The IHI Triple Aim Journey

Exploratory Paper

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The purpose of this exploratory paper is to give practice administrators the ability to evaluate and potentially overhaul their organization’s healthcare performance by implementing the Institute for Healthcare Improvement’s (IHI) Triple Aim initiative. This framework and system of tools was created by the IHI in an attempt to improve patient care and outcomes within healthcare organizations. By reviewing the Triple Aim’s historical background and several case studies practice administrators can consider implementing this framework within their own practice.

Triple Aim Background

The Triple Aim framework was named after its three core focuses, which strictly target system improvement. Each of these three core components should be simultaneously perused in conjunction with the other components. The vital components of the Triple Aim initiative include improving the patient’s care experience by implementing quality and satisfaction programs and metrics, addressing population health concerns through the development of population management tools, and reducing the per capita costs of all healthcare expenditures (Institute for Healthcare Improvement, 2015). The Triple Aim initiative can assist practice administrators and their corresponding healthcare organizations to better evaluate and improve their overall healthcare performance.

Triple Aim Process

Healthcare organizations that work through the Triple Aim process will enable their organization to identify and fix issues that may compromise their future success. The Triple Aim framework requires healthcare organizations not to impulsively implement these tools, but instead to focus on redirecting time and resources to maximize their potential impact (Institute for Healthcare Improvement, 2015). In order to assist healthcare organizations that are under constant external pressure, the IHI offers assistance to organizations through the development of resources that may already exist inside their organization. This concept does not place additional
burdens on the healthcare organization and instead focuses more attention on achieving a unified goal of implementing the Triple Aim initiative. Weeks, Collins and Lovett III (2014) stated that healthcare organizations that are implementing the Triple Aim should collect, analyze and improve quality measures that are important to patients, healthcare providers, and insurance companies. In order to achieve additional support and buy-in throughout an organization, it is important to collect and analyze quality data that is important to multiple stakeholders.

**Difficulties Implementing the Triple Aim**

The IHI’s Triple Aim initiative can be difficult to implement due to several factors that can impact its ability to transform an organization. One difficulty that organizations frequently experience is giving equal attention on simultaneously achieving all three core principles outlined by the IHI. McCarthy (2015) stated that the three core functions of the Institute for Healthcare Improvement’s Triple Aim are to improve the patient healthcare experience, improve population based health, and to reduce or limit the per capita cost of healthcare expenditures. If an organization only focuses on improving one core factor, than it may negatively impacting another one of the Triple Aim’s core functions. Organizations that solely and narrowly focus on just one of the core principles of the Triple Aim will frequently ignore other potential root causes which can negatively impact their practice. The Commonwealth Fund (2010) stated that it is possible to reduce healthcare expenditures while at the same time generating patient dissatisfaction. Another common difficulty for the implementation of the Triple Aim is related to how patients are managed. Healthcare organizations need to prevent themselves from narrowly focusing on individual patients and instead attempt to view problems from a broader patient population perspective (Institute for Healthcare Improvement, 2015). In order for improved population management outcomes, it is important that organizations coordinate all Triple Aim initiatives between hospital organizations, ambulatory clinics, nurses, care coordinators, physicians, and other front line service staff (The Commonwealth Fund, 2010). An additional difficulty in the implementation of the Triple Aim initiative is related to how well organizations can conduct
unbiased self-assessments while reviewing their processes for this meaningful change initiative. Conducting an unbiased self-assessments will result in helping the organization to create a process that does not focus on organizational strengths instead of organizational weaknesses. Weeks, Collins, and Lovett III (2014) stated that the Triple Aim framework can be used to create system change by utilizing current organizational quality improvement processes that test new clinical and administrative approaches.

