



# Developing A Better Understanding



## CONNECTING THE TRIPLE AIM AND RECOVERY-ORIENTED SYSTEMS OF CARE

As the work continues to transition Ohio’s local community mental health and addiction systems into Recovery-Oriented Systems of Care, we are also looking at how we can align our work with the Triple Aim approach to optimizing health system performance. The focus of Recovery-Oriented Systems of Care working to meet the needs of individuals, families, and communities impacted by mental illness and addiction and the healthcare focus of the Triple Aim complement each other as the approaches both work to achieve similar goals.

The Institute for Healthcare Improvement’s (IHI) Triple Aim is a framework for guiding health system work by simultaneously pursuing three dimensions, which are called the “Triple Aim”:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

The Triple Aim, which is garnering a great deal of traction in Ohio and across the nation in healthcare policy and practice reform for its simultaneous focus on three dimensions, is an innovative way of looking at health care systems. Ohio’s health care leaders and decision-makers are designing health care systems and policies that hold entities accountable for all three dimensions in order to develop coordinated approaches to addressing the patient’s experience of care, the health of the population, and the total cost of care. Recovery-Oriented Systems of Care take this same approach, operating under the knowledge that providing an integrated, coordinated, and recovery-oriented system of prevention, treatment, and recovery support services will lead to better health outcomes, better individual experiences of care, and decreased costs across systems.

Both the approach outlined by the Triple Aim and the philosophies that underpin Recovery-Oriented Systems of Care recognize the importance of empowering individuals and families; engaging partners across a broad spectrum of healthcare, social services, and community organizations; and assuring a seamless journey through the whole system of care throughout a person’s life.

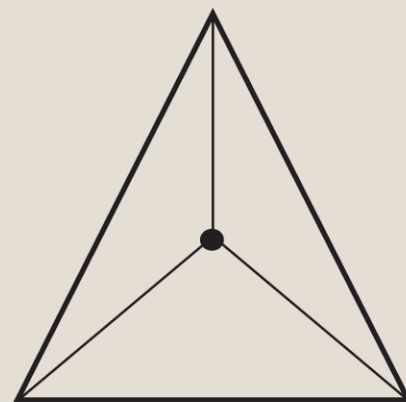
Developing local Recovery-Oriented Systems of Care using the three dimensions of the Triple Aim will help leverage the joint knowledge about the best ways to further strengthen activities including:

- Engaging, educating and empowering individuals and families;
- Developing innovative financing approaches that emphasize value;
- Integrating technology into the provision of services and organizational administration in the most effective ways;
- Designing new models for care and measuring their effectiveness; and
- Addressing population health.

### *IHI’s Triple Aim*

It is IHI’s belief that new designs must be developed to simultaneously pursue three dimensions, which they call the “Triple Aim”:

### **Population Health**



**Experience of Care**

**Per Capita Cost**

## *Understanding the Triple Aim*

According to the Institute for Healthcare Improvement, the benefits to an approach in line with the IHI Triple Aim are that organizations and communities that attain the Triple Aim will have healthier populations, in part because of new designs that better identify problems and solutions further upstream and outside of acute health care. Patients can expect less complex and much more coordinated care and the burden of illness will decrease. Importantly, stabilizing or reducing the per capita cost of care for populations will give businesses the opportunity to be more competitive, lessen the pressure on publicly funded health care budgets, and provide communities with more flexibility to invest in activities, such as schools and the community environment, that increase the vitality and economic wellbeing of their inhabitants.

### *Recovery-Oriented System of Care - Person-Centered Values*

The person-centered values of a Recovery-Oriented System of Care are designed to help individuals, organizations, and communities achieve the best success possible. In one small example out of Western New York, the Yale Program on Recovery and Community Health found that by implementing a Recovery-Oriented System of Care based upon the person-centered values listed below positive outcomes were achieved, including: a 68% increase in competitive employment; a 43% decrease in ER visits; a 44% decrease in inpatient days; 56% decrease in self harm; a 51% decrease in harm to others; and 11% decrease in arrests.

#### *Person-Centered Values*

- Collaborative
- Preferences, life goals, choices define scope of services
- Quality of life
- Empowerment
- Community-based
- Long-term planning for life in the community
- Self-determination is a fundamental civil right
- High expectations
- People choose from a flexible menu of services including natural and professional supports
- Promotes trial and error growth in the context of responsible risk-taking
- Focuses on building positive sense of self, competence and confidence
- Evolving, living plan adjusts over time
- Encourages inclusion of family members and/or natural supports
- Process-oriented not product-oriented

### *“Integrators” and Involving Individuals and Families*

In a *Health Affairs* article entitled “The Triple Aim: Care, Health, and Cost”, Donald Berwick, Thomas Nolan, and John Whittington shared that the “pursuit of the Triple Aim requires that the population served become continually better informed about both the determinants of their own health status and the benefits and limitations of individual health care practices and procedures. An effective integrator (an entity that accepts responsibility for all three components of the triple aim for a specified population) would work persistently to change the “more-is-better” culture through transparency, systematic education, communication, and shared decision making with patients and communities rather than by restricting access, shifting costs, or erecting administrative hurdles to care. Many members of the population, especially those with chronic illnesses, will need someone who can work with them to establish a plan for their ongoing care, guide them through the technological jungle of acute care, advocate for them, and interpret.”

When developing local Recovery-Oriented Systems of Care, Ohio’s Alcohol, Drug Addiction, and Mental Health Boards are uniquely positioned to serve as the hub of the community system helping individuals access the appropriate treatment and recovery support services from the available menu of services and supports throughout the community. Boards helping individuals and families as an “integrator” will help achieve the Triple Aim of a better experience of care, better population health, and lower costs.