



**The Triple Aim:**  
*The Simultaneous Pursuit of Population  
Health,  
Enhanced Individual Care, and  
Controlled Costs for a Population*

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# Description

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With rare exceptions, US health care as a system is disjointed, inefficient, and ineffective in promoting population health and in providing full value for the resources invested. This occurs despite the good intentions of clinicians, health care administrators, and other participants in the system. Other developed nations receive far better value for the resources invested as evidenced by better population health outcomes, and lower per capita cost of care. During this session, we will learn about IHI's approach in a model called the Triple Aim and how the model can be integrated into the health care reform underway.

# Objectives

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- Describe the three pillars of IHI's work in the Triple Aim
- List three of the five components identified by the initial work of the Triple Aim team
- Discuss two ways that your agency can become involved and impact the goals of the Triple Aim.

# Cost of Care and Outcomes

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- Expenditures twice as much as next most expensive country
- US ranks
  - 31<sup>st</sup> in life expectancy
  - 36<sup>th</sup> in infant mortality
  - 28<sup>th</sup> in male life expectancy
  - 29<sup>th</sup> in female life expectancy

Berwick et al, The Triple Aim: Care, Health, And Cost, Health Affairs, Volume 27, Number 3

# Triple Aim

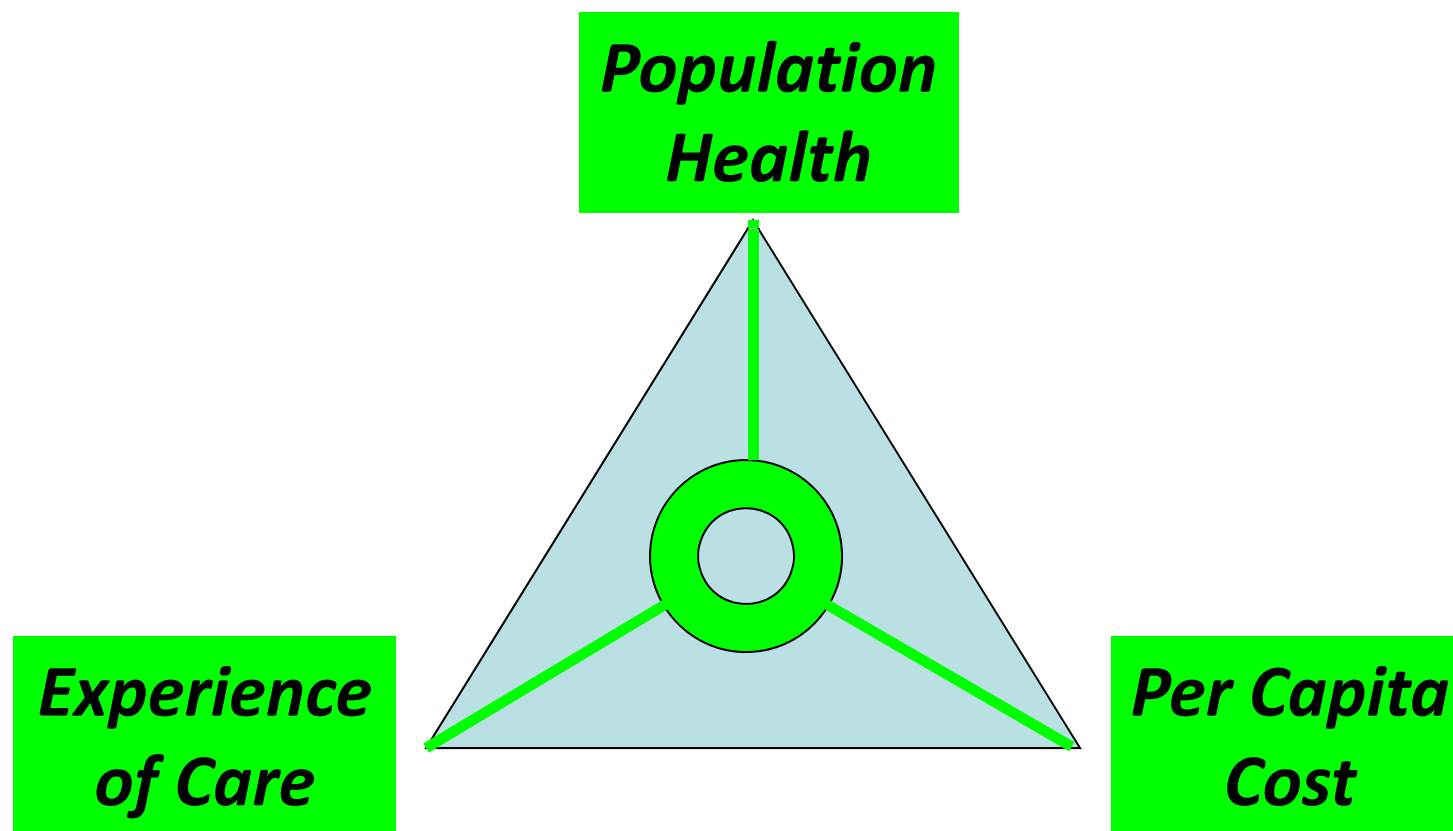
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Must focus on:

