem too large and complex to comprehend, let alone fix. Some things can seem like immovable boulders that will stay in place forever.

While perhaps intimidating, there's an opportunity to “go big”—to tackle big problems with equally big solutions. Maybe one person can't budge a boulder alone, but get a crowd—or region—together all pushing at once, and *it will move*.

Whether it's a boulder or something larger, big challenges require transformational solutions and novel thinking in addition to effective collaboration. If, instead of pushing with their bare hands, the whole region got together and built a boulder-pushing machine, they could get the boulder farther than they ever dreamed. That level of collaboration doesn't just happen on its own. It requires a shared understanding that moving the boulder is in everyone's best interest, and is greatly bolstered when it's based on shared values, knowledge, and standards.

One prime example of a team-up that has gone big—not just by getting together, but by taking a bold, new approach that goes beyond “business-as-usual”—is in the heart of Michigan, and it's called THRIVE.

### THRIVE: Pushing That Boulder, Together

THRIVE (Transforming Health Regionally In a Vibrant Economy), is a cross-sector collaboration that is spearheaded by two regional multi-stakeholder groups—[MiHIA](#) (Michigan Health Improvement Alliance), working toward “achieving a community of health excellence,” and [GLBRA](#) (Great Lakes Bay Regional Alliance), focused on economic prosperity—but it also includes a wide range of other stakeholders in Michigan's Great Lakes Bay Region.

**THRIVE distinguishes itself by tackling both health and the economy at the same time—by treating them together as an interwoven system, in which increased well-being leads to economic growth, and vice versa.**

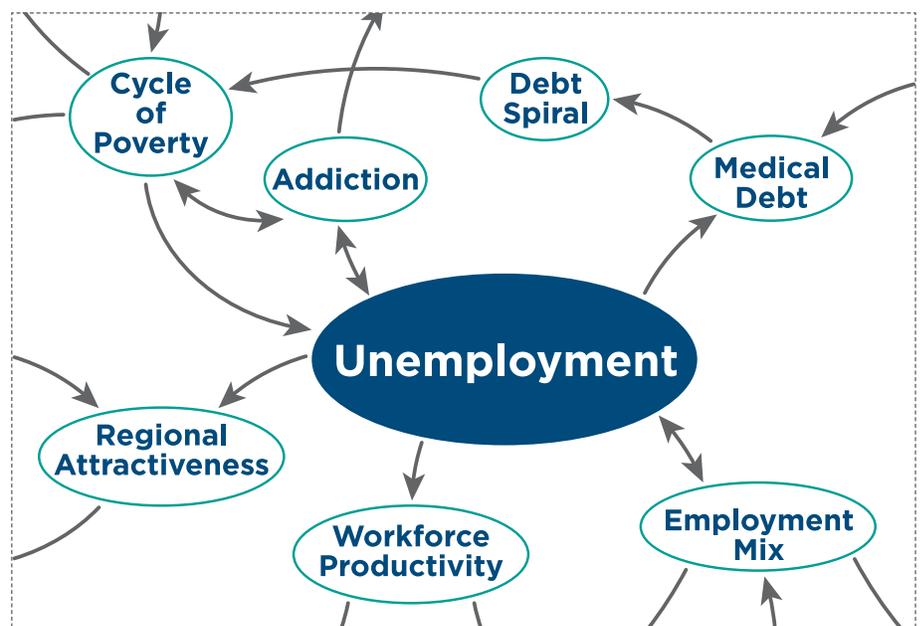
As detailed in a previous case study about THRIVE's formation, [Cultivating Health and the Economy, Side by Side](#), regional stakeholders came together in 2017 and recognized the huge opportunities inherent in some of the challenges faced by the region. They formed a Launch Team and enlisted the help of a partner with expertise in health system transformation, ReThink Health (an initiative of The Rippel Foundation). ReThink Health knew the first step to changing a system (in this case, the many interacting parts that together make up the Great Lakes Bay Region's health and economy) is to understand it, so THRIVE and ReThink Health generated a map of the region's health and economic ecosystem to visualize how stakeholders connected with and influenced each other. They then used that map to identify five key "leverage points"—spots in the system where THRIVE's efforts could have the most potential impact.