**Population Health Focus**

Healthcare organizations should start to focus on how to effectively delivery population health. Fried and Thibault (2015) stated that population health is the process of understanding, preventing, evaluating groups of individuals and their care related to the distribution of health outcomes. By focusing on population health the delivery of care can be taken away from specific individuals and instead address populations of individuals. Stiefel and Nolan (2013) stated that the population health methodologies can provide a way to create techniques for factors and outcomes related to overall health. Potential population health factors can include either physical and or behavioral health conditions. All types of health factors should include the use of health outcomes, disease burdens, and behavioral factors (Stiefel & Nolan, 2013). The IHI has created five principles that all support the model of care for population health. These five core principles include involving individuals and families in care modeling, remodeling care services and organization, improving health promotions, creating cost controls, and assisting organizational integration (The Commonwealth Fund, 2010). In order to improve population health management, organizations needs to implement new processes that will segment the patient population into groups of high risk individuals. By encouraging organizations to work with local community resources a standardized health promotion can be developed for the community. Standardized health promotions can target specific patient populations that need to receive health related information through a uniform message that is not fragmented. In order to effectively execute population health objectives there should be clear strategies in place that decrease
variations in implementation of shared strategies and outcomes across an organization.

Population health outcomes have been the focus of some insurance companies who have started to alter reimbursement methodologies that focus of population health management. These reimbursement methodologies are starting to evaluate and exam reimbursement models that incentive providers that achieve better medical outcomes as compared to their peers.

**New Payment Methods**

Insurance companies are starting to consider new innovative payment methods, which could encourage or even mandate the participation in health prevention and wellness programs. Auerbach (2015) stated that the healthcare environment is ready for exploring different ways of linking prevention and clinical care to reimbursement rates due to the momentum of the Patient Protection and Accountable Care Act. Healthcare organizations have historically received fee-for-service reimbursement from insurers; however, there are efforts to start the implementation of value based globalized payments (Auerbach, 2015). The value based globalized payments methodology offers comprehensive payments, which are tied to outlined clinical care measures. If an organization does not meet outlined clinical care measures then they risk reduced payments of even the potential for the cancelation of a contract. The intent behind a globalized payment system emphasizes the importance of wellness programs through case management efforts, which help to prevent the utilization of expensive and preventable hospital admissions and emergency room department visits (Auerbach, 2015). This reimbursement model embraces the Accountable Care Organization framework that was outlined by the Patient Protection and Accountable Care Act. The Federal government and many state run Medicaid programs were among the first insurance carriers that started to implement a system, which offered incentive reimbursement payments based on individual providers clinical performance (Sherman & Behling, 2014).

**Triple Aim Outcome Measures**

The IHI has created outcome measures for organizations that decide to implement the Triple Aim initiative. Organizations that wish to evaluate their own quantitative measures can
start to impact their clinical outcomes by successfully implementing the Triple Aim initiative. The recommended Triple Aim core measures include determining a patient’s health status, risk status, disease burden, and the patient’s mortality rate (The Commonwealth Fund, 2010). These potential measures are meant to encourage participating organizations to achieve the Triple Aim by improving population health, improving the patient experience, and decreased per capita cost for healthcare services. Without having tools to effectively measure organizational improvements it would be difficult to alter any operational procedures to improve the Triple Aim outcomes. By improving the structure of an organization their related clinical outcomes should result in lower utilization of system wide resources such as the emergency room department and other inpatient services. The Institute for Healthcare Improvement (2015) stated that the Triple Aim measurements can provide a useful system of essential processes; however, every organization has different comprehensive measurement systems that could be individualized to better fit their organization. Initial data from organizations that have implemented the Triple Aim initiative suggests that their new organizational frameworks provide quality measures that can be implemented by other organizations for system improvements.

**Reducing Per Capita Healthcare Costs**

The Triple Aim initiative outlines some specific methods that organizations can use to start bending the cost curve. By creating and streamlining organizational efficiencies the Triple Aim initiative can assist organizations to reduce their costs. The Triple Aim initiative will help organizations to prevent some common examples of unnecessary waste which can include the delivery of inappropriate healthcare services, inefficient organizational processes, unneeded administration costs, and not offering preventive service opportunities. Organizations need to focus on controlling all types of costs by aligning their payment and system resources towards maintaining the Triple Aim initiatives and goals (The Commonwealth Fund, 2010). In an attempt to significantly reduce unneeded system waste, organizations need annual initiatives that focus on limiting unnecessary expenditures (Institute for Healthcare Improvement, 2015). The Triple Aim
framework offers provider incentives for improving their healthcare organization and the surrounding patient population (The Commonwealth Fund, 2010). Longest (2010) stated that improved health outcomes can be affected by specific healthcare policies, which can start to bend the cost curve. These healthcare policies need to provide affordable healthcare coverage, reforming healthcare payments, and investing in healthcare technology for modern care (Longest, 2010). Healthcare administrators who wish to implement the Triple Aim initiative can acquire meaningful information by studying and replicating organizations that have successfully implemented the initiative such as CareOregon, Genesys Health System, QuadMed, and the Colorado Health Plan.

