**Triple Aim**

**Introduction**

According to the Institute for Healthcare Improvement (IHI), Triple Aim is a framework developed with the aim of improving health systems. This framework which is authored by Swensen, Pugh, McMullan & Kabcenell is based on three fundamental dimensions which are to improve patient experience in offering quality and satisfactory care, to improve the health of the general population and to reducing per capita cost spent on health care (Feeley, 2017). Dr. Michael Porter, a professor of Strategic and Competitiveness Institute located in Harvard Business School, defined Triple Aim as a concept based on value-based care. Based on Porter’s definition or explanation, Triple Aim mandate is to promote value for patients. This value can be achieved through focusing on the health benefits of the patients and the costs of fulfilling those benefits (Steele, Deshpande, & Green, 2016). Despite, the difference in the way Triple Aim has been defined; it serves the same goal which is to improve the quality of care but at the same time addressing the issue of costs incurred. However, the approaches as suggested by IHI and Dr. Porter have some differences although they all evaluate to the same result. Therefore, this research paper provides a compares and contrasts the various strategies for achieving the goals of Triple Aim as suggested by IHI and Porter. From this comparison, informed opinion on how Triple  Aim can be achieved is obtained.

**Similarities**

 The similarity that occurs between the various approaches used by IHI as written by Swensen, Pugh, McMullan & Kabcenell and Porter to define how Triple Aim can be achieved is mainly based on the goals. According to IHI, Triple Aim initiative aims at improving the quality and satisfaction in healthcare while at the same time reducing the per capita cost spent on health care. This is also the case as defined by Porter, whereby according to him Triple Aim is based on achieving value-based healthcare which in this case implies to initiatives towards achieving high-quality care at a lower cost. Hence, this makes the IHI approach on IHI to have a common similarity to that of Porter since they have one goal (Lindsey, 2016). The similarity in the goals is derived from the fact that the various approach towards has a common problem to solve which are inefficient healthcare systems. This occurs in the essence that despite the high expenditures on the healthcare system with the aim of improving it, still there are no changes. For instance, in the case of United States of America, despite having the highest health care expenditures compared to other developed countries all over the world, it is still ranked low regarding life expectancy and high when it comes to infant mortality rate. Triple Aim approaches as suggested by IHI as proposed by Swensen, Pugh, McMullan & Kabcenell and Porter aim at solving this challenge by providing initiatives which can be used to achieve better healthcare outcomes and avoid high investment costs in the healthcare system which has become a burden but does not guarantee effective and affordable healthcare to the society. In the effort to solve this challenge, then according to IHI and Porter in their various approaches towards Triple Aim, then the population of concern must be specified (Steele et al., 2016).  This is because; after the population is determined then it becomes possible to know the nature of healthcare provided their health status as well as the per capita income costs incurred.

Another similarity that exists between the various approaches of Triple Aim as defined by Swensen, Pugh, McMullan & Kabcenell who are the authors of IHI, as well as Porter, is that their goals are not only similar but also interdependent from each. This is because Triple Aim as suggested by IHI and Porter advocates for improved quality of healthcare while at the same time they emphasize on the need to reduce the cost of offering healthcare services. In the measures to achieve these goals, it is evident that while pursuing another goal it may result in affecting the other goal either positively or negatively. For instance, the efforts to improve the quality of healthcare may require that costly drugs or technologies be incorporated and, in turn, increases the cost of providing the healthcare services (Lindsey, 2016). As a result, Triple Aim’s goal to achieve less costly health care is affected negatively. On the other hand, removing treatments or medical procedures which are costly as one of the measures for reducing the cost of providing health may impact the quality of the healthcare being provided. This similarity which exists in the various approaches towards Triple Aim has caused a major challenge towards implementing it. This is because, of the delays that occur because of the considerations that have to be made on the impact of the implementing one initiative (Whittington, Nolan, Lewis, & Torres, 2015). Therefore, it may take much longer to achieve the goals of Triple Aim.

