



The Vision and Importance of Measuring the Three-part Aim

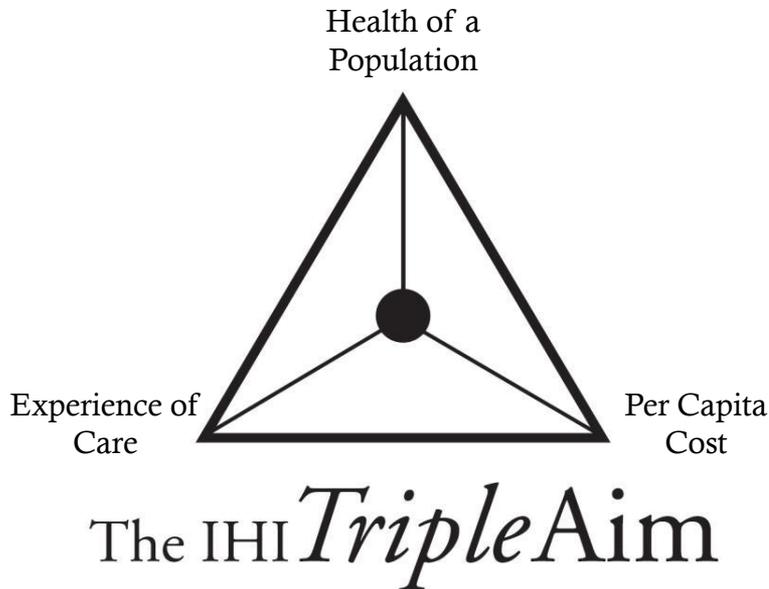
Core Metrics for Better Care, Lower Costs, and Better Health
An Institute of Medicine Workshop

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The Beckman Center of the National Academies
Irvine, CA

