Triple Aim in a Region
North American Triple Aim Prototyping Sites

Last Updated 6/23/2010

- **Health Plans**
  - Blue Cross Blue Shield of Michigan (MI)
  - Capital Health Plan (FL)
  - CareOregon (OR)
  - Essence Healthcare (MO)

- **Integrated Delivery Systems (w/ Health Plans)**
  - Caromont Health System (NC)
  - HealthPartners (MN)
  - Hidalgo Medical Services (NM)
  - Martin’s Point Health Care (ME)
  - Presbyterian Healthcare (NM)
  - Southcentral Foundation (AK)
  - Vanguard Health System (TN)
  - Wellstar Health System (GA)

- **Social Services**
  - Common Ground (NY)

- **Government**
  - Department of Defense (DC)
  - Veterans Administration
    - (9) Participating Organizations

- **Employers/Businesses**
  - QuadGraphics/QuadMed (WI)

- **Integrated Delivery Systems (w/o Health Plans)**
  - Allegiance Health (MI)
  - Bellin Health (WI)
  - Caldwell Memorial Hospital (NC)
  - Cape Fear Valley (NC)
  - Cascade Healthcare Community, Inc. (OR)
  - Cincinnati Children’s Hospital Medical Center (OH)
  - Erlanger Health System (TN)
  - Fort Healthcare (WI)
  - Genesys Health (MI) (Ascension)
  - University of Chicago – Urban Health Initiative (IL)
  - Taconic IPA (NY)

- **Safety Net**
  - Contra Costa Health Services (CA)
  - Health Improvement Partnership of Santa Cruz Cty (CA)
  - North Colorado Health Alliance (CO)
  - Primary Care Coalition Montgomery County (MD)
  - Queens Health Network - NYCHHC (NY)
  - Regional Primary Care Coalition (MD)

- **Canadian**
  - Central East Local Health Integration Network (LHIN)
  - Quality Improvement and Innovation Partnership
  - Hamilton LHIN
  - Saskatchewan Ministry of Health
  - British Columbia Team
International Triple Aim
Prototyping Sites

- Jonkoping (Sweden)
- National Healthcare Group (Singapore)
- New Zealand Ministry of Health (N. Zealand)
- NHS Blackburn With Darwen PCT (NW England)
- NHS Blackpool PCT (NW England)
- NHS Bolton PCT (NW England)
- NHS Bury PCT (NW England)
- NHS Central Lancashire PCT (NW England)
- NHS East Lancashire Teaching PCT (NW England)
- NHS Eastern and Coastal Kent PCT (South East Coast England)
- NHS Forth Valley (Scotland)
- NHS Knowsley PCT (NW England)
- NHS Medway (South East Coast England)
- NHS North Lancashire Teaching PCT (NW England)
- NHS North West Ambulatory Service Trust - NWAS (NW England)
- NHS Oldham PCT (NW England)
- NHS Salford PCT (NW England)
- NHS Sefton PCT (NW England)
- NHS Somerset PCT (SW England)
- NHS Stockport PCT (NW England)
- NHS Swindon PCT (SW England)
- NHS Tayside (Scotland)
- NHS Torbay Care Trust (SW England)
- NHS Wirral PCT (NW England)
- State of South Australia, Ministry of Health (Australia)

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Drivers of Low Value Health Care

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
Three Dimensions of Value

- Population Health
- Per Capita Cost
- Experience of Care
Define “Quality” from the perspective of an individual member of a defined population.

The “Triple Aim”

Health care  Public health  Social services

- Per capita cost
- Integration
- Social Capital
- Capability

System-Level Metrics

Definition of primary care

Prevention and Health promotion

Individuals and families
## Potential Triple Aim Outcome Measures

### Dimension | Measure
--- | ---
**Population Health** | 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

**Patient Experience** | 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)

**Per Capita Cost** | 1. Total cost per member of the population per month
| 2. Hospital and ED utilization rate
PROVISION OF THE COMMON POOL

Employer

Wages

Federal Medicare Tax – 95%
Insurance Premiums 80-90%

Out-of-pocket

Common Pool Resources – Money for Health Care

Hospitals

Doctors

Pharmaceutical Companies

Medical Equipment Suppliers

State Medicaid Funds

Federal Medicaid Match

Other Health Professions

Other Health Professions
Elinor Ostrom’s Design Principles:
*Governing the Commons*

1. Clearly Defined Boundaries:
   - Common Pool Resource – What’s at Stake?
   - “Appropriators” – Who Can Draw Resources from the Pool?

