The Triple Aim

- The Triple Aim was proposed by Donald Berwick, Thomas Nolan and John Whittington in Health Affairs in 2008.¹
- The framework introduces “an approach to optimizing health system performance” with three dimensions: improving the experience of care, reducing per capita costs of healthcare, and improving the health of populations.¹²³
- Key to the triple aim is to “simultaneously pursue all three dimensions.”¹

The Iron Triangle

- The Iron Triangle has been used frequently in public policy analyses, however in health care, the Iron Triangle was proposed by William Kissick in Medicine’s Dilemmas in 1994.³
- The Iron Triangle framework has three dimensions: improving access to care, improving quality of care, and containing costs.
- Key to the Iron Triangle is a set of constraints on the ability of health systems to improve. You can only pursue two of the three dimensions without the third being sacrificed.

Can we simultaneously achieve all three strategic objectives?

Absolutely. It is an ambitious goal.

- The Triple Aim addresses all three dimensions in optimizing health systems. “We need to address all three of the Triple Aim dimensions at the same time.”²
- The healthcare system is stagnant and improvement efforts have been limited by narrow goals.
- The Triple Aim is a balance among achieving all three strategic objectives.

No. We are constrained.

- The Iron Triangle says that we are constrained to only achieve two of the three aims. “Ironically – Optimizing on three aims at once requires constraints on at least two of them.”³
- “All societies confront the equal tensions among access to health services, quality of care, and cost containment. Tradeoffs are inevitable regardless of the size of the triangle.”¹

Can we improve access to healthcare services for all?

Yes. But ensuring equity.

- Access to healthcare services is not an explicit dimension of the Triple Aim.
- Gains in health must be equitable. “The gain in one subpopulation ought not to be achieved at the expense of another subpopulation.”¹
- “The Holy Grail of universal coverage in the United States may remain out of reach unless…we can reduce per capita costs.”¹

With tradeoffs on cost or quality.

- Current health policy debates focus on access to health care through providing health insurance.
- However, Kissick had a broader idea of health care access as part of the Iron Triangle Framework. “Health care strategy must balance cost with quality and access to yield the greatest good for the greatest number.”³

How can we reform the healthcare system?

Be ambitious and be realistic.

- Healthcare systems can integrate care, improve efficiency, reduce overuse, and focus on value over volume to achieve the Triple Aim.
- Achieving all three strategic objectives will be through improving efficiency of the healthcare system, pushing for payment reforms, and disseminating disruptive innovations.¹
- The Triple Aim is not a panacea. There will still need to be tradeoffs when improving health care systems.

- National health care reform cannot happen without making realistic decisions about whether we will reduce quality of care or access to bend the cost curve.
- Current efforts seem to indicate states’ Medicaid expansion and ACA Exchange plans improves access, but are also increasing costs.

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