Maureen Bisognano
President and CEO

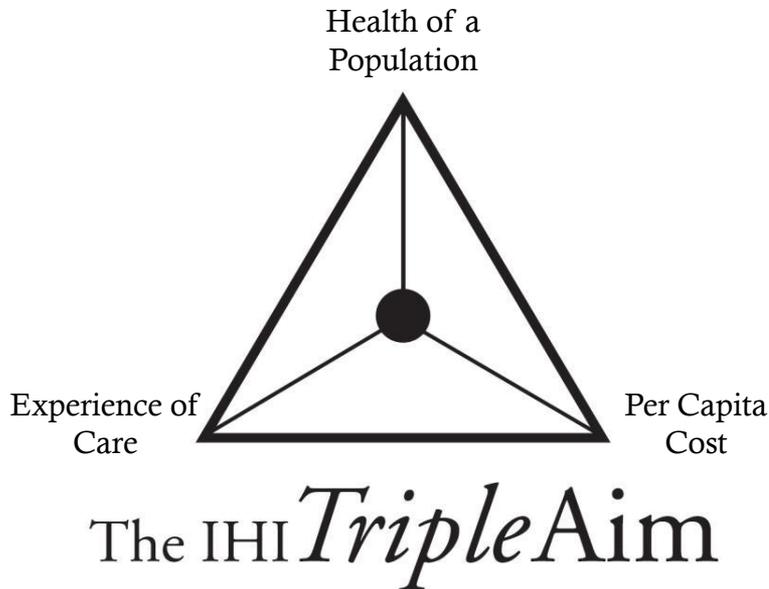
IHI

A Brief Review of the Triple Aim



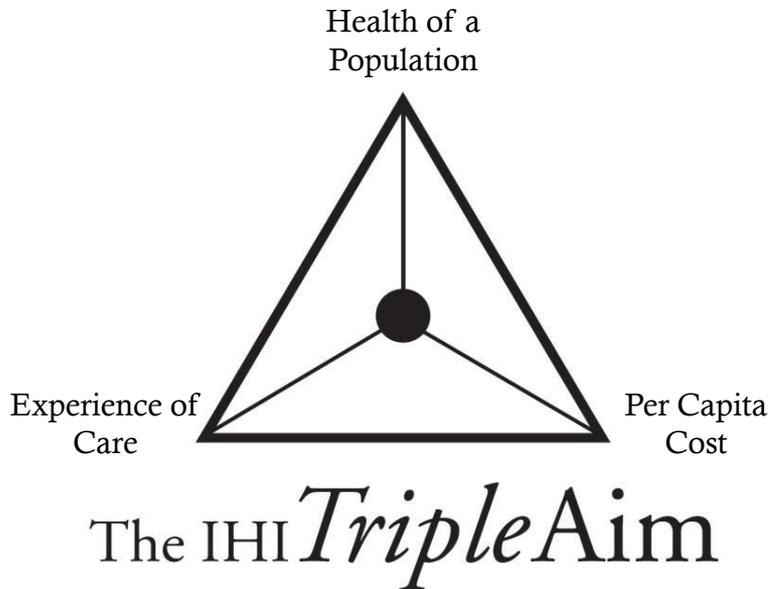
- 2006: discussions on the aims and goals for improvement (more confidence after Pursuing Perfection, the 100K Lives, and the 5M Lives Campaigns; urgency to move to system-level improvements)
- Discussions with leaders across the health care system produced very different views of what is important

A Brief Review of the Triple Aim



- The Commonwealth Fund Scorecard, the Dartmouth Atlas, and many research studies showed gaps between the US and other countries, and variation within the country
- Led to the development of the IHI Triple Aim – improving the health of populations; improving the individual experience of care; and reducing the per capita costs of care for populations

A Community



- The initial design led to 15 pioneering organizations convened by IHI to take on the Triple Aim
 - Jönköping County Council
 - NHS Bolton
 - Bellin Health Systems
 - CareOregon
 - CareSouth Carolina
 - Cincinnati Children’s Hospital Medical System
 - Contra Costa
 - Genesys Health System
 - Group Health Cooperative
 - HealthPartners
 - Montgomery County Primary Care Coalition
 - North Colorado Health Alliance
 - NY Presbyterian Select Health
 - Queens Health Network
 - Vermont Blueprint for Health

Lessons From the Early Days

- Critical role of an integrator
- A need to identify “a population”
- Definition of measures, a portfolio of projects, a tempo, and constraints