#### DEFINITION

**Health and economic ecosystem:** A system composed of an extensive collection of distinct variables and organizations that depend on and interact with one another to produce health, well-being, and economic prosperity in a region.

## Leverage Point

This is a simplified representation of just one small portion of the regional health and economic ecosystem map. This excerpted segment illustrates how unemployment is a leverage point, because it impacts many other points on the map.



### LESSON LEARNED: Focus

When “going big,” it’s easy to get scattered or lost among the myriad of opportunities. When considering system transformation—and especially when mapping a regional health and economic ecosystem—it’s critical to set some outer bounds of what to address. Making the tough choices about which challenges to focus on and which to let go is a hallmark of sound strategy—but those decisions should be made with input from many different viewpoints, with an understanding of the key system leverage points and their impacts.

In early 2018 THRIVE prepared for and then formed “Priority Teams” around each of those five leverage points from the map (their key priorities):

- Building provider capacity
- Improving preventative care and mental health
- Investing in social determinants of health
- Increasing regional attractiveness
- Creating jobs

These Priority Teams, of about 10-15 people each, spent around five months researching and developing specific interventions, each team focusing on a different one of the key priorities listed above.

The Priority Teams developed their intervention proposals with a disciplined, purposeful, and thorough process. Each team began their work with a strong support structure and package of references and tools, including guidelines based on THRIVE's foundational principles, a part-time administrative staff person, a draft workplan, an extensive data package, ongoing data and analytic support, an inventory of ongoing community work, and—very importantly—a set of weblinks to existing databases of evidence-based interventions.

#### DEFINITION

**Intervention:** A policy, program, or practice that regional leaders design to help improve the region.

In addition, the teams had an Excel workbook to complete which supported them in fully characterizing their potential interventions. The Priority Teams relied heavily on this intervention assessment grid (as seen in the below example) to document their disciplined approach of considering all aspects of each intervention.

**Step 1: List of Interventions**

**DIRECTIONS**

**Rethink Health:** These intervention names in this column will auto-populate other tabs of the sheet.

Intervention	Nature of Work	Scope of Work	Deliverables/ Impact	Evidence Base	Investment Required	Partners	Challenges	Measures of Progress	Timeline to Implementation	Timeline to Impact
1) Intervention Name										
2) Intervention Name										
3) Intervention Name										
4) Intervention Name										
5) Intervention Name										
6) Intervention Name										
7) Intervention Name										
8) Intervention Name										
9) Intervention Name										
10) Intervention Name										

## LESSON LEARNED: Build Diverse Teams

Executing a big vision requires the involvement of senior leaders and visionaries (e.g., C-suite executives, deans of colleges, and small business owners)—but don't neglect to include other stakeholders on the teams! Varied perspectives—both horizontally across sectors and geographic areas as well as vertically from different seniority levels—are crucial to developing the right interventions and predicting system-wide consequences.

The Priority Teams used the following criteria to select and narrow their lists of intervention ideas:

- **Significance:** Would it have transformational positive impact?
- **Ability to Foster Equity:** Can it help create opportunities for more people to pursue health, well-being, and economic prosperity?
- **Evidence Base:** How much evidence is there to support it?
- **Measurability:** Can we objectively quantify its impact?
- **Compatibility with Other Interventions:** Will it help or hinder other parts of the overall strategy?
- **Implementation Feasibility:** Is it possible in our region? If not, can we make it possible?
- **Financial Feasibility:** How likely are we to be able to fund it?

At the same time, THRIVE's remaining leadership worked on overall strategy. This parallel work included: creating a communications plan, exploring diversified intervention funding, defining a future governance structure, and learning from other similar work.

THRIVE hired a part-time communications leader and began to execute parts of the communications strategy such as designing a logo, website, and collateral materials.