- Improving the experience of care
- Improving the health of the population
- Reducing per capita costs

# Three Dimensions of Value

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# Preconditions

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- Enrollment of an identified population
- Commitment to universality
- Existence of an integrator that accepts the responsibility of all three aims

# Role of Integrator

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- Partnership with individuals and families
- Redesign of Primary Care
- Population health management
- Financial management
- Macro system integration



# To be Successful

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- Goals must be interdependent
- Exercise in balance
- Use existing resources to benefit all:  
'Tragedy of the Commons'

# “Tragedy of the Commons”

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- There are a limited number of resources.
- How do we work together to over-ride self interest and focus on the collective benefits using the resources available?

# Obstacles to the Pursuit of the Triple Aim

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- Supply driven demand
- New technologies: some with limited benefits over existing and less expensive technology
- Physician-centric care
- Little or no foreign competition to spur domestic change
- Too little application of system knowledge

# Drivers of Low Value Health Care

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## Primary Drivers

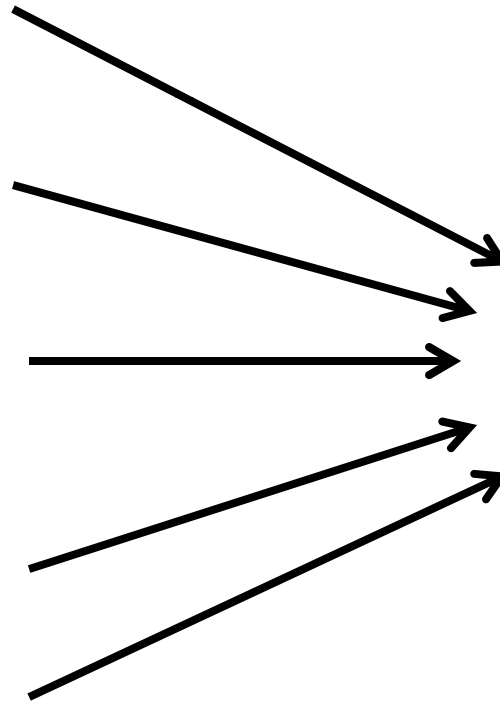
*“More Is Better” Culture*

*Supply Driven Demand*

*No Mechanism to Control  
Cost at the Population Level*

*Over-Reliance on Doctors*