 Another common similarity that exists as one of the goals underlying Triple Aim is that both approaches as defined by IHI and Porter are the concept of equity. Although this is not one of the key goals of Triple Aim, the concept of equity emerges from the goal of having reduced healthcare costs. By attaining, reduced healthcare costs, every individual in the society will be capable of affording healthcare despite their social or financial status hence ensuring equity. The fact that Triple Aim goals as suggested by Porter and IHI aim at ensuring there is equity in affording healthcare costs makes them similar. Triple Aim as defined by IHI and Porter also have a common feature which is they require integration. Integration in this context refers to involving all the stakeholders in achieving the goals of providing quality healthcare at a lower cost. For instance, integration can be achieved through partnering with health insurers and health providers to ensure that attractive payments are created for the payers for them to access quality healthcare (Feeley, 2017). Therefore, in other words, Triple Aim initiative acts as an integrator by bringing together the stakeholders responsible for regulating health care costs and the providers of the healthcare services to ensure that patients pay less for quality healthcare.  Triple Aim as suggested by IHI and Porter also has a similarity of being limited by the policies or healthcare regulations that exist. This means that the various initiatives which aim to improve the quality of healthcare and to reduce costs are depending on the rules and regulations of the population being addressed. Hence, the implementation of Triple Aim’s goals is derived after consideration of the various rules and regulations on health care. For instance, a country may decide to set a limit for healthcare expenses. If the given limit is high, then Triple Aim will advocate for reducing, and if it is low, then it will promote (Steele et al., 2016). However, Triple Aim has no mandate to interfere with the healthcare policies or regulations for any given population.

**Differences**

Apart from the various similarities which exist between the Triple Aims approach as suggested by Porter and IHI, there exist differences in the two approaches. The main difference that exists is that according to Porter Triple Aim is derived from value-based healthcare which means that the health outcome should be evaluated on the cost incurred. Therefore, Porter’s approach towards Triple aim appears to be inclined on a disease-oriented approach based on the value. Therefore, the efficiency or the quality of the healthcare is evaluated mainly regarding value incurred (Steele et al., 2016). On the other hand, Triple Aim definition based on the IHI approach mainly focuses on improving the quality of health for the general population while at the same time also reducing the costs. Therefore, unlike Porter’s approach which is disease-oriented, IHI approach towards Triple Aim is mainly based on the population-based approach hence becomes broad. Furthermore, this approach tends to work on the goals independently whereby the initiatives aimed at improving quality can be implemented differently from those aimed at reducing the costs. Therefore, the effect of attaining a certain goal towards the efficiency of a healthcare system is independent of another goal. This is not the case according to Porter’s approach towards achieving an efficient healthcare system because all the goals or factors have to be considered before determining the efficiency of a healthcare system (Lindsey, 2016). This makes the two approached towards Triple Aim to be quite different although they have similar goals.

Furthermore, the fact that Porter’s approach towards Triple Aim tends to be disease-oriented approach while IHI approach tends to be public-oriented approach has led to a difference in their application environments. The disease-oriented approach as suggested by Porter is applied in secondary healthcare, while public-oriented approach as proposed by IHI is many implemented in primary health care and public health. The differences in the application of the two approaches are as a result of differences in how they are used to evaluate the efficiency of the healthcare system (Whittington et al., 2015). According to Porter’s definition of the efficiency of a healthcare system is that the value defines it. The evaluation of the value, in this case, is determined by the personal experience of the nature of the healthcare services provided compared to cost incurred. On the other hand, IHI approach in determining the efficiency of the healthcare system is mainly based on the satisfaction and the quality of the healthcare offered to the general public or population. Therefore, since it is based on the experience of the general population, then it becomes applicable in the public health while Porter’s approach is applied in secondary health (Steele et al., 2016). Thus the fact that Porter’s approach is based on the outcomes which are dependent on the condition of the patient while IHI approach is based on the overall outcome of the general population makes them quite different in application.

 Another significant difference that exists between Triple Aim approaches as suggested by Porter and IHI is the strategies used to implement the initiatives of the approach towards attaining an efficient healthcare system. According to Porter, Triple Aim which is based on value can be best implemented through integrating clinical networks and aligning the physicians, healthcare institutions, and other healthcare providers.  This is achieved through innovate measures such as utilizing electronic healthcare, and use of clinical decision tools which facilitate delivery of health services which are of high quality at a reasonable cost (Steele et al., 2016). He describes various initiatives which can be taken to achieve the Triple Aim which address the health insurance sector, which according to Porter has been the reason why the health standards have not improved despite the investment that have been made. First, Porter proposes that the insurance industry should be restructured. This is because of the competition that exists where insurance firms are competing to attract consumers and attaining more profits instead of focusing on the quality of the services. As a result, the cost of insurance is high but the healthcare services are still low. Porter proposes that insurance companies should compete on value rather than profits they obtain or the number consumers they have (Porter, 2009). According to Porter, he also suggests that employers should also be involved in the insurance system to assist in improving the system. This is because employers are capable of developing a health culture through promoting health workforce by assisting their employees to access services from high value providers. Involving, employers in the health insurance will also assist in identifying employees who have not been taking responsibility of insuring their employees. Another proposal by Porter is that people who have access to insurance services from their employers should also be considered and the health care cost burden be reduced for them (Porter, 2009). Apart from the health care insurance, Porter also proposes initiative which involves measuring the outcomes rather than depending measure which have used to achieve progress. He also proposes changes on the general care delivery systems including the organization of the various services being offered. Competition among the barriers on is basis of value should also be promoted (Porter, 2009).  On the other hand, IHI definition of Triple Aim the approach is not depended on the integration or aligning the various stakeholders in the efforts to improve the efficiency of the healthcare system. Rather, this approach focuses on defining a population and the measures towards achieving the healthcare goals. The population in this context refers to residents of a given geographical region or subgroups of people based on gender, race, or disease burdens. After the population is identified, then appropriate initiatives are used to enhance the quality of healthcare. Therefore, unlike Porter’s approach on Triple Aim, the use of IHI approach does not require much integration or aligning with the stakeholders.

