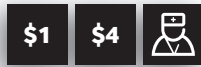


**instructions**

Can you change how health care works so patients are healthier for less? Gone are the days when payers rewarded providers for each incision made, or test prescribed. Now you're going to compete to provide quality care over a person's lifetime. Underbid the competing providers to attract patients (and their insurers), but take care—some patients are expensive to take care of, and if you don't ask for enough money, you could end up paying out of your savings to keep them healthy.

## COMPONENTS



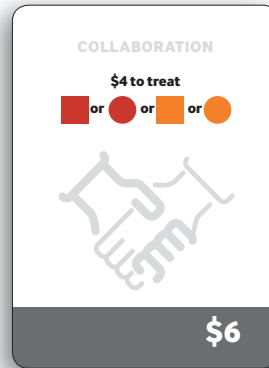
\$1, \$4, and staff  
(50 of each)



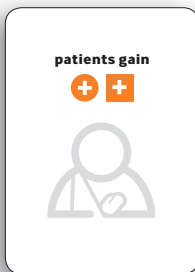
health problems  
(30 of each)



patient cards  
(36 total)



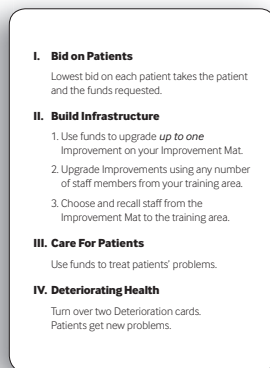
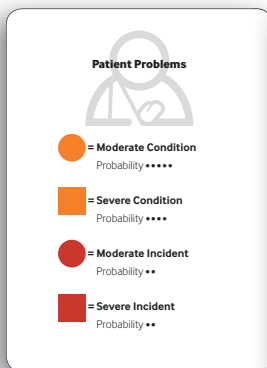
collaboration cards  
(9 total)



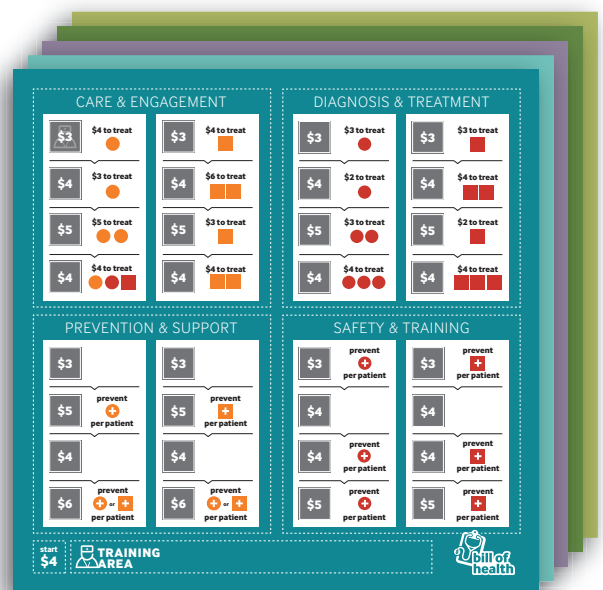
deterioration cards  
(12 total)



bids  
(7 of each color)



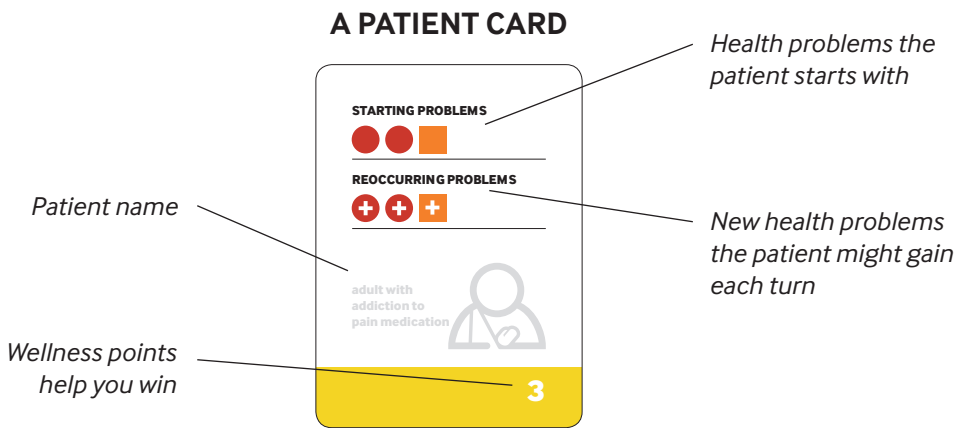
reminder cards  
(5 total)