*Lack of Appreciation for  
a System*



*Low Value  
Health Care*

# Measurement

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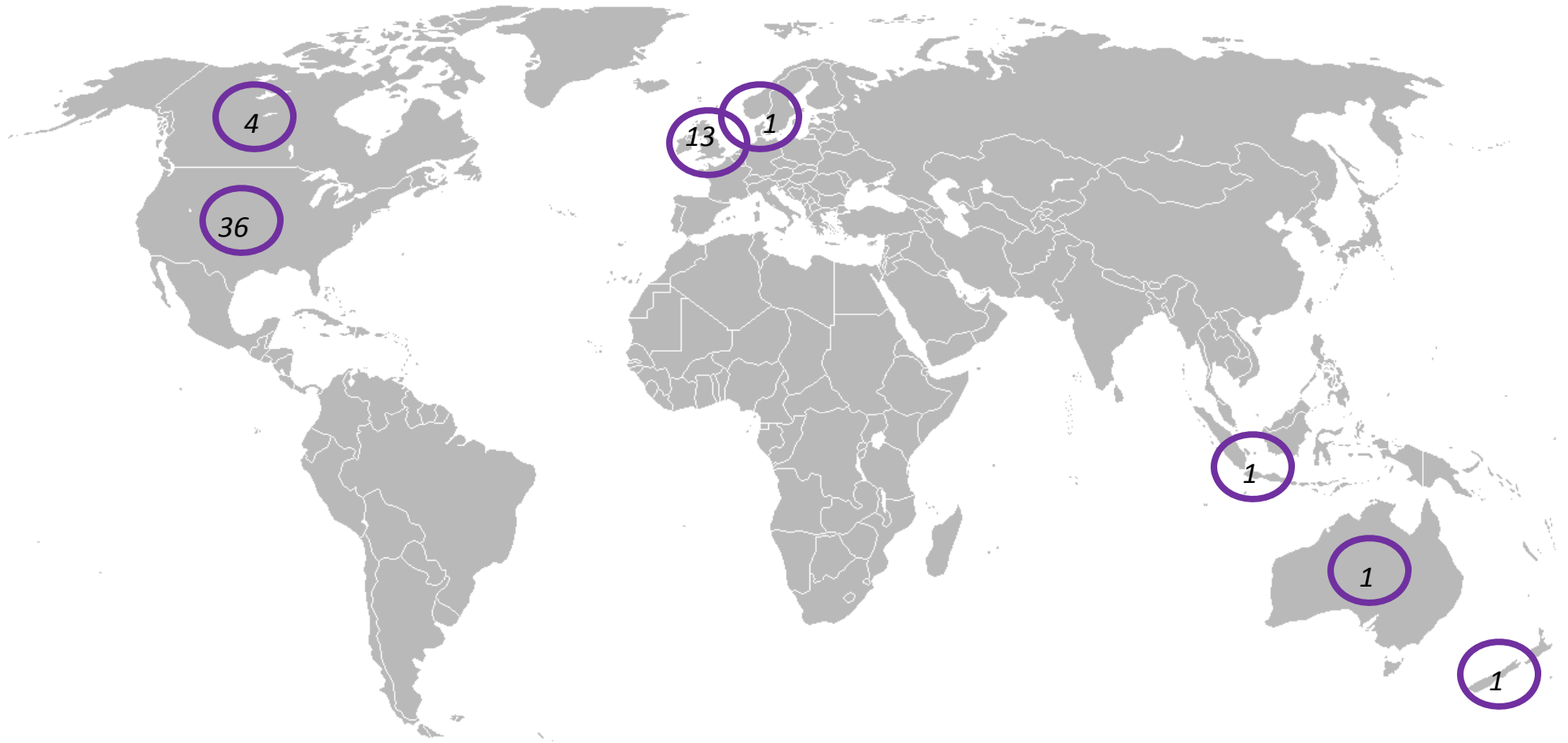
- Measurement of healthcare quality
- Measuring cost
  - Measuring per capita cost a challenge
- Measuring health status
  - Need some form of registration or defined population
- According to IOM: both still need further development

# Potential Triple Aim Outcome Measures 11/09

Dimension	Measure
<b>Population Health</b>	1. Health/Functional Status: single-question (e.g. from CDC HRQOL-4) or multi-domain (e.g. SF-12, EuroQol)
	2. Risk Status: composite health risk appraisal (HRA) score
	3. Disease Burden: Incidence (yearly rate of onset, avg. age of onset) and/or prevalence of major chronic conditions; summary of predictive model scores
	4. Mortality: life expectancy; years of potential life lost; standardized mortality rates. <i>Note: Healthy Life Expectancy (HLE) combines life expectancy and health status into a single measure, reflecting remaining years of life in good health. See <a href="http://reves.site.ined.fr/en/DFLE/definition/">http://reves.site.ined.fr/en/DFLE/definition/</a></i>
<b>Patient Experience</b>	1. Standard questions from patient surveys, for example: -Global questions from US CAHPS or How's Your Health surveys -Experience questions from NHS World Class Commissioning or CareQuality Commission -Likelihood to recommend
	2. Set of measures based on key dimensions (e.g., US IOM Quality Chasm aims: Safe, Effective, Timely, Efficient, Equitable and Patient-centered)
<b>Per Capita Cost</b>	1. Total cost per member of the population per month
	2. Hospital and ED utilization rate