**CareOregon**

CareOregon is a nonprofit managed care plan in Oregon that serves Medicaid beneficiaries (CareOregon, 2015). By establishing a patient centered medical home initiative in coordination with case management efforts, CareOregon has been able to target residents at high risk of negative health outcomes for certain disease states (The Commonwealth Fund, 2010). CareOregon has altered the role that is common for insurance payers and has integrated care coordination for their beneficiaries within local medical clinics. Early results for CareOregon suggest that they have been able to bend the cost curve and save $5,000 per member by the end of the first year by focusing on high risk patients and proactively offering care coordination services (The Commonwealth Fund, 2010). Numerous participating clinics in the program have targeted high risk patients who have Diabetes with uncontrolled blood pressure issues since these patients could benefit the most from care coordination services. Participating clinics that implemented patient centered medical home initiatives saved up to nine percent of medical care costs as compared to clinics without these initiatives and services (The Commonwealth Fund, 2010).

**Genesys Health System**

Genesys Health System is a nonprofit integrated care delivery system that is located in Flint, Michigan (Genesys, 2015). By partnering with local providers and hospital systems,
Genesys has been able to create a county wide supported healthcare plan that covers the indigent and underserved populations (The Commonwealth Fund, 2010). Genesys Health System has developed a unique care model that has been named HealthWorks (Genesys, 2015). HealthWorks is a healthcare transformation initiative that is solely dedicated towards improving overall health and not just the disease states that cause negative health outcomes (Genesys, 2015). By utilizing the IHI’s Triple Aim framework Genesys has been able to improve the overall population health by improving patients care experience while decreasing the costs associated with healthcare services for the surrounding community (Genesys, 2015). This supported healthcare plan’s utilization rates for expensive imaging services, hospital services, and emergency room department visits were lower for participates of the HealthWorks initiative as compared to state wide averages (The Commonwealth Fund, 2010). When analyzing the healthcare expenditures for comparable insurance carriers General Motors noticed a 26 percent reduction in total healthcare costs for employees that had selected healthcare services through Genesys (The Commonwealth Fund, 2010). HealthWorks has implemented the concept of healthcare navigators and care coordinators for managing their indigent patients. These programs have resulted in an increase in their physical activity rates, increased quit rate for smokers, and a substantial increase in disease management participation (The Commonwealth Fund, 2010).

**QuadMed**

QuadMed is a Wisconsin based organization that manages and develops healthcare practices and wellness programs which are located onsite within the workplace (QuadMed, 2015). The QuadMed onsite approach to offering healthcare provides a full spectrum of primary care services that focus on healthcare prevention, wellness, prompt intervention, and chronic disease management (QuadMed, 2015). By following the Triple Aim framework QuadMed has been able to implement workflows that improve patient care, decrease healthcare expenditures, and offer extraordinary patient satisfaction scores (QuadMed, 2015). Onsite workplace programs such as wellness offerings have increased overall employee participation rates with 25 percent of
members meeting or exceeding lifestyle and health goals (The Commonwealth Fund, 2010). QuadMed has been able to reduce healthcare spending as compared to other organizations over the last decade due to their lifestyle and disease management programs (The Commonwealth Fund, 2010). The QuadMed approach towards chronic disease management states such as Diabetes has resulted in better clinical outcome measures for patient’s hemoglobin A1c levels (The Commonwealth Fund, 2010). By offering employees both onsite clinics and wellness programs, QuadMed has been able to increase patient satisfaction scores among employees while also offering quality healthcare services for individual organizations.