 Another difference between two healthcare approaches is that Porter’s healthcare approach which is based on value-based healthcare tends to incline on the competitive model while IHI’s approach is based on collaboration. The competitive model as described in Porter’s approach refers to the fact that is based on the assumption that there exists a competitive model which is depended on health and cost outcomes. This is possible because the quality of care and costs can be controlled by one organization. Hence, the difference in the quality of service about costs tends to emerge among different organizations (Steele et al., 2016).   This may lead to negative impacts on the healthcare system due to differences that exist between the qualities of healthcare offered by organizations. However, this is not the case for IHI’s Triple Aim approach on healthcare system because it is based on collaborative measures between various stakeholders including the organizations to better the quality of healthcare of the organization. As a result, the organization may adopt similar measures including a common standardized charge hence ensuring uniformity in the healthcare system (Whittington et al., 2015). This makes the two approaches to be distinguishable from each other.

**Recommendations**

Based on the analysis of the value-based approach towards healthcare system as suggested by Porter as well as the Triple Aim model as defined by IHI, it is evident that Triple Aim approach is the most appropriate approach towards achieving an efficient healthcare system. This is mainly because Triple Aim Approach as suggested IHI is appropriate for facilitating better healthcare at a lower cost because it is based on principles of public and primary health care. This has been proved by studies which have shown that the population-based approach facilitates better health and lower costs compared to a disease-based approach (Feeley, 2017). Thus Triple Aim approach is the most potential approach towards achieving efficient healthcare in the population. Therefore, a joint-effort from the various stakeholders towards implementing this approach is fundamental. It requires involving healthcare providers responsible for the clinical and financial risks associated with achieving health outcomes and attaining low costs while collaborating with other stakeholders.  Furthermore, government and health insurers should work more in achieving the desired effect and health benefits (Steele et al., 2016). Policymakers must also consider the contribution of the various stakeholders towards promoting the level of healthcare for the benefit of the population and reduce instances of competition but rather promote collaboration.

**Conclusion**

In conclusion, the value-based approach as defined by Porter is based on comparing the quality of the healthcare outcomes to the costs to determine the efficiency of a healthcare system. On the other hand, IHI’s Triple Aim approach focuses on improving quality and satisfaction, the health of the general population and reducing per capita costs in the healthcare systems. The two approaches have various similarities including their goals and objectives. At the same time there exist differences which make the distinguishable mainly on the strategies. However, it is evident that the Triple Aim approach as proposed by IHI is the most appropriate framework towards achieving an efficient healthcare system.

**References**

Feeley, D. (2017). The Triple Aim or the Quadruple Aim? Four Points to Help Set Your Strategy. Retrieved July 16, 2018, from http://www.ihi.org/communities/blogs/the-triple-aim-or-the-quadruple-aim-four-points-to-help-set-your-strategy

Lindsey, D. G. (2016, February 25). Looking Forward with the Triple Aim. Retrieved July 16, 2018, from http://strategyhealthcare.com/looking-forward-with-the-triple-aim/

Porter, M. E. (2009). A strategy for health care reform—toward a value-based system. *New England Journal of Medicine*, *361*(2), 109–112.

Steele, R. W., Deshpande, J. K., & Green, A. (2016). The Value Equation in Pediatric Health Care. *Current Treatment Options in Pediatrics*, *2*(4), 318–324. https://doi.org/10.1007/s40746-016-0073-5

Whittington, J. W., Nolan, K., Lewis, N., & Torres, T. (2015). Pursuing the Triple Aim: The First 7 Years. *The Milbank Quarterly*, *93*(2), 263–300. https://doi.org/10.1111/1468-0009.12122