

The Grand Junction Healthcare System: A Model for the Nation, In Our Own Backyard

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Key Points

- A **commons** is a collection of natural or constructed resources available for use by some group. Common resources typically require replenishment of stock and/or construction & maintenance of infrastructure.
- In a **Tragedy of the Commons** individuals over-exploit the commons for personal gain. In 1968 Hardin concluded only privatization or central management can prevent tragedies.
- Three kinds of commons are potentially relevant for health or health care
 - In a **program commons** (micro-commons) different organizations jointly deliver specific services related to clinical care, quality improvement, or health promotion.
 - A **Regional Health Commons** includes all the physical, financial, human, and social capital relevant to health care and/or population health in that region.
 - **Fiscal Commons at state or national levels** includes all the financial resources available for public services, with health care as one claimant among many other sectors.
- If we face a tragedy of the commons in health care, **regional variation** in cost and utilization demonstrates it is more tragic in some regions than in others. **Multi-stakeholder collaboration** plays an important role in explaining some examples of positive deviants.
- If a group agrees to work together to write, enforce, and revise their own rules on use and replenishment of a commons, then this resource becomes their **common property**.
- As owners, they are more likely to ask as effective “stewards” of these shared resources. **Stewardship** is “the conducting, supervising, or managing of something; especially: the careful and responsible management of something entrusted to one's care”
- My colleague **Elinor Ostrom** (2009 Nobel Memorial Prize in Economic Sciences) established eight **Design Principles** that support sustainability of community-managed resource commons (i.e., common pool resources managed under a **common property regime**)
- **These same Design Principles are relevant to health care, with some modifications.**

Core Message: Healthcare professionals and community leaders CAN and SHOULD assert ownership of their regional health commons.

They need to realize that many important decisions ARE made in local settings:

1. **Recruitment** of professionals in different specializations;
2. Corporate decisions to **build new facilities or to consolidate**;
3. Negotiations among hospitals, physician groups, insurance plans, and employers regarding **reimbursement**;
4. Clinical procedures established within hospitals or physician groups;
5. **Communication within teams including different types of medical professionals**;
6. Interactions between individual **patients and clinicians**;
7. Interactions between **patients and employers** offering health benefits and programs;
8. **Sharing of values, goals, plans, and information among providers and with public**;
9. Location of parks, bike paths, food stores, and other aspects of the **built environment**;
10. **Personal choices between healthy and unhealthy behaviors.**

Members of the Mesa County Health Leadership Consortium:

Health Plan	Public Health
<ul style="list-style-type: none"> • Rocky Mountain Health Plans 	<ul style="list-style-type: none"> • Mesa County Health Department
Physicians	Behavioral Health
<ul style="list-style-type: none"> • Mesa County Independent Physicians Association • Primary Care Partners 	<ul style="list-style-type: none"> • Colorado West, Inc.
Hospitals	Health IT
<ul style="list-style-type: none"> • Family Health West • Community Hospital • St. Mary's Hospital & Regional Medical Center 	<ul style="list-style-type: none"> • Quality Health Network
Hospice	Underserved Populations
<ul style="list-style-type: none"> • Hospice & Palliative Care of Western Colorado 	<ul style="list-style-type: none"> • Mesa County Human Services • Marillac Clinic • Hilltop Community Resources • Mesa Developmental Services
Home Health	Business
<ul style="list-style-type: none"> • Home Care of the Grand Valley 	<ul style="list-style-type: none"> • Grand Junction Area Chamber of Commerce • City of Grand Junction (Human Resources Employee Benefits office)

Specific Examples from Grand Junction	Design Principles (Elinor Ostrom)	General Guidelines for Regional Stewardship
Financial Pool to Equalize Payment and Build Withhold Pool	Clear Boundaries	Align Stakeholder Plans to Community Values
Peer Review of Physicians	Routine Monitoring	Gather and Share Information
Marillac Clinic, Hospice, Home Care B4 Babies and Beyond	Build Nested Enterprises *Long-Term Horizon*	Nurture Innovation Think Systemically
Quality Health Network	Wide Participation	Build Momentum
PCP Recruitment	Congruence to Local Conditions and Values	Recognize Local Challenges
FTC Consent Decree	Recognized Autonomy	Establish Shared Priorities
Mentoring and Informal Pressure	Graduated Sanctions	Hold Each Other Accountable
Local Committee	Dispute Resolution	Address Inequities
Commitment by CEOs	*Trusted Leaders*	Find a Trusted Convener

implicit in Ostrom's analysis

Current Program Priorities in GJ: parenting, built environment, access to services, social and emotional well-being (esp. regarding mental health), and building a sense of community

Minimal Requirements for an Effective Stewardship Team:

1. **Meet regularly** and speak honestly to build and maintain **trust**,
2. **Build a shared vision and assign priorities** to programs and challenges,
3. **Allocate resources** (either individually or collectively) to support game plan,
4. **Monitor** consequences, and revise plans and programs when necessary.

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