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Rules:

* Do not change the file name when you submit the filed name to me.
* All original work no questions about this
* Read the directions completely and make sure you follow them
* I need this minimumw 500 words each. Answer the questions clearly don’t just fill the page with nonsense words.
* If you can follow all these rules and do a top notch work you will be tipped as such.

Thanks

Quesiton 1:

At page 17 of 32 in *[Escape Fire http://www.commonwealthfund.org/usr\_doc/berwick\_escapefire\_563.pdf](C:\\Users\\HP DESKTOP\\AppData\\Local\\Temp\\Escape Fire   http:\\www.commonwealthfund.org\\usr_doc\\berwick_escapefire_563.pdf (Links to an external site.))*

*[(Links to an external site.)](C:\\Users\\HP DESKTOP\\AppData\\Local\\Temp\\Escape Fire   http:\\www.commonwealthfund.org\\usr_doc\\berwick_escapefire_563.pdf (Links to an external site.))*

, Don Berwick cites Karl Weick for four sources of resilience that can equip organizations to "forestall deterioration" of sensemaking:

* Improvisation
* Virtual role systems
* The attitude of wisdom
* Respectful interaction

Consider the ways in which consumers, health care organizations, providers, and other stakeholders are redefining and reshaping health care services delivery approaches, methods, and platforms.

Please provide an example of one such approach. How effectively does it integrate all four “sources of resilience” to ensure sustainable, future-facing health care services?

Question 2:

Dr. Risa Lavizzo-Mouray begins her article, [*Halfway There? Health Reform Starts Now*](https://canvas.northwestern.edu/courses/45645/pages/module-8-reading), (see attachment for the article) with conventional wisdom from African culture:

*“If you want* *to go fast, go alone; if you want to go far, go together.”*

Applying this proverb to the health care enterprise in the U.S., Dr. Lavizzo-Mouray explores evolving collaborative relationships that are an outgrowth of the growing realization that when health care organizations and providers create these kinds of partnerships, they deliver better care and outcomes for patients.

As our health care system moves toward bundled payments, ACOs, and value-based reimbursement, Lavizzo-Mouray predicts, physicians will increasingly find themselves engaging in collaborative partnerships that transport them well beyond the traditional spaces and reach of health care. Urban planners, neighborhood farmers’ markets, local public health agencies, community social service organizations, schools, behavioral health professionals, and an entire spectrum of other, previously non-traditional stakeholder partners, will increasingly play instrumental roles in healthier communities of care.

In addition to these kinds of community-based collaborations, Dr. Lavizzo-Mouray encourages providers to take a lead role in pushing government action on public policy. Examples of potential areas for regulatory attention include advocating for Medicaid expansion in every state; controlling health coverage costs; ensuring efficient use of technology; and driving value-based purchasing strategies for health care services, pharmaceuticals, and medical devices.

What current collaborative initiatives present success stories and/or lessons learned about the kinds of provider partnerships that Dr. Lavizzo-Mouray anticipates? Are there others that you would recommend developing?