

## A Primer on Defining the Triple Aim

*This primer on Triple Aim terminology was written by Niñon Lewis, MS, Director of IHI's Triple Aim for Populations Focus Area.*

When IHI first developed the [Triple Aim framework](#) in 2007, the idea of trying to improve the patient care experience, improve the health of a population, and reduce per capita health care costs *at the same time* was considered somewhat radical. It took years for such an ambitious concept, and the words used to describe it, to enter the health care mainstream. Fast forward to 2014 and type the words “Triple Aim” into a Google search, and you’ll get 32,100,000 results.

The words Triple Aim, however, and the terms that are part of its lexicon, are often misused. We recently offered practical guidance on how to make sense of and use [population-focused terminology](#). Similarly, we hope the following primer on Triple Aim terminology (including “Triple Aim,” “IHI Triple Aim,” and “IHI Triple Aim Initiative”) is helpful.

### What Do the Different Terms Mean?

- **Triple Aim:** The term “**Triple Aim**” refers to the simultaneous pursuit of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. Note that the Triple Aim is a single aim with three dimensions. Through our work, IHI has developed a set of [high-level measures](#) that operationally define each dimension of the Triple Aim. Pursuing the Triple Aim is an extremely ambitious purpose that will not be achievable through minor modifications of the *status quo*.
- **IHI Triple Aim framework:** The “**IHI Triple Aim framework**” was developed in 2007 by IHI in a series of 90-day Research & Development projects, IHI's method for quickly researching innovative ideas and assessing their potential for advancing quality improvement. Note that IHI prefers that the term “**framework**” be used to describe the IHI Triple Aim, as opposed to “model” or “concept.” The IHI Triple Aim framework is used by organizations and coalitions to implement the Triple Aim for the populations they serve.
- **IHI Triple Aim Initiative:** The “**IHI Triple Aim Initiative**” refers to IHI’s multi-year effort to pilot-test the IHI Triple Aim framework, which has included the IHI Triple Aim Prototyping Initiative and the IHI Triple Aim Improvement Community. The effort began in 2007 with a group of 15 organizations in the US, England, and Sweden that focused on implementing the Triple Aim. The effort continued through 2014, and has involved more than 150 organizations to date from the US, Canada, England, Scotland, Spain, Sweden, Australia, New Zealand, and Singapore. More information about IHI’s continued [Triple Aim-related programming](#) is available on [ihi.org](#).

### Incorrect Modifications of Triple Aim Terminology

As the Triple Aim has become a familiar term, its meaning has sometimes been modified in ways that diminish the ambition of the concept, and lessen the degree of system change needed to attain it.

- **Some modifications focus primarily on *patient satisfaction*, rather than the intended scope of *patient experience*** as defined by the [six Institute of Medicine dimensions](#) (safe, effective, patient-centered, timely, efficient, and equitable).
- **Some modifications leave out the *population health* dimension altogether, focusing instead on quality, satisfaction, and costs, often in acute care settings.** True Triple Aim improvement cannot be realized by health care systems acting alone, nor by solely delivering high-quality care at lower costs. Improving *health* is a challenge that requires the engagement of partners across the community to address the broader determinants of health.
- **Some modifications focus solely on reducing the *growth* in health care costs. The Triple Aim is intended to *reduce costs* on a per capita basis.** Simply slowing unsustainable growth in costs is not good enough; we must find ways to reduce per capita costs and allow society to use these resources in other ways. For those organizations and communities in resource-limited settings around the world, or those managing fixed health care budgets such as the United Kingdom, it may be more appropriate to focus on *value for money invested*, rather than cost reduction.

## Do I Need Permission to Use These Terms?

- Any individual or entity is encouraged to use the terms “Triple Aim,” “IHI Triple Aim framework,” or “IHI Triple Aim Initiative,” as defined above.
- When an individual or entity uses the term “Triple Aim,” IHI requests (but does not require) that they note that “The IHI Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts ([www.ihl.org](http://www.ihl.org)).”
- Use of the terms “Triple Aim,” “IHI Triple Aim framework,” or “IHI Triple Aim Initiative” must not imply that IHI has endorsed any for-profit entity or product, as laid out in IHI’s [Principles for Accepting Commercial Support](#).
- Use of the terms “Triple Aim,” “IHI Triple Aim framework,” or “IHI Triple Aim Initiative” must not imply that IHI has approved, reviewed, or certified that any entity or collection of entities is working toward, is close to achieving, or has achieved the Triple Aim, unless IHI has granted permission (request permission at [info@ihl.org](mailto:info@ihl.org)).

## Looking Ahead

The IHI Triple Aim framework often functions as a statement of purpose for health care system transformation that will better meet the needs of people and patients. Its successful implementation will result in fundamentally new systems contributing to the overall health of populations while reducing the cost to society. IHI developed the IHI Triple Aim framework over seven years of intensive testing with over 150 organizations, coalitions, and governments around the world. We continue to test its meaning in IHI’s ongoing work in partnership with health organizations and communities who want to build the infrastructural set-up to work on the Triple Aim for the populations they serve.

As more and more communities and regions begin to use the IHI Triple Aim framework to galvanize large-scale health improvement, IHI will continue to broaden its understanding of the Triple Aim and its meaning beyond the health care system: to population *and community* health, the experience of care *and health* for the individual, and per capita cost of care *paired with a focus on the economic vitality of the community*.