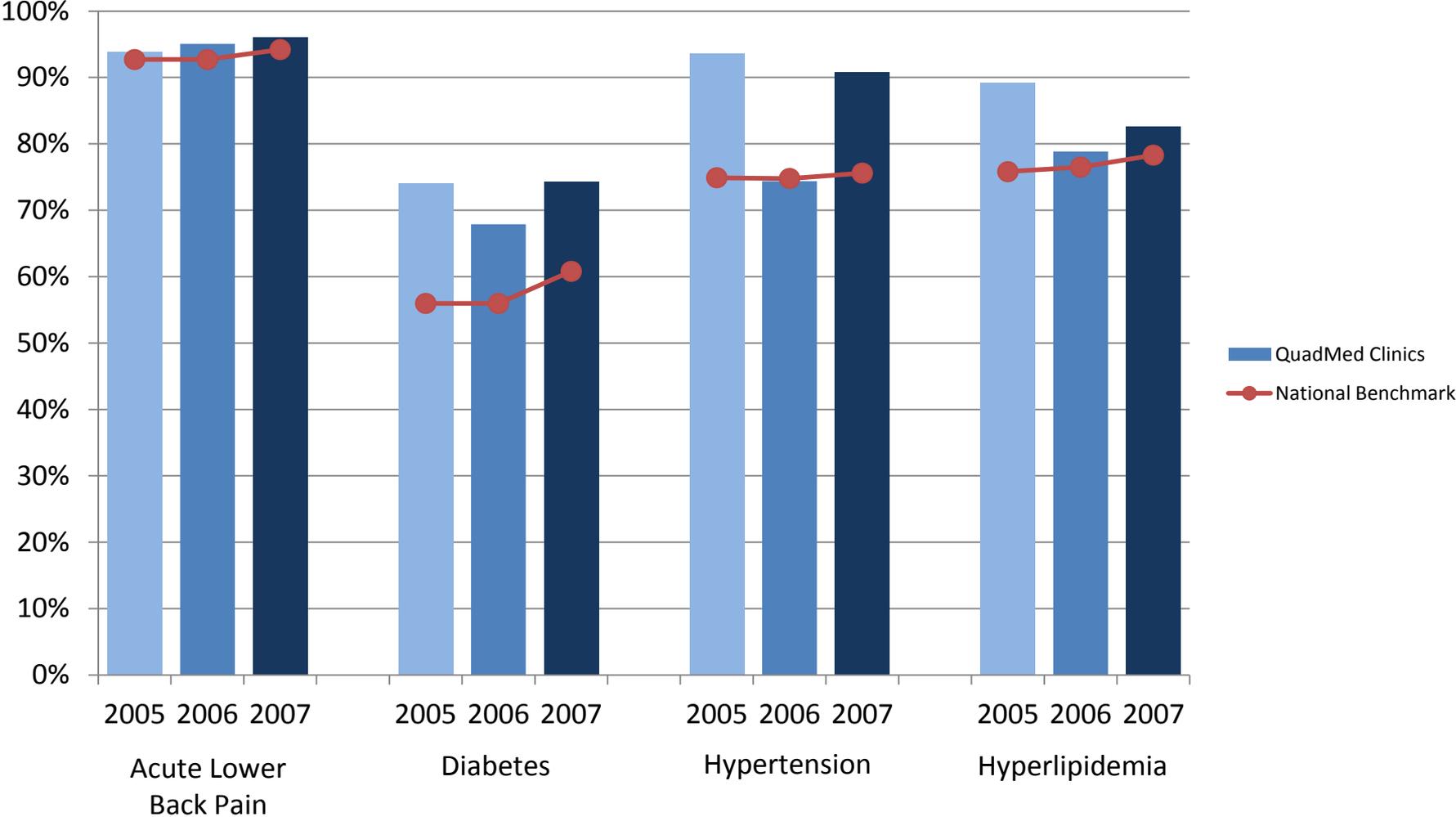
An Early Example: Quad/Med

- Integrator role with narrow network – almost all primary care in-house
- Employ internists, pediatricians, family practitioners, and some specialists; manage own labs, pharmacies, rehab centers; contacts for specialists and hospitals
- MD bonuses paid on satisfaction and clinical outcomes; all visits at least one half-hour and many an hour long
- Dramatically improved clinical outcomes
- Increases of (.75%) – 9% per year (less than 5% annually for last 5 years)
- Costs are 32% less than the Midwest average
- Strong focus on health

What is QuadMed?

