

# PRIMARY CARE 2025 SCENARIO TOOLKIT

IAF has developed this scenario toolkit to help organizations consider the implications of the Primary Care 2025 Scenarios for their own strategies and operations. The Primary Care 2025 Scenarios present four different paths for primary care, based on different key forces. Each scenario raises implications for current health care professions, provider organizations, schools, policy makers and patients/consumers. An important use of scenarios is to have an exercise where you “step into” each scenario, considering and comparing the implications for your organization or community (or yourself) and how they might impact your current directions, your vision and goals, and possibilities for change and innovation. This toolkit allows your organization to use the Primary Care 2025 Scenarios to conduct its own scenario planning exercise. For that, all of the documents you will need are provided herein:

- Scenario Workshop Agendas (choose one):
  - [Full-Day \(6-hour\) Workshop](#)
  - [Half-Day \(3-hour\) Workshop](#)
- [Considering Scenario Likelihood & Preferability Handout](#)
- [Small Group Instructions](#)
- [Small Group Response Forms](#)

Slides to present the Primary Care 2025 scenarios are available at [www.altfutures.org/primarycare2025](http://www.altfutures.org/primarycare2025).

In order to get the most from the workshop one or more of your participants should become familiar with the scenarios in advance, and prepare to present them and answer questions about them. One option is to have four people assigned to this task, with one responsible for reading all four scenarios but looking closely at the one assigned (two or three people could be assigned to become knowledgeable about a specific scenario. These individuals would be assigned to the small group for the scenario about which they became knowledgeable about).

## Pre-Workshop Decisions

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*General Objectives for the Workshop* – In order to get the most out of your scenario workshop, you may use, adjust, or add onto the following objectives (note that if there is a specific decision or action you will be facing you can include an objective to consider the implications of each scenario on the decision):

- To consider a range of forces, challenges, and opportunities shaping primary care in the United States.
- To deepen your understanding of how primary care and influencing factors in the external environment are likely to *evolve* over the coming decade and a half.
- To consider the implications of the Primary Care 2025 Scenarios for your organization or community - implications for your strategies, vision and goals, change and innovation.
- To better understand and create your preferred future

*Focus of the Implications Discussion* – What are your current directions or strategies or goals that the groups should focus on as they explore the implications of each scenario?

*Workshop Length* – Decide whether you can devote a full day (6 hours) or half of a day (3 hours) to the workshop. The full day version provides participants with more time to “step into” and absorb the scenarios.

*Participants* – The workshop can be successful with four people to 100 or more. Whom would you like to include in the workshop? E.g. clinical and administrative staff, board members, other staff, patients or customers, local legislators/policy makers, subject-matter experts, suppliers, consultants, or members of partner organizations?

## Workshop Instructions

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Divide participants into small groups, ideally seated at the same table from the beginning of the day. Depending on the number of participants, each group can consist of 3-15 people. Assign participants to groups so that there is a mix of board members, staff, and other types of participants (if you have more than four groups – you can have multiple groups focused on the same scenario, but will need to allow more time for presenting and comparing the results).

# Agenda

## Primary Care 2025: Scenario Workshop

*Full Day*

### 9:00 Welcome and Introduction

- Review workshop agenda and objectives for your organization
- Questions and discussion
- Participant introductions (if everyone does not already know each other)

### 9:30 Four Scenarios of Primary Care 2025

- Review each of the scenarios (10 to 12 minutes each)
  - Repeat for each scenario: Have someone present a scenario, and then have participants review the text and matrix for that scenario. Briefly discuss the scenario and see if there are questions.
- Questions and discussion after reviewing all of the scenarios (5min)
- Scenario likelihood and preferability (see handout with grid) (5min)
  - To better understand our sense of what is likely and what we prefer, all participants will individually estimate the likelihood of each scenario and identify how preferable each scenario is to them on a polling form. The averages for the group will be processed and shared later with whole group.
    - Using a scale of 0 to 100% for each scenario, have each participant use the grid to assess the likelihood and preferability of each scenario separately.
    - Collect and process the results during lunch. Calculate the average rating for each scenario for both likelihood and preferability.

### 10:30 Break

### 10:45 Small Group Instructions (see handout)

- Assign each group one of the scenarios to explore a scenario in detail and consider the implications for your organization or community.

### 11:15 Small Group Discussion

- Each group “steps into” and considers its assigned scenario.
- Ideally a group facilitator and reporter are recruited for each group in advance.
- Develop group answers to the questions on the Small Group Response Form for the scenario that you have been assigned.

