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**TO YOUR HEALTH AND WEALTH:  
SPRINTING TOWARD  
THE TRIPLE AIM**

# Case 1

- Black men living in Northeast Washington, DC, die at age 64; black men living in West Africa die at age 67.
- Why?

# Case 2

- 616 thousand Americans die every year of a heart attack or stroke; 200 thousand of these deaths occur to persons with a behavioral health condition.
- Why?

# Case 3

- Almost 50 million Americans live in poverty. The rate of mental illness in this group is 8 times that among the most wealthy.
- Why?

# What is the common thread?

- All of these health dilemmas occur in a national **disease care** system that spent \$2.6 trillion in 2010. Of this amount:
  - \$2.5 trillion was for **disease** treatment
    - \$2.0 trillion was for **chronic illness**

# Where are we headed?

- 2020 \$4.6 trillion
- 2015 \$3.4 trillion
- 2010 \$2.6 trillion

# Some Observations

- The overall health status of our population is very problematical.
- Our disease care system is laboring to stand in place.
- Our cost are soaring.

# We need a new vision

- Within the milieu of the Affordable Care Act, Healthy People 2020, and the Marmot and Satcher WHO Report on Social Determinants:
- Don Berwick proposed a new vision:
  - **Better Population Health**
  - **Better Quality Health Care**
  - **Reduced Costs**
- We now know this as the “**Triple Aim**”.

# A few observations

- The three aims are interdependent—work on one will influence the others.
- The aims can be connected through several different pathways.
- Obviously, not all pathways will lead to the same level of success.
- What I will describe is simply one plausible pathway.

- AIM 1:

- First among equals!

- **Better Population Health**

# Fundamental logic

- One's Life Chances → One's Health and Illness
- One's Life Chances → One's Health Care Access
- One's Life Chances → One's Life in the Community

- Our Life Chances are conditioned by our **Social Determinants of Health**

- What are “**Social Determinants**”?

- **“Social Determinants”** are the cultural, social, economic, health, and environmental conditions at the national, regional, community, and family levels that influence one’s life chances, including one’s future physical and behavioral health.

# Examples of Negative Social Determinants

- Poverty
- Discrimination and Social Exclusion
- Other Adverse and Traumatic Events
- Poor Quality Education
- Lack of Access to Quality Health Care
- Little or No Access to Healthy Foods
- Abundant Access to Fructose, Fatty Foods, etc.
- Culture that Promotes Smoking, Excessive Drinking, Drug Use, Poor Eating Habits.

