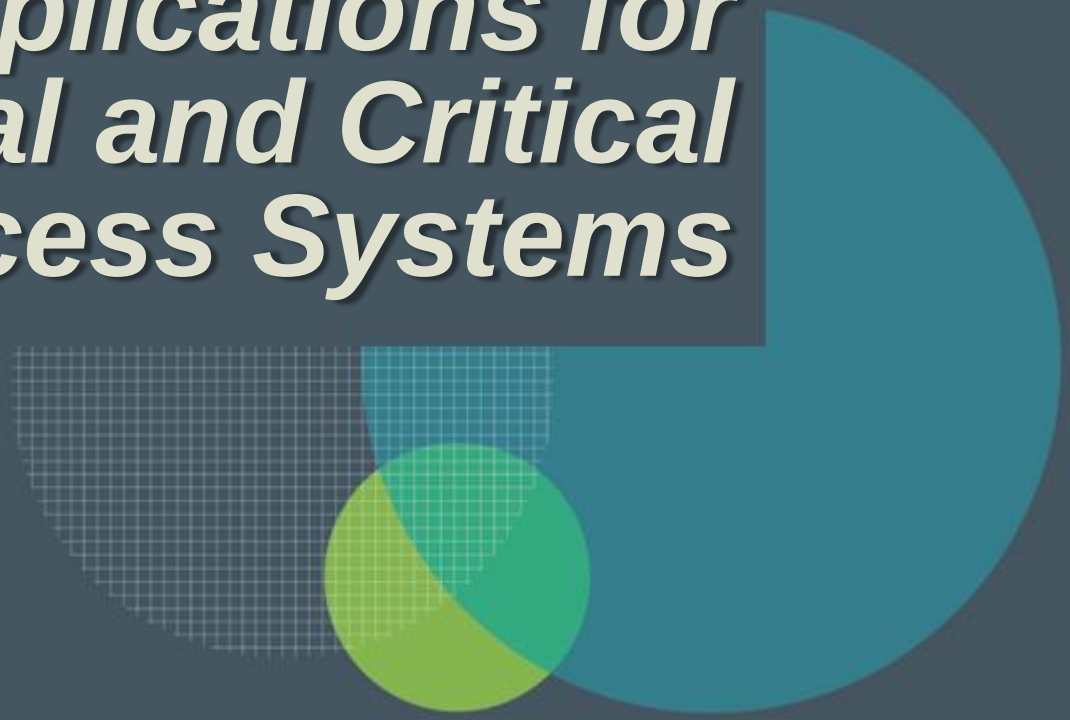
Institute *for* Healthcare Improvement

IHI Triple Aim Seminar
March 20-21, 2013

The IHI Triple Aim and Implications for Rural and Critical Access Systems



Learning Objectives

- About IHI
- Triple Aim overview
- Alignment with new health care environment
- Relevance to rural environments
- Resources available from IHI

Our Mission

To improve health and health care worldwide.

Our Vision

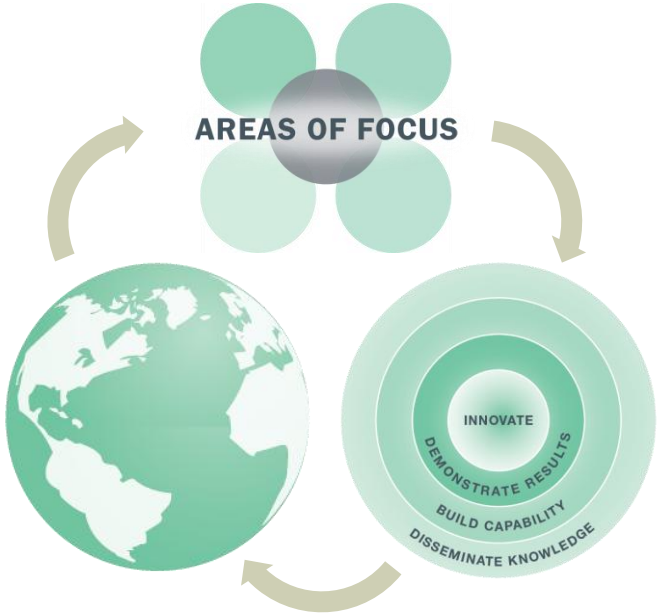
Everyone has the best care and health possible.

Who We Are

IHI is a leading innovator in health and health care improvement worldwide, joining forces with the IHI community to spark bold, inventive ways to improve the health of individuals and populations.

What We Want to Accomplish

Together, with visionaries, leaders and frontline practitioners around the world, we seek and achieve vital science-based improvements in health and health care.



Where We Work

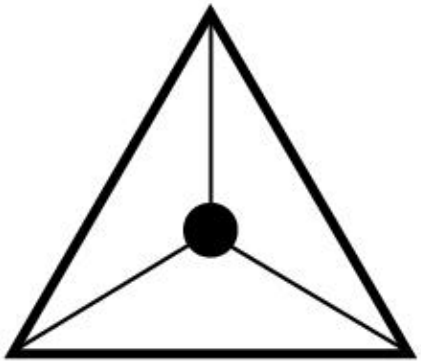
We work globally because countries are interdependent in terms of health and health care, innovations can arise anywhere, and everyone has something to teach and something to learn.

How We Work (Will, Ideas, Execution)

With the IHI community, we motivate and build the will for change, identify and test innovative models of care, and ensure the broadest possible adoption of proven practices that improve individual and population health.

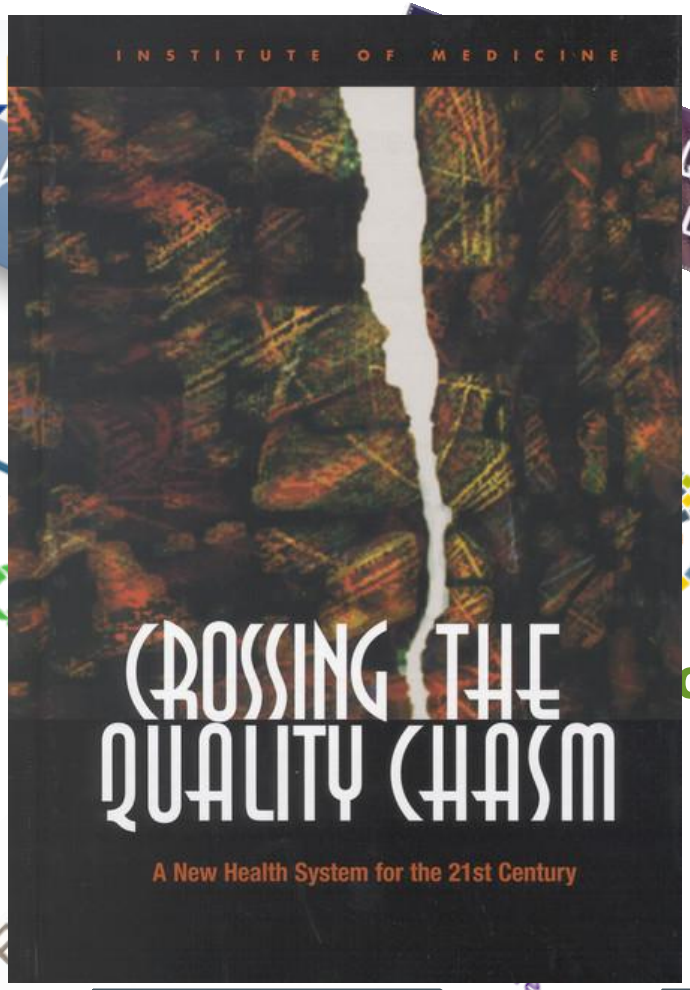
Our Focus Areas

- Improvement Capability
- Person- and Family-Centered Care
- Patient Safety
- Quality, Cost, and Value
- Triple Aim for Populations



- System designs that simultaneously improve three dimensions:
  - Improving the health of the populations;
  - Improving the patient experience of care (including quality and satisfaction); and
  - Reducing the per capita cost of health care.

