

The Triple Aim Effects Iowa Families

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The Triple Aim



Better Care



Better Health

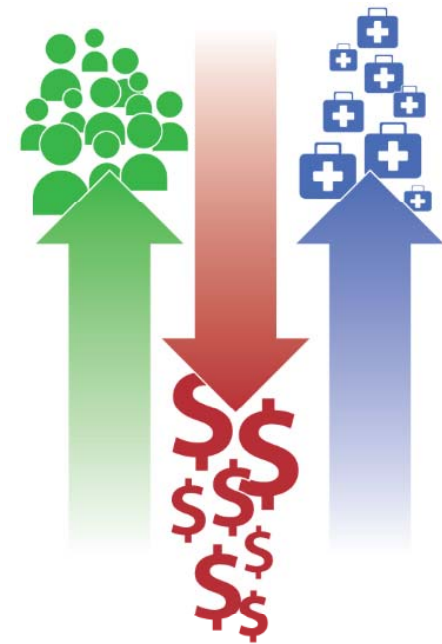


Lower Cost



Triple Aim Goals in the Patient Protection and Affordable Care Act

- Better care through affordability and quality improvement
- Better health through focus on patient panels and population health
- Lower cost through administrative price setting and system reform



The ACA and Better Care

- Affordable coverage for insurance meeting essential benefits requirements (requires examining possibilities, fair comparisons, power of market incentives because of pooled customers)
- Promoting quality related incentives, measurable
- Includes patient satisfaction

The ACA and Better Health

- Shift to value measures that include ongoing health status
- Strategies to keep patient panel healthy, spills over to population
- Healthy communities supported by Title IV



The ACA and Lower Cost

- Payment reductions to Medicare Advantage plans and Medicare providers
- Shift to value based purchasing
- Reforms such as bundled payment, accountable care organizations, non payment for “never events” and hospital readmissions

Health care delivery and finance are changing

- The ACA is only part of that change, hard to know the direction of influence between public and private sectors
- Squeezing out costs: effects see in recent report from the Council of Economic Advisors
- System is getting smarter, leaner
- Everyone's role is changing

Past the Point of No Return

- Pressures from payers
- Shifts to consumer responsibilities
- Behaviors of providers



The Challenge of Transition

- For providers, such as Critical Access Hospitals
- For payers using information systems differently
- For consumers needing to learn more and be more engaged in decision making



Some Key Players to Help in Changing the System

- Healthcare Leaders
 - Changes in Delivery
 - Changes in Finance
- State and Local Administrative agencies
 - Implementing the ACA
 - Public Health Functions
- Analysts
- Consumer Groups

The Path Before Us

- We took the fork in the road
- The long and winding road?
- There will be bumps, cracks
- Not sure yet of the final destination



A High Performance Rural Health Care System Is

- **Affordable:** costs equitably shared
- **Accessible:** primary care readily accessible
- **Community-focused:** priority on wellness, personal responsibility, and public health
- **High-quality:** quality improvement a central focus
- **Patient-centered:** partnership between patient and health team



Central points from RUPRI Health Panel regarding change

- Preserve rural health system design flexibility: local access to public health, emergency medical, and primary care services
- Expand and transform primary care: PCMH as organizing framework, use of all primary care professionals in most efficient manner possible

Continued

- Use health information to manage and coordinate care: records, registries
- Deliver value in measurable way that can be basis for payment
- Collaborate to integrate services
- Strive for healthy communities



For Further Information

The RUPRI Center for Rural Health Policy Analysis

<http://cph.uiowa.edu/rupri>

The RUPRI Health Panel

<http://www.rupri.org>



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