Workshop Objectives

- Articulate the three-part framework that IHI developed from working with organizations and communities on the Triple Aim
- Apply lessons from real-world Triple Aim sites to the population management efforts within their organizations or communities
- Move from the theory of the Triple Aim to actionable plans for execution
Session Faculty

- John Whittington
  - Senior Fellow and Triple Aim Lead Faculty, Institute for Healthcare Improvement

- Niñon Lewis
  - Executive Director, Triple Aim for Populations Focus Area, Institute for Healthcare Improvement

IHI Triple Aim

- A System design that is one aim with three dimensions:
  - Improving the health of the populations;
  - Improving the patient experience of care
  - Reducing the per capita cost of health care.
Triple Aim Populations

- **Defined Populations**: Triple Aim for a defined population that makes business sense (e.g. who pays, who provides)
- **Community-Wide Populations**: Solving a health problem within the community and creating a sustainable funding source

<table>
<thead>
<tr>
<th>Country</th>
<th>Health System</th>
<th>Insurance Company</th>
<th>Community Coalition</th>
<th>Community Based Organization</th>
<th>Government Health Service</th>
<th>Other</th>
<th>Total</th>
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<td>Denmark</td>
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<td>Sweden</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>12</strong></td>
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<td><strong>62</strong></td>
<td><strong>4</strong></td>
<td><strong>141</strong></td>
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</table>
3 Guiding Principles for Pursuing the Triple Aim

1. Creating the right foundation for population management.
2. Managing services at scale for the population.
3. Establishing a learning system to drive and sustain the work over time.

FOUNDATIONAL SETUP FOR POPULATION MANAGEMENT
Foundational Setup for Population Management

1. **Choose a relevant Population** for improved health, care and lowered cost.

2. **Identify and develop the Leadership and Governance** for your effort.

3. **Articulate a Purpose** that will hold your stakeholders together.

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Triple Aim “Watch Outs”

*Learning from those who have struggled with governance and organization…*

Watch out for:

1. The Triple Aim is not strategic, just one of many “projects”. Population management is just a sideshow for the organization.

2. No governance structure in place to manage the Triple Aim that includes the top leaders and key stakeholders. The leadership team can’t move very fast to make progress.
**Channeling Self-Interest**

<table>
<thead>
<tr>
<th>OUT</th>
<th>IN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>Advocacy and activism</td>
</tr>
<tr>
<td>Science of improvement</td>
<td>Journalism</td>
</tr>
<tr>
<td>Grants</td>
<td>No new money + Model for Improvement</td>
</tr>
<tr>
<td>Guiding coalition</td>
<td>Many small group relationships + learning</td>
</tr>
<tr>
<td>Driver diagrams</td>
<td>Conditional prediction rules</td>
</tr>
<tr>
<td>Theory espoused</td>
<td>Theory in use</td>
</tr>
<tr>
<td>Managed portfolio of projects</td>
<td>Dynamic opportunities to learn-PDSA</td>
</tr>
</tbody>
</table>

Developed by Tom Nolan, PhD
MANAGING SERVICES AT SCALE
FOR THE POPULATION

Managing Services at Scale

• Identifying a population segment on which to focus.
• Conducting a needs and assets assessment
• Developing a portfolio (group) of projects that will yield Triple Aim results
• Designing or redesigning services to meet the needs of the population
• Developing a plan for delivery of services at scale
• Expanding the capabilities of “integrator” organizations
Managing Services for a Population

Key Considerations for Portfolio Development

- Triple Aim is a multi-year journey with multiple, sequenced projects along the way
- Portfolios depend on understanding your population and how it is segmented
- Your portfolio will be informed by a broad view of what you and other partners can do
- There’s a lot in your portfolio already
- Use a driver diagram or logic model to show how the portfolio hangs together
- You can annotate with system and project measures
Triple Aim “Watch Outs”

Learning from those who have struggled with managing services for the population…

Watch out for:

1. Not spending enough time with needs assessment to intensively understand their population. The work should derive from meeting the needs and maximizing the assets of the population they serve.
2. Portfolio is underwhelming compared to goals.
3. Not understanding the key aspects of service design.