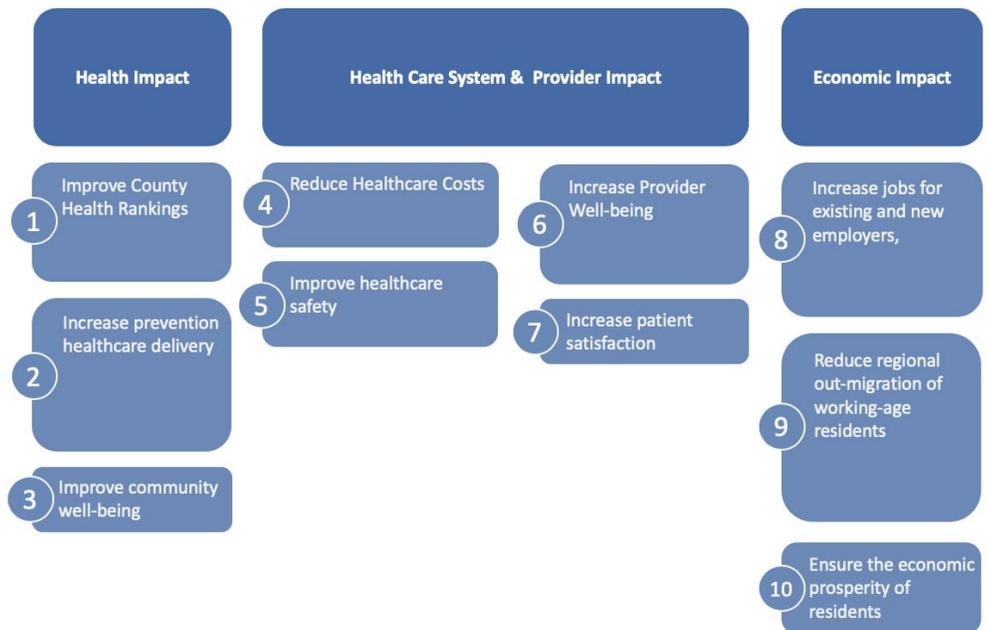
### LESSON LEARNED: Set Outcome Measures

Having criteria in place gave the Priority Team members an objective standard to help keep themselves and their teammates aligned with THRIVE's vision. These criteria also allowed the Steering Team (which was created later) act quickly and decisively when evaluating the teams' proposals.

The Launch Team built the first draft of the overall success metrics for the THRIVE initiative as the Priority Teams began their work. THRIVE intended to have a transformative impact on "health" and "the economy," but those broad constructs needed more granular expectations. Once the Launch Team defined those initial metrics, they asked the Priority Teams for input. A simplified summary of the results is in the image below. The metrics provided guidance for the teams by creating focus for the interventions and what they must achieve as well as a framework for how progress would be measured. The iterative process of defining the metrics involved input from the Priority Team members, a broader set of THRIVE-related stakeholders (that met regularly), and the Launch Team.

### Success Outcomes

What we will see if we are successful



### LESSON LEARNED: Get Specific About Your Metrics

The image above was just the starting point. THRIVE increased their ability to measure success by refining these metrics to identify:

**A specific, measurable target:** What % or # increase or decrease would you like to see in that metric?

**A time goal:** What year would you like to achieve your target by?

**A source:** What data source will you use to monitor progress on your target?

## Going Big: The Draft Portfolio

The Launch Team and Priority Teams worked with ReThink Health to package the resulting 42 proposed interventions into a portfolio which would constitute a comprehensive regional strategy. Then, ReThink Health evaluated the portfolio's strategy using a modeling process (more on that below) to project how it could impact the region. Since those impacts weren't limited to any one leverage point on the map of the regional health and economic ecosystem, ReThink Health consolidated all of the recommended interventions into practical clusters focused on their respective areas of influence.