# Triple Aim Prototyping Sites

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**57 Organizations Total!**

# North American Triple Aim Prototyping Sites

Last Updated 12/22/2010

- **Health Plans**
  - Blue Cross Blue Shield of Michigan (MI)
  - CareOregon (OR)
  - Essence Healthcare (MO)
  - Capital Health Plan
- **Integrated Delivery Systems (w/ Health Plans)**
  - HealthPartners (MN)
  - Martin's Point Health Care (ME)
  - Southcentral Foundation (AK)
  - Vanguard Health System
  - Wellstar Health System (GA)
- **Public Health Department**
  - \*Pueblo Health Department (CO)
- **Social Services**
  - Common Ground (NY)
- **State Initiative**
  - Vermont Blueprint for Health (VT)
- **Regional Partner**
  - Cedar Rapids, Iowa
  - Michigan Health Information Alliance
- **Independent Physician Association**
  - Taconic IPA (NY)
- **Employers/Businesses**
  - QuadGraphics/QuadMed (WI)
- **Integrated Delivery Systems (w/o Health Plans)**
  - Allegiance Health (MI)
  - Bellin Health (WI)
  - Caldwell Memorial Hospital (NC)
  - CaroMont Health System (NC)
  - Cape Fear Valley (NC)
  - Cincinnati Children's Hospital Medical Center (OH)
  - Erlanger Health System (TN)
  - Fort Healthcare (WI)
  - Genesys Health (MI) (Ascension)
  - \*Palmetto Health (South Carolina)
  - St. Charles Health System (formerly Cascade) (OR)
  - \*Sinai Health System (IL)
- **Safety Net**
  - Contra Costa Health Services (CA)
  - Health Improvement Partnership of Santa Cruz County (CA)
  - Hidalgo Medical Services (NM)
  - North Colorado Health Alliance (CO)
  - Primary Care Coalition Montgomery County (MD)
  - Queens Health Network (NY)
  - Regional Primary Care Coalition (MD)
- **Canada**
  - Central East Local Health Integration Network (LHIN)
  - Hamilton Niagara Haldibrand Brant (LHIN)
  - Saskatchewan Ministry of Health
  - British Columbia Partners