### 12:00 Lunch

- This can be a working lunch, where each small group gets its lunch and continues working, or a specified lunch break of 30 to 60 minutes.

### 1:00 Small Group Discussion (cont.)

## 2:00 Full Group Discussion

- Each small group has 5 minutes to present its report on implications of their scenario and answer questions about their scenario or reports. (about 30 minutes)
- The full group identifies and discusses the similarities or differences in the small group answers across the scenarios
  - The full group considers the strategic implications of the scenarios:
    - What strategies are “robust,” e.g., which would work in two or more scenarios?
    - Are there any current strategies that would be counterproductive in one or more of the scenarios?
- Scenario Likelihood and Preferability
  - Present the averages for likelihood and preferability ratings for each scenario
  - Discuss the results
    - Interpreting the likelihood ratings: 100% for likelihood means that it is 100% certain to happen, 0% means it never will; 100% for preferability means that it is totally preferable; 0% means there is nothing desirable or preferable about this scenario.
    - Likelihood ratings should be higher for Scenario 1: this scenario was developed and written to represent the most likely of the four, while Scenario 2 offered a challenging future and Scenarios 3 and 4 offered visionary alternatives.
    - Obviously, the future is uncertain, and in your organization’s planning it would be wise to consider the challenges of Scenarios 1 and 2, as well as the more successful paths that are found in Scenarios 3 and 4.
    - Planning for the most likely future tends to reinforce it – including shortages in primary care; this is a suboptimal use of energy and resources. The discussion of robust strategies gives a better sense of strategies that would yield more positive results.
  - Interpret the preferability ratings:
    - Do participants agree on the preferability of each scenario? If there are disagreements, where do people disagree?
  - Discuss as a full group whether your organization’s current planning or activities will be effective in the likely scenarios.
  - Contingency planning/thinking – If one of the futures you are not focused on comes about, what would you be ready to do?
  - Should you – through your strategies, programs, or other actions – help create the preferable scenarios or make them more likely? What would that take?

## 3:30 Next Steps

- Given the discussion of strategic implications, contingency thinking, and likelihood/preferability, what next steps should the organization take to:
  - Change or add current strategies and actions?
  - Remain aware of the major forces shaping primary care and our work, including using these scenarios?
- Every six months to twelve months, your organization should ask itself, “Toward which of these scenarios are we headed?” You will have signposts identified by the groups for each scenario. You

can assign relevant members of the organization to monitor for these “signposts”. To some extent, all organizations observe what is happening in their environment; some organizations do this scanning more systematically. The signposts give additional focus on important directions. Having a one- or two-hour session every 6 months allows your organization to keep learning and to improve its thinking about your directions and the contingencies you need to consider.

**4:00 Adjourn**

- Let us know what you think! After the workshop has concluded, we invite you to share your experience with us at [futurist@altfutures.org](mailto:futurist@altfutures.org). Thank you.

# Agenda

## Primary Care 2025: Scenario Workshop

*Half Day*

### 9:00 Welcome and Introduction

- Review workshop agenda and objectives for your organization
- Questions and discussion
- Participant introductions (if everyone does not already know each other)

### 9:20 Four Scenarios of Primary Care 2025

- Review each of the scenarios (10 to 12 minutes each)
  - Repeat for each scenario: Have someone present a scenario, and then have participants review the text and matrix for that scenario. Briefly discuss the scenario and see if there are questions.
- Questions and discussion after reviewing all of the scenarios (5min)
- Scenario likelihood and preferability (see handout with grid) (5min)
  - Using a scale of 0 to 100%, have each participant use the grid to assess the likelihood and preferability of each scenario separately.
  - Collect and process the results during lunch. Calculate the average rating for each scenario for both likelihood and preferability.

### 10:00 Small Group Instructions (see handout)

- Assign each group one of the scenarios to explore in detail and consider the implications for your organization or community

### 10:15 Small Group Discussion

- Each group “steps into” and considers its assigned scenario.
- Answer the questions on the Small Group Response Form for the scenario that you have been assigned

### 11:15 Full Group Discussion

- Each small group presents its summary from the small group worksheet (5 minutes each)
- The full group identifies and discusses the similarities or differences in the small group answers across the scenarios
- The full group considers the strategic implications of the scenarios:
  - What strategies would be appropriate for your organization to pursue in each scenario?
  - What strategies would work in two or more scenarios (also referred to as “robust” strategies)?
  - Are there any current strategies that would be counterproductive in one or more of the scenarios?