Three Dimensions of Value

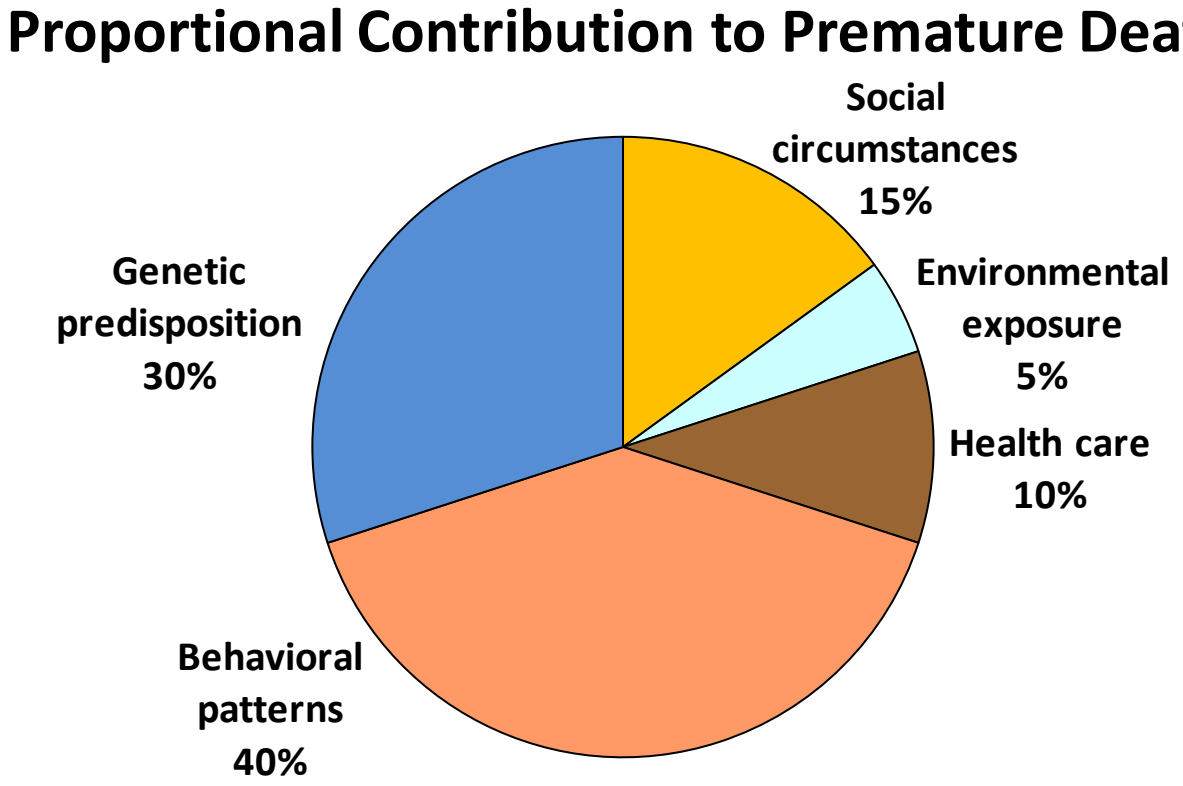


Population Health

Per Capita Cost

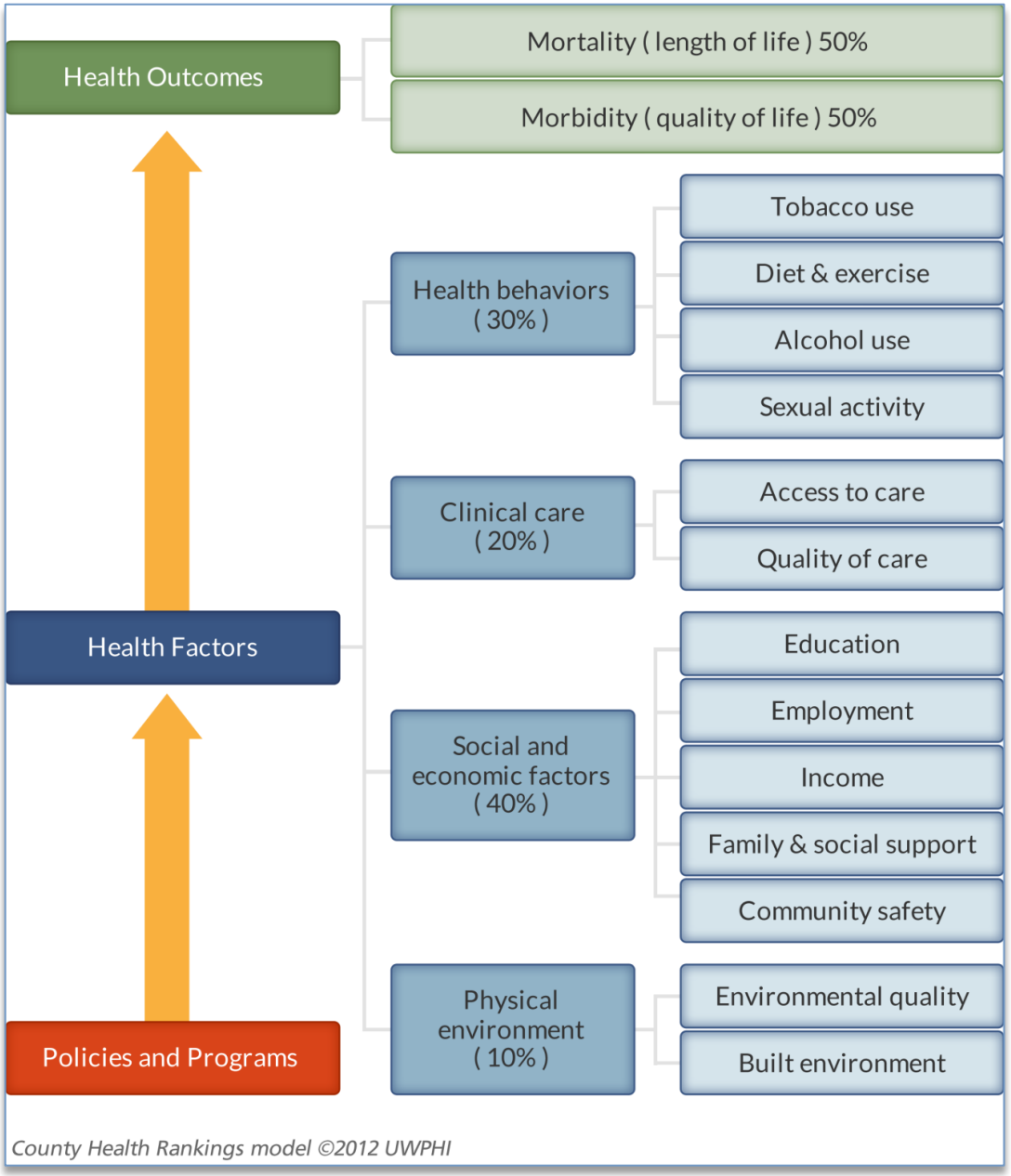
IHI *Triple* Aim

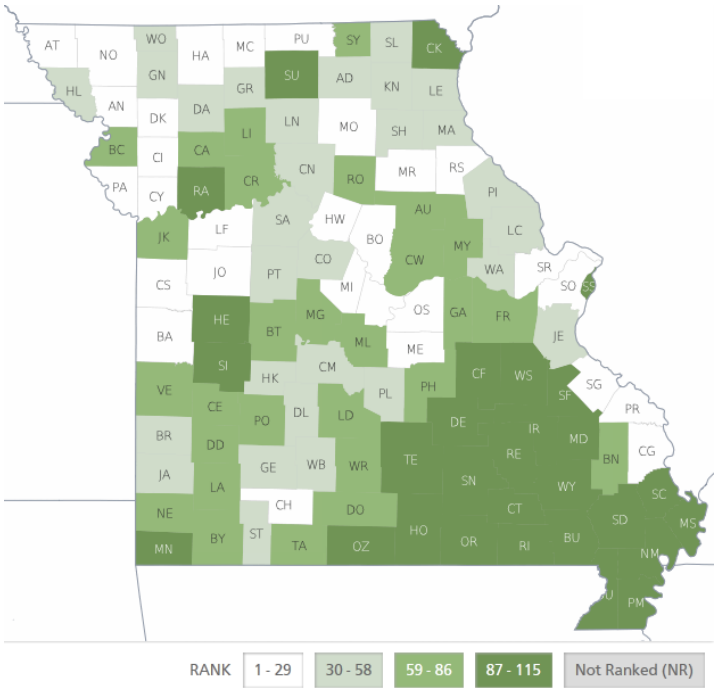
Determinants of Health and Their Contribution to Premature Death



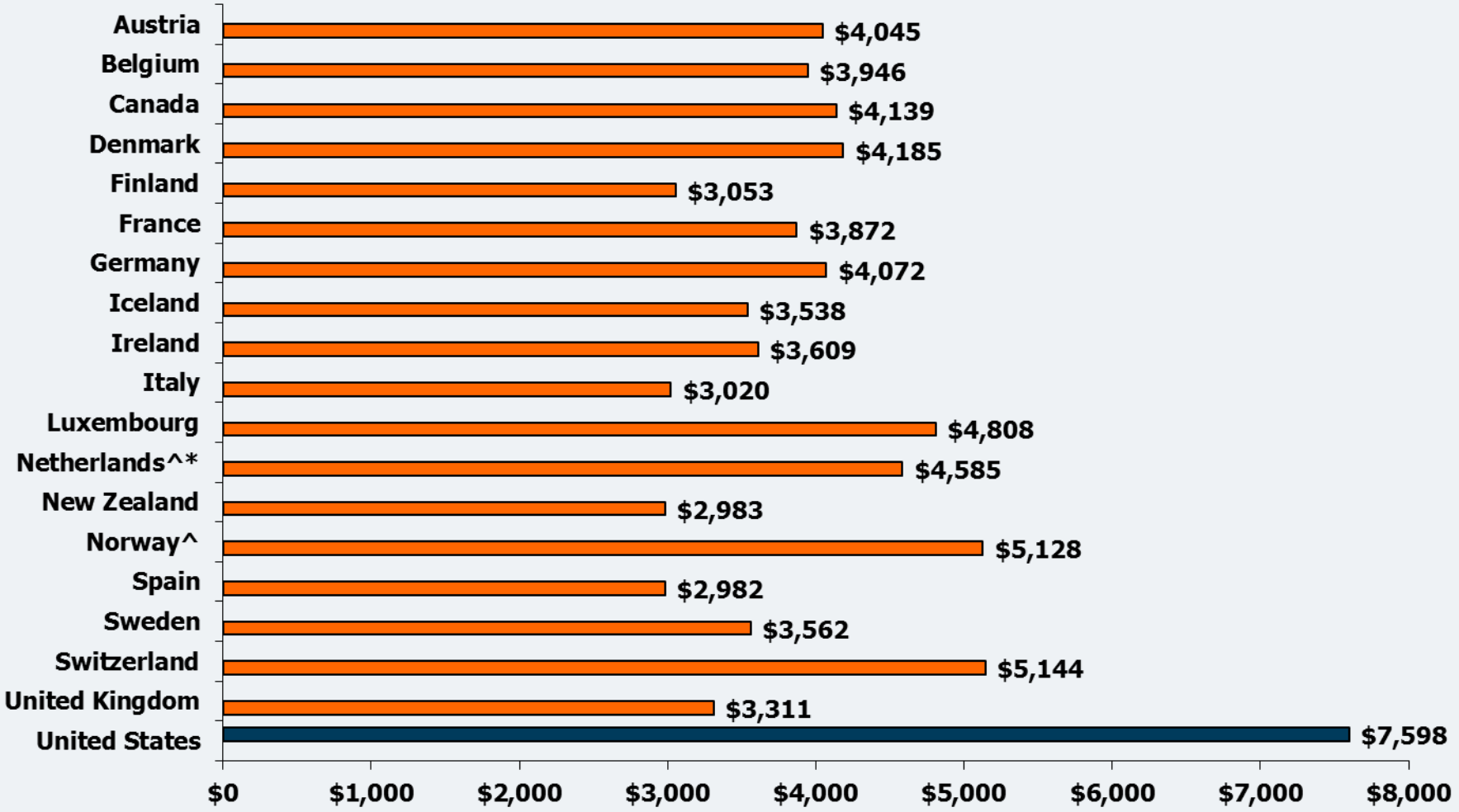
Adapted from: McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. Health Aff (Millwood) 2002;21(2):78-93.