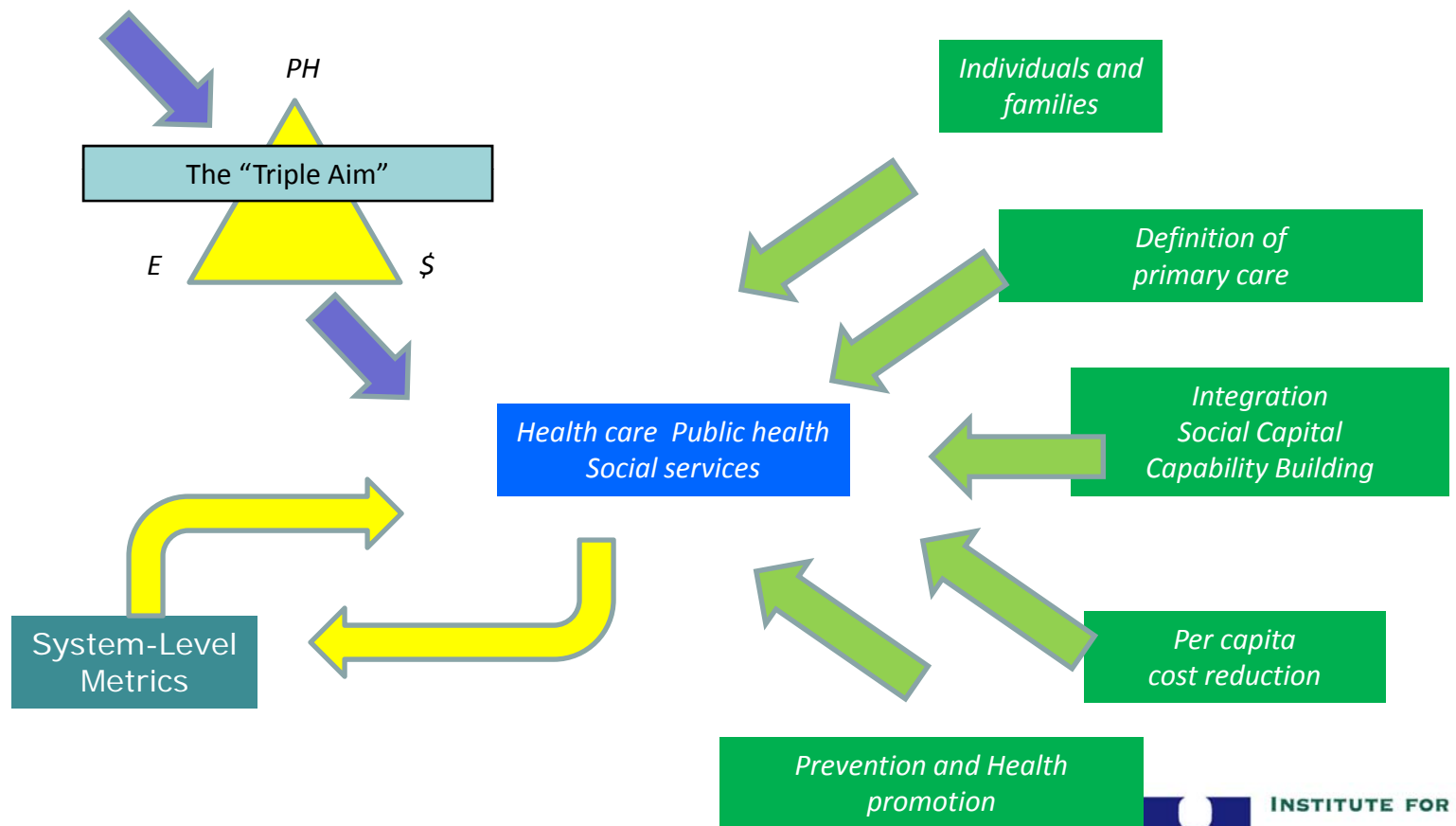
# International Triple Aim Prototyping Sites

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- NHS Blackburn With Darwen PCT (NW England)
- NHS Bolton PCT (NW England)
- NHS East Lancashire Teaching PCT (NW England)
- NHS Eastern and Coastal Kent PCT (South East Coast England)
- NHS Knowsley PCT (NW England)
- NHS North Lancashire Teaching PCT (NW England)
- NHS Oldham PCT (NW England)
- NHS Central Lancashire PCT (NW England)
- NHS Sefton PCT (NW England)
- NHS North West Ambulance Service NHS Trust (NW)
- NHS Torbay Care Trust (SW England)
- NHS Forth Valley (Scotland)
- NHS Tayside (Scotland)
- Jonkoping (Sweden)
- National Healthcare Group (Singapore)
- State of South Australia, Ministry of Health (Australia)
- New Zealand Ministry of Health

# Design of a Triple Aim Enterprise

Define "Quality" from  
the perspective of an individual member  
of a defined population



# Triple Aim History

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Phase I and II Start with a smaller population  
and begin using the Triple Aim concepts with  
this population

Phase III - Triple Aim for Subpopulations

Phase IV - Triple Aim for a Region

# Readiness

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- Is the Triple Aim part of your business strategy?
- Can you explain how the Triple Aim makes business sense to you?
- Is top leadership committed to this?
- Does the improvement capability within your organization need further development?

# Activities to Get Started

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- Development of Infrastructure ( Executive Sponsor, Team Formation, etc.).
- Establish Aim, Population, and Measures.
- Align current portfolio of projects with the Triple Aim Initiative.
- Work on Improving Primary Care.
- Focus on Cost Control Project.

# Some Observations from the TA

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- There is a need to distinguish between the macro integrator for a population and the micro integrator for individuals.
- Many different types of organizations can act as the macro-integrator for a population. One common denominator is good leadership.
- The Triple Aim (TA) gave them a way to consolidate work they were already doing and to communicate it to others.
- The TA gave them influence in state or county health care initiatives.
- Measurement is a challenge.

