Session #3:
Understanding the Triple Aim

Speaker: Rahul Koranne, M.D., MBA, FACP

Saturday, Jan. 9
10 – 11 a.m.
Elm Creek

Sponsored by:
Rahul Koranne, M.D., MBA, FACP

Rahul Koranne joined the Minnesota Hospital Association leadership team as senior vice president of clinical affairs and chief medical officer in February of 2015. Prior to joining MHA, Dr. Koranne practiced in a critical access hospital system in Starbuck, MN and he served as vice president & executive medical director for HealthEast Care System, Community Services, Post Acute Care & Bethesda Specialty Hospital. He is board-certified in internal medicine and geriatrics and was elected a Fellow of the American College of Physicians in 2006.

Dr. Koranne’s areas of interest are health care transformation by linking health care delivery with community based services (both medical and social) and innovative systems to promote health while striving to achieve all of the IHI triple aims for our communities.
Understanding the Triple Aim

Rahul Koranne, MD

Agenda

- Burning platform
- History
- Triple Aim from a System Perspective
- Triple Aim for a Population
- Looking ahead
The Cost of Health Care
How does it compare?
If other prices had grown as quickly as healthcare costs since 1945...

- a dozen eggs would cost $55
- a gallon of milk would cost $48
- a dozen oranges would cost $134

What Happened in 2001?

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Aims for Improvement

• Safety
• Effectiveness
• Patient-centeredness
• Timeliness
• Efficiency
• Equity

IHI Triple Aim

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Key Measurement Principles

- Defined Population
- Data Over Time
- Outcome vs. Process measures
- Benchmark or Comparison Data

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Health System's View of Triple Aim
Aim 1a: Experience of Care: Clinical Quality

Ambulatory Quality Measures

- MN Community Measurement
- Physician Quality Reporting System
- Medicare Shared Savings Program
- Meaningful Use
- HEDIS
- Diabetes Measure
- Smoking Measure
- Depression Measure
- High Risk Meds Measure
- Immunization Status
- Cancer Screening
- High BP Screening

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Hospital Quality Measures

- Value Based Purchasing
- Outcomes: Mortality
- Readmission Reduction
- 30 Day Readmissions
- HAI Reduction
- CLABSI
- Meaningful Use
- CAUTI
- Hospital OP Quality Reporting
- EHR Measures

Post Acute Quality Measures

- Nursing Home Quality Reporting
- Home Health Quality Reporting
- Hospice Quality Reporting
- Inpatient Rehabilitation Facility Quality Reporting

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MN’s Hospital Engagement Network

Focus Area Results

HOT SPOT: Hospital Acquired Infections

These MN infection rates are ~50% higher than national average

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Aim 1b: Experience of Care: Patient Satisfaction

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- Clinic
- Hospital
- Ambulatory Surgery
- Skilled Nursing Facility
- Hospice
Patient Satisfaction Metrics

- **Medicare Hospital Compare**

<table>
<thead>
<tr>
<th>XXX HOSPITAL</th>
<th>MINNESOTA AVERAGE</th>
<th>NATIONAL AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient survey summary star rating. More stars are better</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients who reported that their nurses &quot;Always&quot; communicated well</td>
<td>77%</td>
<td>82%</td>
</tr>
<tr>
<td>Patients who reported that their doctors &quot;Always&quot; communicated well</td>
<td>79%</td>
<td>84%</td>
</tr>
<tr>
<td>Patients who &quot;Strongly Agree&quot; they understood their care when they left the hospital</td>
<td>53%</td>
<td>55%</td>
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- **Internal Patient Satisfaction Survey**

- **Market Share as a reflection of satisfied customers**

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Patient & Family Engagement

Patient & Family Advisory Council

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Aim 2: Cost of Care

Medicare Hospital Compare:

**Medicare Spending Per Beneficiary**

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<th>XXX Hospital</th>
<th>MINNESOTA AVERAGE</th>
<th>NATIONAL AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Spending per Beneficiary</td>
<td>0.95</td>
<td>0.90</td>
<td>0.98</td>
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Cost of Care

Accountable Care Organizations Cost Metrics:
- Total Cost of Care Contracts
- Medicare ACO
- Medicaid ACO (Integrated Health Partnerships)

Gain Share Calculation = Observed vs. Expected or Compared to Benchmark

Per Member Per Month Cost Trend

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Cost of Care

Internal Organizational Financial Metrics

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Aim 3: Population Health

Health System’s Population Metrics

- Disease prevalence
- Adherence to Evidence based standards
- Disease prevention
- Access to care
- REAL data
- 30-Day Readmission rate
Broader Population View of the Triple Aim

Social Determinants of Health
## Broad Population Health Metrics

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<thead>
<tr>
<th>Triple Aim Dimension</th>
<th>Example of Population Level Metric</th>
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<tbody>
<tr>
<td>Population Health</td>
<td>Years of Potential Life Lost, Healthy Life Expectancy, Incidence of a Disease, Smoking rates</td>
</tr>
<tr>
<td>Experience of Care: Quality</td>
<td>Population based ED rates, Hospitalization Rates, Access of Care</td>
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<tr>
<td>Experience of Care: Satisfaction</td>
<td>Global satisfaction with health care</td>
</tr>
<tr>
<td>Per Capita Cost</td>
<td>Per Population Member Per Month Cost</td>
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Years of potential life lost before age 75 per 100,000 population (age-adjusted)

Ratio of household income at the 80th percentile to income at the 20th percentile
Ratio of population to primary care physicians

Total Cost of Care by Region

Data Collected by MN Community Measurement 2015

Overall average $435 per patient per month

- Central MN: $427
- Metro MN: $416
- Northeast MN: $497
- Northwest MN: $422
- Southeast MN: $535
- Southwest MN: $499
- North Dakota: $415
- South Dakota: $440
- Wisconsin: $471

Minnesota Hospital Association, 2016
Where Do We Go From Here?

If State Health Care Costs Continue Their Current Trend, State Spending On Other Services Can’t Grow

<table>
<thead>
<tr>
<th>Annual Ave Growth 2003-2033</th>
<th>3.9%</th>
<th>8.5%</th>
<th>0.2%</th>
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<tbody>
<tr>
<td>Revenue</td>
<td></td>
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<tr>
<td>Health Care</td>
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<tr>
<td>Education &amp; All Other</td>
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State of MN 2008
Health For Our Communities

COMMUNITY

HEALTHCARE SYSTEM

Triple Aim for All Populations & Communities

QUESTIONS?

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