The Challenge of Achieving the Triple Aim: Assessing Ontario's Health Links Initiative

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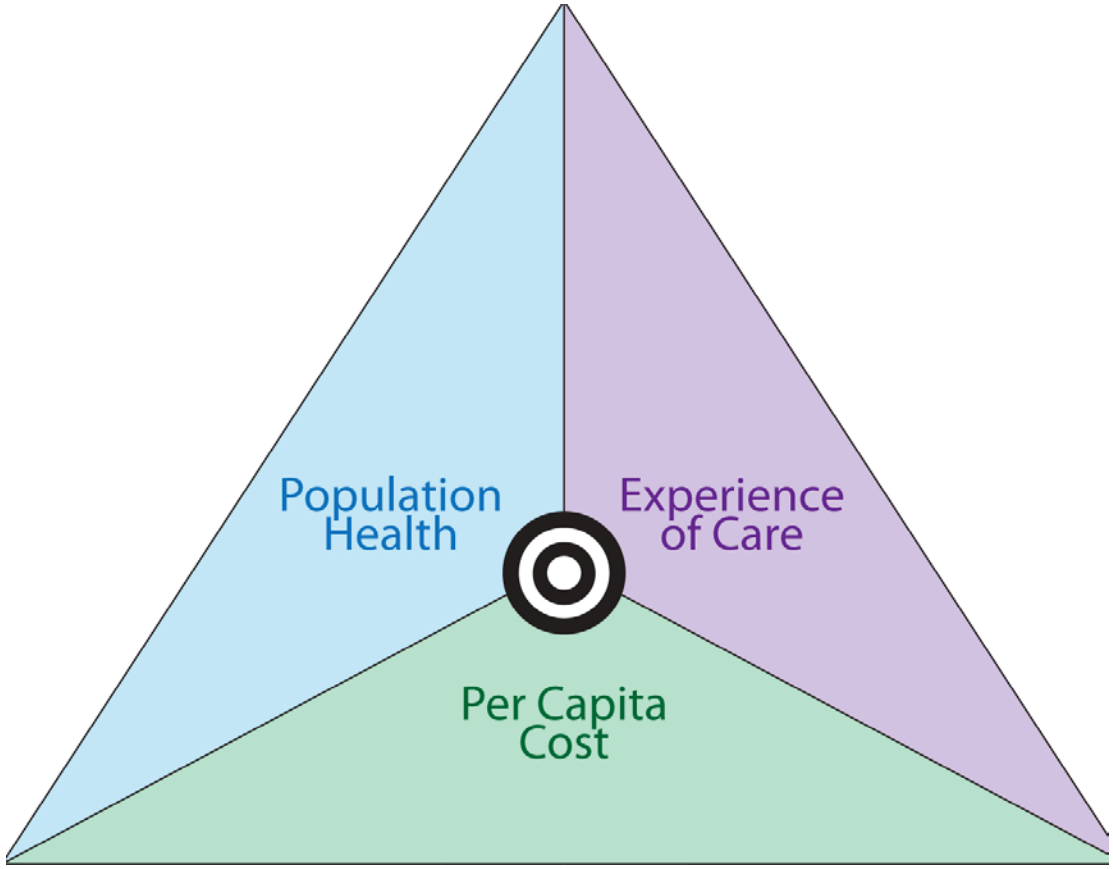
The Triple Aim