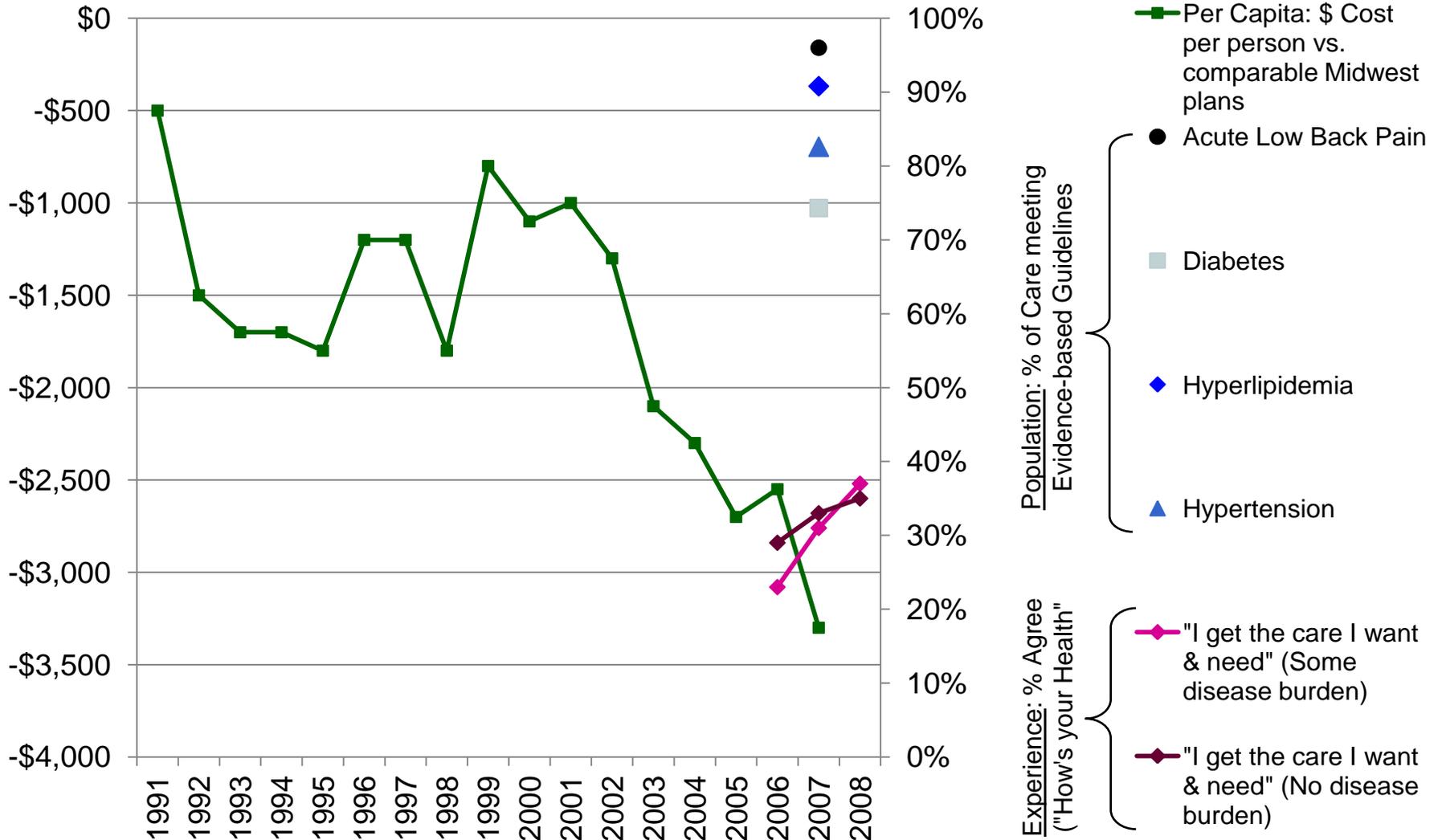
- Integrated health care delivery system
 - Owned by QuadGraphics for their employees and dependents,
 - PCMH model using Triple Aim Principles
- Comprehensive On-Site Health Care Services
 - Primary Care, Rehab, Fitness, Wellness, Disease Management
 - Pharmacy, Dental, Optical, Specialty Care
- Self administered insurance plan
 - Value based design, Provider networks, Claims, TPA
- Information management systems
 - Secure portal, EMR, Meridios, Medstat