CREATING A LEARNING SYSTEM FOR POPULATION MANAGEMENT
Developing a Learning System for Population Management

- Using population-level measures*
- Developing an explicit theory or rationale for system changes
- Learning by iterative testing
- Using informative cases to “act with the individual; learn for the population”
- Selecting leaders to manage and oversee the learning system


<table>
<thead>
<tr>
<th>Dimension</th>
<th>Measure</th>
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<tbody>
<tr>
<td><strong>Population Health</strong></td>
<td>1. Health Outcomes:</td>
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<td></td>
<td>- Mortality: Years of potential life lost; Life expectancy; Standardized mortality rates</td>
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<tr>
<td></td>
<td>- Health/Functional Status: single question (e.g. from CDC HRQOL-4) or multi-domain (e.g. SF-12)</td>
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<td></td>
<td>- Healthy Life Expectancy (HLE): combines life expectancy and health status into a single measure, reflecting remaining years of life in good health</td>
</tr>
<tr>
<td></td>
<td>2. Disease Burden: Incidence and/or prevalence of major chronic conditions</td>
</tr>
<tr>
<td></td>
<td>3. Risk Status: Behavioral risk factors include smoking, alcohol, physical activity, and diet. Physiological risk factors include blood pressure, BMI, cholesterol, and blood glucose.</td>
</tr>
<tr>
<td><strong>Experience of Care</strong></td>
<td>1. Standard questions from patient surveys, for example:</td>
</tr>
<tr>
<td></td>
<td>- Global questions from US CAHPS or How’s Your Health surveys</td>
</tr>
<tr>
<td></td>
<td>- Experience questions from NHS World Class Commissioning or CareQuality Commission</td>
</tr>
<tr>
<td></td>
<td>- Likelihood to recommend</td>
</tr>
<tr>
<td></td>
<td>2. Set of measures based on key dimensions (e.g., US IOM Quality Chasm aims: Safe, Effective, Timely, Efficient, Equitable and Patient-centered)</td>
</tr>
<tr>
<td><strong>Per Capita Cost</strong></td>
<td>1. Total cost per member of the population per month</td>
</tr>
<tr>
<td></td>
<td>2. Hospital and ED utilization rate and/or cost</td>
</tr>
</tbody>
</table>
Triple Aim “Watch Outs”

Learning from those who have struggled with building a learning system for population management…

Watch out for:
1. Lack of knowledge on quality improvement.
2. Too much reliance on planning. Going from planning to implementation without testing (learning).
3. Not measuring over time.
4. Lack of tempo on testing.

SPECIFIC LEARNING FROM COMMUNITIES
Specific Lessons from Communities

- Get to know your population. Intimately.
- Understand your purpose in relation to your population; you’re going to need it.
- It’s in the telling of “war stories” that builds the will and confidence across sectors, not always in “best practice”
- Get real about self interest.
- Health Care as a Second Language “HCSL”

Specific Lessons from Communities

- “You have one mouth and two ears, use them proportionally”
- Decisions are made by the those who show up.
- Assume that you will need to lose a bit of control for much, much more power.
Questions?

- **Pursuing the Triple Aim: The First Seven Years**, Milbank Quarterly, June 2015:
  - [http://www.ihi.org/resources/Pages/Publications/PursuingTripleAimFirstSevenYears.aspx](http://www.ihi.org/resources/Pages/Publications/PursuingTripleAimFirstSevenYears.aspx)

- **IHI Triple Aim Improvement Stories:**
  - Signature Healthcare (Brockton, MA) - [http://www.ihi.org/resources/Pages/Publications/SignatureHealthcareTripleAim.aspx](http://www.ihi.org/resources/Pages/Publications/SignatureHealthcareTripleAim.aspx)
  - Health Improvement Partnership of Santa Cruz County, CA - [http://www.ihi.org/resources/Pages/Publications/HealthImprovementPartnershipTripleAim.aspx](http://www.ihi.org/resources/Pages/Publications/HealthImprovementPartnershipTripleAim.aspx)
  - Bellin Health (Green Bay, WI): [http://www.ihi.org/resources/Pages/Publications/BellinHealthTripleAim.aspx](http://www.ihi.org/resources/Pages/Publications/BellinHealthTripleAim.aspx)
  - Indian Health Service: Chinle Service Unit (Chinle, AZ) – [http://www.ihi.org/resources/Pages/Publications/IndianHealthServiceChinleTripleAim.aspx](http://www.ihi.org/resources/Pages/Publications/IndianHealthServiceChinleTripleAim.aspx)
  - Healthy Shelby Initiative (Shelby County, TN) – To be released December 2015

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Thank you for joining us!

For more information:
- Contact Ninon Lewis @ nlewis@ihi.org
- Visit us at [www.ihi.org/tripleaim](http://www.ihi.org/tripleaim)