improvement mats  
(1 of each color)

Goal

The provider with the most wellness points at the end of the game receives the highest ranking and wins. Each patient you're accountable for gives you wellness points, but you lose points for each problem your patients have. Have the most (and healthiest) patients at the end of the game to win!



Setup

Each player randomly takes one improvement mat and places it in front of her, along with the associated bids of the same color.

Each player places one staff member on her improvement mat marked with a staff member.



Each player places one staff member in her training area.



Each player takes the amount of starting funds shown on her mat.



Finally, give each player one reminder card.

Advanced players are encouraged to place three collaboration cards cost-side up in the center of the table, visible to all players.



## Round Order

1. Bid on Patients
2. Build Infrastructure
3. Care for Patients
4. Deteriorating Health

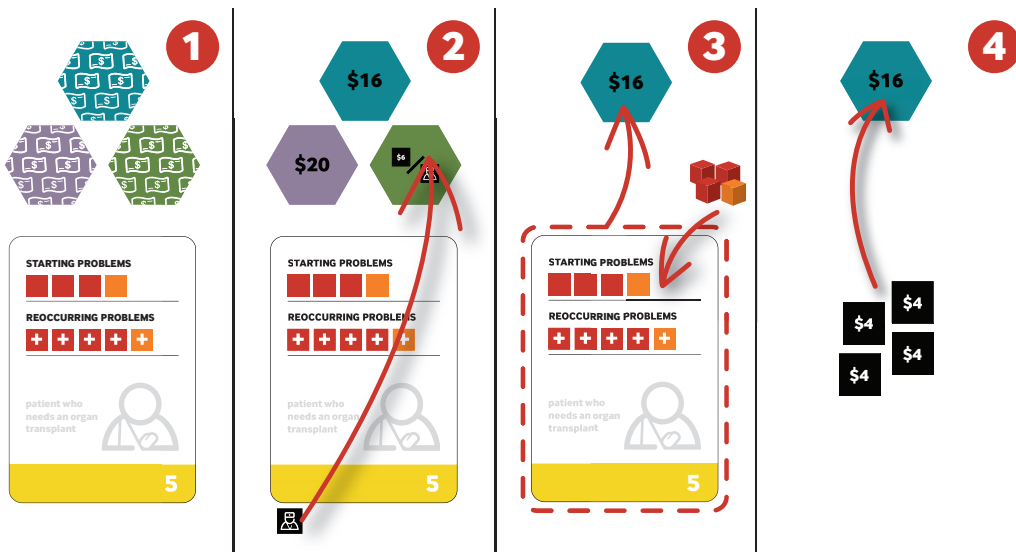
## 1. Bid on Patients

Every round, the players fight for the right to take care of (and get paid for) 4 patients. Usually, all 4 patients will end up receiving care at different providers. Unlike in many games, the player who bids the lowest on a patient is the one who ends up taking care of that patient. Remember: taking care of a patient can be expensive and risky—not every player wants to take care of every patient. To choose a bid, each player should approximate how much money it will take her to take care of that patient (see **Build Infrastructure** and **Care For Patients**).

The group flips over 4 patients and places them in the center of the table. Each player carefully chooses one of her bids and places it face down next to the leftmost patient. After all players have placed their bids, reveal them.