County Health Rankings: http://www.countyhealthrankings.org/





Per Capita Total Current Health Care Expenditures, U.S. and Selected Countries, 2009



^OECD estimate.

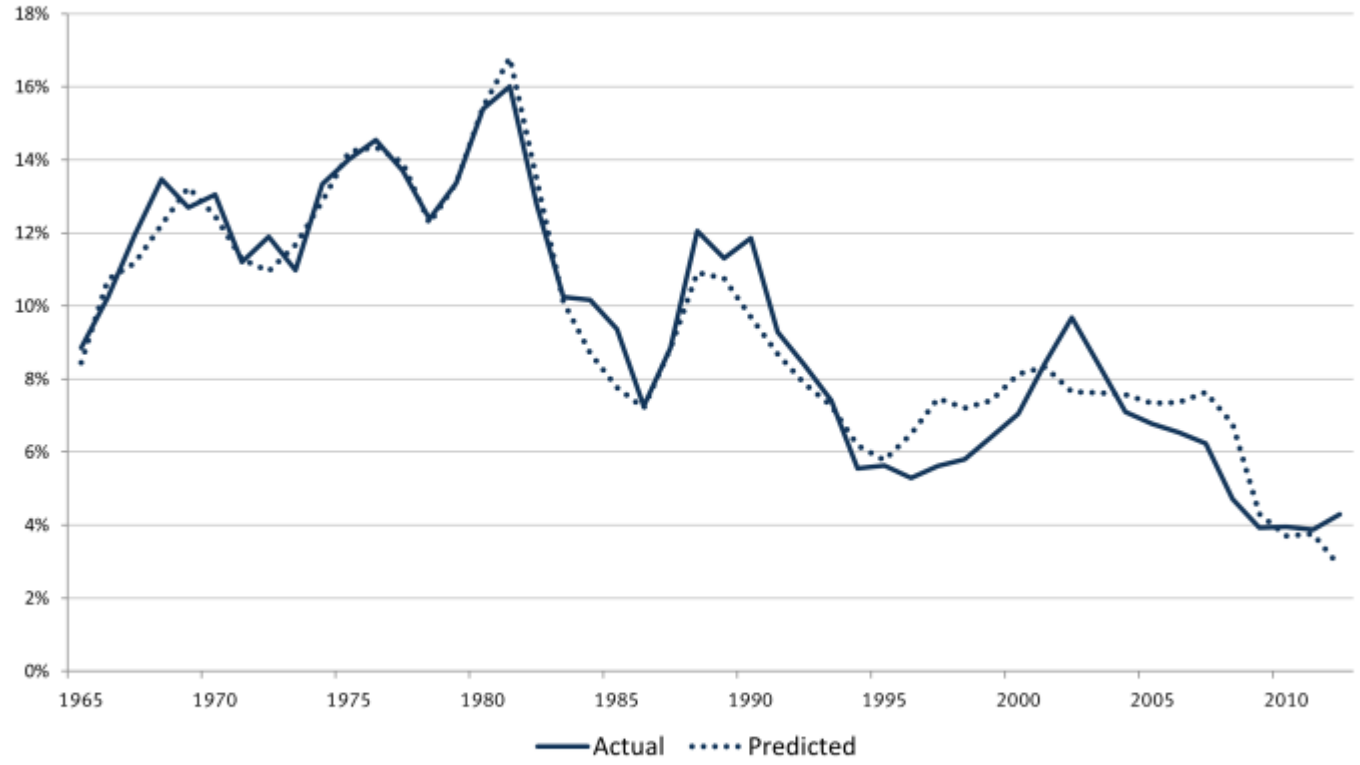
*Break in series.

Notes: Amounts in U.S.$ Purchasing Power Parity, see http://www.oecd.org/std/ppp; includes only countries over $2,500. OECD defines Total Current Expenditures on Health as the sum of expenditures on personal health care, preventive and public health services, and health administration and health insurance; it excludes investment.

Source: Organisation for Economic Co-operation and Development. "OECD Health Data: Health Expenditures and Financing", OECD Health Statistics Data from internet subscription database. http://www.oecd-ilibrary.org, data accessed on 01/10/12.

