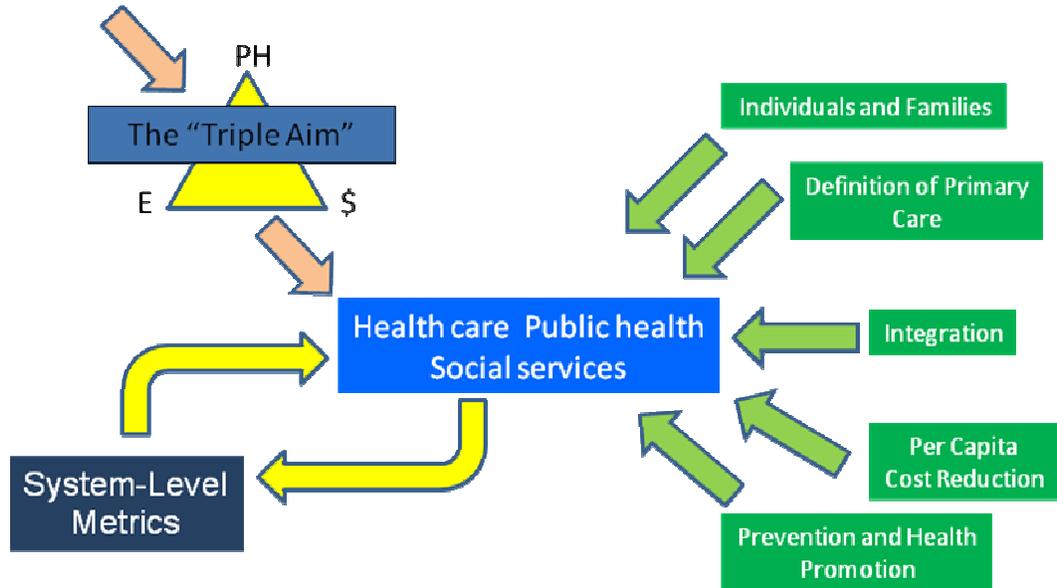


Triple Aim – Concept Design

Optimize the health system taking into account three dimensions:
the experience of the individual; the health of a defined population; per capita cost for the population

Define “Quality” from
the perspective of an individual member
of a defined population



Dimension

Measure

Dimension	Measure
Population Health	<ol style="list-style-type: none"> 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: summary of the prevalence of major chronic conditions; summary of predictive model scores. 4. Mortality: life expectancy; years of potential life lost; standardized mortality rates. <i>Note: Healthy Life Expectancy (HLE) combines life expectancy and health status into a single measure, reflecting remaining years of life in good health. See http://reves.site.ined.fr/en/DFLE/definition/.</i>
Patient Experience	<ol style="list-style-type: none"> 1. Standard questions from patient surveys, for example: <ul style="list-style-type: none"> - 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	<ol style="list-style-type: none"> 1. Total cost per member of the population, per month. 2. Hospital and ED Utilization Rate.

Triple Aim – Concept Design

1. Individuals and Families

The Chasm Report of the Institute of Medicine in the United States contains the following two passages.

“Patients should be given the necessary information and the opportunity to exercise the degree of control they choose over the decisions that affect them. The health care system should be able to accommodate differences in patients’ preferences and encourage shared decision making.”

“The health care system should make information available to patients and their families that allows them to make informed decisions when selecting a health plan, hospital, or clinical practice or when choosing among alternative treatments. This should include information describing the system’s performance on safety, evidence-based practice, and patient satisfaction.”

- A. For medically and socially complex patients, establish partnerships among individuals, families and caregivers, including identifying a family member or friend who will be supported and developed to coordinate services among multiple providers of care.
- B. Jointly plan and customize care at the level of the individual.
- C. Actively learn from the patient and family to inform work for the population.
- D. Enable individuals and families to better manage their own health.

2. Redesign of “Primary Care” Services and Structures

Basic health care services are provided by a variety of professions: doctors, nurses, mental health clinicians, nutritionists, pharmacists, and others.

- A. Have a team for basic services that can deliver at least 70% of the necessary medical and health-related social services to the population.
- B. Deliberately build an access platform for maximum flexibility to provide customized health care for the needs of patients, families, and providers.
- C. Cooperate and coordinate with other specialties, hospitals, and community services related to health.

3. Prevention and Health Promotion

- A. Work with the community to advocate and provide incentives for smoking prevention, healthy eating, exercise, and reduction of substance abuse.
- B. Develop multi-sector partnerships, utilize key stakeholder resources (worksites, schools, etc.) and align policies to provide community-based support for all who wish to make health-related behavior change.
- C. Integrate healthcare and publicly available community-level data utilizing GIS mapping to understand local context to determine where and for whom health-related strategic community-level prevention, health promotion and disease-management support interventions would be most useful.

4. Cost Control Platform

Many countries are concerned with the rate of increase in health care spending. In the United States the task of mitigating this increase is termed “impacting the trend.” In United Kingdom and other countries with government sponsored health care systems it is framed as “receiving value for money.”

- A. Achieve < 3% inflation yearly for per capita cost by developing cooperative relationships with physician groups and other health care organizations committed to reducing the waste of health care resources.
- B. Achieve lowest decile performance in the Dartmouth Atlas measures by breaking or countering incentives for supply-driven care.
- C. Reward health care providers, hospitals, and health care systems for their contribution to producing better health for the population and not just producing more health care.
- D. Orient care over time - the “patient journey” - targeted to the best feasible outcomes.

Triple Aim – Concept Design

5. System Integration

If the experience of the individual is the primary driver of the Triple Aim system, the health of the population and the per capita cost become constraints. Individuals cannot get all the services that they might want or perhaps even need.

- A. Match capacity and demand for health care and social services across suppliers.
- B. Insure that strategic planning and execution with all suppliers including hospitals and physician practices are informed by the needs of the population.
- C. Develop a system for ongoing learning and improvement.
- D. Institute a sustainable governance and financial structure for the Triple Aim system
- E. Efficiently customize services based on appropriate segmentation of the population.
- F. Use predictive models and health risk assessments that take into account situational factors, medical history, and prior resource utilization to deploy resources to high-risk individuals.
- G. Set and execute strategic initiatives related to reducing inequitable variation in outcomes or undesirable variation in clinical practice.