



## The Triple Aim

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The current U.S. health care system, dominated by system complexity and escalating costs, is failing to address an increasing prevalence of chronic disease, millions of un- and underinsured, and a growing public dissatisfaction with health care delivery. Health care costs threaten our economy and place impossible burdens on our economy. Strategies to address the health care crisis require a fundamental shift from sick care to a population-based health system—a system that improves the health and well-being of whole populations. A sustainable health system must provide universal access to quality health care delivery while controlling escalating health care costs.

The Institute for Healthcare Improvement (IHI) defines the three goals in a population-based system by way of the Triple Aim<sup>1</sup>, which recognizes that to achieve sustainable reform in the health system, we must simultaneously:

- Improve the experience of health care delivery care for the individual
- Improve the health of the population
- Control per capita health care costs

The Triple Aim is widely recognized as the guiding strategy for improving health systems. It is a valuable framework which merits consideration and understanding for its implications within the Michigan Community Health Center (CHC) system. Moreover, CHCs delivering community-based care are uniquely positioned to achieve these aims by providing access to quality health care for all, eliminating health disparities, addressing upstream determinants of health for improvements in population health, and by providing care at lower costs. As such, CHCs can lead in a population-based model, demonstrating improved outcomes in the Triple Aim.

The first of the aims, **patient experience**, focuses on individual care within a quality health care delivery system. This component of the Triple Aim emphasizes universal access to a high-performance health care delivery system that provides care in accordance with the six aims of the Institute of Medicine (IOM) report (2001): care that is timely, equitable, efficient, safe, effective, and patient-centered. Our health system must be population-based, with health care delivery built upon a strong primary care infrastructure, patients and their families engaged in their own health and health care, and providers delivering comprehensive and coordinated care that is tailored to the needs and values of the individual. The model most frequently used to advance these improvements is the Patient-Centered Medical Home model placed within regional integrated systems of care.

Overemphasis on cost reduction undercuts both quality of care delivery and better health. However, disregarding cost containment places health system reform and the economy at risk as costs escalate. Indeed, the greatest threat to health reform is escalating health care costs. Therefore, it is essential that

**cost containment** be included as one of the three aims of the health system. The Triple Aim measures cost containment by way of per capita costs.

Above all, a health system must improve health. Moving beyond a sick care system, we must create a health system that is population-based, addressing upstream determinants of health to improve the health of every person in every community. The third aim, **improving population health**, is essential for quality of life, and is the single most effective way to reduce health care costs that threaten health system reform and economic stability.

The Triple Aim embodies a new philosophy: caring for the individual, understanding the health needs of the population, and careful attention to the stewardship of limited resources. Everyone must have access to quality health care delivery, but to contain costs the health system must improve the health of the population. This requires community-based approaches that address upstream determinants of health. The Triple Aim is a balanced approach and offers a guiding framework for Michigan Community Health Centers as we face the challenges and opportunities of comprehensive reform in an increasingly complex system.

1 Triple Aim”, Institute for Healthcare Improvement internal planning document, January 4, 2007.

### Links to Additional Information

IHI resources: [www.ihl.org/IHI/Programs/StrategicInitiatives/TripleAim.htm?TabId=4](http://www.ihl.org/IHI/Programs/StrategicInitiatives/TripleAim.htm?TabId=4)

### Getting engaged in the Triple Aim

Participation in the Triple Aim Prototyping Initiative:

The Institute for Healthcare Improvement offers a dynamic nine-month program for accelerating change process in your organization using the Triple Aim framework and the IHI Improvement methodology: [www.ihl.org/IHI/Programs/ConferencesAndSeminars/TheTripleAimApril2011.htm](http://www.ihl.org/IHI/Programs/ConferencesAndSeminars/TheTripleAimApril2011.htm)

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### **About Michigan Primary Care Association**

*Michigan Primary Care Association has been the voice for Community Health Centers and other community-based providers in Michigan since 1980. It is a leader in building a healthy society in which all residents have convenient and affordable access to quality health care. MPCA's mission is to promote, support, and develop comprehensive, accessible, and affordable quality community-based primary care services to everyone in Michigan. For more information, please visit [www.mpca.net](http://www.mpca.net) or call 517.381.8000.*

### **About Michigan Community Health Centers**

*For over 30 years, Michigan's Community, Migrant, HIV/AIDS, and Homeless Health Centers have been delivering comprehensive, affordable, cost-effective, quality primary and preventive care to federally designated medically underserved areas/populations of our state. Michigan's 32 Community Health Center organizations form an essential component of the state's safety net for nearly 600,000 residents at approximately 170 different locations. These organizations are on the front lines of health care serving the most vulnerable populations in rural and inner city communities.*