It has been called health care’s “Holy Grail.”

The Institute for Healthcare Improvement (IHI) believes that dramatic, unprecedented improvement of the health care system can best be pursued through a transformational aim, an overarching agenda that seeks to optimize performance on three dimensions of care:

1. The health of a defined population
2. The experience of care for individuals in this population
3. The cost per capita of providing care for this population

IHI calls the simultaneous pursuit of these goals “The Triple Aim.”

These three dimensions of care pull on the health care system from different directions. Changing any one of the three has consequences for the other two, either in the same or opposite directions. For example, improving health can raise costs; reducing costs can create poor outcomes, poor experience of care, or both; and patients’ experience of care can improve without improving health. With the goal of optimizing performance on all three dimensions of care concurrently, we recognize the dynamics of each dimension while seeking the intersection of best performance on all three.

IHI began work on the Triple Aim in 2007. The project and the philosophy have quickly gained steam and there are now several streams of exciting, ground-breaking work going on.

This brochure provides an overview of all of IHI’s Triple Aim work, and details the varied ways that interested people and organizations can get involved.
**Triple Aim Prototyping Initiative**

This is the core Triple Aim initiative, in which participating organizations are pursuing the Triple Aim in North America and Europe. Over 40 sites are currently participating. These organizations:

- Have adopted the Triple Aim as their core organizational strategy, and have been actively pursuing it for some time
- Serve a defined population (based on geography, health care needs, demographics, or health system affiliation) that can be identified and tracked over time
- Function as “integrators,” with responsibility for the overall health, experience, and cost of health associated with that population

**How to Get Involved**

**Join the Triple Aim Prototyping Initiative in North America or Europe**

IHI is now establishing two concurrent geographically focused cohorts for Triple Aim prototyping work. We are seeking North American participants in expanded prototyping that will start in June 2009 and continue through February 2010. Concurrently, IHI is inviting participation in a targeted Triple Aim prototyping effort in the UK and continental Europe that will begin in the spring of 2009 and continue for nine months.

Organizations well-suited to apply the Triple Aim include integrated systems, hospital-based systems, regionally based initiatives, academic medical centers, safety net providers, municipal or regionally based public health departments, social services organizations, community-based health maintenance organizations, businesses, employers, and health regions, boards, or trusts from countries with publicly funded or mixed public-private funding models.

For more information on how to join the Triple Aim Prototyping Initiative in North America or Europe, please contact Nelly Ganesan at nganesan@ihi.org.

**Attend the IHI Seminar: The Triple Aim: Optimizing Health Care Resources for the Good of a Population**

October 29-30, 2009
Boston, Massachusetts

Participants will:

- Learn a framework for accomplishing the Triple Aim
- Identify a population for whom they will apply the framework
- Determine a method for assessing their own per capita costs
- Develop ideas for testable changes
- Create a timeframe for implementing their ideas

For more information on this seminar, please visit www.IHI.org.
Reducing Avoidable Emergency Department Visits

Patients utilize accident and emergency departments for a variety of conditions, all of which may seem urgent from their point of view. But for conditions that could be treated in alternative outpatient care settings, emergency care is usually more costly, less coordinated, and does little to help patients avoid problems in the future.

Each avoidable emergency visit can be seen as a failure of the entire health care system. For patients, a care system that reduces the need for emergency visits will deliver better-coordinated care, and provide care that is available when and where they need it.

How to Get Involved

Join the Reducing Avoidable Emergency Department Visits Prototyping Project

A focused prototyping effort under the Triple Aim umbrella, this project is designed for organizations that seek to discover and test new strategies and models for reducing avoidable use of accident and emergency departments. The project will launch in the spring of 2009.

With coaching from IHI faculty, participants will test changes to reduce avoidable emergency department use within a defined population, which could include increasing the use of case management for high-frequency emergency users and using predictive modeling to design better-coordinated patient care.

IHI is looking for a diverse group of visionary health care organizations to join this effort. Appropriate types of organizations include:

- Community-based health care coalitions
- Primary care facilities
- Specialty care facilities
- Large hospital-centric integrated delivery systems
- Large integrated care systems that encompass both the financing and the delivery of care
- Health plans and insurance companies
- Federally funded “public sector” health care organizations
- Public health departments
- Employer-based health systems
- Regional health care collaborations
- Consumer/patient advocacy groups
- Community services or community-based health-related services

For more information on joining this prototyping project, please contact Courtney Kaczmarsky at ckaczmarsky@ihi.org.
Appropriate Use of Specialty Care Services

The challenge to reduce costs while maintaining or improving outcomes is attracting broad-based attention among health care professionals and patients alike. The ability to identify and use appropriate resources is critical to the economic health and well-being of social systems and individuals. When patients receive appropriate care—particularly preventive services—health care systems perform far more efficiently and effectively. At the same time, overusing specialty care can lead to serious negative consequences that include wasteful spending and, as increasing evidence-based knowledge indicates, both a lack of improved outcomes and increased patient exposure to risk.

In an ideal system, care that is unnecessary or risky would be eliminated and replaced with a heightened focus on preventive care; and specialists would complement the care provided by primary care doctors and consistently apply the best clinical evidence. This would result in the simultaneous achievement of better health outcomes and lower costs.

IHI’s work in this area focuses on two areas of overuse:

1. Unwarranted diagnostic procedures
2. Unwarranted procedures, with the goal of developing tools, approaches, and techniques to improve the use of these services

How to Get Involved

Attend the Appropriate Use of Specialty Care Services R&D Lab

During this two-day research and development lab, taking place on July 22-23, 2009 in Cambridge, Massachusetts, our findings on this topic will be shared and the tools, techniques, and approaches necessary to improve the use of specialty services will be further developed. Organizations either directly responsible for, or ultimately affected by, specialty care overuse would benefit from participating. There will also be a virtual option for this program.

Join the Appropriate Use of Specialty Care Services Prototyping Project

This project will begin in the fall of 2009 and continue for nine months. IHI is seeking participants interested in testing newly developed approaches to appropriate specialty care use. Relevant organizations include hospital-based systems, health plans, integrated health systems, publicly financed or safety-net systems, and employers. Prototyping sites will test a variety of tactics and approaches to reducing specialty waste, including:

- Self-directed efforts by physicians to reduce certain types of treatments and procedures
- Externally limiting specialists or primary care providers from using certain treatments or procedures in situations where they are unlikely to provide value to patients
- Externally limiting patients’ use of specialty care when it has not been shown to offer benefit

The results of successive tests of change will be shared among the participants to accelerate progress toward their aims. Ideally, at the end of the nine-month period, they will begin to see reduced volumes of treatments or diagnostic tests in one or more medical specialties for the population they serve, along with improved patient outcomes and high patient satisfaction.

For more information on either the R&D Lab or the Prototyping Project, please contact Courtney Kaczmarsky at ckaczmarsky@ihi.org.