# Some More Observations

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- Organizations realize that the Triple Aim is strategic, it helps them develop a set of simple organizing principles.
- The Triple Aim makes sense to groups outside of health care. Within the prototyping community of the Triple Aim we have a subgroup that is led by the social agency Common Ground that works on ending homelessness.

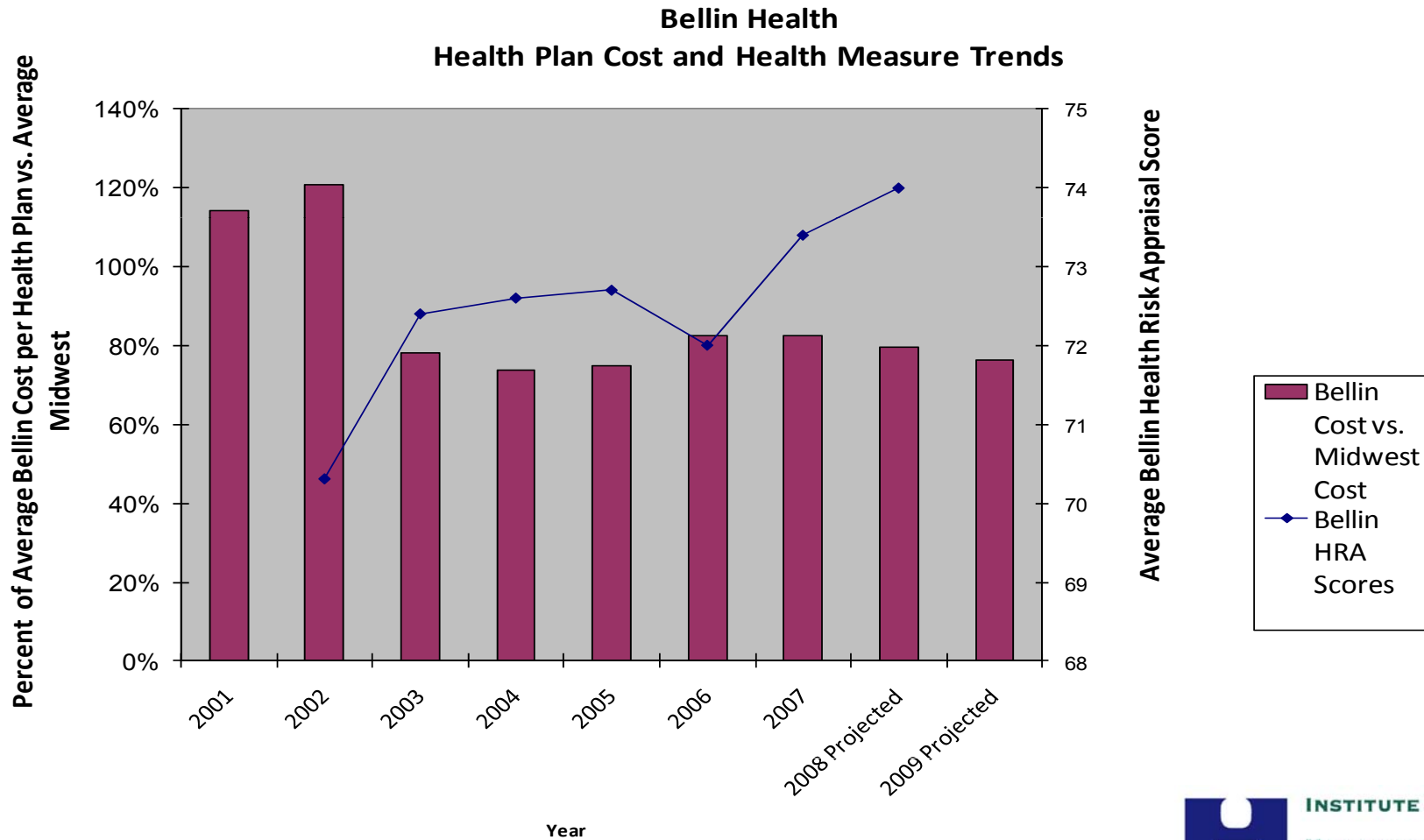
# Bellin Health, Green Bay, WI

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- Integrated delivery system
- Focus on Employers
- “Total Health” model:
  - Health knowledge
  - Health Advancement
  - Productivity Enhancement
  - Health Navigation
- Bellin employees → Other companies → School system → Medicaid → Brown County



