



Health Council of Canada  
Conseil canadien de la santé



Institute of Health Policy, Management & Evaluation  
UNIVERSITY OF TORONTO



# The Triple Aim Framework:

Does its growing influence and adaptation reflect the original intent?

Gustavo Mery MD, MBA, PhD

Shilpi Majumder PhD

Mark Dobrow PhD

**Canadian Association of Health Services and Policy Research (CAHSPR)**  
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- **Triple Aim: Care, Health, And Cost (2008)**

Donald Berwick, Thomas Nolan, and John Whittington

- The Institute for Healthcare Improvement (IHI)
- Centers for Medicare and Medicaid Services (CMS)

- Intends to guide health care improvement initiatives into simultaneously pursuing three goals:

- improving the *patient experience of care* (including quality and satisfaction),
- improving the *health of populations*, and
- reducing the per capita *cost of health care*.

- **Simultaneously at the local or organizational level**

*Careless translation of the framework to different levels of health care systems than was originally conceived*

*without revisiting the validity or comprehensiveness of the model for other contexts or settings*

- When the Triple Aim is recommended or adopted to represent the goals of the health care system as a whole (national level or equivalent (state, provincial) depending on the jurisdiction)
- Improving the individual experience of care is a concept that may not sufficiently reflect care from a macro perspective. For instance, the Triple Aim excludes the provider perspective.
- May also be other aims as the national level, and they may vary across different societies or countries.

# Objectives

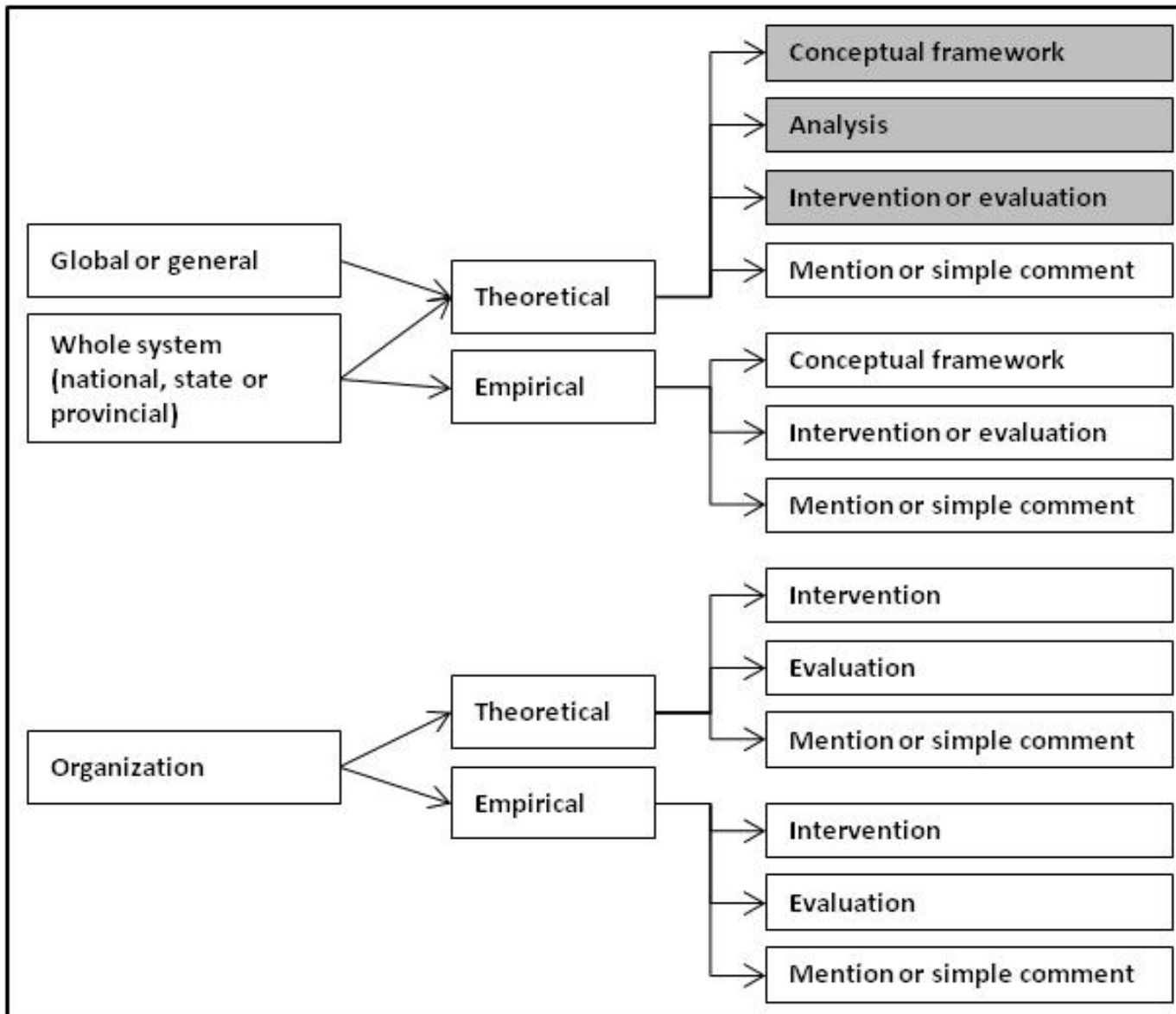
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1. Systematically identify and assess the different uses and adaptations of the Triple Aim framework
2. Compare the Triple Aim to other frameworks specifically developed to embrace the goals of health care systems as a whole, with the objective of critically assessing its adequateness for this purpose.