- The lowest numerical bid takes that patient *and funds equal to the number of the bid*. If there is a tie, the player with the fewest patients wins the tie (if players have the same number of patients, the player with the fewest funds wins). **When a player takes a patient, she places wooden problem tokens on that patient as listed in the patient's 'Starting Problems' section.**
- Any player who played “\$6/Staff Member” either takes 6 dollars or puts a staff member in their training area (their choice). Players who bid “\$6/Staff Member” *cannot take the patient*.
- If every player played the “\$6/Staff Member” bid, leave this patient for the next round.

Then move on to the next patient, leaving all bids used on the previous patient out for all to see.



(1) The bids are revealed. Blue requested \$16, purple requested \$20, and green used the “\$6/Staff Member” bid. (2) Green takes a staff member. Of the two remaining bids, blue is the lowest, so blue wins. (3) Blue places 3 severe incidents (■) and 1 severe condition (■) on her patient, and then takes the patient card and (4) \$16 (the value of her bid). The players then bid on the remaining patients.

Once all the patients have been bid on, players reclaim their bids and move onto the *Build Infrastructure* phase.

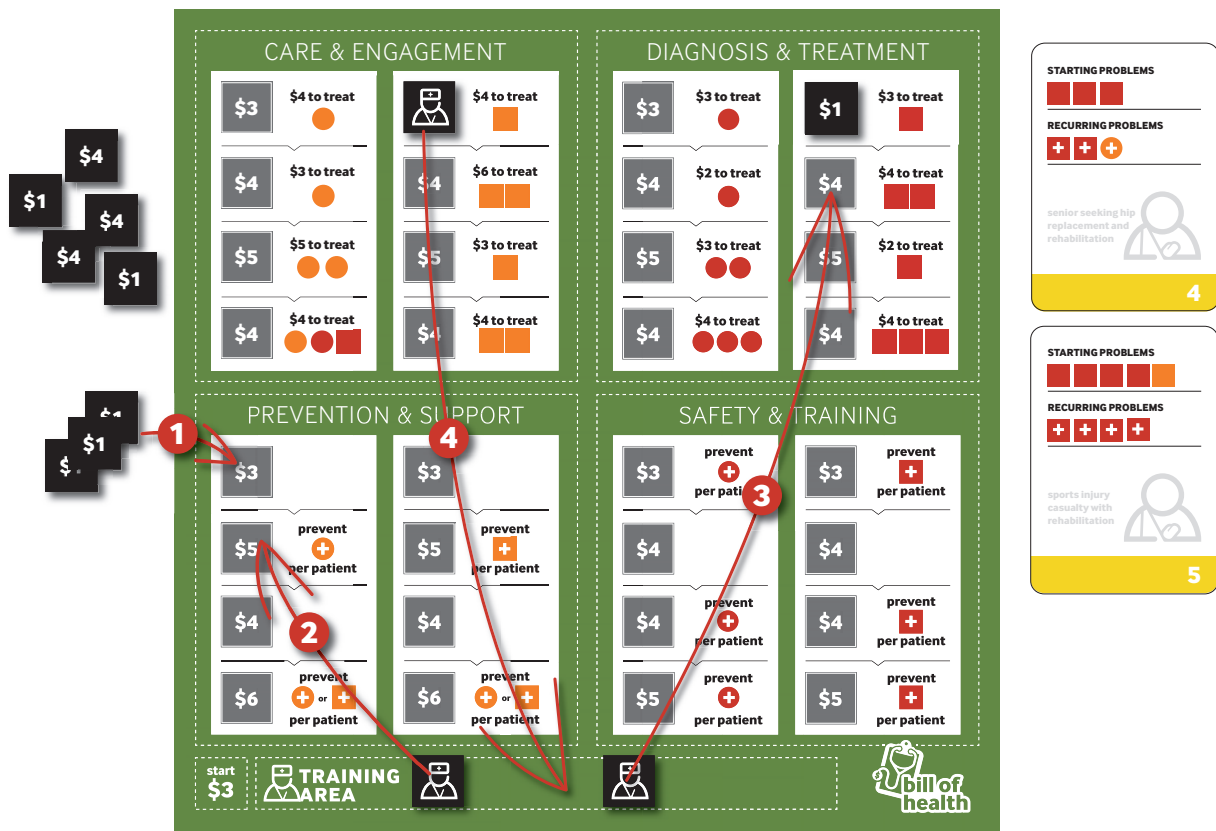
## 2. Build Infrastructure

Players' improvement mats represent the infrastructure that they can invest in to better care for their patients. Sections in the the top row provide treatment improvements, allowing players to pay in order to remove health problems from their patients. Further improvements within these sections allow the player to remove problems at more efficient rates. The bottom row provides prevention improvements, allowing players to prevent new problems from being placed on their patients. Further improvements within these sections allow the player to prevent higher numbers of new problems. Within each section, improvements must be done in order from top to bottom—if a player wants to have access to the fourth improvement in a section, she must first upgrade the previous three, in order.

In order to upgrade an improvement on her mat, a player must **either** pay the amount of funds shown in the box next to that improvement (placing one of the funds paid on top of that box) **or** move a staff member from her training area to the box next to the improvement.

During this phase:

1. First, each player may pay to upgrade **no more than one** improvement on her mat.
2. Next, each player may then move **any number** of staff members from her training area to upgrade improvements. Whether upgrading with staff members or funds, improvements must be upgraded in order, from top to bottom in their section.