### **11:45 Next Steps**

- Given the discussion of strategic implications, contingency thinking, and likelihood/preferability, what next steps should the organization take to:
  - Change or add current strategies and actions?
  - Remain aware of the major forces shaping primary care and our work, including using these scenarios?
- Every six months to twelve months, your organization should ask itself, “Toward which of these scenarios are we headed?” You can do this by assigning relevant members of the organization to monitor for “signposts” developed for each of the scenarios. To some extent, all organizations observe what is happening in their environment; some organizations do this scanning more systematically. Having a one- or two-hour session every 6 months allows your organization to keep learning and to improve its contingent thinking.

### **12:00 Adjourn**

Let us know what you think! After the workshop has concluded, we invite you to share your experience with us at [futurist@altfutures.org](mailto:futurist@altfutures.org). Thank you.

## Considering Scenario Likelihood & Preferability

Please use the grid below to assess the likelihood and preferability of each scenario separately, where 100% refers to highly likely or preferable and 0% means there is nothing desirable or preferable about a particular scenario. **Percentages do not need to add up to 100% in either direction.** For example, you may assign 60% for likelihood and 85% for preferability of a scenario.

	<b>Likelihood</b> (0 to 100%)	<b>Preferability</b> (0 to 100%)
<b>1. Many Needs, Many Models</b>		
<b>2. Lost Decade, Lost Health</b>		
<b>3. Primary Care That Works for All</b>		
<b>4. I Am My Medical Home</b>		

## Instructions for Small Groups

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Facilitators for each small group review objectives, agenda, roles and responsibilities.

- OBJECTIVES
  1. Step into the scenario, understand it
  2. Consider the greatest changes and implications
  3. Develop recommendations assuming this scenario will occur
  4. Identify signposts that indicate movement toward this scenario
- AGENDA
  - Select corresponding small group template 1, 2, 3, or 4 and review
- ROLES AND RESPONSIBILITIES
  - Reporter/recorder: Ask for a volunteer to take notes and report the small group results to the full group.
  - Facilitator: Remind participants that each scenario includes the following components:
    - A detailed narrative describing how that scenario came to pass
    - A scenario matrix (included in the project report) that presents the four scenarios side-by-side – have participants review the column of the matrix that relates to their scenario

Discuss the questions. If time is short, skip to implications and recommendations.

- What are the greatest changes in primary care in this scenario? (5)
  - Do this as a brainstorm; facilitator writes key words on flip chart; you can remind him or her what pages the narrative is on and the column of the matrix provided in the scenarios report
- What signposts, headlines would indicate movement toward these scenarios? (5)
  - Also as a brainstorm (think in advance about what you might see and be ready to ask, e.g. headlines for Dr. Watson or competitors, movement toward managed care/ACOs, severe budget cuts)
- What are the major implications for different stakeholders in this scenario? (20)
  - Physicians, Nurse Practitioners, Physician Assistants
  - Health care provider organizations/systems
  - CMS
  - Other Federal Government
  - State government
  - Others
- What recommendations would you make (identify for whom) in the context of this scenario? (15)
  - Tell the group that recommendations should identify who should do what and, as relevant, by when
- Reporter identifies the key points he or she will present in the report

Lunch Break

Reporter and facilitator ensure that the presentation slides are ready for the next session.



## **Scenario 2: Lost Decade, Lost Health**

### *Small Group Template*

- 1. What are the greatest changes in primary care in this scenario?**
  
  
  
  
  
  
  
  
  
  
- 2. What are the signposts that would indicate we are heading toward this scenario?**
  
  
  
  
  
  
  
  
  
  
- 3. What are the major implications for different stakeholders in this scenario? Consider the stakeholders below and add others as deemed relevant or necessary:**
  - Physicians
  - Nurse Practitioners
  - Physician Assistants
  - Health care provider organizations/systems
  - CMS
  - Other Federal Government
  - State government
  - Others (specify)
  
  
  
  
  
  
  
  
  
  
- 4. What recommendations would you make (identify for whom) in the context of this scenario?**

## **Scenario 3: Primary Care That Works for All**

### *Small Group Template*

- 1. What are the greatest changes in primary care in this scenario?**
  
  
  
  
  
  
  
  
  
  
- 2. What are the signposts that would indicate we are heading toward this scenario?**
  
  
  
  
  
  
  
  
  
  
- 3. What are the major implications for different stakeholders in this scenario? Consider the stakeholders below and add others as deemed relevant or necessary:**
  - Physicians
  - Nurse Practitioners
  - Physician Assistants
  - Health care provider organizations/systems
  - CMS
  - Other Federal Government
  - State government
  - Others (specify)
  
  
  
  
  
  
  
  
  
  
- 4. What recommendations would you make (identify for whom) in the context of this scenario?**

