Edmonton Zone

Triple Aim

Presentation to

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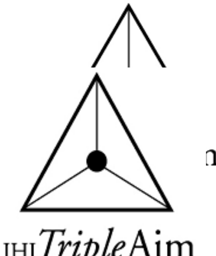


What is Triple Aim?

A learning collaborative with the Institute for Healthcare Improvement and about 40 sites in Canada, Denmark, Sweden and the United States, with three interdependent objectives:

- improve the health status of a population
- improve individuals' experience of care
- reduce per capita health care costs, (or reduce the rate of increase of costs)

Managing Health for a Population

Top 5%	Our Triple Aim work
Top 20%	Care support
Top 50%	Disease management, self management support
	Most people – health promotion, disease prevention, the system works fine for them

Using 66% of healthcare resources, for some the system is not working

- Adapted from Ann Lindsay, Stanford Coordinated Care

Triple Aim Goals in Edmonton

- Our healthcare system is not meeting the needs of people with multiple and complex needs
- Our aim is to:
  - understand the needs and challenges for the segment of patients in the top 5% of costs and
  - to design and provide care that meets their needs, improves outcomes and lowers overall costs.
- A focus on greater health equity for people who are homeless or have unstable housing and/or compromised determinants of health.

Challenges with Transitions

- Interruptions in communication among all care partners and on-going communication requires will at all levels
- Information systems that don't talk to each other or contain information needed for care
- Care providers in community are not able to correct or add to information in Netcare
- Constrained interpretations of the Health Information Act

Client Case : Joe

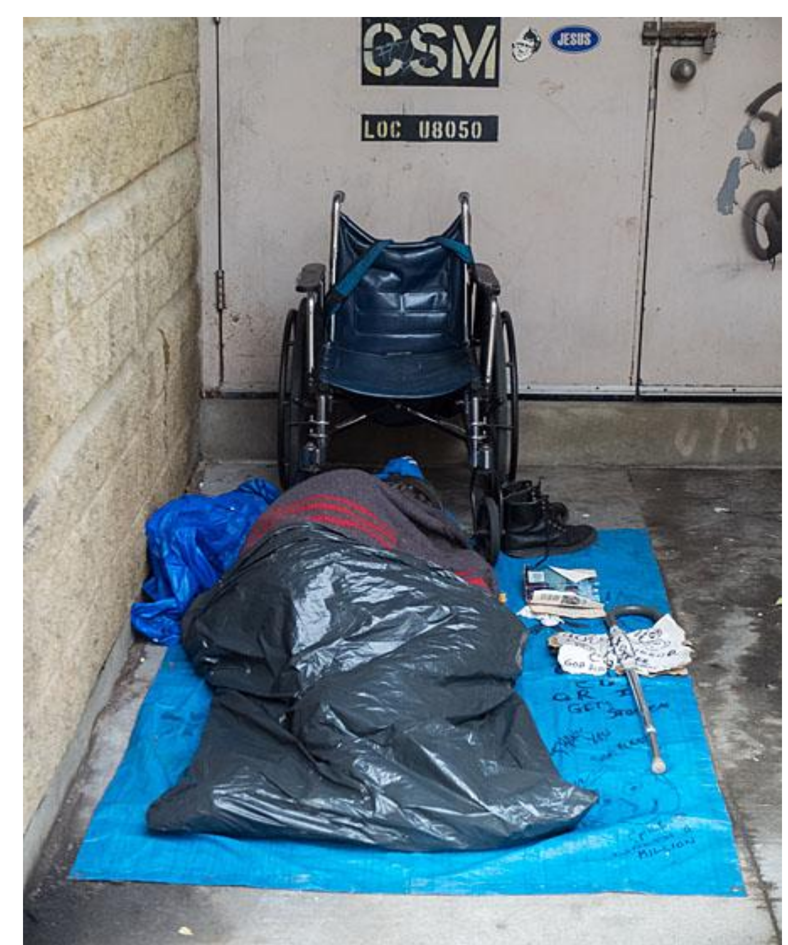
A. Inner City Support Team, Addiction & Mental Health: Assertive Engagement and Case Management

B. Homecare Professional Services: Occupational Therapist and RN Case Manager

C. Addiction & Mental Health Temporary Funding to Shelter Society to hire a personal support worker and provide tolerant residence.