# Bellin Results



# Learning

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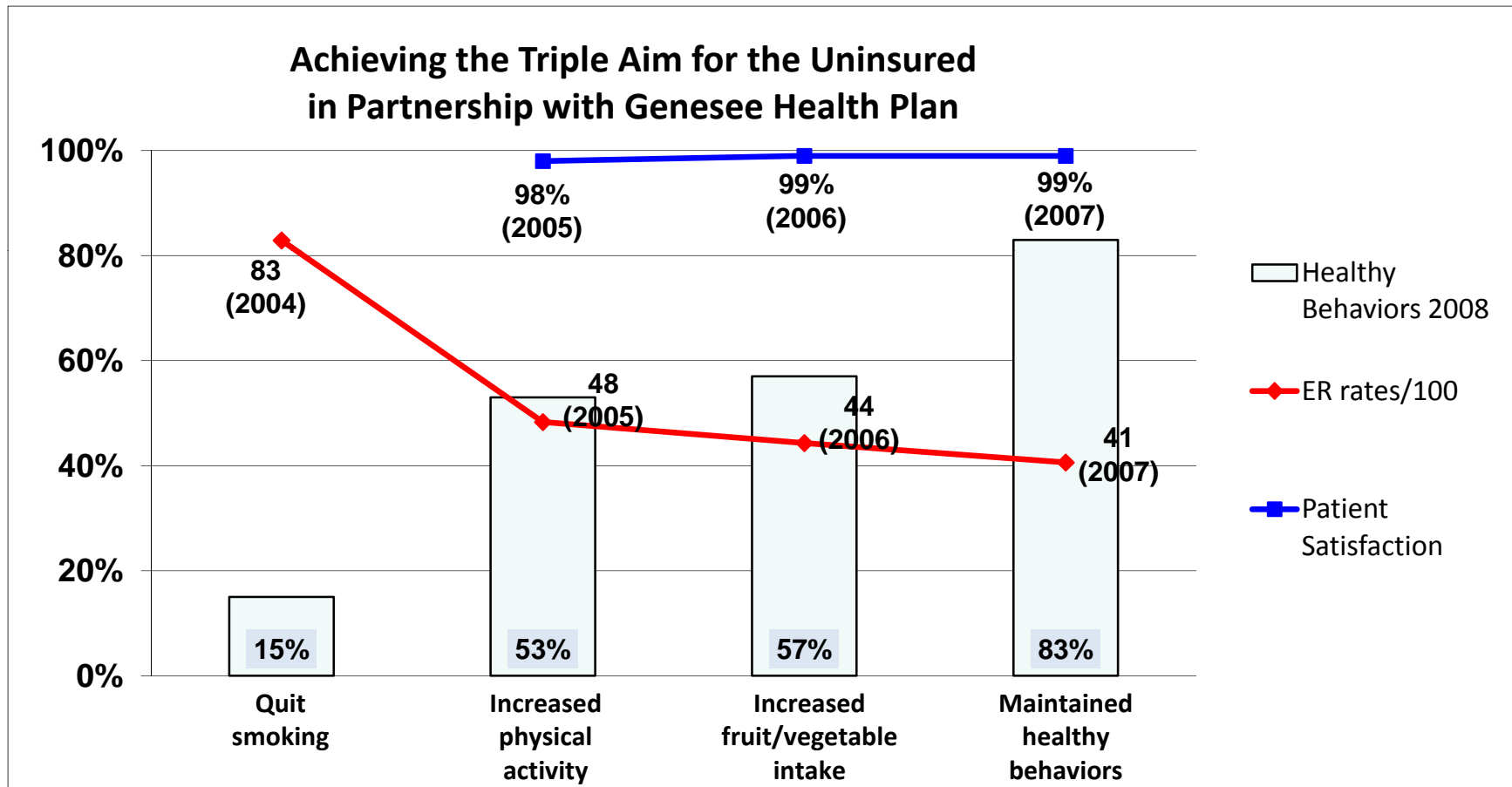
- Bellin Health found that about 70% of its own employees' emergency department visits were inappropriate. By reducing barriers to appropriate care — like encouraging use of retail clinics, and waiving co-pays and deductibles for certain populations — Bellin reduced ED utilization by 64% in one year.