QuadMed Use of Evidence-Based Practice



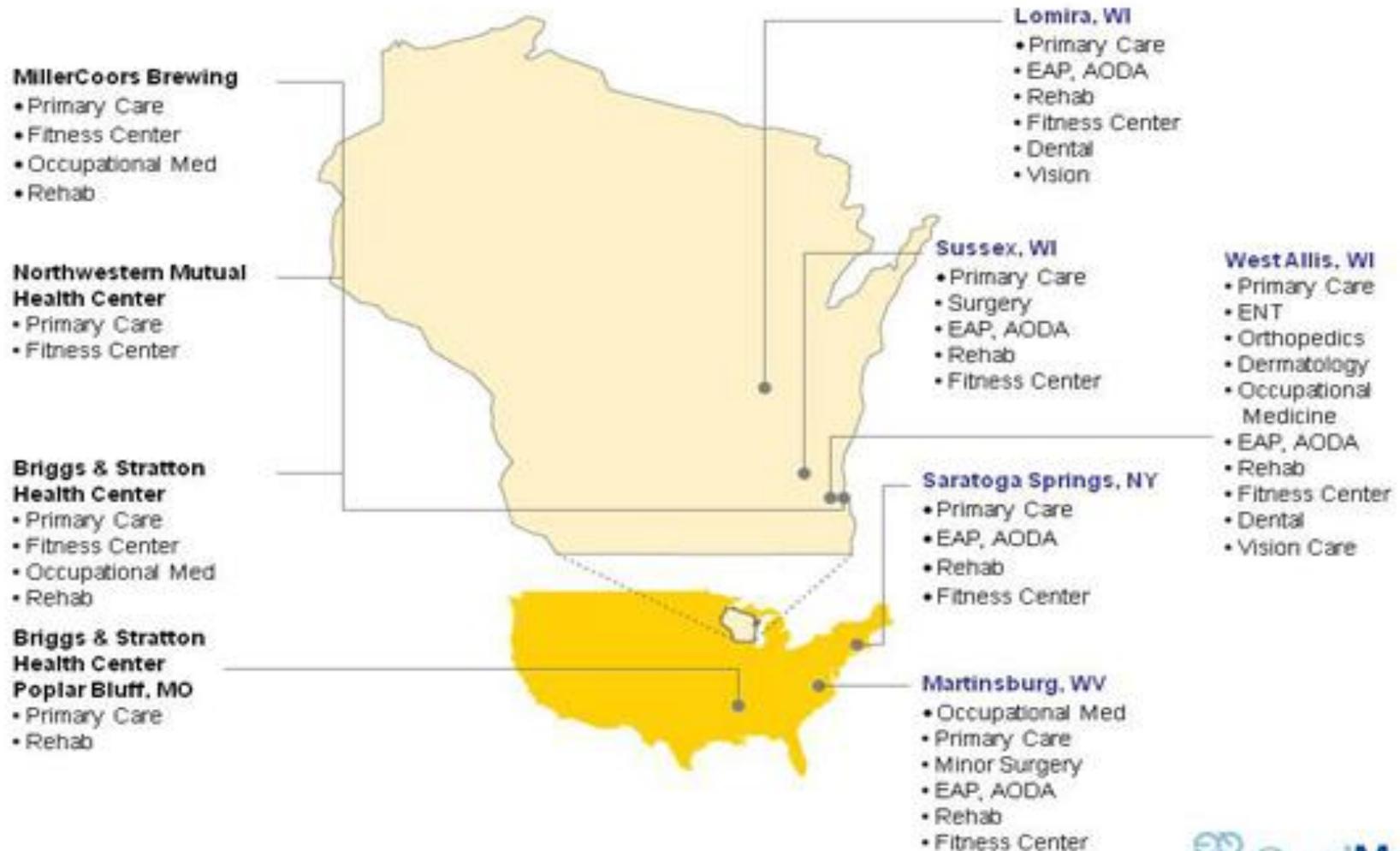
Source: Ingenix

QuadMed Results: Cost Per Capita, Population Health, and Experience



QuadMed Now Providing Health Care for Other Companies in Wisconsin and Surrounding States

