
The Big Picture—Using the Triple Aim to Provide Affordable, Accessible, and Quality Care for Older Adults with Alzheimer’s Disease and their Families

October 16, 2013

This material was prepared by Northeast Health Care Quality Foundation (NHCQF), the Medicare Quality Improvement Organization (QIO) for Maine, New Hampshire and Vermont, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

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Northeast Health Care Quality Foundation
The QIO for Maine, New Hampshire and Vermont

Northeast Healthcare Quality Foundation is the Quality Improvement Company (QIO) for Maine, New Hampshire, and Vermont

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United States Spend More On Healthcare...

...We must invest more in other social determinants of health such as healthy behaviors, education, job development, housing and the environment that collectively have a greater impact on the health of our communities than access and quality of health care.

– Institute of Clinical Systems Improvement

Goals of this presentation

- ◆ Understand why Triple Aim are hard to achieve
- ◆ Understand how to use and frame the Triple Aim
- ◆ Understand your role as a healthcare provider, patient, advocate for Alzheimer's disease with a viewpoint of the Triple Aim
- ◆ I hope to challenge your current viewpoints on Alzheimer's disease and your role

Outline

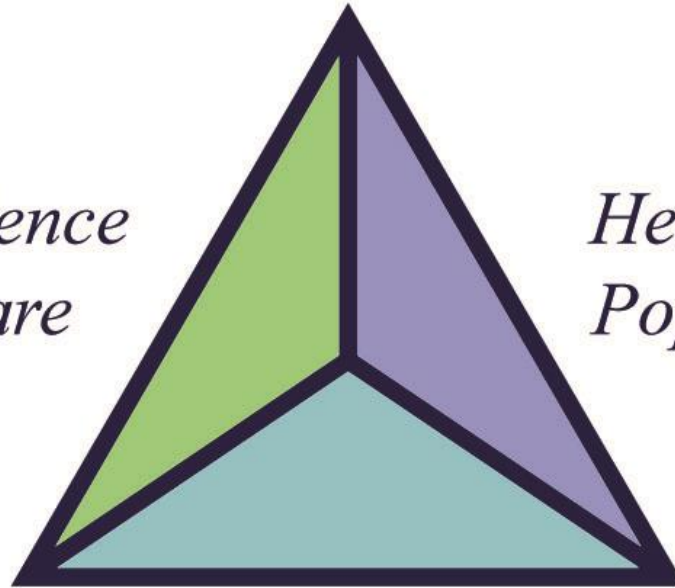
- ◆ First discuss the framework of the Triple Aim and how to realistically apply it
- ◆ Discuss Triple Aim in the context of Alzheimer's disease
- ◆ Discuss the Federal governments view point of Alzheimer's Disease
- ◆ Updates on the state of Alzheimer's disease research and care efforts
- ◆ Review what we have discussed
- ◆ Time for questions...

Triple Aim

- ◆ Improving the patient experience of care
- ◆ Improving the health of populations
- ◆ Reducing the per capita cost of health care

*Experience
of Care*

*Health of a
Population*



Per Capita Cost

IHI Triple Aim

Tools Still Need Operators

- ◆ View the goals of the Triple Aim as a triple-lever-tool,
 - “it still needs an operator to function appropriately”

“Coming together is a beginning. Keeping together is progress. Working together is success”

-Henry Ford

Triple Aim Must Work In Concert

“The United States will not achieve high-value healthcare unless improvement initiatives pursue a broader system of linked goals.”

-Don Berwick

Preconditions For Adequate Application

- ◆ The enrollment of an identified population
 - Alzheimer’s and Dementia
- ◆ a commitment to universality for its members
 - Shared viewpoint
- ◆ the existence of an organization (an “integrator”) that accepts responsibility for all three aims for that population.