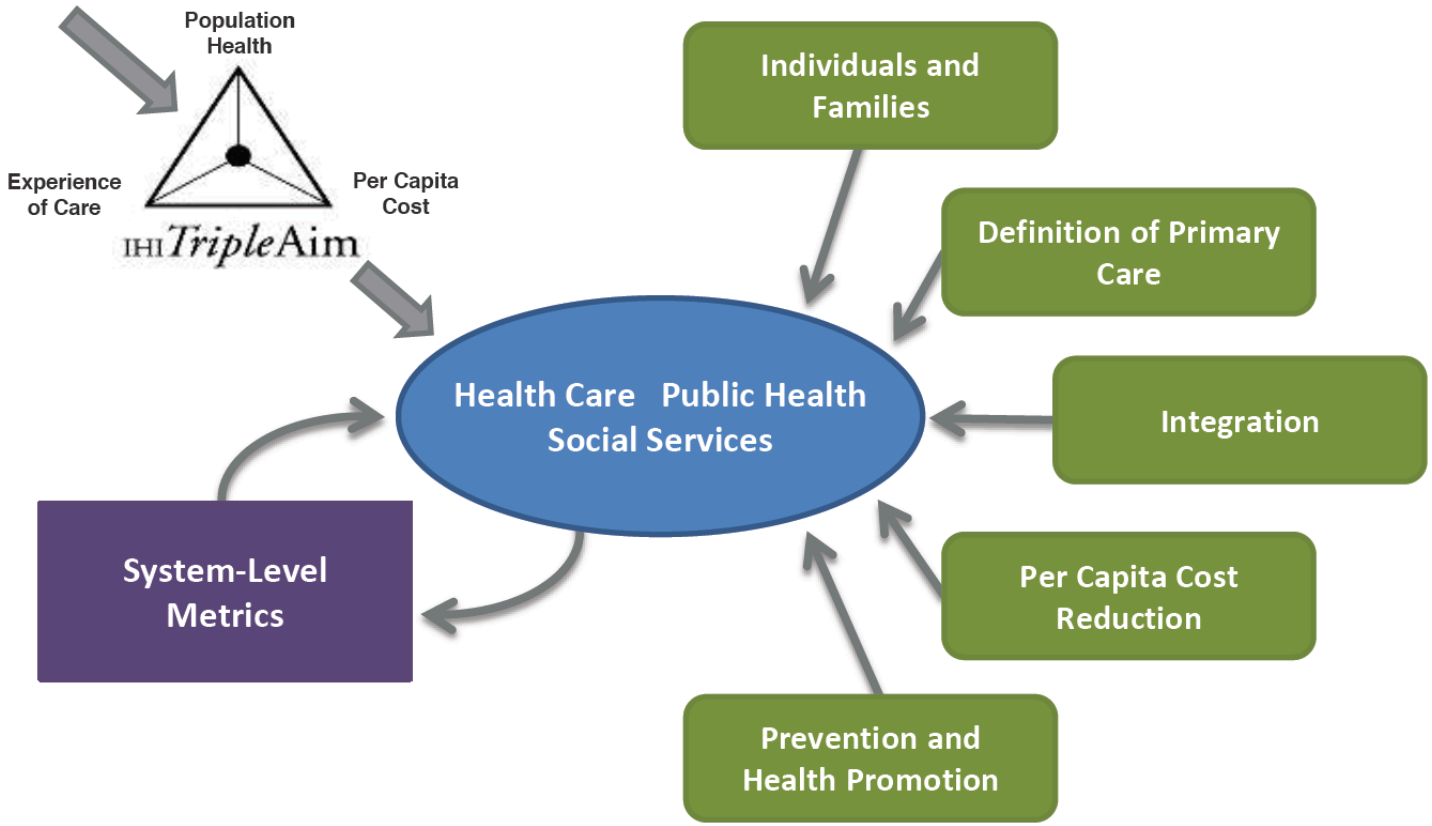
"Most recent efforts to improve the quality of healthcare have aimed to reduce defects in the care of patients at a single site of care….[but we] will not achieve high value health care unless improvement initiatives pursue a broader system of linked goals"

(Don Berwick, 2008)



Design of a Triple Aim Enterprise

Define "Quality" from the perspective of an individual member of a defined population



Institute for Healthcare Improvement, 2012

Growing Interest in Triple Aim

- 60+ organizations engaged by IHI as "prototype" organizations
- Parallel initiatives
  - Accountable Care Organizations
  - Managed care and other health system partnerships responsible for defined populations
  - Pay for performance initiatives

