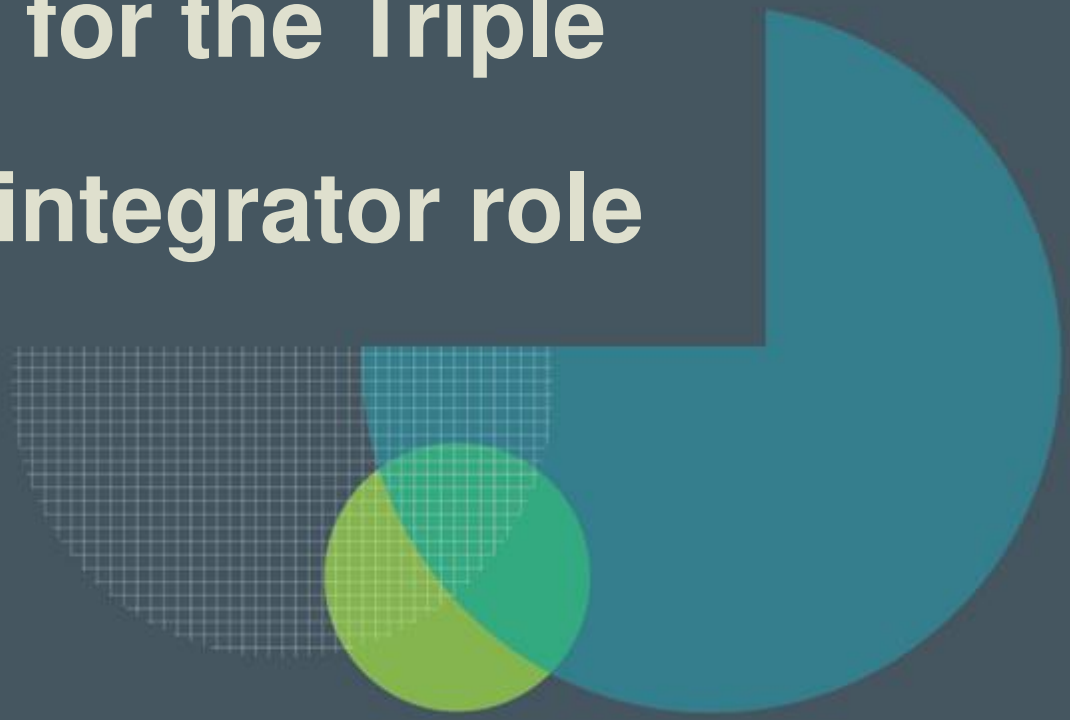
Institute *for* Healthcare Improvement

Governance for the Triple Aim: Serving the integrator role

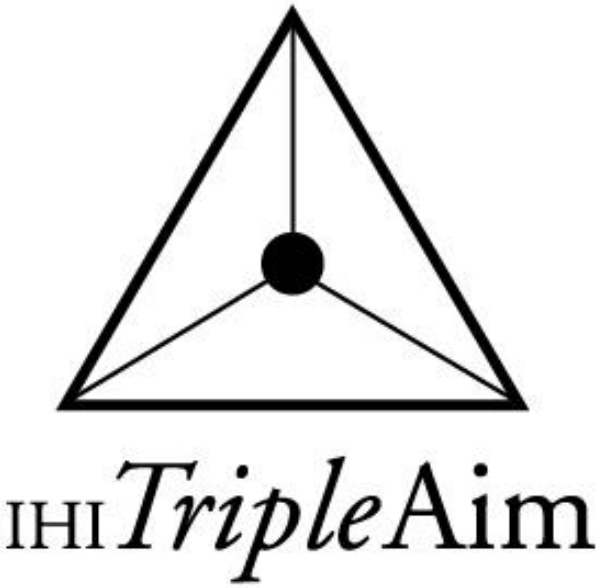


Our objectives

Answer these questions together:

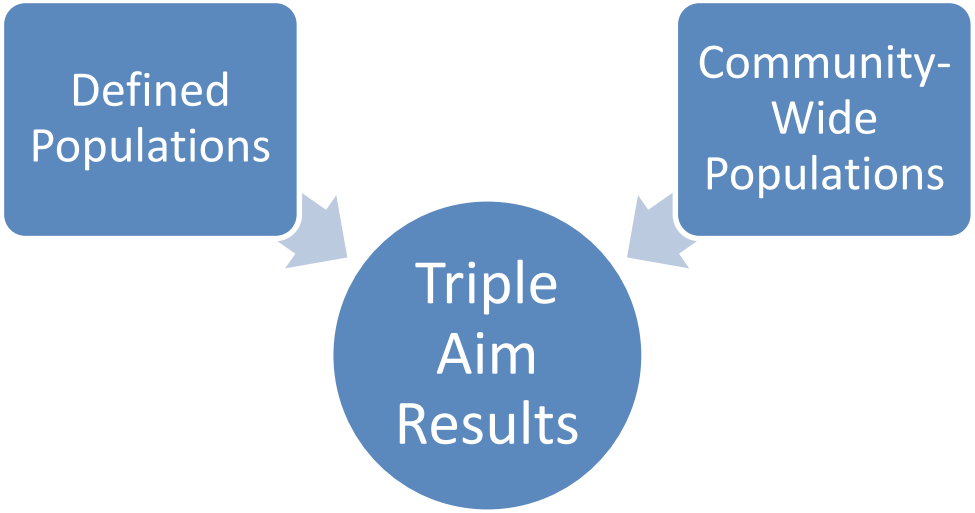
- What capabilities do we need to carry work forward?
- What type of people/roles make up a governance team?
- Which teams work best as a governing structure carrying out integrator role?
- Where do we start?
- Which potential population is most amenable to be the early round of TA implementation?
- How do we start to implement the TA?

GROUNDING IN THE TRIPLE AIM



- A System design that is one aim with three dimensions:
  - Improving the health of the populations;
  - Improving the patient experience of care
  - Reducing the per capita cost of health care.

Triple Aim Populations



- **Defined Populations:** Triple Aim for a defined population that makes business sense (e.g. who pays, who provides)
- **Community-Wide Populations:** Solving a health problem within the community and creating a sustainable funding source

Country	Health System	Insurance Company	Community Coalition	Community Based Organization	Government Health Service	Other	Total
United States	36	12	15	8	13	4	88
Canada	3	—	—	1	11	—	15
England	—	—	—		28	—	28
Scotland	—	—	—		1	—	1
Northern Ireland	—	—	—		2	—	2
Denmark	—	—	—		3	—	3
Sweden	—	—	—		1	—	1
Singapore	—	—	—		1	—	1
New Zealand	—	—	—		1	—	1
Australia	—	—	—		1	—	1
Total	39	12	15	9	62	4	141

3 Guiding Principles for Pursuing the Triple Aim

1. **Creating the right foundation for population management.**
2. Managing services at scale for the population.
3. Establishing a learning system to drive and sustain the work over time.

FOUNDATIONAL SETUP FOR POPULATION MANAGEMENT

Foundational Setup for Population Management

1. ***Choose a relevant Population*** for improved health, care and lowered cost.

2. ***Identify and develop the Leadership and Governance*** for your effort.

3. ***Articulate a Purpose*** that will hold your stakeholders together.

Triple Aim “Watch Outs”

Learning from those who have struggled with governance and organization…

Watch out for:

1. The Triple Aim is not strategic, just one of many “projects”. Population management is just a sideshow for the organization.
2. No governance structure in place to manage the Triple Aim that includes the top leaders and key stakeholders. The leadership team can’t move very fast to make progress.

DIGGING INTO GOVERNANCE: CARRYING OUT THE WORK OF THE INTEGRATOR

What do we mean by governance?

- A leadership structure to:
  - Articulate a purpose:

    “We aim to achieve X together because of Y”
  - Guide and integrate the TA implementation work
  - Clear the path to make change easier for people in the health system to carry out

Additional potential roles for governance group

- Coordinate work of multiple stakeholders
- Cultivate opportunities for stakeholders to collaborate
- Foster and support a learning system
- Assess population needs and strengths
- Aggregate data and elevate progress
- Express coalition's priorities
- Align existing work into coherent portfolio
- Manage funds, if needed

Who should be part of governance group?

