

Moving Forward with Access, Equity, and the Triple Aim

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At the Institute for Healthcare Improvement (IHI), [the Triple Aim](#) is the lens through which we view the redesign and transformation of health systems and health care. The Triple Aim framework guides how we reflect on any proposal by any administration, including what's being considered by the US Congress right now. We ask three simple questions:

- How will the proposal improve the quality of care and the patient care experience?
- How will it impact the health of the population?
- How will it reduce costs?

Our relentless focus on improving all three components of the Triple Aim is motivated by the reality that the US has the world's most expensive health care system, but fares poorly on many international comparisons of health outcomes.¹

Recent efforts to expand health coverage have helped millions of low income and poor Americans gain access to care, and new initiatives have enabled states and health systems to develop innovative ways to deliver better care and better health at more affordable costs. We're also now seeing research that links health coverage to increased access to care and a wide range of improved health outcomes.²

The country is now facing federal legislation that threatens to turn back the clock on these gains. And so, we return to the bedrock questions that we ask of any policy change: Does the current set of proposals meet the test of better care, better health, and lower costs? It does not. Decreasing coverage and access to care for the poor, the vulnerable, and the historically excluded threatens their health and increases costs for all. The costs to society overall come in the form of lost opportunity, exclusion, inequity, and suffering. Just the opposite of the yields of access to care: improving overall health and saving lives.

From the standpoint of making progress on the Triple Aim, the removal of 22 million people from health coverage³ takes us backward, not forward. IHI believes all people should have reliable and affordable access to high-quality care. And, we believe that this is the time to recommit to health care delivery reform. In the US we still spend too much on care that is unneeded, unwanted, or ineffective. We spend too little on care that is well coordinated, addresses the needs and values of the whole person, and engages the talents and capacities of patients, families, and communities. Progress has been made, but there remains much to do to bring down costs and secure the best and most equitable outcomes. Systemic reform requires:

- *Continuous improvement*: Improvement requires learning — among individuals, and crucially, within and among systems. And learning depends on stable and forward-looking policies that minimize uncertainty for patients and providers alike.
- *Commitment to safety*: Safety for both patients and providers is a core responsibility for leaders, and a prerequisite for improvement and achieving optimal outcomes.
- *Health equity*: The US continues to exhibit racial, socioeconomic, and other inequities in health care and health that are systemic, avoidable, and unjust. To resolve these inequities requires a broad approach, including access to affordable insurance and engagement of health systems in reducing disparities in treatment and outcomes.
- *Value for money*: We must continue the momentum away from care models and payment systems that incentivize overuse and overtreatment, and accelerate efforts toward models and systems that produce and incentivize value.
- *Person- and community-centeredness*: Health care must be redesigned around what matters to patients, families, and communities and with their continual engagement.

The question is not whether we can afford to create this kind of a system — we can. Working together, we can achieve the Triple Aim, but only if we maintain the gains secured by increased coverage of vulnerable populations — access to high-quality care, health gains for whole communities, and the cost savings associated with prevention and early management of illness. IHI’s commitment to these principles will not waver.

1. 2016 Commonwealth Fund International Health Policy Survey of Adults. New York: The Commonwealth Fund; November 2016. <http://www.commonwealthfund.org/interactives-and-data/surveys/international-health-policy-surveys/2016/2016-international-survey>
2. Sommers BD, Gawande AA, Baicker K. Health insurance coverage and health — what the recent evidence tells us. *New England Journal of Medicine*. June 21, 2017. [Epub ahead of print] <http://www.nejm.org/doi/full/10.1056/NEJMs1706645>
3. Congressional Budget Office Cost Estimate. *H.R. 1628, Better Care Reconciliation Act of 2017*. June 26, 2017. <https://www.cbo.gov/publication/52849>

About the Institute for Healthcare Improvement (IHI)

IHI is a leader in health and health care improvement worldwide. For more than 25 years, IHI has partnered with visionaries, leaders, and frontline practitioners around the globe to spark bold, inventive ways to improve the health of individuals and populations. Recognized as an innovator, convener, trustworthy partner, and driver of results, IHI is the first place to turn for expertise, help, and encouragement for anyone, anywhere who wants to change health and health care profoundly for the better. Learn more at ihi.org.