Challenges of Triple Aim Initiatives

- Governance, funding and accountability focus on individual providers
- Few current incentives for individual organizations or providers to work as a system
- Population health issues have been viewed as separate from health care delivery; and driven by different factors
- The strategies for success in Triple Aim are not clearly linked to specified interventions but require a broad and coordinated range of changes at micro, meso and macro levels

Key Characteristics of Organizations Achieving the Triple Aim

- Enrollment of an identified population
- Commitment to universality
- An existing "integrator" organization that catalyzes efforts toward all three aims by:
  - Creating partnerships with patients and families
  - Redesign of primary care
  - Improving disease prevention and health promotion
  - Strong financial management
  - Supporting system integration and execution
- Which of these factors currently exist in Canadian healthcare?

Berwick, et al., 2008; IHI; McCarthy and Klein, 2010

Assessing Commitment to Triple Aim

- Do you currently focus your organization's activities on the needs of populations, and improving populations results in health, care and costs?
- Is the Triple Aim an explicit part of your organizations' strategy?
- Does your organization measure its results around all three dimensions of the Triple Aim?
- Is your organization current achieving results in line with the Triple Aim?
- Are improvement projects aligned with the Triple Aim?

Institute for Health Care Improvement

Why the Growing Focus on Triple Aim?

- Growing recognition of the need for large scale system redesign
- Limited success with other approaches that address large scale cost and quality outcomes
  - Growing recognition that structural changes are unlikely to be timely or sufficient to achieve needed improvements in performance
  - Financial levers are important elements but difficult to design
- Some examples of success with Triple Aim both in the US and elsewhere
- Not least because the Triple Aim offers an appealing blend of hard headed realism and aspirational goals

Current Canadian Triple Aim Efforts

- Patients First and Lean Redesign initiatives in Saskatchewan
- Health Links and Quality Based Procedures in Ontario
- Other efforts in Ontario, BC and elsewhere
  - BRIDGES projects
  - Virtual ward initiatives
  - Divisions of General Practice (BC)

Health Links

- A new Ontario initiative aimed at improving care for patients with complex conditions by encouraging greater coordination and information sharing between providers
- Health Links aims specifically at providing care for high need/high use population segments, reducing hospital and ED utilization through better access to primary care and closer case management
- 23 pilot sites selected by Ontario Ministry of Health and Long Term Care in 2012/2013 to develop business plans and implement Health Link strategies

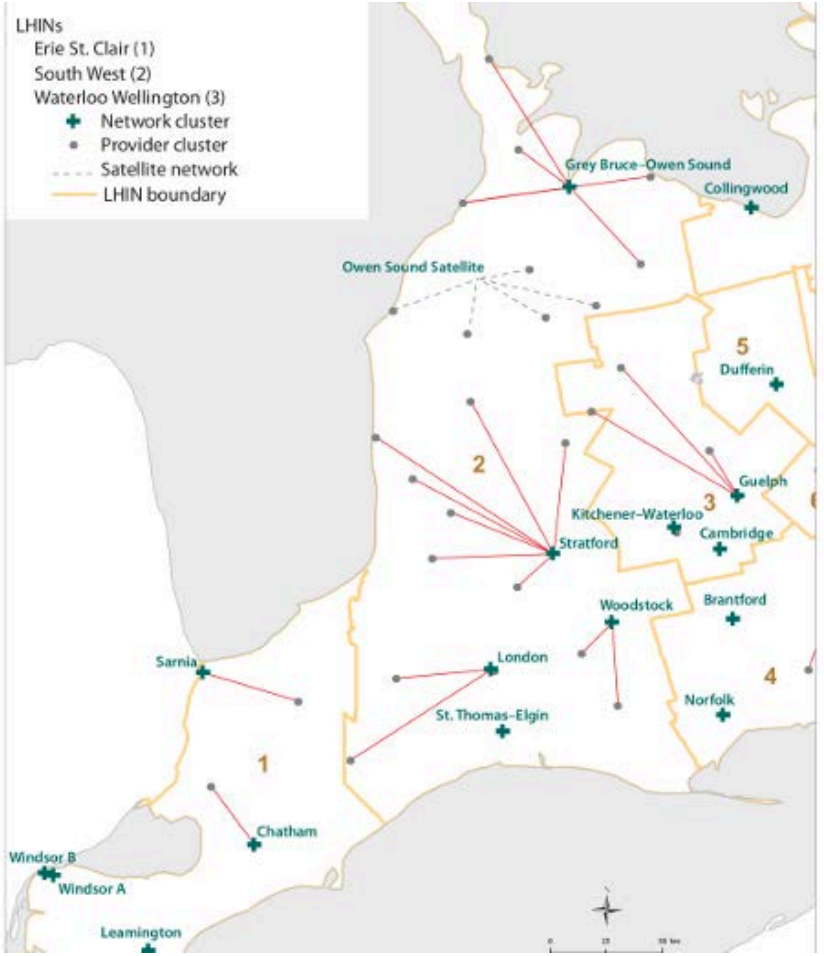
Stratifying the Population to Focus on Cost and Quality