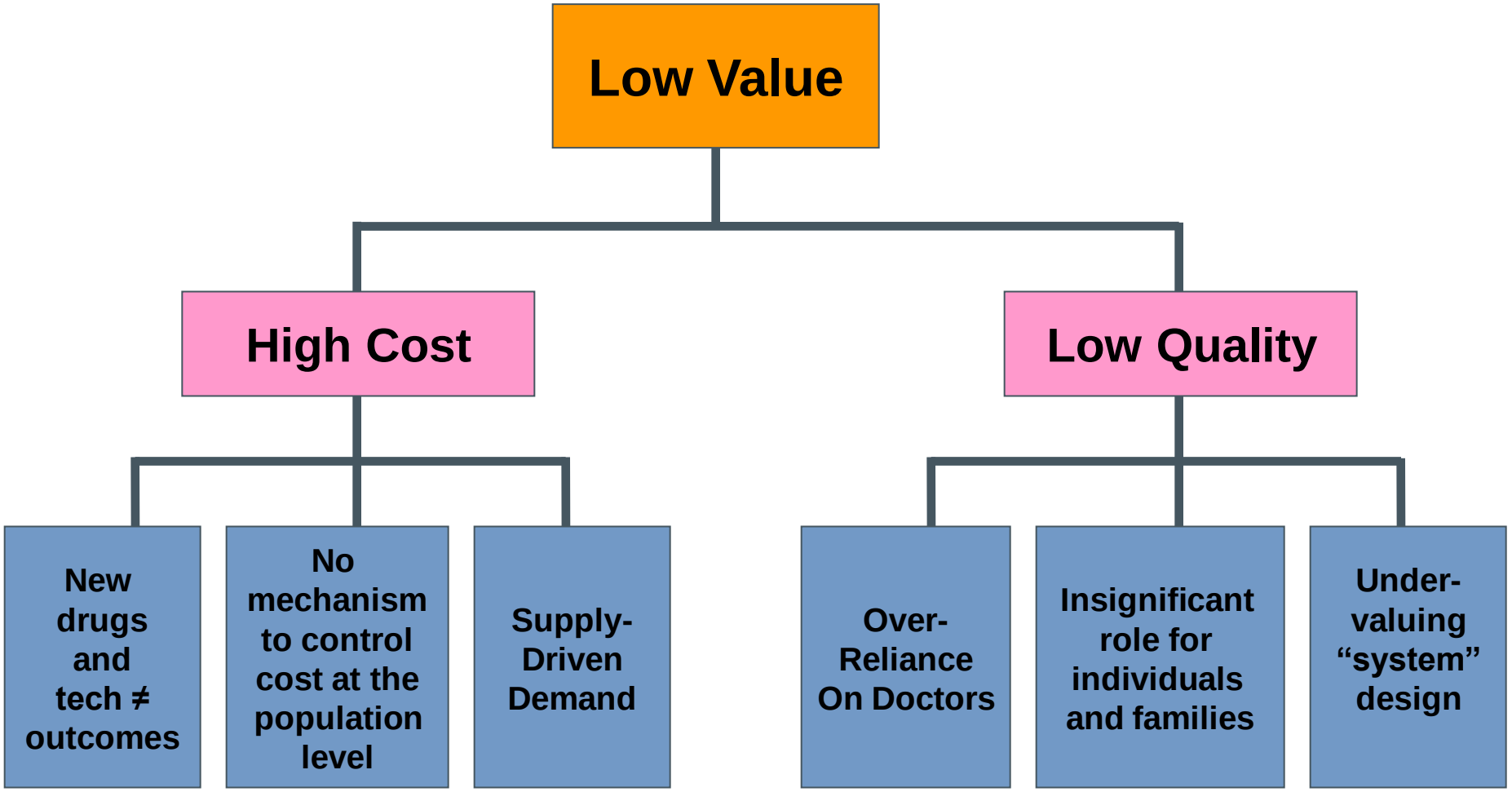
Health Care Spending—Still Growing

Chart 1: Health Spending Growth, Actual vs. Predicted

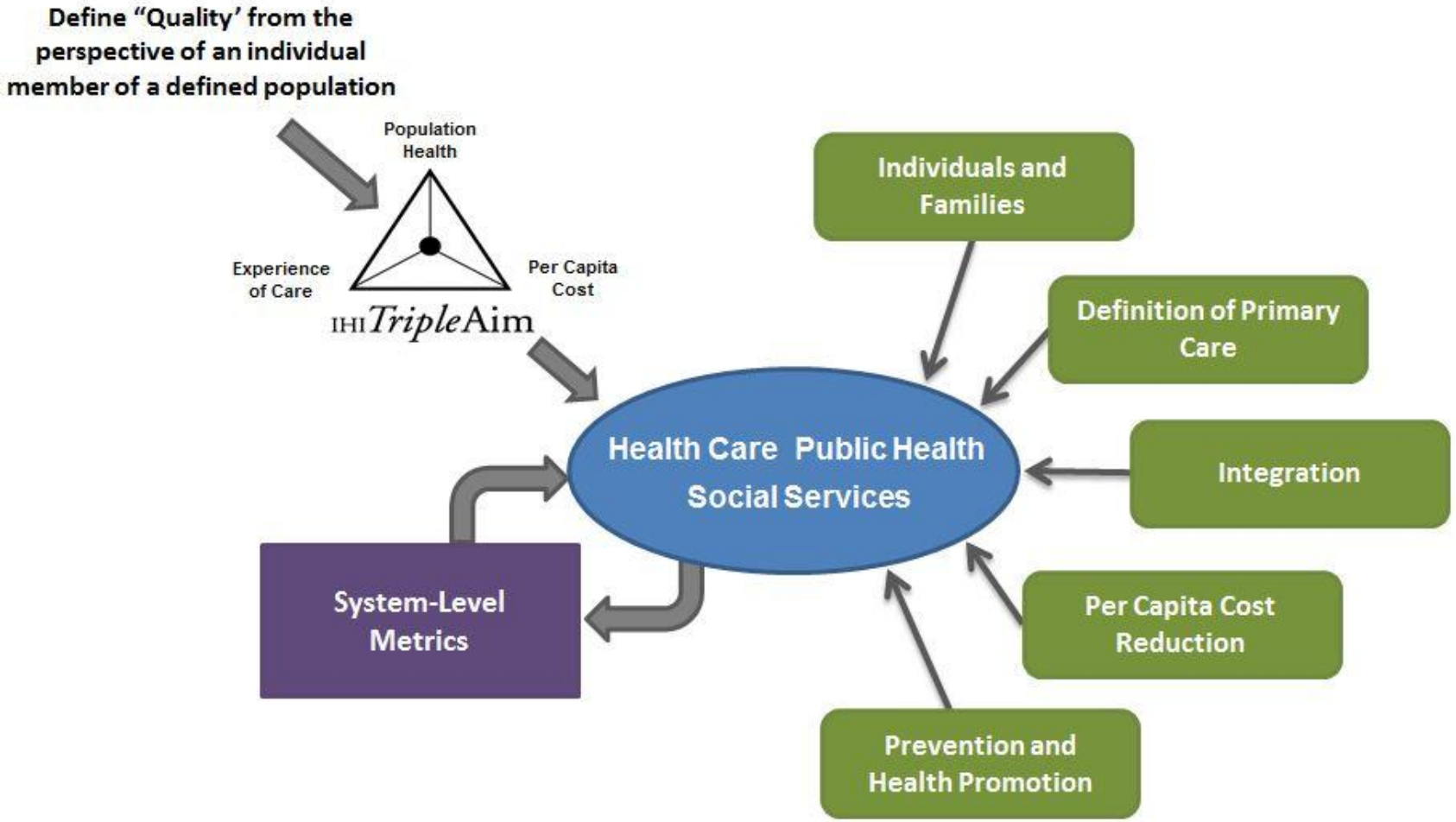


Source: Analysis by the Kaiser Family Foundation and the Altarum Center for Sustainable Health Spending.

Drivers of a Low-Value Health System



Design of a Triple Aim Health System Enterprise



Triple Aim Infrastructure

- Purpose
- Population Selection
- Triple Aim Portfolio
- Measurement
- Leadership and Governance

Is the Triple Aim Strategic for You?

- Do you need to start understanding population management because of new payment models like the ACO?
- Can it help you organize work that you are already doing?
- Is there a significant health issue in your community that you have been unable to move?
- Are businesses collapsing or leaving or not coming because of health care cost?

Example Purpose Statements

- Improve the health of the population while maintaining or improving experience of care and lowering costs. We will begin by focusing on high risk and high cost members of the population whose care often *_adversely influences health care margins_.
- Reduce health care costs while maintaining experience, thus *_allowing sustainable investments in other determinants of health._ We are motivated to pursue this purpose by a belief that in the next several years the combination of the economic situation and the changes in the Patient Protection and Affordable Care Act will force severe cuts in payment. *_We want to get ahead of the trend._
- Move the health care system towards more public accountability for health and cost to align actions of health care systems with their stated mission statements. *_Initial motivation came from the state Medicaid officials and the Chamber of Commerce_.

*_Why statements_

Purpose Statement: Healthy Hartford (Community Solutions)

We aim to improve QOL in the Northeast neighborhood of Hartford. We will do this by:

- Promoting access to primary care and to existing community supports
- Improving infrastructure to build opportunities for employment, safety, nutrition, social supports, and active lifestyles
- Creating a streamlined system for residents and local organizations to take action together

Improving health and QOL, decreasing unnecessary health and social care costs, and improving residents' experience of the care systems will make the neighborhood healthier, safer, and more prosperous. We expect that by making targeted improvements, systems will work more optimally. Dollars will be freed up to allow sustainable investments in other determinants of health. Together, residents and organizations will increase their capacity to solve problems.











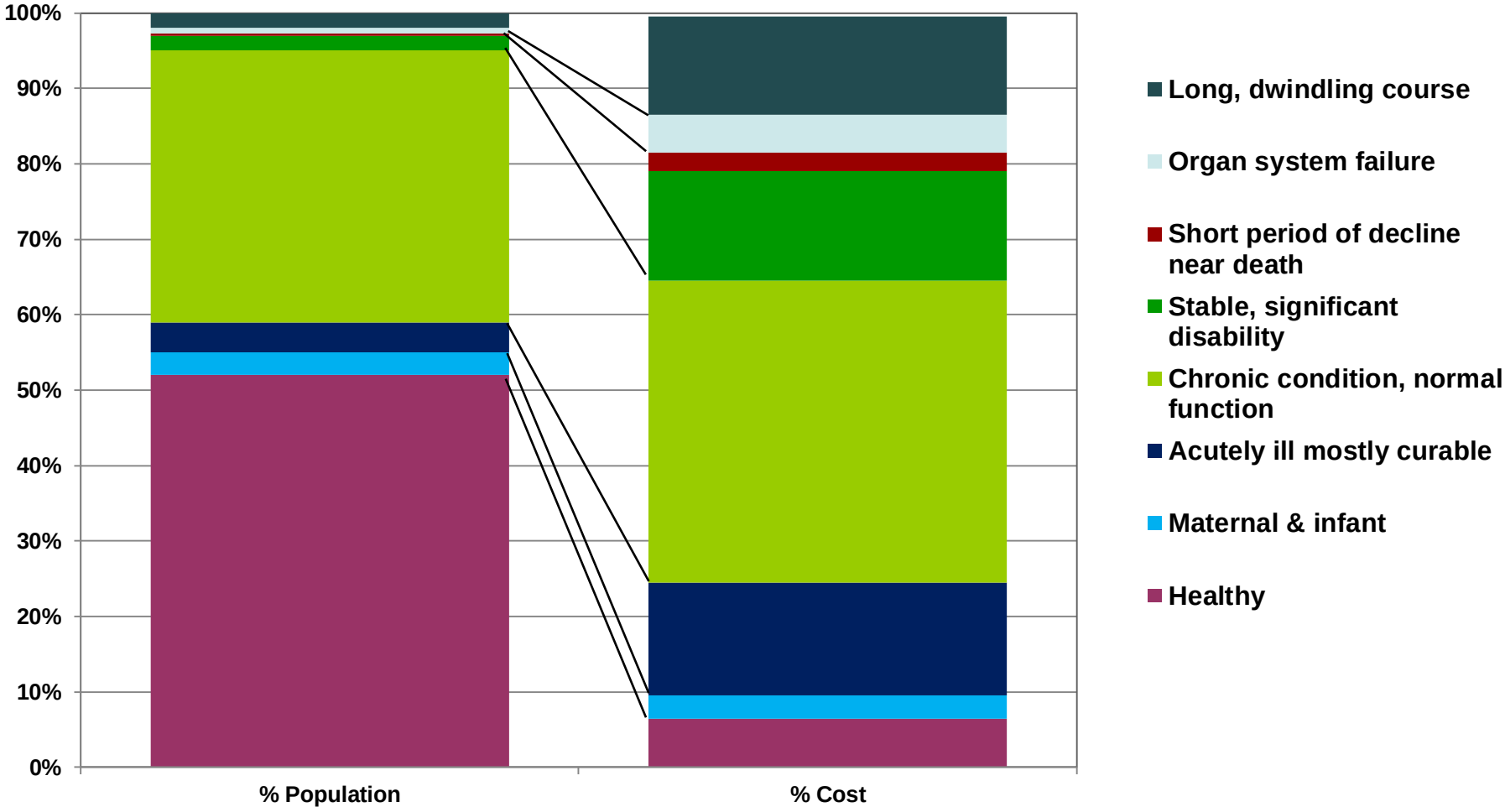


Population Segmentation Examples

- "Bridges to Health Model" divides populations into 8 segments
  1. Healthy
  2. Maternal-infant health
  3. Acutely ill, likely to return to health
  4. Chronic conditions with normal daily function
  5. Serious relatively stable disability
  6. Short decline to death
  7. Repeated exacerbations, organ system failure
  8. Multi-factor frailty, with or without dementia

Lynn, Joanne, Straube, Barry M., Bell, Karen M., Jencks, Stephen F. and Kambic, Robert T., Using Population Segmentation to Provide Better Health Care for All: The 'Bridges to Health' Model. Milbank Quarterly, Vol. 85, No. 2, pp. 185-208, June 2007.