3. Finally, each player may remove any number of staff members from her improvements back to the training area to be re-deployed next turn. Staff members may not be removed from an improvement if later improvements in that section have been upgraded, and vacated improvements may no longer be used.



Example: Penelope has patients with several severe incidents (■), and a few reoccurring moderate conditions (●). In order to care for these patients, she chooses to upgrade her moderate condition (●) prevention, and her severe incident (■) treatment.

1. First, she pays \$3 for the first upgrade in the moderate condition (●) prevention section, marking the upgrade with one of the funds she paid.
2. Next, she deploys one of her staff members to mark the second upgrade in the same section. Now she will prevent one moderate condition (●) that would be placed on each of her patients during the Deteriorating Health phase.
3. Third, Penelope deploys her other staff member to the second upgrade in the severe incident (■) treatment section (she purchased the first upgrade in that section on her last turn). Now she has the ability to pay \$4 to remove two severe incidents from one of her patients.
4. Finally, she removes one staff member from the first severe condition (■) treatment upgrade back to her training area, because she doesn't have many patients who need that capability. She will redeploy this staff member next turn.

If playing with collaboration cards, players may also place funds on any of the collaboration cards in this phase. Once the funds on a collaboration equal or exceeds that card's cost, the card becomes active.

When a collaboration card becomes active, one of two things happen:

- Some collaboration cards have a one time benefit to **all** players, and then are discarded. Example: Patrick adds a ninth and a tenth dollar to a collaboration that reads "Take \$6" and costs \$10. All players take \$6, and then return the funds on the collaboration to the bank and discard the card.
- Others are permanent. These collaborations afford all players the ability on the card for the rest of the game.



### 3. Care for Patients

All players may pay to use their active treatment improvements (any improvement with a staff member or funds beside it is active) to remove problems from their patients.

Active treatment improvements may be used as many times per turn as a player can afford, but each activation may only be used on one patient. For example, “\$4 to treat ●●” cannot be used to remove a single ● from two different patients. Funds paid to remove problems are returned to the bank.