QuadMed Clinic Locations

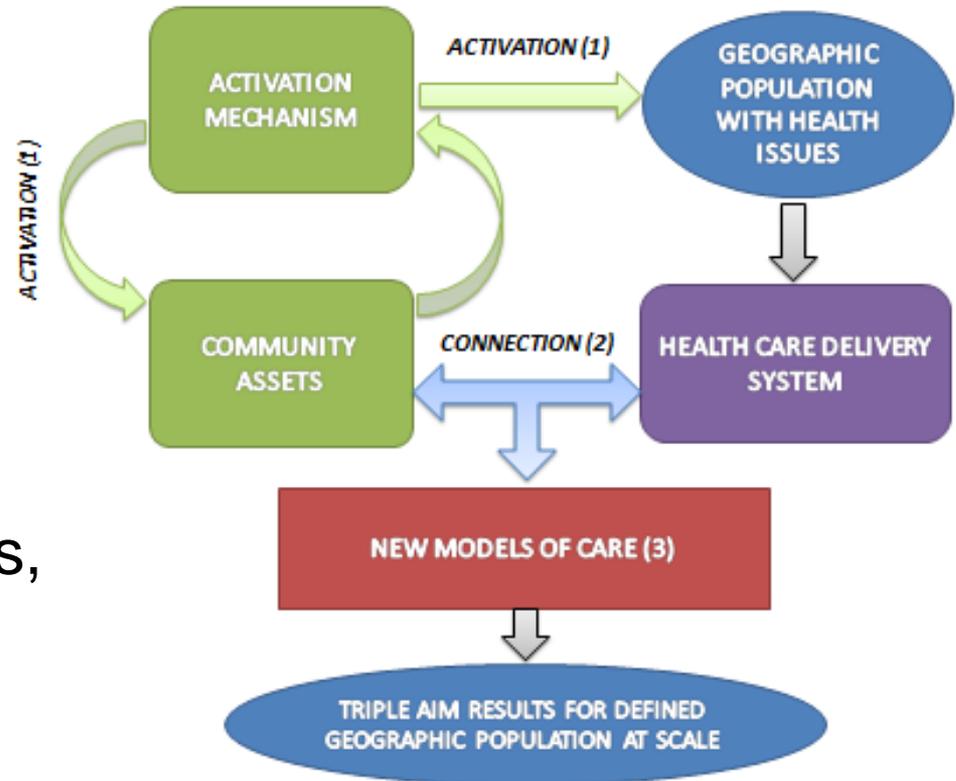


Collaborative Lessons

- Need measures for comparison and for learning (data over time)
- Need a learning system and a broader coalition to move the numbers
- Clarity on measuring progress in outcomes, processes, and at the population level
- Governance – a key role of the integrator – is harder than management

A New Model

- 2010: the potential impact of the ACA, the calculated effects of incentive payments, transparent data, and cost pressures accelerate the pace in pioneering communities, and prompt the development of a new model...



IHI's Partners/Activation Mechanisms: *Memphis / Shelby County, TN*

- *Memphis Activation Mechanism:*
 - A virtual faith-based network.
- *Focus of Activation mechanism – Project Goals:*
 1. Reduce untreated and unmanaged hypertension among low-income African American men
 2. Reduce health risk and incidence of uncontrolled chronic disease for vulnerable women in Memphis

Memphis (Shelby County)HRR Map

<http://www.commonwealthfund.org/Maps-and-Data/State-Data-Center/Local-Scorecard.aspx>

Local Scorecard

This interactive U.S. map draws from [The Commonwealth Scorecard on Local Health System Performance, 2012](#). The unit of analysis in this report is the hospital referral region (HRR), which is an area that represents a regional market for care and does not align with county or state boundaries. For certain indicators, the quartile value reported in the online maps and HRR profiles reflects the combined score for two or more similar indicators. Click on the map to view HRR profile pages and use the comparison tool to select performance indicators and HRRs and generate custom bar charts and tables. Please send feedback to webeditor@cmwf.org.