# Methods – Systematic Review

| Database  | Search Term   | Exclusion criteria   |
|---|---|--|
| Medline   | Triple Aim  | IHI documents explaining, promoting or advertizing the adoption of the Triple Aim.<br>No mention to the “triple aim” and no reference to the Berwick et al. (2008) article.<br>Phrase “triple aim” used with a different meaning.<br>Language other than English.  |
| Web of Science  | Berwick et al. (2008)   |  |
| Google Scholar  | Triple Aim AND framework OR intervention OR evaluation OR health care system  |  |
| Data Source   | Search Term   | Inclusion criteria   |
| Google Web Search   | Triple Aim AND health care  | First 200 results.<br>Papers, reports or websites<br>Use of the Triple Aim to: <ul style="list-style-type: none"> <li>• guide organizational strategy</li> <li>• define the aims/ goals/ objectives of an organization or health authority</li> <li>• guide interventions for healthcare improvement.</li> </ul> |
| Data Source   | Inclusion criteria  |  |
| Multiple (including formal interviews and informal discussions with Canadian health care authorities) | Papers, reports or websites.<br>Use of the Triple Aim to: <ul style="list-style-type: none"> <li>• guide organizational strategy</li> <li>• define the aims/ goals/ objectives of an organization or health authority</li> <li>• guide interventions for healthcare improvement.</li> </ul> |  |

# Classification Scholar Articles



# Results – Scholar Articles

## Classification of articles obtained from Medline, Google Scholar and Web of Science

| Level of analysis or scope of implications                         | Type of study (theoretical vs. empirical) | Type of use of or reference to the Triple Aim         | Number of articles (% by level or scope) |
|--|---|---|--|
| Whole healthcare system (83)<br>Global, or general (28)<br><br>44% | Theoretical (99)                          | Analysis of the TA                                    | 6 (5.4%)                                 |
|  |   | Conceptual framework to guide national level strategy | 2 (1.8%)                                 |
|  |   | Intervention or evaluation                            | 2 (1.8%)                                 |
|  |   | Mention or simple comment                             | 89 (80.2%)                               |
|  | Empirical (12)                            | Conceptual framework                                  | 0  |
|  |   | Intervention or evaluation                            | 2 (1.8%)                                 |
|  |   | Mention or simple comment                             | 10 (9.0%)                                |
| Organizational, community, or regional (144)<br><br>56%            | Theoretical (102)                         | Intervention using the TA                             | 14 (9.7%)                                |
|  |   | Evaluation using the TA                               | 3 (2.1%)                                 |
|  |   | Mention or simple comment                             | 85 (59.0%)                               |
|  | Empirical (42)                            | Intervention using the TA                             | 7 (4.9%)                                 |
|  |   | Evaluation using the TA                               | 3 (2.1%)                                 |
|  |   | Mention or simple comment                             | 32 (22.2%)                               |

# Results – Google Web Search and Interviews

## Characteristics of articles identified by Google Web Search and Interviews

| Level of analysis or scope of implications                   | Type of use of or reference to the Triple Aim                                     | Number of articles (% of total) |
|--|---|---------------------------------|
| Whole healthcare system<br>[National 2, State 7, Province 4] | Use of the Triple Aim framework to guide national/state/provincial level strategy | 13 (24%)                        |
| Organizational, community, or regional (41)                  | Use of the Triple Aim framework to guide organizational/regional strategy         | 10 (19%)                        |
|  | Define the aims/ goals/ objectives of an organization or health authority         | 1 (2%)                          |
|  | Intervention using the TA   | 29 (54%)                        |
|  | Evaluation using the TA   | 1 (2%)                          |