Role of The Integrator

- ◆ Partnership with individuals and families
- ◆ Redesign of primary care (around the disease state)
- ◆ Population health management
- ◆ Financial management
- ◆ Macro system integration (wide spread adoption)

Non-Interdependent goals

- ◆ The aims are not naturally interdependent and if taken alone may worsen the healthcare system
- ◆ Solely pursuing one goal in the absence of the others will result in an imbalance or worsening of the system

Triple Aim, A Very Sensitive Tool

- ◆ Maintaining balance
- ◆ Rational common interests and rational individual interests can be in conflict
- ◆ Measuring quality, cost, and health status

Difficult to Achieve

How often do we perfectly get “it” right given the constraints of society, politics, and individual will

Major Criticism of Triple Aim

“The Triple Aim philosophy, now adopted by the government, is also proposing a methodology for achieving this, larger than the moon landing, challenge”

Solution

- ◆ The Practitioner/Advocate
- ◆ Must self compensate for failure of other Aims

Triple Aim

- ◆ Improving the patient experience of care
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- ◆ Reducing the per capita cost of health care

Market Forces

- ◆ Reality of the United States Healthcare system- very complex
- ◆ Federal/state government –Penalty system

Market Forces

- ◆ Patients – poor healthcare decisions
- ◆ Hospitals - negotiate reimbursement to maximize profits

Triple Aim + Manager Advocate

- ◆ Hospitals will maximize reimbursement to maximize profits
 - and become more operationally efficient to reduce cost (wasn't happening before)

Triple Aim + Patient Advocate

- ◆ Patients will understand the importance of being more informed
 - And make healthy decisions in terms of lifestyle and preventative care (before they face added cost, penalties)

Triple Aim + Policy Advocate

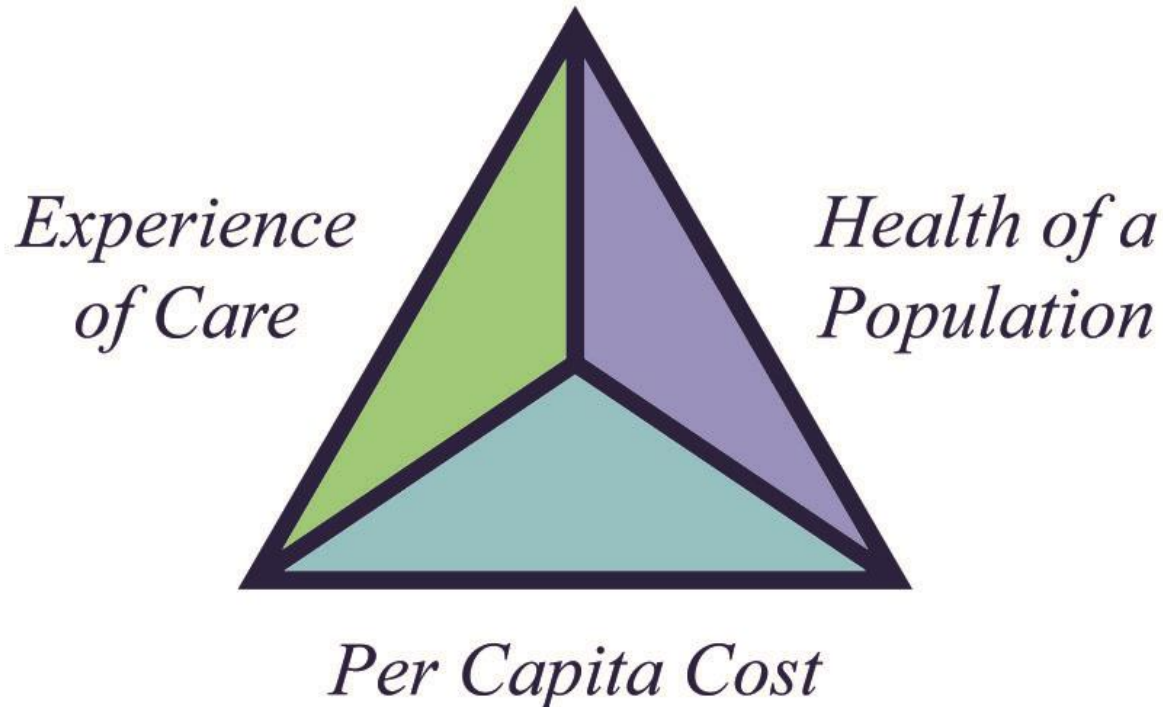
- ◆ Federal/state government will attempt to reduce cost through penalizing methods
 - but will also encourage and reward innovation to improve healthcare

**TRIPLE AIM + ADVOCATE =
WORKS!**



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Triple Aim For Alzheimer's..