### DEFINITION

**Portfolio of interventions:** A balanced and impactful set of policies, programs, and practices that regional leaders select as the “right mix” to improve the region.

## Modeling Big Impacts

The [ReThink Health Dynamics Model](#) is, basically, a regional health ecosystem in a computer. It was designed by an award-winning team of MIT-trained system modelers, and brings together decades of evidence (and is regularly updated to reflect the latest research and user input) to play out the likely impacts of different investments across scores of measures.

*“It is hard to know how doing several things at once could deliver combined results. Especially when the proposed strategies are not independent of each other. It is nearly impossible to play out in one’s head the long-term consequences of multiple interventions and estimate how big of a dent they can make against the backdrop of all the other moving processes in the health system. It is also hard to know how to adjust the relative size of an intervention compared to the relative size of the problem. The money invested in an intervention might seem like a big number at first, but the true relative impact can actually be quite small in proportion to the size of the problem. That is precisely why we use computer simulation models to account for all of the simultaneous changes that are happening across the health system over time.”*

*- Bobby Milstein, Director of System Strategy at The Rippel Foundation*

With THRIVE, ReThink Health first used modeling to compare the initial portfolio strategy to what would happen if there were no change (i.e., under a “business-as-usual” scenario). This comparison revealed a dramatic trajectory of undesirable outcomes in the “no change” scenario and the imperative to act to reverse or improve those outcomes. The hard-hitting data from the modeling helped make the case to stakeholders that the choice to invest in a portfolio was a good one (“Look where we’ll be in X years if we don’t do this!”).

Then, ReThink Health ran additional scenarios, experimenting with the combination, level of investment, and scope of various strategies, to tease out two things: (1) which options gave the most value (i.e., the most impact-per-dollar-invested) and (2) what “dosage” levels (i.e., size and scope of a strategy) would achieve the level of impact THRIVE was seeking.

While the modeling was going on, the Priority Teams worked to identify cross-team synergies and ongoing work that would complement their interventions. At the same time, the Launch Team executed its plan to dissolve itself and establish a Steering Team in its place, with some members returning and others added with a focus on guiding the portfolio to fruition. Once the modeling was completed, the Priority Teams all met with the Steering Team to review the results. The Priority Teams revised their submissions—adjusting dose, investment, population segment targets, etc.—and provided final recommendations to the Steering Team.

Based on all the modeling results, ReThink Health and THRIVE consolidated and trimmed the list down from the original 42 interventions to 35 that made up THRIVE’s revised portfolio.

## Going Even Bigger: The Revised Portfolio

After observing that many of their proposed interventions were likely to have relatively modest impact because of under-investment, THRIVE used the modeling results as a guidepost to increase the size and scope of some of those interventions—the data supported that some would only reach the desired impact if their doses were increased by a factor of two, three, five, or even 10 times!

*“Some problems have progressively gotten worse and cannot be ignored. We simply can’t act like we live in silos or homogenous communities. We are more interdependent than we believe or think. It is very much necessary to get together, work together, and think carefully of how we want to make an impact. All our different work functions together so we need to come together as a community and as a whole.”*

*- Joel Strasz, Health Officer, Bay County Health Department*

The Priority Teams worked for the next six weeks to review and revise interventions. As a result, while the projected budget for the draft portfolio was around \$500 million over 22 years, the revised portfolio grew to about \$800 million. At first glance, those may seem like unimaginably big numbers—but in the grand scheme, \$800 million *is less than one percent* of what the region is likely to spend for healthcare over those same years. THRIVE discovered the region could make big improvements for a comparatively small fraction of the money already flowing through just the healthcare segment of the ecosystem. The portfolio’s promise only improved when considering how the interventions would affect the economy—not just in the obvious ways, but also because improving population health and well-being improves the economy in a myriad of less obvious ways, whether by increasing the healthcare industry’s efficiency or reducing worker absenteeism due to illness. Though the up-front price tag might have seemed large, the potential impact on the overall regional economy represented an extremely good return on investment.