- Top 1% of Ontarians use 34% of health care resources ($57K per individual)
- Top 5% use 66% of resources
- 46% of top 1% goes to acute care; 65% for those 18 to 64

Wodchis, et al. ICES, 2011

Health Links Core Strategies

- Focus on existing referral networks identified in local communities (T. Stukel, et al.)
- Support local networks to improve care with an emphasis on improving linkages to primary care
- Create better information management to identify and track improvements for high use population
- Identify key legislative and regulatory barriers for review by MOHLTC



Health Link Performance Metrics

- A focused set of indicators which are consistent across providers, are measurable, and represent meaningful change in the sector will be needed.
- With the immediate focus on high-users, the following would be expected as the short-term indicators, with others being added over time.

Short Term Indicators

- Average cost per high user patient
- Patient Satisfaction
- % seniors/high users with primary care provider
- Continued focus on Wait Times (ED to be revised)

Medium-Long Term Indicators

- Hospital ALC
- 30 day readmissions to hospital
- Appropriate ED use
- Time from referral to first home care visit
- Same day/next day access
- Time from referral to specialist consultation

Aspiration Metrics

5 Million More Days at Home

5 Million More Years of Healthy Life

How Does the Design of Health Links Map Against Known Success Factors?

- IHI assessments of Triple Aim efforts
- Quality By Design criteria

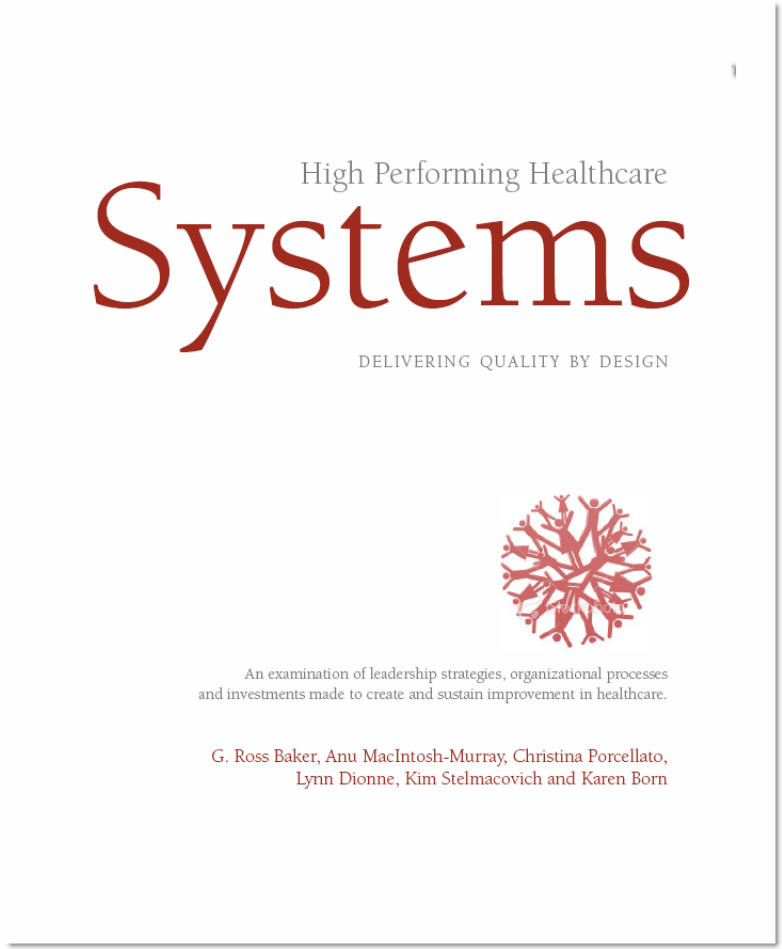
IHI Design Strategies for High Value Care

