Inceptary 8 Call Summary
Reimagining Rural Health
Draft Review

Helping individuals improve health via:

- Community-led
- Cross-sector, hyper local, collaborative initiatives
- On broad personalized health determinants
- With technology and behavioral science
- In a complex adaptive system

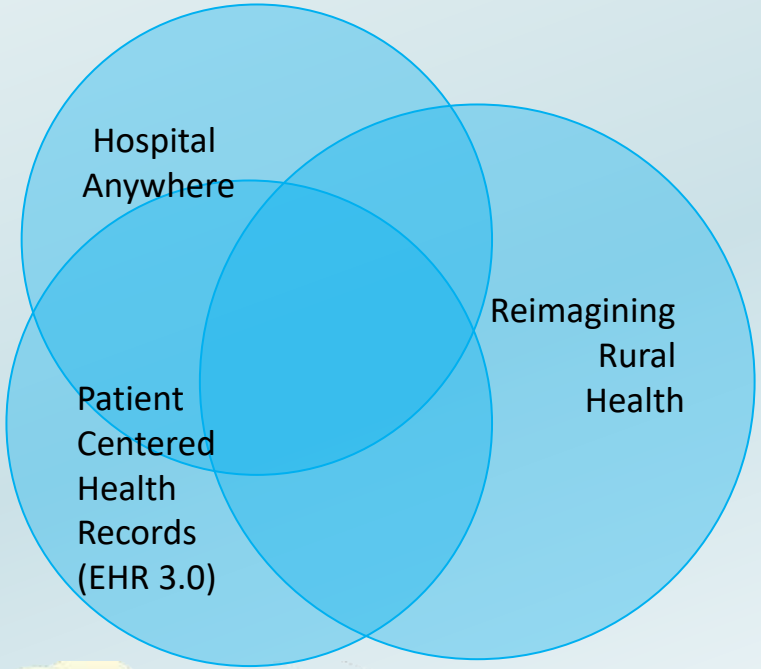
November 30, 2020

The Inceptary
a healthcare "thinking social network"
a public benefit corporation

The Inceptary

a portfolio of overlapping health transforming initiatives

Launching three initiatives



identify and take action on the community's priority challenges

- Health is the outcome of a complex system of personal decisions and external impacts
- Communities to identify and act on their identified priorities that directly impact their determinants of personal and community health
- Engage clinical providers, who for the most part are repair shops trying to correct damage and relieve symptoms

focus on rural health

The Inceptary

Shortage of health professionals

Rising costs

Hospitals closing at an alarming rate

Economic disruption and unemployment

Distrust of government, corporate, and social services

Increase of chronic and age related diseases

Opioid crisis

Strong values of individualism

many come to the heath care system too late
when and where costly repair work is completed

The Inceptary

Uneven insurance coverage

Breakdown of community

Wellness, disease management interventions help but are insufficient

Patients come in at most expensive point: the ER

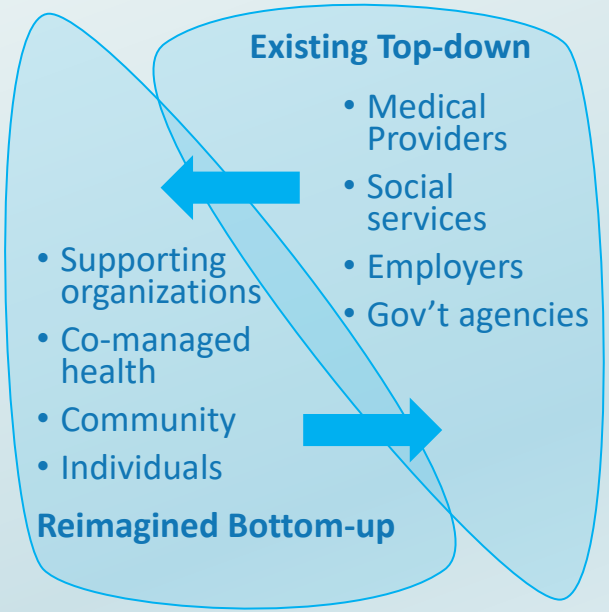
Complexity / restrictions / silo nature of support services

Inadequate skills / health knowledge of individuals and communities

Service silos serve themselves

Expensive medical care is reactive or over provisioned

goal: raise quality of life, lower health care costs with a broad alignment of silo services and approaches, with a bottom-up tilt



Spectrum of existing approaches with some impact to date

- Care coordination
- Community health and wellness
- Social determinants of health
- Personalized living context
- Self-directed care

Reimagine: a broader Health Network

from engaging personal context and needs to coordinating nodes of supporting services

The Inceptary

cross-sector, hyper local, collaborative approach

different current points of view define our starting point*

The Inceptary

Local view	Health and Public Health Sector views	National and Regional Views	
Physical and behavioral health needs of veterans and older adults	Health issues due to logging and extraction economies, COPD and other respiratory disease	Poverty alleviation	Communication and broadband infrastructures
Drug, alcohol, and tobacco use, opioid crisis	Chronic pain and obesity	Access to high quality healthcare (incl. behavioral health, social services, telehealth)	Affordable housing
Sedentary lifestyles	Diabetes and heart disease	Recruit and retain health care professionals	Clean environment (air, water, land)
	Teenage pregnancy and oral health	Prevent closures of hospitals and care facilities	High quality education and access to health information
		Access to transportation, water, waste water services, nutritious foods, food systems	Decreasing social isolation, loneliness and improving social connectedness