- When population is defined within health system
  - *Example: People in Ivel Valley with 3 or more chronic conditions*
  - Health system leaders, payment leaders, engaged community support leaders
- When population is defined within the community
  - *Example: Children living in Tower Houses*
  - Broad stakeholder coalition representing health and social determinant partners, including tenant advisory group

The more you focus on health outcomes, the sooner you will need to partner with stakeholders outside of health care

Identifying leaders for governance group

- Who will benefit if TA outcomes improve?
- Who will/can influence needed changes?
- Who will champion spread of changes?
- Who has the data?

Where to identify potential governance group members?

- Hospital leaders, hospital community liaisons, QI experts
- Behavioral health leaders, QI experts
- Public health leaders, QI experts
- Primary care leaders, QI experts
- EMS, QI experts
- Chamber of commerce, business associations
- Large local employer(s)
- Housing department
- Schools, education department
- Social service agencies, including homeless service providers
- Resident associations, parent groups, etc
- Others?

Key roles for the governance structure

Assemble a core group of the willing, who can:

- Champion the work
- Attract others over time
- Represent the key stakeholders

Question: *Are there existing coalitions working locally or on other, related topics?*

Qualities of good govern-ors

- Engage diverse people and groups
- Listen deeply to others with genuine curiosity: *What matters to you?*
- See whole picture
- Connect diverse stakeholders to foster effective collaboration
- Communicate complex ideas simply
- Communicate value of TA work in ways that resonate with audience – tailor the message
- Make decisions with willing participants: decisions are made by those who show up
- Empowered to take action on behalf of organization
- Be open to giving up some control to gain collaborative power

Integration at 2 levels

- High-level governance structure
  - As we've discussed so far, and in support of the work of the service delivery teams' efforts outlined below:
- Service delivery level
  - Match capacity and demand for healthcare across providers
  - Ensure that implementation is informed by population's needs and strengths
  - Efficiently customize services based on appropriate population segmentation
  - Use predictive models and health risk assessments to deploy resources to high-risk individuals
  - Execute strategic initiatives related to reducing inequitable variation in outcomes or undesirable variation in clinical practice

Phasing the work to launch TA implementation

- Build TA governance structure
  - Can take 18-24 months to work effectively together

- *SIMULTANEOUSLY* work on TA with a population
  - TA work will bring the coalition to life and offer structure
  - We learn by doing
  - We cannot anticipate all challenges or successful methods
  - Learn on the ground as we build out the governance structure

Early work of the governance group

- Define purpose: *We aim to achieve X by Y date because of Z*
  - Aligned goals: Each stakeholder sees their organization in the purpose statement
  - **Consider local levers that suggest urgency:**

    Brexit implications? Financial changes in the system? Regulatory changes?
- Choose population
- Develop portfolio of projects
  - Start with inventory of existing work
- Support the development of a learning system

Criteria for choosing a population

- Will
  - Broad enough support among needed partners to focus on this population
- Ideas
  - Ideas for how to begin improving TA outcomes for this population – from local work or existing IHI change packages
- Execution
  - Capacity to carry out TA implementation – including project teams, QI capacity, some data, engaged governance group

Develop a portfolio: Key considerations

- Triple Aim is a multi-year journey with multiple, sequenced projects along the way
- Portfolios depend on understanding your population and how it is segmented
- Your portfolio will be informed by a broad view of what you and other partners can do
- There's a lot in your portfolio already
- Use a driver diagram or logic model to show how the portfolio hangs together
- Annotate with system and project measures

Triple Aim "Watch Outs"

Learning from those who have struggled with managing services for the population…

Watch out for:

1. Not spending enough time with needs assessment to intensively understand their population. *The work should derive from meeting the needs and maximizing the assets of the population they serve.*
2. Portfolio is underwhelming compared to goals.
3. Not understanding the key aspects of service design.
4. Not knowing what full scale looks like.

SPECIFIC LEARNING FROM COMMUNITIES

Specific Lessons from Communities

- Get to know your population. Intimately.
- Understand your purpose in relation to your population; you're going to need it.
- It's in the telling of "war stories" that builds the will and confidence across sectors, not always in "best practice"
- Get real about self interest.
- Health Care as a Second Language "HCSL"

Specific Lessons from Communities

- “You have one mouth and two ears, use them proportionally”
- Decisions are made by the those who show up.
- **Assume that you will need to lose a bit of control for much, much more power.**