

## The Triple Aim: Care, Health, And Cost

The remaining barriers to integrated care are not technical; they are political. By Donald M. Berwick, Thomas W. Nolan, and John Whittington  
 Health Affairs 27, no. 3 (2008): 759–769

### Measuring health care quality.

In general, opacity of performance is not a major obstacle to the Triple Aim. Many tools are in hand to construct part of a balanced portfolio of measures to track the experience of a population on all three components. At the Institute for Healthcare Improvement (IHI), for example, we have developed and are using a balanced set of systemwide measures closely related to the Triple Aim (12). A more complete set of system metrics would include ways to track the experience of care in ambulatory settings, including patient engagement, continuity, and clinical preventive practices.

From Ref 12: Martin LA, Nelson EC, Lloyd RC, Nolan TW. *Whole System Measures*. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2007. (Available on [www.IHI.org](http://www.IHI.org))

Table 1. Whole System Measures, IOM Dimensions of Quality, and Care Locations

Whole System Measure	IOM Dimension of Quality	Outpatient Care	Inpatient Care
1. Rate of Adverse Events	Safe	X	X
2. Incidence of Nonfatal Occupational Injuries and	Safe	X	X
3. Hospital Standardized Mortality Ratio (HSMR)	Effective		X
4. Unadjusted Raw Mortality Percentage	Effective		X
5. Functional Health Outcomes Score	Effective	X	X
6. Hospital Readmission Percentage	Effective	X	X
7. Reliability of Core Measures	Effective	X	X
8. Patient Satisfaction with Care Score	Patient-Centered	X	X
9. Patient Experience Score	Patient-Centered	X	
10. Days to Third Next Available Appointment	Timely	X	
11. Hospital Days per Decedent During the Last Six Months of Life	Efficient	X	
12. Health Care Cost per Capita	Efficient	X	X
13. Equity (Stratification of Whole System	Equitable	X	X