



Health Community Simulation

The U.S. is the second largest healthcare spender in the world relative to its GDP. It's a competitive disadvantage for companies to pay high costs for their employees' healthcare— a situation that needs to change, and fast. Given the rise of various medical conditions, people are increasingly willing to be accountable for their own health. Increased accountability makes it vital for individuals and health care providers to organize healthcare at a granular level.

The challenge

The need, therefore, is for a solution that enables three key stakeholders in the health care industry—Employers, Clinics, and Hospitals—to explore the levers in the health economy, that when pulled, can help communities achieve the objectives of the Institute for Healthcare Improvement's Triple Aim: improve health, enhance patient experience of care, reduce per capita cost. The cause and effect relationships among the Triple Aim concepts impact the entire health system. A simulation would allow stakeholders to explore the levers, understand cause-effect dynamics, and provide a systemic perspective in a risk-free environment.

Cerner intends to use a simulation to lay the groundwork for change by presenting the complexities inherent in population health management as part of a daylong facilitator-led strategy session involving senior management from three key stakeholders from the health care industry. This simulation serves as a tool to provoke collaborative and creative problem solving of current health issues experienced in the community today. The activity stimulates conversations that ultimately help to understand the connections among health care stakeholders.

CASE STUDY



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The solution

The Healthy Community Simulation is a facilitator-led simulation deployed in a workshop environment and is developed in MS Excel. It provides a collaborative and competitive experience by allowing participants to assume the role of either hospital CEO, VP of human resources at a large employer, or a physician leader at a local clinic in a team. These three representative participant designations correspond to three roles enabled in the simulation—Hospital, Employer, and Clinic. Each role has a distinct user interface to make decisions and view results. The Healthy Community Simulation comprises several blended learning elements as given below:

Element	Description	Delivery Method
Health Community Simulation	This is the simulation itself that forms as the foundation around which the workshop revolves.	Excel-based Simulation
Workshop Activity	These are facilitator-led activities conducted at the beginning of every round. Examples of activities include Goals Activity and Predicted Impacts Activity, Results and Adjustment Activity, and Call to Action Activity.	Flipchart
Debrief	These are facilitator-led sessions at the end of every round where results of participant's decision are shared in the workshop. Here, participants are asked to explain the effects of their decisions on several reporting parameters. Debrief sessions also form the foundation for starting Workshop Activity.	Simulation Reports in MS Excel Exported results to Power Point
Call to Action	At the end of the simulation, participants are asked to propose initiatives that they would take up in their community to meet the Triple Aim objectives.	Sticky notes on a Flipchart

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Wizards	These are guided tutorials or teach items within the simulation. During decision-making, there are instances where members of a team need to collaboratively arrive at an agreeable solution about an aspect of managing healthcare. The knowledge required to make these decisions is embedded in the simulation itself through tutorial screens associated with certain decisions. Examples of collaborative decision making are subscription agreement between employer and clinic, bundle payment agreements between employer and hospital, and Accountable Care Organization (ACO) between clinic and hospital.	Guided tutorial screens in the simulation
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The results

The simulation has been delivered to seven internal audiences and three client audiences. The simulation has reached more than 200 client and associate participants with an average satisfaction score of 4.42/5 on evaluations.

Conducting the simulation in Liberty, Missouri with city stakeholders and leadership has provided a potential community health partnership with a local community who is not currently a traditional client. Cerner will continue to be a part of their conversations moving forward from a community health perspective.

Conducting the simulation in Winona, MN with the Board of Winona Health (hospital board), Cerner has been asked to come back and deliver the simulation again, this time to a group of local employers.