**“\$800 million is less than one percent of what the region is likely to spend for healthcare over those same years.”**

The revised portfolio went even bigger than the initial draft, and underwent more fine-tuning and modeling as THRIVE pushed toward the better future they envisioned.

## Keeping the Boulder Rolling

As THRIVE was finalizing their portfolio, they mapped out the key steps needed to begin executing their strategy. These steps included:

- Further modeling to optimize the portfolio. This involved viewing the entire strategy through different lenses by re-clustering all the interventions based on new criteria, such as target population and required partnerships for implementation.
- First steps of a comprehensive intervention financing strategy:
  - Creating a master list of potential funding streams for the portfolio.
  - Gathering key reference documents explaining how to use different financing options, or case examples with specific work plans for using them for similar work.

- Matching the portfolio interventions to the financing plan: Create a grid matching each intervention of the portfolio (or cluster of interventions) to the set of funding streams that are applicable to that work.

*“There was an immense amount of engagement, energy, and commitment from the Priority Teams. **We continuously made the case and shared the value proposition across sectors for why it mattered to the region and to the stakeholders individually.** There was heavy emphasis on each sector’s unique space, role, and contribution—our goal was to help all potential partners and stakeholders see how joining THRIVE efforts would lead to a better result overall, for everyone.”*

- Beth Roszatycki, CEO, MiHIA

## The Push Continues

Pushing boulders can be exhausting; but that’s why collaborators have each other to lean on. THRIVE leaders found they could keep the momentum by focusing on the future they were working towards—climbing from where they are now, to something good, then all the way to something great. Most importantly, they have to keep pushing, together.

They know that keeping their eyes on the future is critical to staying motivated and focused.

And after lots of strategizing to develop its portfolio of interventions, the direct action is about to start. From the very first iteration of the portfolio, THRIVE expected and planned for the need to sequence launch stages based upon readiness, funding timelines, etc. The first stage will begin implementation in early 2019.

### LESSON LEARNED: Some Interventions Can’t Wait

While further preparation was needed before implementation of the full portfolio of interventions, some interventions, due to urgency and high priority, were better off starting (or continuing) immediately while the planning continued.

“This is not just an academic exercise, you’re doing this in the real world. So, if it’s going to take up the year to plan a portfolio, recognize there’s work already going on that’s valuable and part of the portfolio. You don’t want to put that at risk by telling them to stop what they’re doing until the portfolio is done. And if there are crisis situations, like the opioid crisis, there may be an urgency where you say certain actions must be started now and can’t wait another six-to-eight months.”

- Cathy Baase

## A Big Step Forward

Going big—boldly pursuing large, impactful change—can be daunting, but THRIVE leaders found a few strategies that helped:

- Model/simulate impact
  - Understanding what the future will look like if business-as-usual continues to make a compelling argument for change
  - Seeing the likely outcomes greatly increases confidence in decisions, or reveals where new decisions must be made

- Make the big job manageable
  - Setting areas for focus (making the tough decisions about what to focus on using shared values and knowledge) is critical for joint decision making
  - Breaking the big plan into smaller, achievable steps helps counter hesitancy about the size of the overall task
  - Providing support staff can be well worth the cost as part of a thorough support plan for teams
- Set standards
  - THRIVE's shared principles guided the process
  - Standardized selection criteria guided the Priority Teams to the best interventions and kept them on track
  - Predetermined evaluation standards allowed the Steering Team to react to the proposals and modeling quickly and decisively

THRIVE's portfolio of interventions is a tremendous undertaking, but the region has pulled together in a way that gives them the ability to go big and make an equally tremendous positive impact on both health and the economy in their region. There's still a lot of work ahead, but collaboration, careful planning, and learning lessons throughout the process have set THRIVE up for success.

*"The THRIVE initiative has provided the forum through which unprecedented collaboration has begun. The portfolio provides the framework which will transform the health of our community, while propelling it economically."*

*- Sam Shaheen, Executive Director, CMU Medical Education Partners*