# Genesys, Flint, Michigan

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- Integrated delivery system, faith-based
- Genesee Health Plan provides based care to 25,000+ uninsured adults
- HealthWorks:
  - Focus on primary care, self-management and community initiatives
  - Access to all
  - Capture savings to invest in prevention, primary care, and communities
  - Align reimbursements to promote health

# Genesys Results



# Learning

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- Genesys HealthWorks is demonstrating 10% to 25% lower health care costs applied across diverse populations, including the insured and the uninsured in the community.

# Future

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- Foundational framework for Accountable Care
- International appeal
- Focus on smaller segments of population

# National Health Care Quality Strategy and Plan

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“We believe that the triple aim speaks clearly to the overall mission of HHS of transforming the health care system from its current fragmented state in which variability and poor quality are all too common, to one in which efforts at quality improvement and payment are aligned across the public and private sectors, where patient centered care is the expectation, and where care meets the six aims of the Institute of Medicine as described in the groundbreaking report “Crossing the Quality Chasm,” of being safe, timely, equitable, efficient, effective and patient-centered.”

The Honorable Kathleen Sebelius, October 15, 2010



# The framework consists of three aims, in addition to being guided by a set of core principles, that frame the underlying priorities and goals

## Aims

*"These aims are not separate, but are interrelated and mutually reinforcing...Because of these connections, national priorities should contribute to the achievement of all three aims."*

**Better Care:** Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.

**Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.

**Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.

## Priorities

Making care safer by reducing harm caused in the delivery of care.

Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

Promoting effective communication and coordination of care.

Working with communities to promote wide use of best practices to enable healthy living.

Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.

Ensuring that each person and family are engaged as partners in their care.

## Principles

*This National Quality Strategy—and all efforts to improve health and health care delivery—must be guided by a core set of principles. We identify 10 principles that can be used when designing specific initiatives to achieve the National Quality Strategy's three aims.*

Attention will be paid to aligning the efforts of the public and private sectors.

Primary care will become a bigger focus, with special attention towards the challenges faced by vulnerable populations, including children, older adults, and those with multiple health conditions.

Providing patients, providers, and payers with the clear information they need to make choices that are right for them, will be encouraged.

Coordination among primary care, behavioral health, other specialty clinicians and health systems will be enhanced to ensure that these systems treat the "whole person".

Quality improvement will be driven by supporting innovation, evaluating efforts around the country, rapid-cycle learning, and disseminating evidence about what works.

Person-centeredness and family engagement, including understanding and valuing patient preferences, will guide all strategies, goals, and health care improvement efforts.

Eliminating disparities in care—including but not limited to those based on race, color, national origin, gender, age, disability, language, health literacy, sexual orientation and gender identity, source of payment, socioeconomic status, and geography—will be an integral part of all strategies, goals, and health care improvement efforts.

Consistent national standards will be promoted, while maintaining support for local, community, and State-level activities that are responsive to local circumstances.

Integration of care delivery with community and public health planning will be promoted.

Specific health considerations will be addressed for patients of all ages, backgrounds, health needs, care locations, and sources of coverage.





# These three pillars form the underlying framework of the Strategy

- ▶ The triple aim framework is intended to be consistent over time, while allowing for both the initial identification of priorities and associated goals and measures, as well as regular updating to accommodate new directions and emerging issues
  - **Better Care:** Improve the overall quality, by making health care more patient-centered, accessible, and safe
  - **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care
  - **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government

<http://www.google.com/search?q=triple+aim+and+hhs&sourceid=ie7&rls=com.microsoft:en-us:IE-SearchBox&ie=&oe=>



# Summary

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- Improving the health care system requires a focus on three areas:
  - Improve the individual patient experience
  - Improve the health of the population
  - Decrease per capita costs



How do you think you can contribute to the Triple Aim?