*Source: *Exploring Strategies to Improve Health and Equity in Rural Communities*, NORC Walsh Center for Rural Health Analysis, University of Chicago, 2018

The Inceptary

value of interpreting as a complex adaptive system

- Health outcomes to a large degree are predetermined long before a clinician is seen
- These multiple diverse factors, already at play, are a complex system or network forming the current status (equilibrium)
- System outcomes can be impacted by adjusting the specific health determinants for the community and individual to nudge the system into a new future state (equilibrium)
- Distribution of community supported decisions and services closer to individuals' lives creates opportunities for more self-management and control
- For example – co-management of health goals with clinicians, rather than health "do's and don'ts" directed by clinicians

paths to raising quality of life and health

- Attend to determinants – what makes and keeps a person healthy
- Engage meaning in life, jobs, family, community
- Attend to personal “infrastructural” needs
- Participate with personal engagement
- Leverage (even import) existing programs
- Create new options and a standard for health in the community
- Tweak the complex system to achieve results
- Co-manage with health and social providers
- Payers share savings with community
- Explore new financial tools, in and beyond insurance

reference initiatives

Study location	Massachusetts 	Netherlands 	Germany 
Annual health cost savings	13%	6% target	17%
Core Approach	Clinician value incentives	Lifestyle improvements	Care coordination; Co-design of health goal

The Inceptary

a conservative opportunity estimate based on reference initiatives to date

Gray County Texas Example		Personal out-of-pocket	Private health insurance	Medicaid	Medicare
Texas annual cost per person per payer type	2014 data	$6,998	$4,696	$7,273	$11,895
% of county population by payer type		18.1%	50.4%	17.4%	12%
Total annual cost per payer type		$22.4MM	$41.8MM	$22.4MM	$25.2MM
Low estimate for annual health care savings	8%	$1.79MM	$3.35MM	$1.8MM	$2.02MM
High estimate for annual health care savings	20%	$4.48MM	$8.37MM	$4.47MM	$5.05MM

Gray County Annual Savings Estimate
$8.95MM to $22.4MM

program framework

- **Inceptary's prework for communities**
  - Preliminary data collection: health, social, demographic, infrastructure, environmental, employment etc. statistics
  - Comparative analyses
- **Phase 1 Seek community participants**
  - Community introductions via relationships
  - Complete initial projections of possible impacts
  - Create initial spark in community based on desire and need
  - Convene trans-discipline local advisory panel
  - Initiate search for sources of funding (national, state, county, and local foundations)
- **Phase 2 Determine community-led priorities**
  - Embed in community, network key members and leaders clinicians, social services, chambers of commerce, local businesses, religious and fraternal organizations, etc.
  - Engage community of the willing: members who desire to explore opportunities to change
  - Grow local talent
  - Facilitate identification of options and outcomes
  - Community determines priorities with a community values based decision process
- **Phase 3 Pilot (proof of benefits)**
  - Design pilot with measurable outcomes, health cost savings, and pilot funding needs based on and an inclusive, but low cost and risk approach
  - Create pilot governance group, recruit participants and organizations
  - Complete funding arrangements
  - Facilitate pilot program
  - Measure ongoing and final outcomes, project health savings and investment/funding requirements for full local implementation
  - Create shared savings opportunities and sharing mechanism between community and – payers and funding instruments.
- **Phase 4 Local shared health cost savings program implementation**

the communities we are looking for

- Group(s) of interested people who realize good health plays a critical role in a good life
- Group(s) who want to collaborate on new, integrated ways to address a broad set of health determinants and community quality of life, such as:
  - Co-managing heath goals with clinicians
  - Integration with the more usual wellness approaches
  - Childhood education and health
  - Job training, attraction or entrepreneurship
  - Access to clean air and water
  - Alternate approaches to funding wellness and health
  - Safe affordable housing
  - Opportunities for community self-managed evolution

financing

- Stage 1 initial funding to co-design a community priority model with small seed funding from local foundations, business, health payers, or state to engage additional outside funding
- Stage 2 proof of benefits pilot funding from interested matching private foundations and health care payers
- Explore long-term sustaining options with design of a shared savings approach for communities, individuals and investors
- Stage 3 five to ten year committed funding through grants, bonds, insurance programs, etc.

References

- *The Moral Determinants of Health*, Donald M. Berwick, MD, MPP, JAMA June 2020
- "The Health System Quartet: Four basic systems—cure, care, heal and deal—to foster the co-production of sustained health" Jan van der Kamp, Thomas Plochg, PhD in *Embracing Complexity in Health*, J.P. Sturmber (ed.) Springer AG 2018
- *Tightrope: Americans Reaching for Hope*, Nicholas Kristof, Knopf 2020
- *Exploring Strategies to Improve Health and Equity in Rural Communities*, NORC Walsh Center for Rural Health Analysis, University of Chicago, 2018