Population/Cost Segments

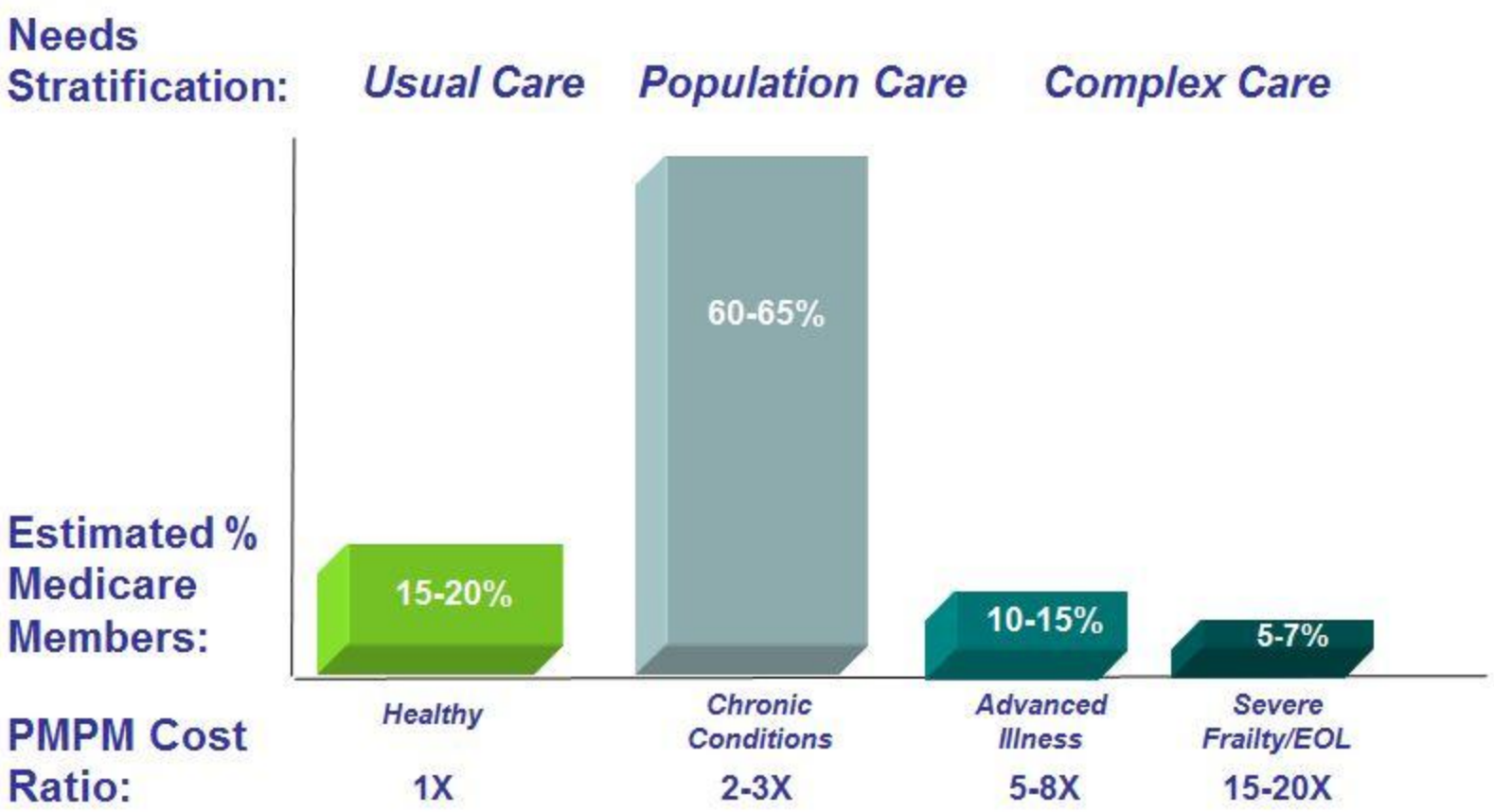


Source: Lynn J, Straube BM, Bell K, Jencks SF, Kambic RT in Milbank Quarterly, Vol 85 No. 2, 2007 (pp. 185-208)

Understanding Your Population

- A discrete population for which it makes business sense (to your organization) to improve health, improve care and lower cost.
- A regional or community population on which you can work to solve a health problem and create a sustainable funding source.

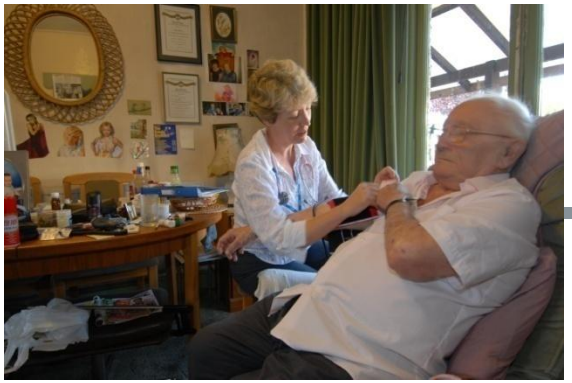
Care Delivery Needs Differ Across The Population



Source: Yvonne Zhou

Chinle Service Unit, IHS

- Overall Populations:
  - IHS beneficiaries that live in one of the 31 communities in Chinle Service Unit and have been seen at least once in the past 3 years
- Subpopulations:
  - Patients empanelled to a CSU primary care provider and seen at least once in the past 3 years
  - CSU patients active in the diabetes registry.
  - CSU active users hospitalized during the project period."



Frank is a 79 year old widower with Chronic Obstructive Pulmonary Disease (COPD), Heart Failure, and Diabetes. He lives alone. Frank is very anxious as he is often very breathless and feels unable to manage. He has phoned the practice of his primary care physician on several occasions requesting a home visit and over the last year he has frequently been taken to the local emergency department, after he has dialed 911. He has been admitted to hospital on 7 occasions in the last year and now keeps a small packed suitcase by his chair.

Frank's Diagnosis

Usual View

- COPD
- CHF
- Diabetes
- Frank's Healthcare providers
  - Primary Care, Cardiologist, Pulmonologist, Endocrinologist, Nutritionist, Physical Therapist, Pharmacist, Home Health.

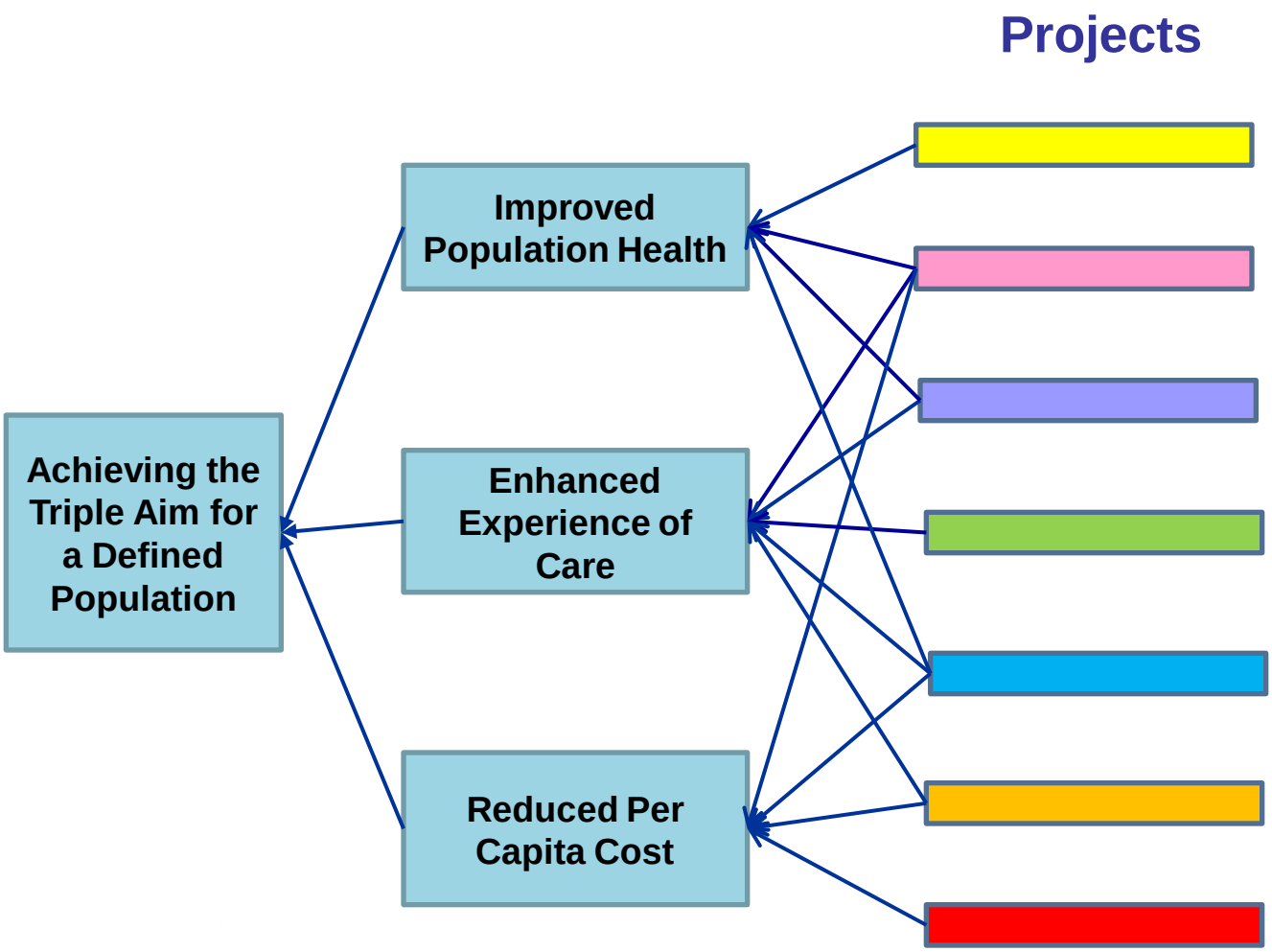
Another View

- Primary Diagnosis
  - Anxiety, loneliness/isolation, insecurity, confusion, dependency, lack of confidence
- Secondary Diagnosis
  - COPD, CHF, Diabetes
- Primary interventions
  - Personal care coordination, integration of care by PCP team, determination of motivators, behavioral based motivational interventions, consolidation of meds/therapies