D. Homecare Contracted Services - Missing Link Agency: Health Care Aide to assist with Joe's personal care needs.

E. Homecare Contracted Services - Missing Link Agency: Increase in hours of service.



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Average Monthly Utilization and Costs

Triple Aim Addictions, Mental Health and Home Care Teams
Sample of 12 Clients, Average Monthly Costs for Acute Care, EMS and Community Utilization

PRE-Triple AIM Intervention

IHI TripleAim

POST-Triple AIM Intervention

Average # Inpatient Days
Average # ED Visits
Average EMS Trips
Acute Care Costs Per Person by Month
Community Health Costs Per Person by Month
EMS Costs Per Person by Month

Monthly Average Utilization: 0, 1, 2, 3, 4, 5, 6, 7, 8

$0, $2,000, $4,000, $6,000, $8,000, $10,000, $12,000, $14,000

Pre 13m, Pre 12m, Pre 11m, Pre 10m, Pre 9m, Pre 8m, Pre 7m, Pre 6m, Pre 5m, Pre 4m, Pre 3m, Pre 2m, Pre 1m, Post 1m, Post 2m, Post 3m, Post 4m, Post 5m, Post 6m, Post 7m, Post 8m, Post 9m, Post 10m, Post 11m

Time Point

Notes:
Time point *Pre 13* reflects data 13 months prior to a client's involvement with the Triple Aim process.
Time point *Post 1* reflects data 1 month after a client's involvement with Triple Aim, etc.
Due to different start dates for each client, sample size differs over course of Triple Aim intervention (i.e., *Post 1 n*=12; *Post 2, 3, 4, 5, 6, & 7 n*=9; *Post 8 & 9 n*=7; *Post 10 n*=5; *Post 11 n*=4).
Averages were calculated based on the number of clients with data at each time point.

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Average Monthly Costs, by Type

Triple Aim Addictions, Mental Health and Home Care Teams
Sample of 12 Clients, Average Monthly Costs for Acute, Community ,and Ambulatory Care

PRE-Triple AIM Intervention

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POST-Triple AIM Intervention

Acute Care Costs Per Person by Month
Community Health Costs Per Person by Month
EMS Costs Per Person by Month

Monthly Average Utilization

$14,000.00
$12,000.00
$10,000.00
$8,000.00
$6,000.00
$4,000.00
$2,000.00
$-

Pre 13m, Pre 12m, Pre 11m, Pre 10m, Pre 9m, Pre 8m, Pre 7m, Pre 6m, Pre 5m, Pre 4m, Pre 3m, Pre 2m, Pre 1m, Post 1m, Post 2m, Post 3m, Post 4m, Post 5m, Post 6m, Post 7m, Post 8m, Post 9m, Post 10m, Post 11m

Time Point

Key Learning from Year 2

1. Permanent Supportive Housing
2. Beyond Housing
3. Complexity
4. The Process is Very Important
5. Integrating Mental Health & Addictions
6. Sharing Information
7. Coordinated Care in the Community Reduces Costs:
   - The sample we costed showed a reduction in cost of more than half with intense integrated community services vs. acute care

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Continuum of Collaboration

COORDINATED

-Medical and behavioral clinicians have separate systems at separate sites

-Periodic communication about shared patients and is driven by specific issues.

-Have little sharing of responsibility and little understanding of each other's cultures.

CO-LOCATED

-Medical and behavioral clinicians have separate systems but share the same facility.

-Communication is usually limited to referral and recommendations.

-Appreciate the importance of each other's roles, but do not share a common language or understanding of each other's worlds.

INTEGRATED

-Medical and behavioral clinicians have shared systems and facilities (including shared charts).

-Engage in daily communication to jointly assess, prioritize, and respond to patients' care needs.

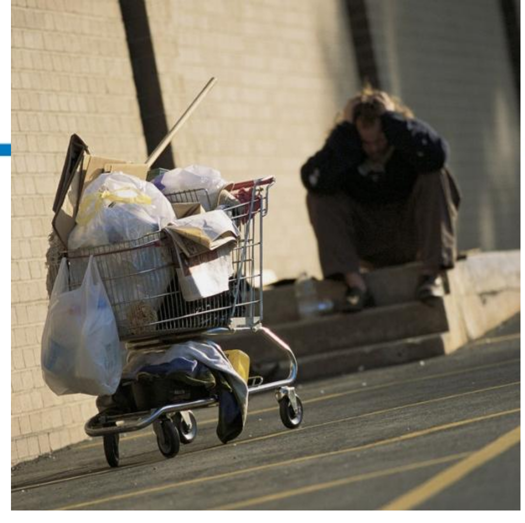
-A unified culture develops based on team work and operation as a single health system treating the whole person.

How is what we have learned changing our work?

Integrated Inner City Support Team, in the Eastwood area

- Maintain intensive support to 1306 individuals currently engaged
- Step down care (including to primary care & NGO contracted support) for an estimated 500 engaged individuals per year
- Assertively & intensively support additional 991 clients per year
- Understand and effectively support 143 of the frail elderly group
- Reach scale up target of 3,568 individuals within 24 months.

Questions?



"And, …We will celebrate ourselves, because the patients whose lives we save cannot join us, because their names can never be known. Our contribution will be what did not happen to them…." Don Berwick, IHI,100,000 Lives Campaign