

Thought to Action  
Innovation Speaker Series in  
Honor of Steve Galen



## EVENT SUMMARY:

# The Synergy Between Care, Health, & Cost Innovative Design for the Triple Aim



June 17, 2015  
8:00 am — 10:00 am  
National 4-H Conference Center  
7100 Connecticut Avenue, Chevy Chase, MD 20815

### Thought to Action: Innovation Fund and Speaker Series in Honor of Steve Galen

Steve Galen, former President and CEO of the Primary Care Coalition, has been an instrumental player in developing, implementing, and managing programs to improve community health in Montgomery County, Maryland. A group of community leaders is working with the Primary Care Coalition to mark and honor Steve's legacy with the creation of an innovation fund and speaker series. Please make a contribution in honor of Steve's 18 years of outstanding and visionary leadership:

[www.PrimaryCareCoalition.org/Innovation](http://www.PrimaryCareCoalition.org/Innovation)



**Thought to Action: Innovation Speaker Series in Honor of Steve Galen  
Event Summary**

**The Synergy Between Care, Health, and Cost:  
Innovative Design for the Triple Aim**

**Introduction:**

The Triple Aim is a framework that seeks to improve population health by simultaneously addressing three factors: improving experience of care, improving health outcomes, and reducing per capita health care costs. On June 17, 2015, the Primary Care Coalition (PCC) brought together health care providers, social service providers, health policy makers, and other stakeholders to discuss this framework as a common agenda for Montgomery County. This document provides a summary of the event proceedings.

**Opening Remarks:** *The Honorable George L. Leventhal, President, Montgomery County Council, Co-Chair, Healthy Montgomery*

Council President Leventhal set the tone for the morning's discussion describing his support for the Triple Aim as a viable approach for tackling the population health challenges currently facing Montgomery County. Mr. Leventhal noted that for two years running Montgomery County has been ranked the healthiest county in Maryland by the Robert Wood Johnson Foundation. The County government is working to maintain this ranking through a number of avenues including conducting a Community Health Needs Assessment, which will be completed by the end of the year. The assessment will consist of a series of community discussions to obtain both qualitative and quantitative data about Montgomery County's health status and needs to more efficiently allocate resources and spending.

Mr. Leventhal noted that the demand for Montgomery Cares services has declined in recent years as thousands of Montgomery County residents formerly eligible only for Montgomery Cares are now enrolled in expanded Medicaid or a Qualified Health Plan under the Affordable Care Act. Montgomery Cares is a health safety-net program that serves uninsured adults in Montgomery County through public-private partnerships among 12 independent primary care clinics, five hospitals, the Montgomery County Department of Health and Human Services, PCC, volunteer health practitioners, and other community-based organizations. Thanks to the investment and dedication of all of the Montgomery Cares partners in building a strong health safety-net, Montgomery County now has a system that allows for universal access to care—there is a health care program for every Montgomery County resident who seeks care.

**Featured Speaker:** *Tom Nolan, PhD, Senior Fellow, Institute for Health Care Improvement, Member, Associates in Process Improvement*

Dr. Nolan presented a model for moving the Triple Aim from thought into action in Montgomery County by adopting it as the common agenda within a Collective Impact model. While the Triple Aim provides a framework for thinking about and measuring progress toward achieving population health goals, Collective Impact strives to coordinate social change across organizations in different sectors; as opposed to confining the drivers of change to specific organizations or sectors. Because social determinants play an important role in health outcomes, using the Triple Aim as the common agenda in the Collective Impact model provides an innovative way to design and implement interventions that will tackle the root problems behind poor health outcomes and lead to high per capita costs.

Implementing this framework requires the involvement of many parties and stakeholders, including diverse organizations and businesses, health care providers, and communities. Dr. Nolan discussed the elements of the Collective Impact model and how to organize and mobilize them toward achieving a common agenda—the Triple Aim:

**Common agenda:** A concretely defined common agenda ensures that every organization and individual involved knows the end goal and understands the significance of intermediate steps. To activate the Triple Aim in Montgomery County, Dr. Nolan proposed adopting it as the common agenda.

**Shared measurement system:** Allows for quantitative reporting and progress analysis that is significant to every party involved. If every organization was using its own measures and indicators, there would be a lot of numbers that would not signify anything to individuals outside each isolated organization. Dr. Nolan noted that more statistics are not always better—a few specific measures can be more useful in driving action to achieve results. Agreeing on measures allows for better and clearer dialogue and therefore more efficient progress.

**Mutually reinforcing activities:** Reduces waste by eliminating duplicative activities performed over and over at multiple sites. Paves the way for open communication by reducing territorial attitudes and emphasizing the importance of coordinated referrals to all of the services available—offered throughout the community by collaborating organizations—to serve an individual holistically.