Portfolio: Definitions

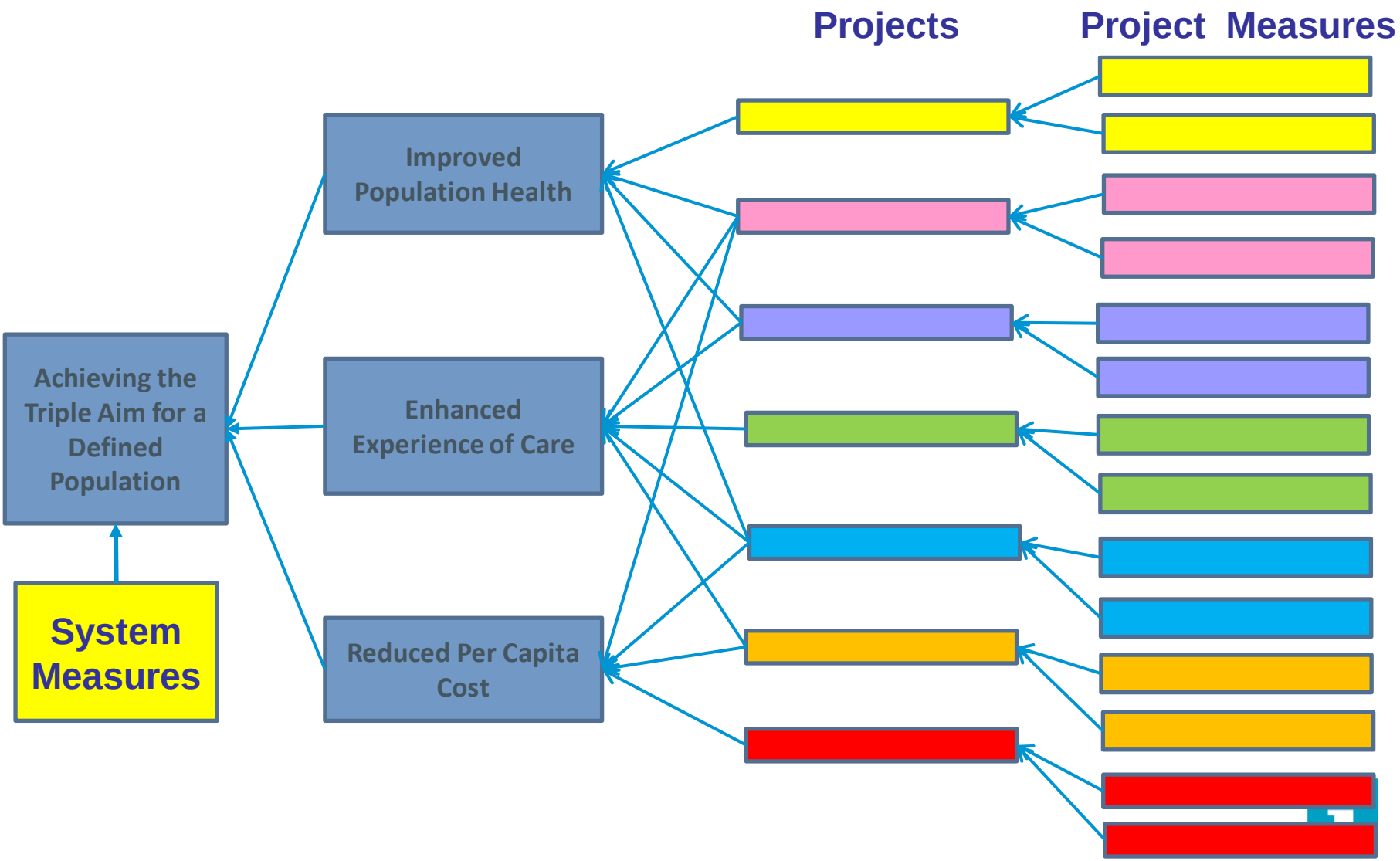
- A hinged cover or flexible case for carrying a collection of loose papers
- The diversified collection of securities held by an investor designed to spread risk
- For our purposes:
  - The set of projects, investments, and capacities that together are sufficient to achieve the Triple Aim