2. Adaptation of Rules to Local Conditions

3. Collective Choice Agreement

4. Monitoring Compliance

5. Graduate Sanctions for Violators

6. Mechanisms for Conflict Resolution

7. Minimal Constraints on Rights to Organize at the Local Level

8. Nested Enterprises Follow the Same Design Principles
Rationale for a Regional Focus

- All the components that are needed to construct a health system are in a region.
- Common values are more likely to emerge.
- Solutions depend on context, and knowledge of context is more accurate locally.
- Platforms for dialogue exist or can be created.
- Other health determinants are attributes of a region.
Challenges

- Cooperating among competitors, and engineering cooperation without violating anti-trust regulations;
- Establishing regional governance structures that are effective and sustainable;
- Integrating health care with public health and social services so that the range of health determinants is addressed;
- Finding an effective way to involve businesses and unions in the effort;
- Developing business models and transition strategies that allow innovative care providers to remain or become financially viable as the demand or cost for high-intensity care is reduced;
- Maintaining a functioning balance between cooperation and competition among health care providers in a region; and
- Designing payment systems that support the pursuit of the Triple Aim.
**Pursuing The Triple Aim in a Region: Four Interacting Components**

<table>
<thead>
<tr>
<th>Understanding the Context</th>
<th>Relationship Building &amp; Management</th>
<th>Execution of Strategic Initiatives</th>
<th>Regional Infrastructure</th>
</tr>
</thead>
</table>
| Hot issues related to health? | • Are there entities working on this already?  
**Action:** Bring the parties together or plug in. | • Aims and Triple Aim Measures  
• Changes  
• Leadership  
• Team Identification and a Day-to-Day Driver. | • What is the common pool related to this issue?  
• How well is it being spent? |
| Have you worked together on health issues in the past? | | | What regional infrastructure could result from this initiative?  
(Any infrastructure on the past, committees, governance structure, leadership and improvement skills, financing) |
Potential Regional Platforms/Topic

• Medicaid and the Uninsured
• Public Health Challenges (e.g. Childhood Obesity, Mammogram Screening, etc.)
• Information Technology
• Medical Issues (e.g. Chronic Illness)
• Health Care Access Issues
• Community Benefits (required provisions for non-profit hospitals)
• Health Care Data Sharing
Overall System for Pursuing The Triple Aim in a Region: Four Interacting Components

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<tbody>
<tr>
<td>1a. Process for making the political context (local and larger) explicit</td>
<td>2a. Process for establishing the intent to pursue the Triple Aim in a region</td>
<td>3a. Process for set-up</td>
<td>4a. Identifying existing resources or accountable organizations</td>
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<tr>
<td>1b. Plan for taking advantage of the strengths and weaknesses of the context</td>
<td>2b. Process for establishing and maintaining a coalition</td>
<td>3b. Method for understanding the system and developing a portfolio of projects</td>
<td>4b. Negotiating the new roles and responsibilities required by pursuit of the Triple Aim</td>
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<tr>
<td>1c. Process for recognizing and reacting to changes in the context</td>
<td>2c. Process for conflict resolution</td>
<td>3c. Process for testing and learning</td>
<td>4c. Capability and capacity building</td>
</tr>
<tr>
<td>2d. Process for recognizing and reacting to changes in key individuals</td>
<td></td>
<td>3d. Process for review</td>
<td>4d. Information Technology infrastructure in a region for Improving population health</td>
</tr>
<tr>
<td></td>
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<td>4e. Governance structures</td>
</tr>
</tbody>
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Questions

• How do you define your region? Who are the major players?

• Do you have any idea how the region performs on Triple Aim measures? Are there goals for the region?

• What do your capital investments say about where the region is heading?
Value Statement

• Regions that succeed in implementing more sustainable health systems will enjoy important advantages—they will be more attractive to new businesses; health care will represent a smaller burden on employers, on state and local budgets, and on individuals; communities will be healthier and more productive.

• Regions who participate in this work, will gain the following:
  – Site-specific coaching for each participating region
  – Development of new knowledge to support regional goals
  – On-site support and learning
  – Development of execution and improvement capability
  – Ongoing communication and sharing opportunities