**Continuous communication:** On a system-level and client-level—helps to identify needs and make sure that all collaborating organizations know who is isolating and addressing those needs going forward. Communicating at a client level is important to insuring that that a person's needs are being met by all of the organizations providing services and that clients experience a warm hand off between organizations.

**Backbone support organizations:** Provide the infrastructure by ensuring that everyone is doing their job(s) and that everything is organized. The backbone support organizations act as a central coordinator.

Using these elements while gradually increasing the scale of projects that support Triple Aim goals is critical to achieving success. There will always be critics and opponents to sweeping changes—disagreements on budget, process, priorities, etc. Starting small and growing in scope addresses system issues at each step. Dr. Nolan used the example of treating children with asthma: it is important to ask how to provide care on a broader scale to improve the trajectory of all children with asthma. Starting with five children with asthma, the question is how can we connect the hospitals and the pediatricians so that the care can be better coordinated for the patients? When treating twenty-five children, we ask how can we coordinate services outside of the hospital? Expanding to hundreds or thousands of children, we ask how can team members access the same information in order to improve efficiency? How will we finance the operationalized system? Should we expand to overall child health instead of focusing on one disease? Can we reach and maintain performance standards? Conflict and resistance to change arises when people try to make sweeping changes at a high level. Therefore, Dr. Nolan recommends starting with small populations and simple questions and slowly expanding the project. This approach reduces risk and therefore reduces resistance to change. Additionally, starting with smaller populations allows for the development prototypes and evidence-based practices before implementing them on a larger scale.

Ultimately, adopting the Triple Aim as a shared agenda will both bring people together and rein in costs dramatically. Montgomery County must take several steps in order to make this a successful initiative.

1. Develop a small set of shared measures (no more than 20) relating to health, cost, and patient experience to focus everyone involved on those outcomes or priorities.
2. Base committee work in prototype development and testing across different populations so that we can establish evidence-based approaches to health care problems.
3. Develop a scale-up system that includes a system for learning so that interventions or policies can be implemented on a small scale and are able to grow if they prove successful.
4. Change the funding systems to invest in collective activities to achieve the Triple Aim (e.g. funding studies testing the efficacy of implementation of health interventions on populations).

By focusing the priorities of various parties or stakeholders and increasing and improving prototype development/evidence-based practices, the Triple Aim becomes an attainable framework that can greatly help the residents of Montgomery County.

### **Discussion:**

Following Dr. Nolan's presentation, the floor was opened for discussion. The following list represents key areas addressed:

- Selecting of 20 or fewer shared measures can be quite difficult, especially in a political setting when every group wants their needs to be met. Within these 20 measures, at least one must be insuring equity so that disparities within any given measure are not overlooked or masked.
- The intersection of health and social services is very important in order to move people upstream to a life of sustainability and independence instead of leading them to a life of deep reliance on the system.

- Using primary care as the backbone of population health is central to its success. Ultimately, everyone should have a primary care physician that acts as a central hub of care and coordinates their care with specialists.
- Wastefulness within the system is incredibly costly, e.g. people using the emergency room for primary care services. By recognizing and changing wasteful processes, and the drivers behind them, spending will decrease and jobs will become more streamlined. We need to constantly ask ourselves: Are we spending our resources wisely? Are we really helping people? Is there a better way to help?
- Health care should ideally understand and combine three theories: the integration theory (things would be better if people/groups could work together), the place matters theory (location and context impact trajectory), and the customization theory (each patient is different and requires unique care).

**Closing Remarks:** *Leslie Graham, MSHA, President and CEO, Primary Care Coalition*

Ms. Graham summarized highlights and key points from the discussion. She observed that equity is of great concern to event participants. She reflected that there are important differences between equality and equity, noting that even if people are given the same resources and opportunities, some face greater challenges by virtue of their starting point. Equity is important because we cannot assume that everyone is the same or will benefit from the same things. The customization theory and other testing are helpful in increasing knowledge and improving prototype development to provide the best and most equitable care possible.

Ms. Graham concluded that event participants and stakeholders were concerned about the possible constraints of implementing the Triple Aim as a common agenda and pointed out that innovation always comes with a set of associated constraints including budgets, political ties, diversity of interests, structural difficulties, and fragmentation—therefore, it is important to start small and scale up. Ms. Graham reiterated Dr. Nolan’s point that becoming preoccupied by the potential constraints prevents us from moving from thought to action and making change happen.

**About Thought to Action:**

*The Thought to Action: Innovation Speaker Series is an annual series highlighting innovative concepts and approaches to health care. Through this series, the Primary Care Coalition will mobilize health care leaders and decision makers by providing opportunities to learn about new, innovative approaches to solving commonly faced challenges and a venue for discussion about how to address these challenges in Montgomery County. The series honors Steve Galen, former President and CEO of the Primary Care Coalition and an instrumental player in developing, implementing, and managing programs to improve the health of this community.*