Building a TA Portfolio



Graphic compliments of Care Oregon

Building a TA Portfolio

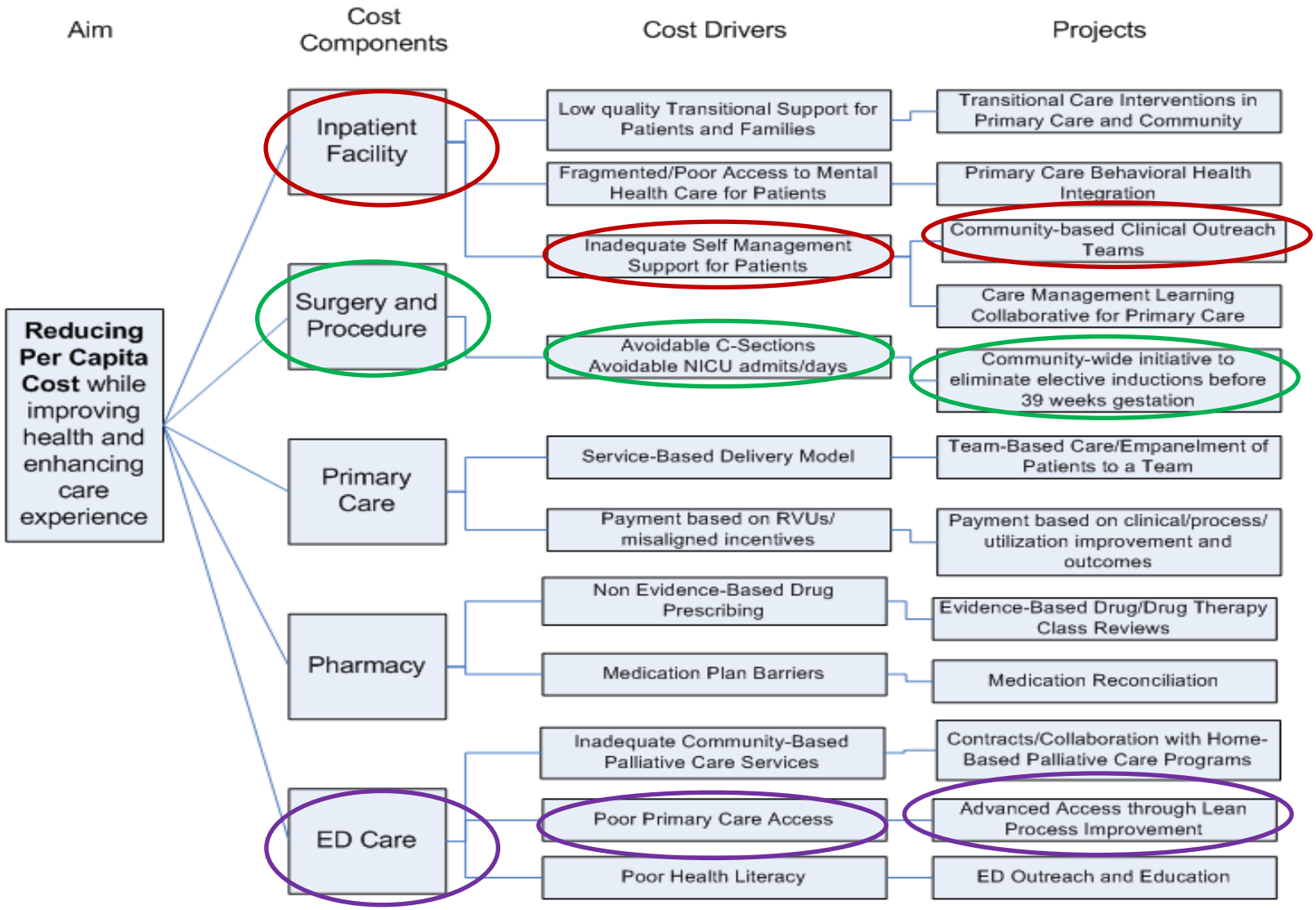


Attributes of an Effective Portfolio of Projects and Investments

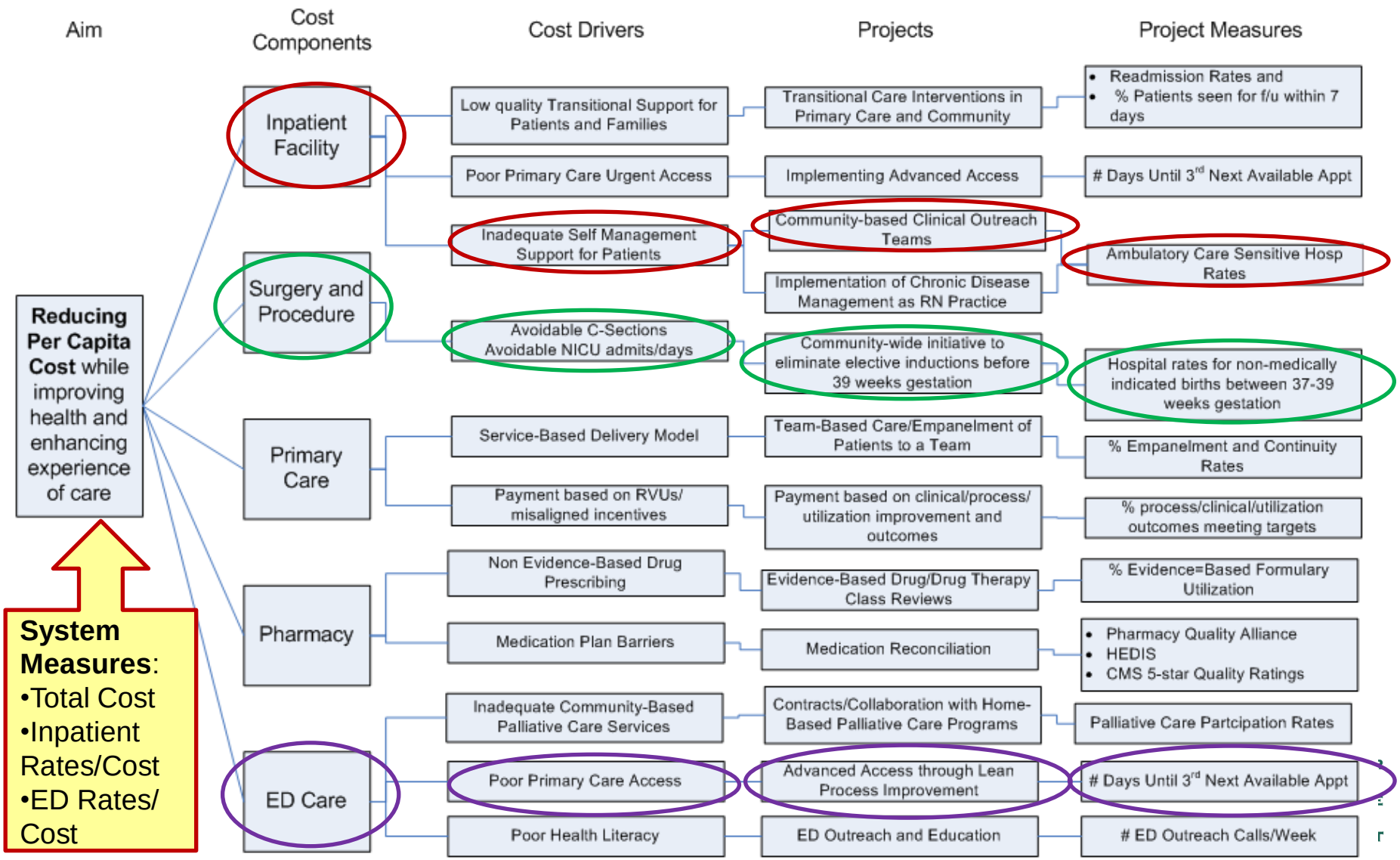
- Risk matches the goals
- Diversified
- Periodically rebalanced with new insights

Building a TA Portfolio – CareOregon Example

CareOregon



Building a TA Portfolio – CareOregon Example

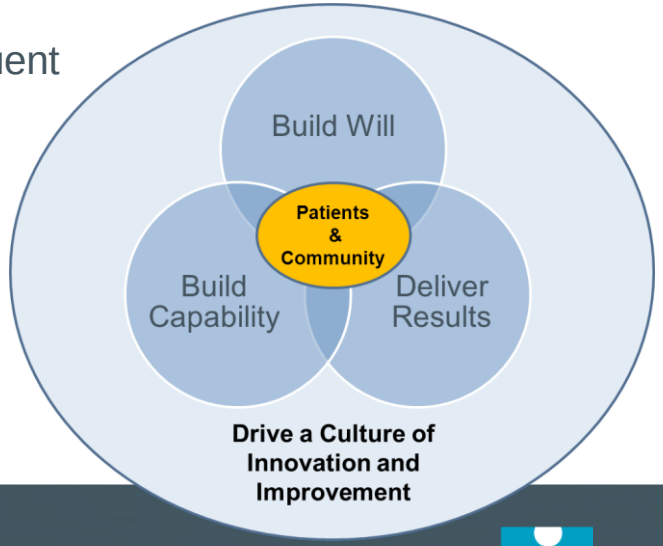


Some questions to think about…

- Is the Triple Aim strategic or just one of many “projects”?
- How important is population management to your strategy?
- Do you think of the hospital a cost center or a revenue generator?

Critical Leadership Behaviors

- Putting patients and communities in the center:
  - Focus on “What matters?” to those they serve rather than “What is the matter?”
- Building will:
  - Articulate a compelling vision, and transparency of performance and results
  - Engage governing boards, clinical and administrative leaders.
- Building capability:
  - Foster collaboration and teamwork, and serve as role models.
  - Recognize and reward innovation, especially at the front-lines of care.
  - Show how improvement can be adapted and learned from others.
- Delivering Results:
  - Integrate quality and financial goals, and provide frequent review and feedback on progress.
  - Ensure that the work of improvement is seen as core work of the institution, not something “extra.”
- Driving a Culture of Innovation and Improvement:
  - Engage in, encourage, and reward the behaviors that are consistent with a relentless commitment to quality and innovation.

