INSTITUTE FOR HEALTHCARE IMPROVEMENT

The Triple Aim

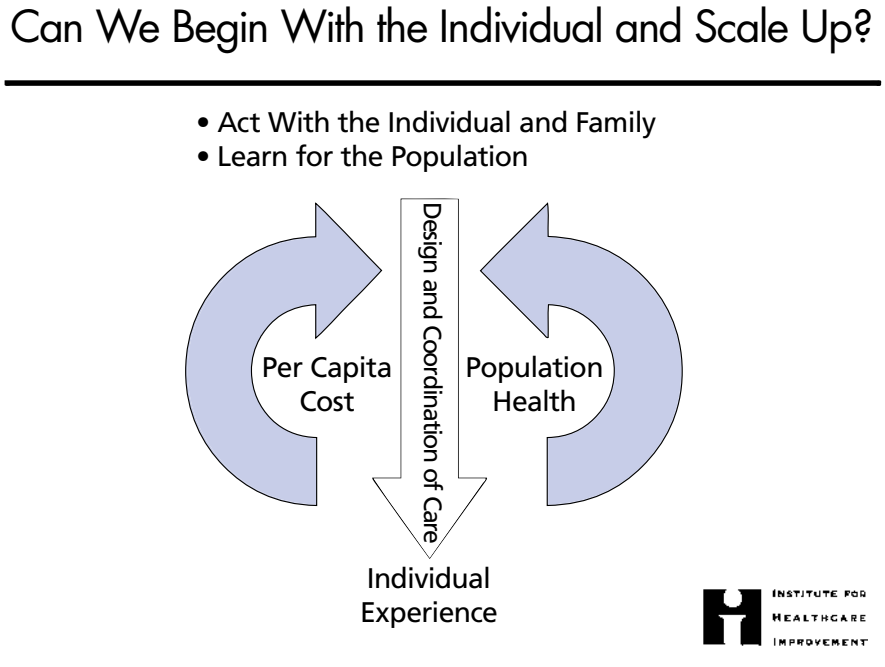
Optimizing health, care and cost.

Healthcare leaders, employers, health plan providers, policy-makers and the public increasingly recognize that healthcare costs in the United States cannot continue to grow at their current pace. Healthcare in the United States, compared to other nations, costs far more and results in poorer overall population health. We must find ways to derive better value from the resources invested. The question is *how* to move forward given the complexity and lack of alignment of our current system.

The Institute for Healthcare Improvement (IHI) believes that focusing on three critical objectives simultaneously can potentially lead us to better models for providing healthcare. We call this approach the "Triple Aim":

- Improve the health of the defined population
- Enhance the patient care experience (including quality, access and reliability)
- Reduce, or at least control, the per capita cost of care

Triple Aim Model



The Triple Aim

In 2007 IHI launched initiatives to translate the Triple Aim concept into specific actions for change. The result was a model and a set of design concepts to fulfill the Triple Aim in practice.

Some components of a system to accomplish the Triple Aim include:

1. A focus on individuals and families
2. Redesign of primary care services and structures
3. Population health management
4. A cost-control platform
5. System integration and execution

Additional information on each component is available at www.ihi.org.

The Triple Aim concept also includes roles for "macro" and "micro" integrators. The macro integrator is not necessarily a new structure or a single organization but rather an entity that can pull together the resources of numerous organizations to form a virtual system to support a defined population and make sure that the system is optimized for the sake of the defined population. The most successful systems will find ways to link organizations across the continuum of care. Some specific functions of the macro

integrator include providing the system with access to up-to-date medical knowledge and evidence about effectiveness of care and establishing standard definitions and measures of quality and cost. It makes the performance of the whole system transparent to those who pay for it and those who use it. The macro integrator works with and helps improve the frontline systems such as primary care providers, specialty services, hospitals and long-term care facilities that support individuals.

The micro integrator is the person or team that makes sure the best and most appropriate care is provided to individuals and families. In effect, many practitioners act as their own micro integrators. A primary care team or "medical home" could fulfill this role as well, and there are likely to be other workable approaches to micro integration.