Primary Care: redefined with high capability	Reverse the cost-flow gradient – with improved GP –specialist connections	Reclaim wasted hospital capacity through flow optimization and chronic disease management
Patient goals at least total cost	Focused on high cost, socially or medically complex segments	Integration of regional resources

Quality By Design Study

- Goals:
  - Understand the strategies, tools, approaches to creating and sustaining high performing healthcare organizations
  - Inform discussions and investments in a newly regionalized environment in Ontario, and (perhaps) elsewhere
  - Create pressure to seek higher performance across the system

QBD Studies of High Performance



QBD Case Studies

- 5 International systems
  - Henry Ford Health System, Detroit, MI
  - Intermountain Healthcare, Salt Lake City, UT
  - Veterans Health Administration-- VISN 1 (New England) and White River Junction VAMC Vermont, USA
  - Birmingham East and North PCT and Heart of England Foundation Trust, Birmingham, England
  - Jönköping County, Sweden
- 2 Canadian systems
  - Calgary Health Region, Alberta
  - Trillium Health Centre, Mississauga, Ontario

Ten Critical Themes in Transformation

Leadership and Strategy	Organizational Design	Improvement Capabilities
Quality and system improvement as the core strategy	Robust primary care teams at the centre of the delivery system	Organizational capacities and skills to support performance improvement
Leadership activities that embrace common goals and align activities throughout the organization	More effective integration of care that promotes seamless care transitions	Information as a platform for guiding improvement
	Promoting professional cultures that support teamwork, continuous improvement and patient engagement	Effective learning strategies and methods to test and scale up
	Providing an enabling environment buffering short-term factors that undermine success	Engaging patients in their care and in the design of care.

Possible Success Factors for Health Links

- Further development of highly capable primary care systems
- Clear understanding of the role and actions needed by “integrator” organizations
- Development of a broad portfolio of projects aimed at improving system integration and performance
- Training and support for system leadership for transformation
- Increased capacity for quality improvement and system redesign needed
- Improved information systems and learning to apply those systems to manage complex care systems
- A strategy for disseminating learning and scaling up successful pilot projects

Some Research Issues

- Are Health Links partnerships capable of achieving better outcomes, better care experiences at the same or lower costs?
- What interventions were used by Health Link partners? What impact did these interventions have?
- What explains the variation between different Health Links? Can we identify mediating factors that influence the success of various partnerships?

Lessons Learned

- Complex, “triple aim” interventions are multifaceted initiatives that require changes at micro, meso and macro levels
  - These interventions evolve over time and vary between contexts
- Evaluation of these efforts is valuable but difficult
  - Requires multi-method approaches that identify the processes of change as well as the outcomes and the relationships between them
  - Understanding the role of leadership, inter-organizational learning and system dynamics is key
  - Unlike traditional research designs, evaluation of complex interventions must recognize the interaction of interventions and contexts and the evolution of the initiatives as this occurs