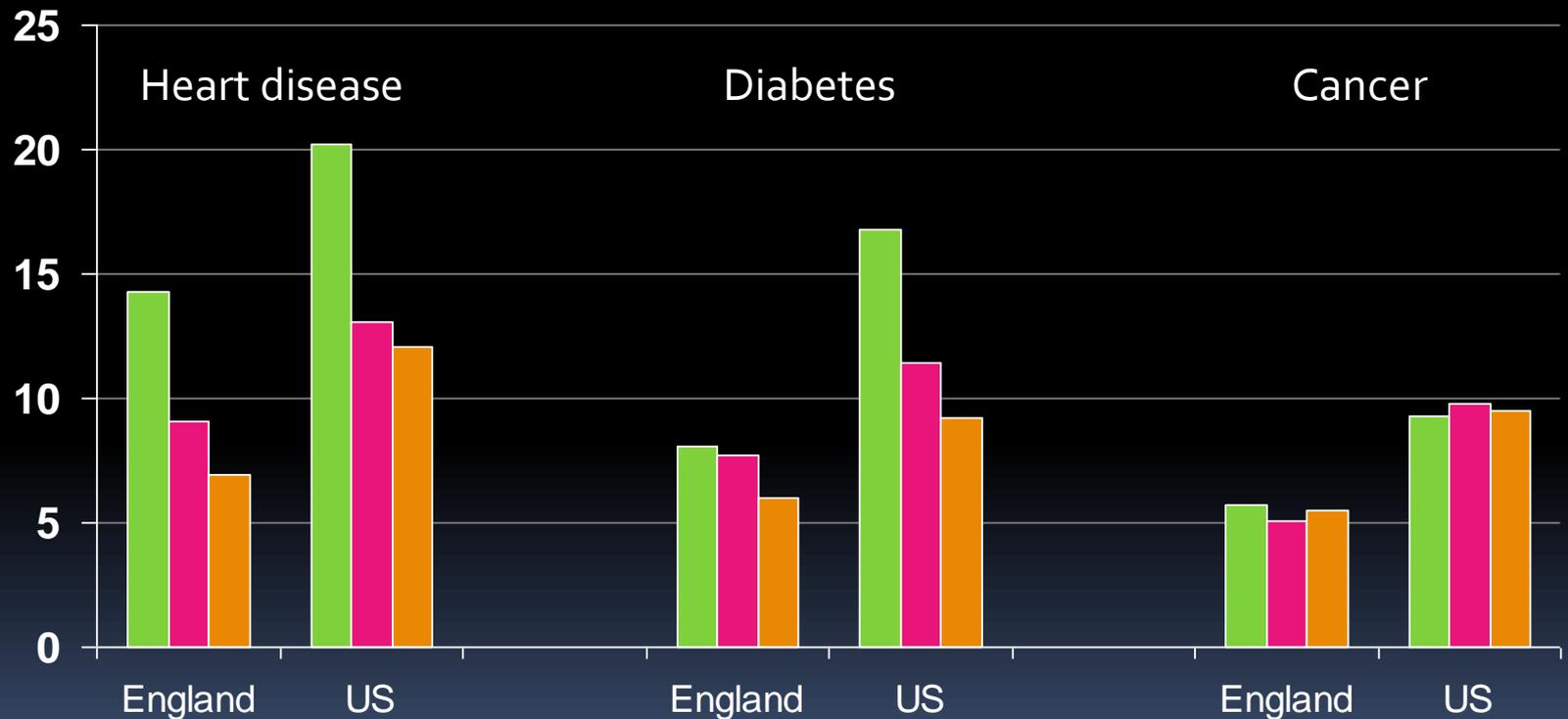
# Examples of Positive Social Determinants

- Community Social Support and Inclusion
- A Nurturing and Supportive Family for Children and Adults
- Good Health Education
- Positive Role Models
- Opportunities for Engagement in the Community
- Opportunity Structures for Education, Jobs, and a Social Support Network
- Access to Quality Health Care, Disease Prevention, and Health Promotion.