**Colorado Health Plan**

Colorado Health Plan is a statewide framework that operates and manages the Medicaid Accountable Care Collaborative (ACC) for the state of Colorado (Colorado Health Institute, 2012). The Colorado Medicaid ACC aims to engage and enable leaders with the resources that are needed to improve the delivery of healthcare services for communities across the state (Rocky Mountain Health Plan, 2015). The state of Colorado has implemented seven regional care collaborative organizations (RCCO), which all manage the corresponding Medicaid populations for designated geographic areas. Each RCCO aims to improve each individual patient’s experience while establishing cost effective mechanisms to improve healthcare outcomes in correspondence to Triple Aim initiatives (Rocky Mountain Health Plan, 2015). The Colorado Health Plan utilizes the Triple Aim overarching three pillar model of increasing patient satisfaction, improving population health of beneficiaries while reducing the cost of healthcare services. By empowering each RCCO the state of Colorado requires that they are accountable for creating population wide systems, which can effectively care for the management of its beneficiaries (Colorado Health Institute, 2012). The state of Colorado reimburses each RCCO to create a framework of care through the use of primary care clinics and medical homes initiatives. By supplying the primary care clinics with coordinated care services the RCCOs are able to provide each clinic with claims based data for further analysis of organizational services. The
RCCOs closely work with Medicaid providers to improve and expand the role of comprehensive primary care through the use of superior communication procedures to patients and other healthcare specialists.

**Colorado Health Plan and Regional Care Collaborative Organization Quality Measures**

Each RCCO has published quality measures in an attempt to be transparent while focusing on areas of potential process improvement (Colorado Health Institute, 2012). The RCCOs believe that it is difficult to improve healthcare processes if measurable data is not available to analyze (Rocky Mountain Health Plan, 2015). It is important that sustainable reporting methods produce meaningful reports on a routine basis since data procurement can be difficult. Through the development of a secure web based system, the RCCOs have focused on new healthcare information technology that enables them to produce meaningful reports that use claims based information (Rocky Mountain Health Plan, 2015). Initial system results for the individual care collaborative organizations show the program’s overall performance is providing a reduction in healthcare expenditures (Colorado Health Institute, 2012). By focusing on some key performance indicators some individual practices have successfully worked with care coordinators to generate and to use monthly reports to identify patient populations that need assistance. RCCOs are now able to distribute monthly reports that represent historical performance rankings for the following measures: 30 day hospital readmission rates, occurrence of high cost imaging services, emergency room department utilization rates, and total cost of healthcare services based on individual health complexity (Rocky Mountain Health Plan, 2015). The use of reports has allowed RCCO clinics to not only identify patients that are high utilizers of healthcare services, but it has also enabled their care coordinators to bring meaningful assistance toward chronic disease management practices.

**Replicating the Triple Aim**

The Triple Aim initiative can assist practice administrators and their corresponding healthcare organizations to better evaluate and improve their overall healthcare performance.
This can be achieved by analyzing the Triple Aim success stories at CareOregon, Genesys Health System, QuadMed, and the Colorado Health Plan. While each individual healthcare organization may have different geographic and population based issues, the majority of the infrastructure can be implemented by any healthcare organization. In order for meaningful change to occur it is paramount that local providers and healthcare agencies are all engaged and desire improvements in the quality, cost, and efficiency of healthcare services. All interested organizations need to bridge any gaps between potential barriers for implementation of the Triple Aim framework and regional care collaborative methodologies. Common potential barriers to implementing the Triple Aim can include identifying and creating the funding for the program, hiring adequate staff to support the initiatives, identification of market conditions that could affect the success of implementation, being able to overcome resistance to change, and gaining the support of local healthcare leadership for the change initiative.

**Conclusion**

The IHI Triple Aim framework is a unique approach toward changing how healthcare is delivered. This initiative focuses on reducing the per capita cost for healthcare services while improving patient experiences. The Triple Aim initiative also emphasizes improving the population health of specific local demographics and communities. It is essential that the three core focuses of the Triple Aim initiative are implemented at the same time in order to successfully implement the framework. The Triple Aim initiative highlights the use of quality metrics that can be created by individual organizations or by following predestinated core measures. CareOregon, Genesys Health System, QuadMed, and the Colorado Health Plan are all model healthcare organizations that have implemented the Triple Aim framework. Significant findings from these organizations suggest that the use of care coordinators and or healthcare navigators can help to manage population health measures within a practice. Any practice administrator that wishes to improve their patient satisfaction rates and their corresponding outcomes should consider implementing the Triple Aim framework.
References


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