Prototyping Activities

Between October 2007 and April 2008, IHI worked with a group of 15 organizations committed to implementing the five design components of the Triple Aim. Each organization had already adopted strategic goals that were aligned with the Triple Aim in that they simultaneously addressed population health, individual experience and per capita cost, and each saw itself as fulfilling the role of a system (or macro) integrator of care. The organizations were varied, including integrated healthcare delivery systems associated with a hospital, systems that were fully integrated in both the delivery and financing of care, safety net systems, grassroots coalitions, public health systems, single-payor national systems and health plans. They also span many geographic regions and among them serve highly diverse populations.

Each site selected at least one defined population for focus, determined what changes it would test and adopted a balanced set of measures to use in assessing whether the changes led to improvements in the Triple Aim elements.

Some of the most promising areas of testing have been:

- The use of predictive modeling to identify patients who are likely to need intensive services so their needs can be met proactively

- Redesign of primary care services including:
  - Making appropriate care services available around the clock, thereby reducing the need for emergency department visits and other acute care
  - Using health risk assessments and health coaches to better catch and manage health problems when they are simpler to treat

- Using individual cases to stimulate the design of more effective, patient-centered services

- Collaborating with payors of care to improve care and outcomes for defined populations, whether private sector such as the employees of a company, or public sector such as Medicare/Medicaid patients with HIV/AIDS

- Partnering with community-level organizations that share the goal of improving health
- Reducing avoidable use of emergency care by understanding and addressing the needs of frequent emergency department patients
- Translating Triple Aim goals into payment reform proposals

Future Directions

The prototyping work continues with an expanded and increasingly diverse and international set of sites representing the United States, Canada, the United Kingdom and Sweden. Recently the focus of learning has expanded to include not only the specific design concepts but also consideration of the skills an organization will need at the enterprise level to succeed in the Triple Aim. These enterprise skills may include:

- Developing skill in segmenting a population and using predictive modeling and other approaches to meet the distinct needs of the segments
- Developing robust, team-based models of primary care (including, but not limited to, the "patient-centered medical home")
- Establishing and executing customized care plans with individuals and families
- Allocating new spending so it delivers population health benefits
- Removing instances of waste in specialty care and other services
- Fostering more direct connections between public health and healthcare activities
- Overcoming privacy issues that prevent coordination across dispersed sites of care and among separate care providers
- Matching capacity and demand without encouraging "supply-driven" care
- Measuring health and improvements in health
- Basing success on quality and patient outcomes rather than the number of visits, tests or procedures
- Executing improvements reliably to move system-level measures in the right direction

Organizations considering whether the Triple Aim approach might be a useful framework for system redesign should consider the following questions:

1. Does the executive team regard the Triple Aim as strategic for their organization? It may not be the complete strategic focus for today, but it must be the strategy within the next five years.
2. Can the organization clearly define the population it is caring for now?
3. Does the organization have a vision for the populations it hopes to impact during the next five to 10 years?
4. Is the organization willing and able to act as the macro integrator, and can its leaders describe how they will obtain the entire range of services needed for a population and organize the range of services needed?
5. Does the organization have a track record of executing significant healthcare improvement and even organizational transformation? Is it skilled and agile in using the Model for Improvement or other similar improvement models, running small tests of change and then implementing change on a large scale?
6. Does the organization have the capability to work closely with the micro integrators who provide primary care to their population?

While results are preliminary, some sites are reporting success in better integrating the care of individuals and populations, which is significantly moderating growth in costs. In fact, some sites are finding that their services are more attractive to their customers, whether employers, health plans or public payors. The Triple Aim prototyping work continues in the spirit of continuous learning and improvement, and we look forward to developing highly reliable strategies for optimizing health, care and cost on a large scale. ▲

For more information on the Triple Aim initiative and a detailed list of its components, please visit http://www.ihi.org/IHI/Programs/StrategicInitiatives/TripleAim.htm.

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