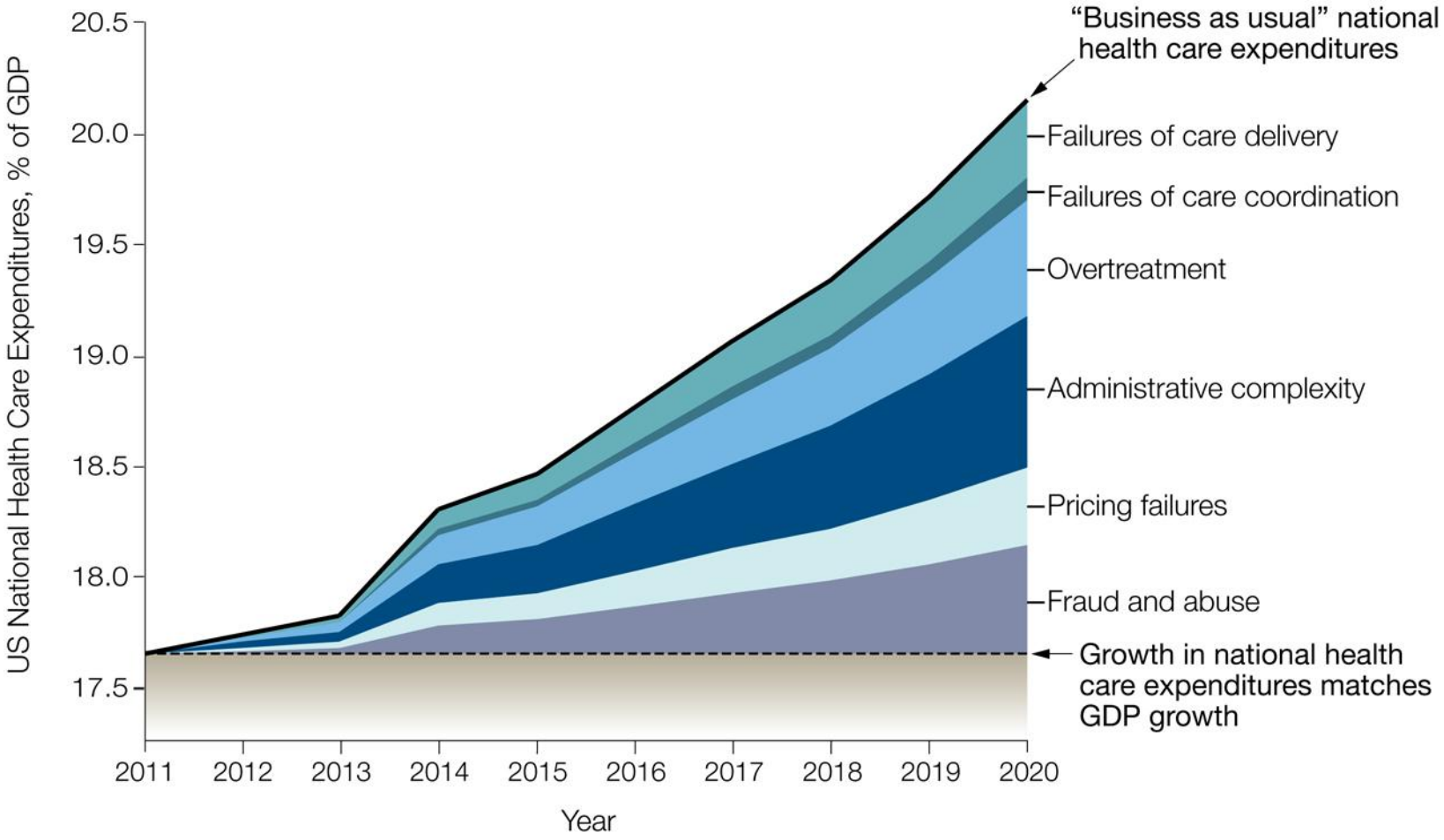


ALIGNMENT WITH NEW HEALTH CARE ENVIRONMENT

The Wait is Over

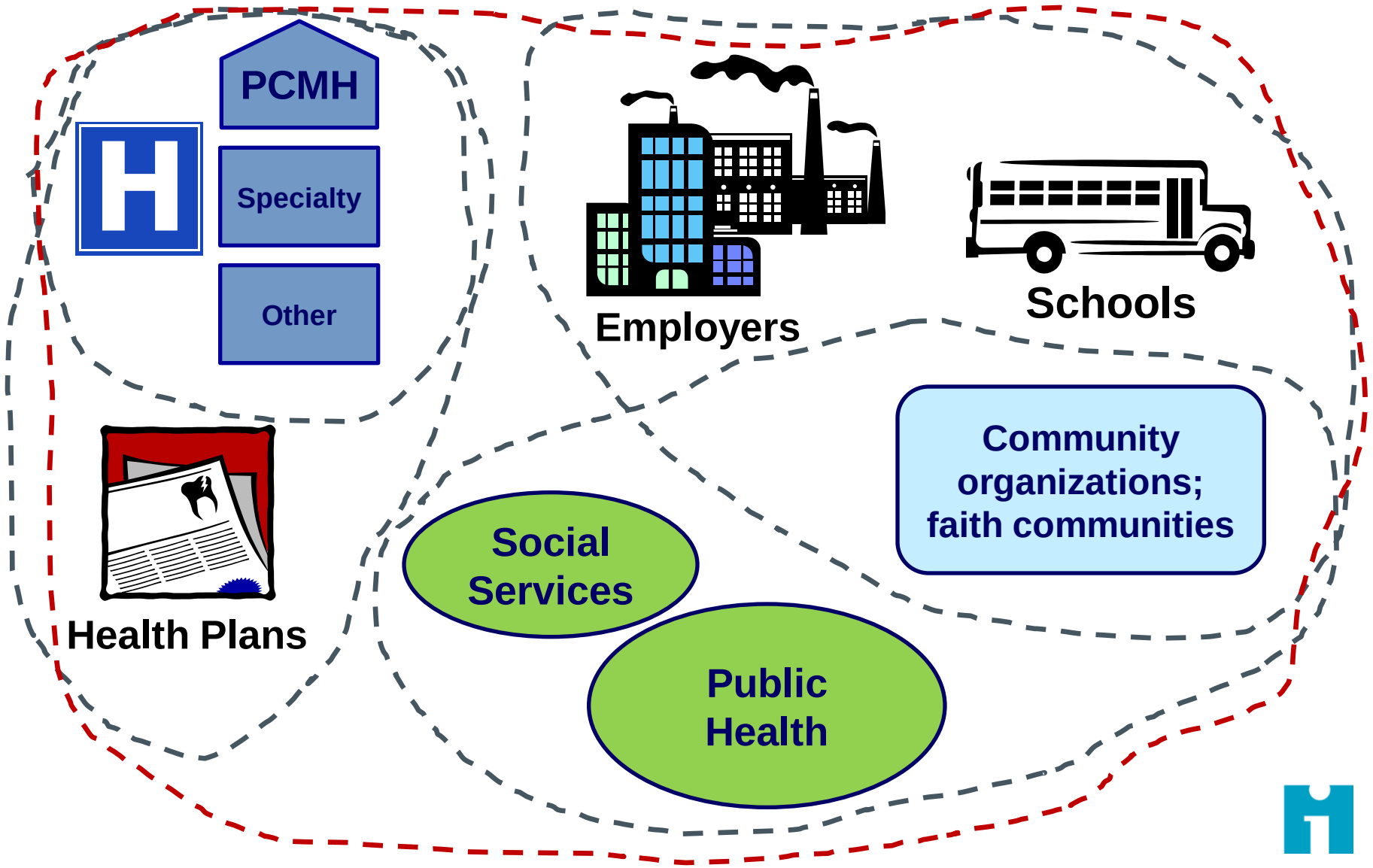
- The ACA will move forward
  - Insurance Exchanges in all states
    - Federal, Partner and State
    - Expansion of Medicaid in some states
  - Continued payment “experiments” from CMS
    - ACO
    - Bundled Payments
  - Payments linked to readmission
  - Value based Payments for Physicians in 2015

Figure. Proposed "Wedges" Model for US Health Care, With Theoretical Spending Reduction Targets for 6 Categories of Waste



Berwick, D. M. et al. JAMA doi:10.1001/jama.2012.362

The “Ecosystem”



Triple Aim Thinking

"These programs (Meals on Wheels) not only work to ease isolation, hunger and suffering, they also save taxpayers substantial sums of money. The simple truth is that we can feed a senior for an entire year for the cost of one day in a hospital."

—Sen. Bernie Sanders
Senate Subcommittee on Primary Health and Aging

Source: http://www.sanders.senate.gov/newsroom/news/?id=dd648cba-7385-4624-b1be-2060e55039d9

RELEVANCE TO RURAL ENVIRONMENTS

Rural Assets

- Smaller organizations can move faster than big ones
- Local leadership can have a huge impact
- Local institutions can be easier to connect
- Community linkages may already be strong and partners ready to engage
- Smaller numbers of cases don’t have to be a barrier; if the goal is *ZERO*, the denominator doesn’t matter

Rural Success Story

- Per capita income = $870
- Per capita health care spending = $77
- Life expectancy = 57 (male) 58 (female)
- Maternal mortality = 460/100,000 births
- Probability of dying under 5 (per 1000 live births) = 83

WHO “3 Delays” - Drivers of Maternal Mortality and Morbidity

AIM

Reduce maternal mortality and morbidity

PRIMARY DRIVERS

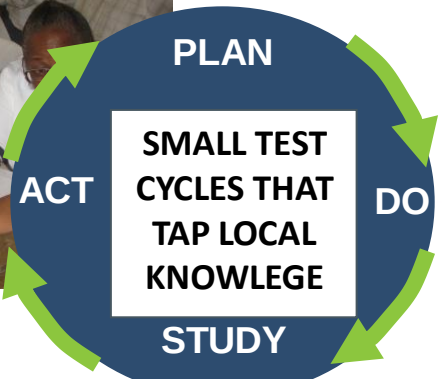
1st Delay – deciding to seek appropriate medical help

2nd Delay reaching an appropriate obstetric facility

3rd Delay receiving adequate care when a facility is reached

Women Groups & Task Forces

BTS QI intervention



Focus on Demand, Supply and Linkage

Delay 1: Creating Demand

650 women's groups

Delay 2: Ensuring reliable Referral & Access to services

707 task forces

Delay 3: Ensuring High Quality services

- *13 CEmONC Hospitals*
- *42 Health Centres*

Improvement in the Clinic

Improvement in the Community

Results:

20% reduction in newborn deaths in 2 years
1000 newborn lives saved

Blog post: http://www.huffingtonpost.com/pierre-m-barker-md/how-to-save-1000-newborn-_b_3536712.html

Thinking About the Path

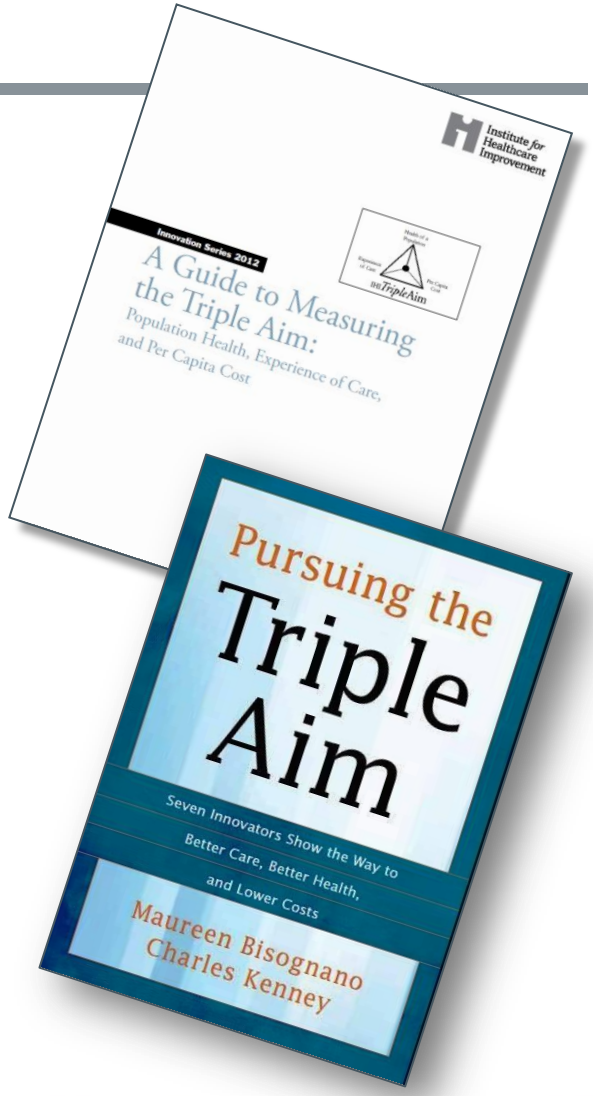
- Improvement and leadership capability
- Get hospital care right:
  - No harm; get cost out
- Get transitions right
- Integrate care
  - Example: PC/BH
- Focus on high need populations:
  - Frail elders
  - Medically/socially complex
- Include health dimension

Engage Community

RESOURCES FROM IHI

Triple Aim Resources

- Readiness self-assessment: http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/TripleAimReady.aspx
- Triple Aim measurement white paper http://www.ihi.org/knowledge/Pages/IHIWhitePapers/AGuidetoMeasuringTripleAim.aspx
- Pursuing the Triple Aim: Seven Innovators Show the Way to Better Care, Better Health, and Lower Costs, 2012



Potential Resources for Flex Programs

- IHI Expeditions: Action-focused, topic specific, virtual programs of 3-5 months.
  - http://www.ihi.org/offerings/virtualprograms/expeditions/Pages/default.aspx
- IHI Open School: On-line learning about quality improvement and patient safety.
  - Free to students and faculty; subscription for professionals.
- 50% scholarship support for safety net, small hospitals, and CAHs.
- Customized options on request.

IHI's Online Resources

- Subscribe to *This Week @ IHI*, IHI's free weekly e-newsletter
- Listen to WIHI, a free audio program from IHI
- Check out the resources, tools, stories, and contacts available on **www.IHI.org**
- Follow us on Facebook, Linkedin, or Twitter "@TheIHI"