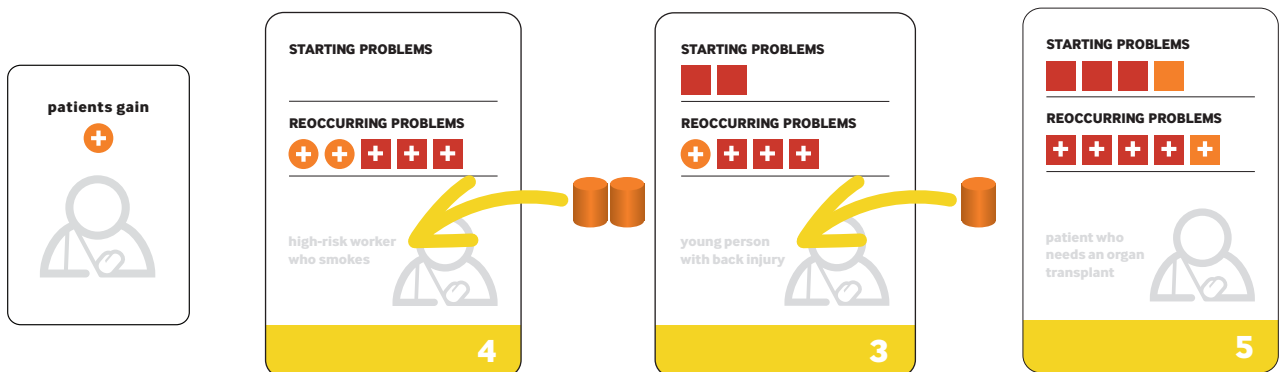
Active prevention improvements are not used during this phase, but they become relevant in the next phase.

If playing with collaborations, players may also use any active collaborations cards at this point.

### 4. Deteriorating Health

The group flips over two Deterioration cards. These can have one of three effects:

1. Most frequently: a specific type of problem is shown and **every** patient gains a number of problems of that type equal to the number of matching symbols of that type shown in their “Reoccurring Problems” section. A single symbol on the Deterioration card can cause up to five new problems on one patient card, depending on the number of matching symbols in the patient’s “Reoccurring Problems” section.



*The moderate condition (●) Deterioration card is flipped. Andrea’s first patient gains 2 moderate conditions (●), her second patient gains 1 moderate condition (●) and her third patient gains nothing because it has no moderate conditions (●) in its “Reoccurring Problems” section.*

For each active prevention improvement a player has upgraded, one problem of that type that would be added is instead prevented from each of that player's patients. *In the above example, if Andrea has one moderate condition (●) prevention Improvement, her first patient would gain 1 moderate condition (●), and her second and third would gain none.*

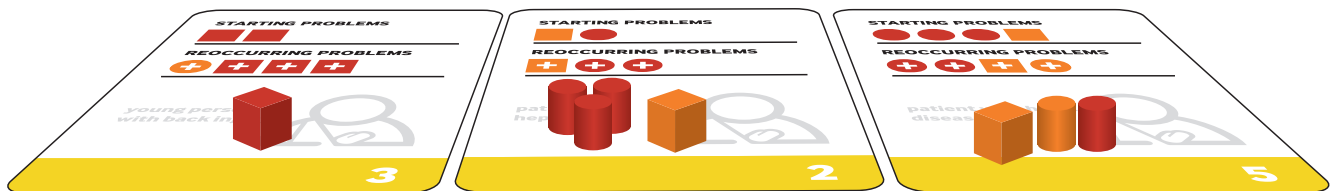
2. One of the Deterioration cards is beneficial! It gives players \$2 for each completely healthy patient they have. This always happens before new problems are placed.
3. The final type of Deterioration card doubles the number of problems on each patient. Better hope your patients are healthy! This always happens after new problems are placed.

When all of the Deterioration cards have been drawn, shuffle the deck and continue. **Do not** shuffle used Deterioration cards until the deck has been exhausted.

Finally, once all new problems have been placed on patients, start the next round by flipping over 4 new patients!

## Game End

If any player has 7 or more patients at the end of the round, the game is over, and players add up their scores to determine the winner. Players add up the wellness point values in the bottom corners of every patient they are taking care of. They then subtract 1 point for each problem on their patients. The player with the most wellness points is ranked the number 1 provider and wins.



*Example: Diana's final score is her patients' total wellness points, minus their problems:  $(3+2+5) - (1+4+3) = 10 - 8 = 2$ .*