Simple mentions of the Triple Aim were excluded



- Total of 23 documents:
  - level of analysis or scope of implications at the whole healthcare system, global or general;
  - theoretical research approach;
  - the Triple Aim was the framework used to guide national, state, or provincial level strategy, interventions or evaluations; or
  - the article is an analysis of the elements in the Triple Aim framework.
- All North American → 14 US and 9 Canadian

- **Scholar databases or web engine → 10**
  - Only 5 followed IHI's definition
  - Included direct analysis of the TA or its implications at a global or general level, or
  - use of the TA to guide national level strategy, interventions or evaluations (no state or provincial level)
- **Google Web Search → 7**
  - 6 followed IHI's definition
  - All used the TA to guide US state level strategy
  - Implications were closer to local or regional organizations
- **Interviews with Canadian healthcare authorities → 6**
  - All used the TA to guide national or provincial level strategy in Canada.
  - All used a modified version of the Triple Aim

# Variation of the Triple Aim

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- **Increase the patient experience of care**
  - Four articles included the provider perspective, and one of them included a fourth aim of *better teams*.
  - One article included patient and family experience of care
  - Two articles defined *better care* exclusively as increasing quality.
  - One article included a fourth aim of *better access*
- **Lower per-capita cost**
  - Six articles replaced lower cost for higher value.
  - Other variations included *increasing efficiency; managing health system impact; and reliable, predictable and sustainable*.
- **Improving the health of populations**
  - The most constant, except for two articles which included care and quality separated and excluded population health.

# National Health System Goals Frameworks

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## *WHO World Health Report 2000: Health Systems – Improving Performance*

- Beyond their defining goals of improve and protect health, health systems must have concerns with ***fairness and responsiveness to people's expectations*** with care.
- Reducing inequalities.
- The three overall goals of national health systems were defined as:
  1. good health,
  2. responsiveness to the expectations of the population, and
  3. fairness of financial contribution.
- Progress towards these goals depends on four vital functions: service provision, resource generation, financing, and stewardship.
- The WHO's vision of national health system goals coincide with Berwick et al.'s need to focus on population health and the patient experience of care.
- However, while local or regional healthcare organizations should perhaps be focus on reducing costs as their third goal, national health systems seems to have a mandate of ensuring fairness and reducing inequalities.

# National Health System Goals Frameworks

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## *Peter Smith and col. (2009): Performance Measurement for Health System Improvement*

- Seven dimensions of health system performance:
  1. Population health;
  2. patient-reported outcome measures and performance measurement;
  3. measuring clinical quality and appropriateness;
  4. measuring financial protection in health;
  5. health system responsiveness: a measure of the acceptability of health-care process and systems from the user's perspective;
  6. measuring equity of access to health care; and
  7. health system productivity and efficiency.
- The health system responsibility on equitable access and financial protection are absent in the IHI Triple Aim framework.
- It is also well known that the Institute of Medicine (IOM) in 2001 includes equitable care as one of the six aims for quality care.

## **The omission of the provider perspective of care**

- Not only noted by Kates et al. (2012), Ellison (2012), Wallace (2012), and the Saskatchewan Ministry of Health (2012)
- Other organizations coincide on the importance of this perspective, including Brody (2010); Patient-Centred Primary Care Collaborative (2012); and CAHSPR (2012).

## The problem of replacing the aim “cost” by “value”

- Cost and value are not only different concepts
- A third aim of “better value” is also redundant

$$\text{Value} = \text{Benefits} / \text{Cost} *$$

$$\text{Value} = \text{Care and Health} / \text{Cost}$$

- Pursuing the Triple Aim is basically pursuing value for the healthcare system
- In addition, not only cost is just one component of value. Value depends on the principles and preferences of people or groups of people<sup>§</sup> and varies geographically, temporarily, and culturally.

\* Wallace (2012), <sup>§</sup> Snowdon (2012)

## **Proposed modification to the Triple Aim for guiding the goals of whole health care systems**

- the aim “better care” should include not only the patient experience of care, but also the provider perspective
- a fourth aim in *equity* should be included as a fundamental aim of health care systems at this level
- the framework should be explicitly adaptable to local conditions and principles of societies to effectively generate value to people



# Acknowledgements

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