# Health Differences for 55-64 year olds between England and the US

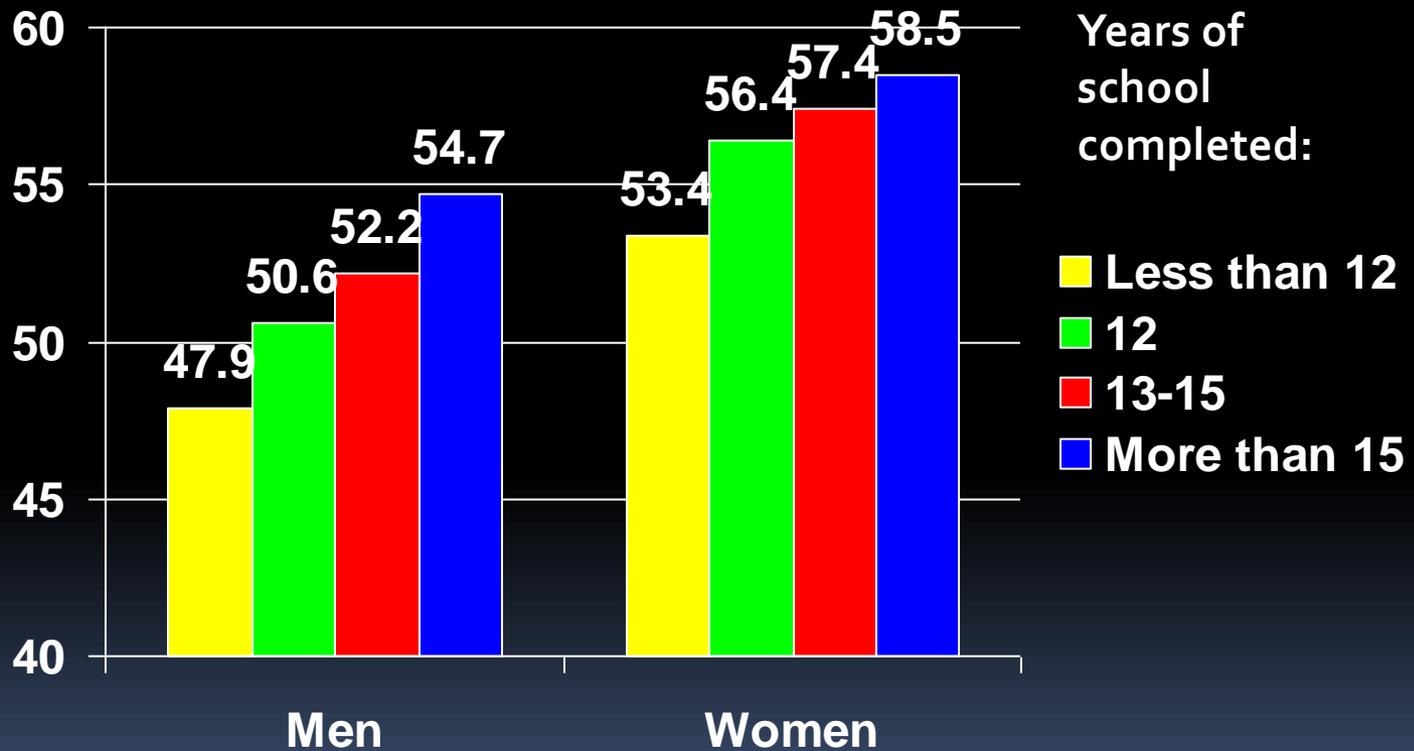
% Prevalence

■ Low income ■ Middle income ■ High Income

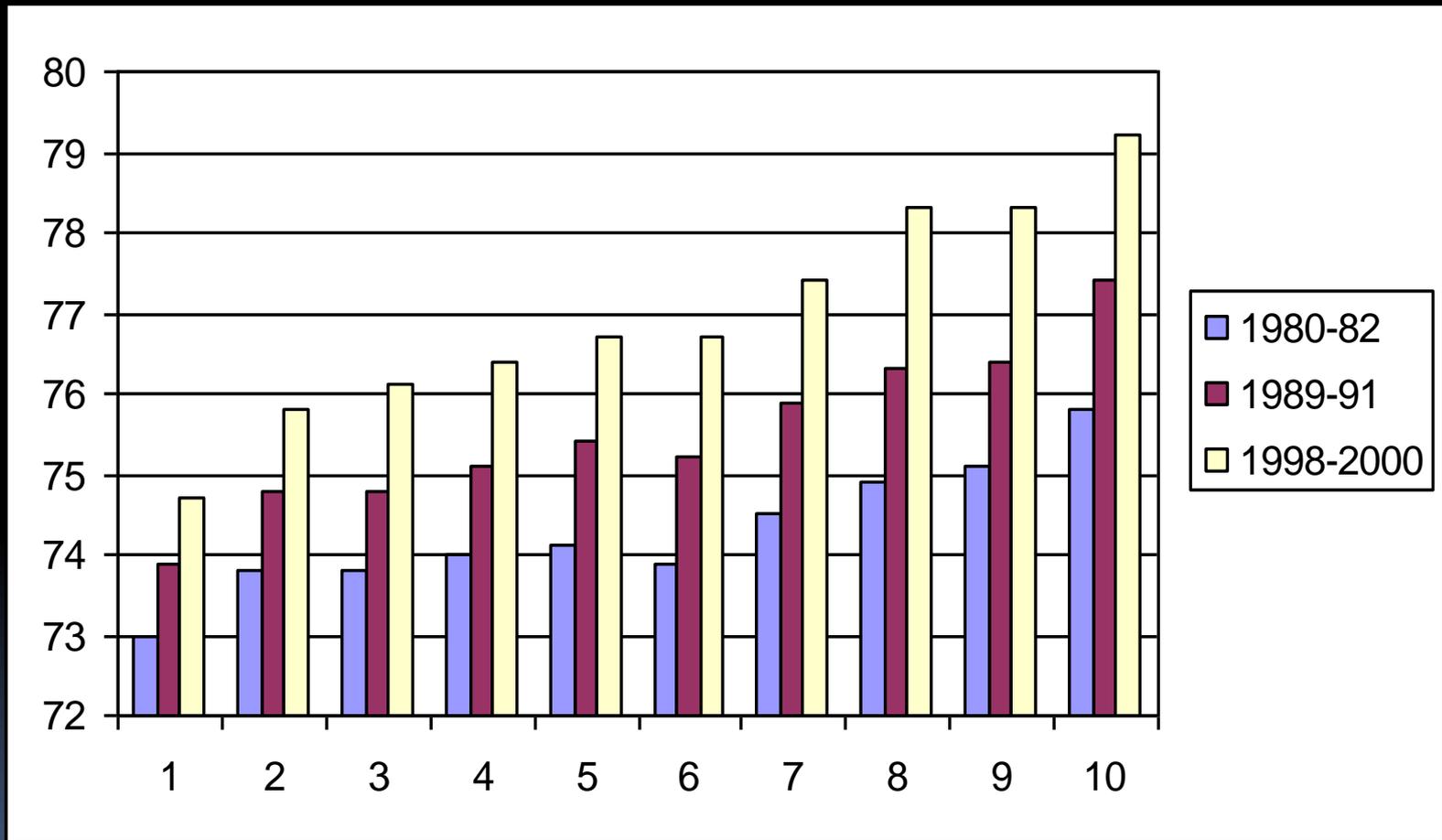


# Life expectancy at age 25 by education, US, 1988-98

LE at age 25



# Life expectancy at birth by socioeconomic deprivation, US



Low Income

High Income

# Management observation 1

- Behavioral healthcare leaders will need to adopt the practices and tools of **public health** to improve the social determinants of health and population health.

# Three levers for action

- **POLICY:** Structural drivers at the global, national, and state/county/local levels.
- **COMMUNITY:** Conditions in which people are born, grow, live, work, and age.
- **INTERVENTION:** Operation of our health care system.

Reduce health inequalities and improve health and well-being for all.

Policy Goals

Create an enabling society that maximises individual and community potential.

Ensure social justice, health and sustainability are at heart of policies.

Policy objectives

1) Give every child the best start in life.

2) Enable all children, young people & adults to maximise their capabilities & control their lives.

3) Create fair employment & decent work for all.

4) Ensure healthy standard of living for all.