Data by Area

Overall Rank

Browse the
Scorecard

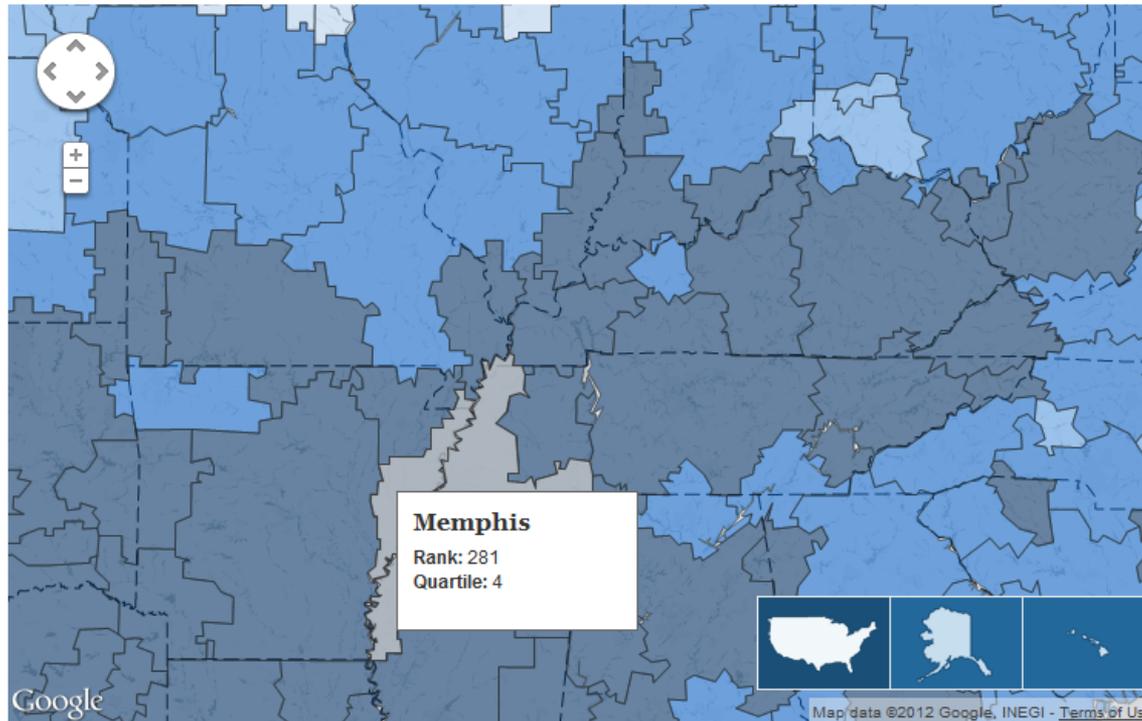
Compare Data
Across Local Areas

[Embed Map](#)