IHI Triple Aim

1. Improve Individual Experience

- ◆ Give Alzheimer's patients a voice
 - Community, Political, Healthcare Provider
- ◆ Equipping family and support systems for the demands of caring for an Alzheimer's patient
 - this is often underestimated ex. depression
- ◆ Fill out HCAHP Surveys

2. Improve Population Focus



3. Reduce Cost For The System

- ◆ This will bare a major burden on the Unites States Healthcare system, Why?
 - Healthcare providers will be overwhelmed
- ◆ Major investments in Research, Community, and Policy

How Severe Is The Problem

- ◆ 5 million people living with Alzheimer's disease, by 2050, expected To Triple
 - A.Fib 2.5 Million, will increase to 5 million by 2050
- ◆ AD up to 80% of dementia cases.
- ◆ Up to 50% of cases are undiagnosed

For millions of Americans, the heartbreak of watching a loved one struggle with Alzheimer's disease is a pain they know all too well. Alzheimer's disease burdens an increasing number of our Nation's elders and their families, and it is essential that we confront the challenge it poses to our public health.

- President Barack Obama

National Alzheimer's Project Act (NAPA)

- ◆ National Strategy
 - prevent and effectively treat Alzheimer's disease by 2025
- ◆ Coordinate Alzheimer's disease research and services across all federal agencies
- ◆ Accelerate the development of treatments that would prevent, halt, or reverse the course of Alzheimer's disease

NAPA

- ◆ Improve early diagnosis and coordination of care and treatment of Alzheimer's disease.
- ◆ Improve outcomes for ethnic and racial minority populations that are at higher risk for Alzheimer's disease.
- ◆ Coordinate with international bodies to fight Alzheimer's globally.

NAPA-Highlights

- ◆ The HRSA issued grants that helped provide training to more than 10,000 health care providers on topics from dementia diagnosis to effective behavior management for people with dementia and their caregivers.
- ◆ The National Institute on Aging (NIA) in partnership with the Alzheimer's Association launched the **International Alzheimer's Disease Research Portfolio (IADRP)** database.

Target For Interventions

- ◆ Identified a rare variation of the **TREM2** gene found in late-onset and behavior of the **tau protein** spreads from one brain region to the next by moving across synapses.

Progression of Diagnostic Tools

- ◆ The Centers for Medicare and Medicaid Services (CMS) and NIH
 - Identify a set of brief tools that physicians can use to assess cognitive impairment

Unified Alzheimer's Disease Training

- ◆ A curriculum for primary care providers will be developed to help deliver high-quality dementia care.
- ◆ Researchers will investigate avoidable hospitalization and emergency department use among those with Alzheimer's disease and the best interventions for reducing them

NAPA-Improved Care Models

- ◆ CMS awarded funds to 107 projects, several of which aim to identify how to improve care for people with AD

Specific Populations Task Force

- ◆ HHS -Alzheimer's disease: racial and ethnic minorities, people with intellectual disabilities, and people with young onset AD

Inappropriately Used Antipsychotic Medications

- ◆ CMS/public/private partners have made major presentations to national, state, and local groups, educated providers, and completed 200 nursing home case studies focused on how decisions are made to use antipsychotic medication.
- ◆ CMS developed two training videos for survey staff.

NAPA-Priority Population For Funding

- ◆ 2nd round *Health Care Innovation Awards* to start 2014
- ◆ “Improve care for populations with specialized needs,”

More Information..

Updates and organization/department crosswalk

<http://aspe.hhs.gov/daltcp/napa/NatlPlan2013.shtml>

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Questions..