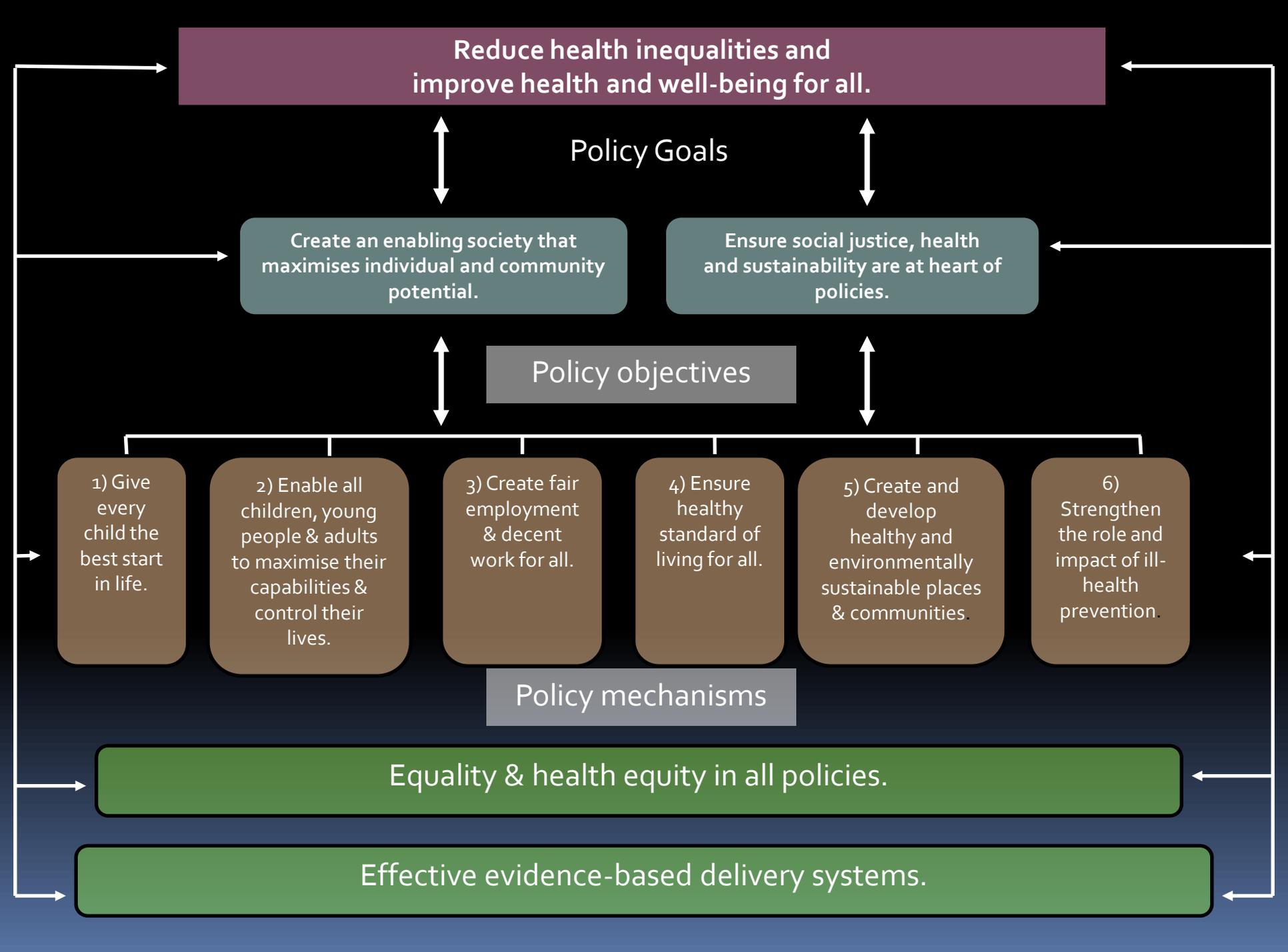
5) Create and develop healthy and environmentally sustainable places & communities.

6) Strengthen the role and impact of ill-health prevention.

Policy mechanisms

Equality & health equity in all policies.

Effective evidence-based delivery systems.



- AIM 2:

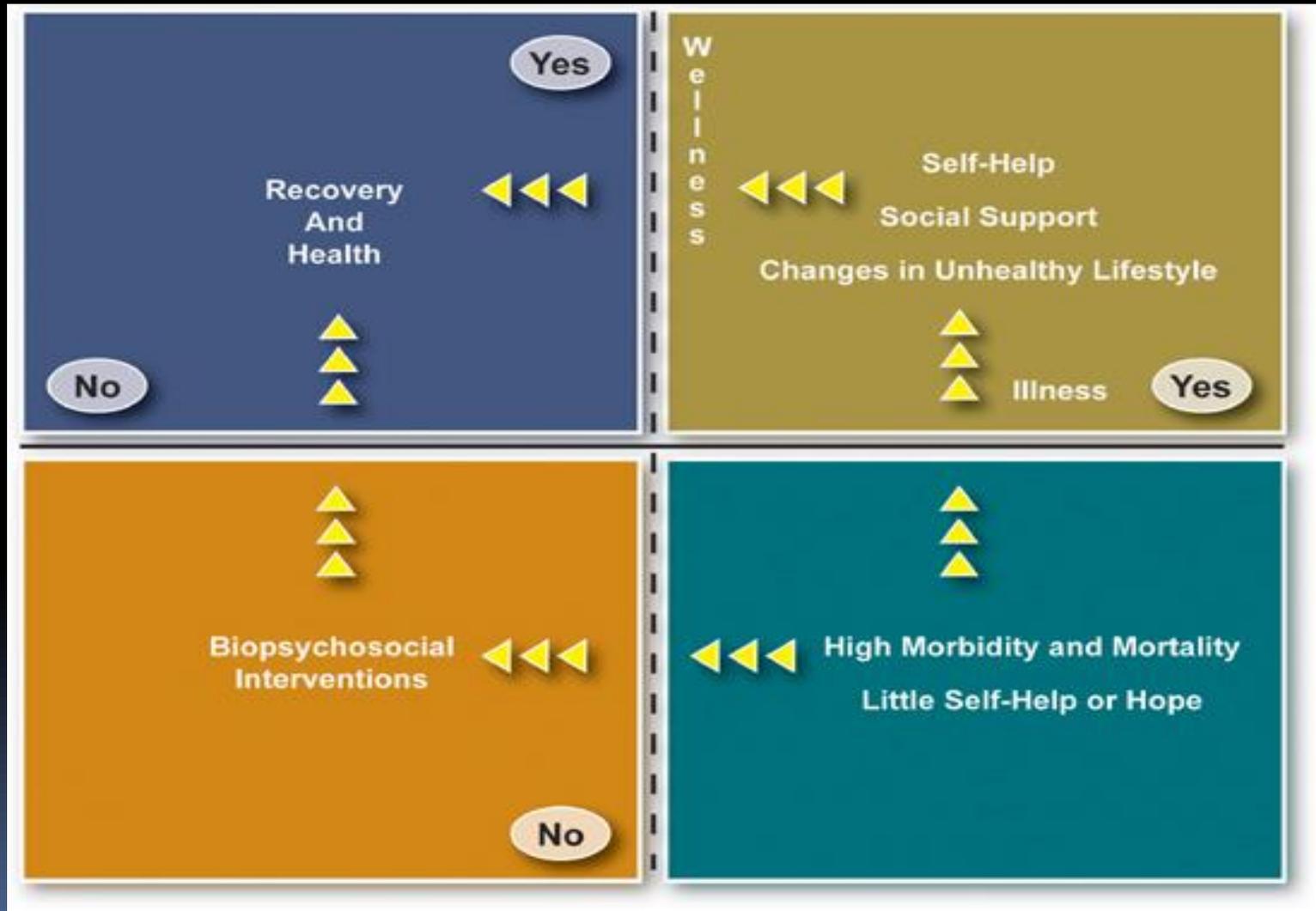
- Second among equals!

- **Improve the Quality of Health Care**

# Becoming two-dimensional



# Applied wellness model



# Prevention of substance use and mental conditions

- **INTERVENTION: Drug Free Communities**
- **AND**
- **COMMUNITY: No pill mills**
- **AND**
- **POLICY: Policies that support healthy lives,  
free of inappropriate drug use**

# Reducing trauma

- **INTERVENTION:** Remove ACES from families and communities
- **AND**
- **COMMUNITY:** Schools that do not permit seclusion and restraint
- **AND**
- **POLICY:** Policies that promote nurturing families and that provide sanctions for physical/sexual abuse

# ACES influence life chances



# Providing recovery support

- **INTERVENTION:** Social inclusion
- **AND**
- **COMMUNITY:** Effective job and housing supports and opportunity structures
- **AND**
- **POLICY:** Development of a national behavioral health policy that promotes recovery and community inclusion

# Management observation 2

- Behavioral healthcare leaders will need to adopt a new **collaborative leadership** strategy to implement integrated health care systems that take a whole health/person-centered approach.

- AIM 3:

- Third among equals!

- **Reduce the Cost of Care**

# New payment systems

- The focus on whole health and wellness, together with quality improvement, will accelerate the introduction of **performance adjusted case and capitation payment systems**.
- Unlike traditional encounter based payment systems, the new emphasis will be on **quality of service delivery, not quantity**.

# Management observation 3

- Behavioral healthcare leaders will be able to achieve cost reductions by **managing payments** to promote Aims 1 and 2 more effectively.

# Final thoughts 1

- Clearly, the **Triple Aim** points to a whole new way of leading for behavioral healthcare.
- Your challenge over the next three days is to **plot key strategies** that will help all of us become successful in this endeavor.

# Final thoughts 2

- A caution:
  - We can't even get to the **Triple Aim** if people are **not enrolled in health insurance**.
  - **HHS and SAMHSA** have just begun **a major initiative** to enroll uninsured persons through Medicaid and the Affordable Insurance Marketplaces.
  - Each of us needs to **actually enroll persons in our own communities beginning on October 1, 2013.**

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