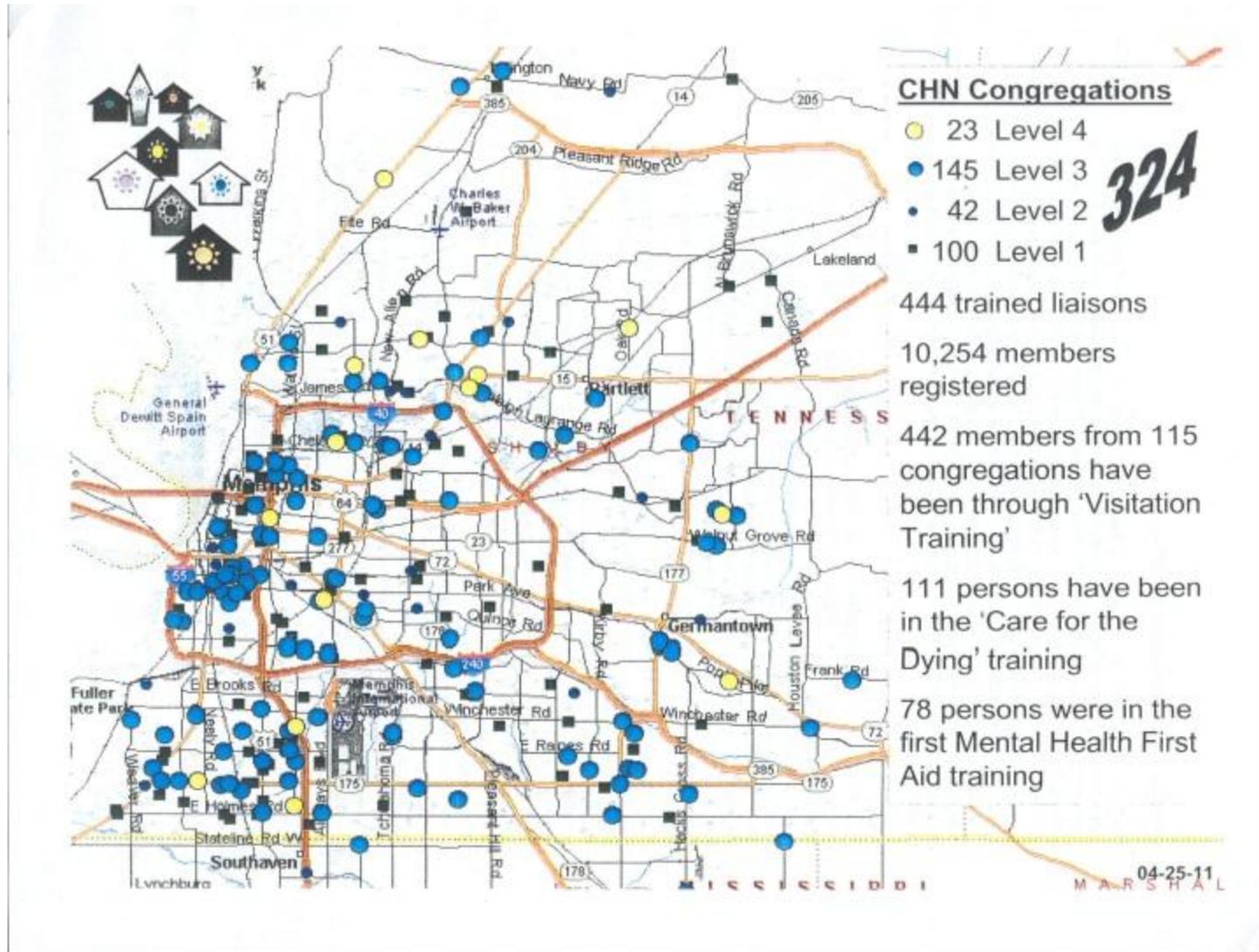
Overall Rank: 2012

Top Quartile Second Quartile Third Quartile Bottom Quartile No Data

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Activating Memphis' Congregational Health Network (CHN)



Activating Memphis' Congregational Health Network (CHN)

- Integration, spread and scale-up of three existing church networks.

HOW?

- Virtual faith-based network will be based on three pillars:
 - 1. Congregational health promotion and education:** Includes influencing congregations to adopt health and healing; providing churches with reliable sources of health information; and training trusted lay members of the congregation to transmit health information and advocate for health.
 - 2. Navigation:** Scale up of existing lay patient navigator program to facilitate the activation of individuals and high-risk populations before hospitalization.
 - 3. Integration** of existing networks of resources serving vulnerable residents in ten key ZIP Codes and provide guidance for improvement.

Activating Memphis' Congregational Health Network (CHN)

- **Scaling up the reach to young women:**

- Beginning with 30 existing CHN members in Year 1 and scaling up engagement to over 2,000 designated health volunteers in approx. 300 churches over 3 years.

- **Reaching over 8,000 women across the community** with information and skills for self-care and health improvement through family and community networks.

- **Scaling up the reach to men:**

- Onsite screening for hypertension and other health risks will be carried out at approx. 400 congregations over the first two years (150 in Year 1 and 250 in Year 2).

- Paired with additional outreach in Year 3 through male church members' connections to other community groups, including workplaces, neighborhood associations, and social groups, **these efforts are expected to reach approx. over 2,700 individuals with previously undiagnosed or untreated hypertension** who can be brought into community-based treatment.

New Measures

- New measures and definitions emerged from the second phase of IHI's Triple Aim work
- The three dimensions of the Triple Aim, together, can be used to measure value:
 - Value is optimization of the Triple Aim, recognizing that different stakeholders may weigh the three dimensions differently
 - The combination of per capita costs and experience measure efficiency
 - The combination of population health and experience measure effectiveness
 - Combining all of these enables measurement of cost-effectiveness and overall value

Where It All Comes Together

One public hospital saved Gilbert's life, and another one rebuilt it.
A world of possibility. Found in a world of good.



When Gilbert Salinas was accidentally shot 19 years ago, he was taken to Los Angeles County + USC Medical Center. There, at one of the largest trauma centers in California, doctors treated his injury and kept him alive.

But faced with spending the rest of his life in a wheelchair, Gilbert needed more than life-saving *medical care*; he also needed life-changing *rehabilitation care*. And that's exactly what he found at Rancho Los Amigos National Rehabilitation Center in Downey. Doctors, nurses and therapists there gave him the confidence and the tools he needed to live a productive life, and Gilbert did the rest. Incredibly, Gilbert is now a member of Rancho's staff, as Director of Patient-Centered Care.

Trauma care. Rehabilitation care. Loving care. We're California's public hospitals, and we're here when you need us.



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Contributions of the Core Metrics Work

- Designing metrics for a population from all these perspectives is complicated and health care leaders are seeking frameworks and guidance.
- Simplicity and comparability will be key for national learning.
- Actionable metrics are vital to the momentum of transformation

Thank You!

- Maureen Bisognano
President and CEO
Institute for Healthcare Improvement
20 University Road, 7th Floor
Cambridge, MA
mbisognano@ihi.org