

**INSTITUTE FOR HEALTHCARE IMPROVEMENT**  
**SUMMARY REPORT: 90-DAY PROJECT**

**Scanning for the Triple Aim**

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**I. Research and Development Team:**

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**Situation**

During this 90-day wave, we tested scanning for the Triple Aim in order to gain a better understanding of scanning methodologies, Triple Aim-like activities<sup>1</sup> in health care and public health organizations, and barriers to incorporating scanning into IHI's standard processes.

The deliverables for this 90-day cycle are as follows:

1. Create the framework of a resource collection tool (e.g. an Excel file or a database) including:
  - a. States- is there legislature? Who are the stakeholders?
  - b. Funders & other large organizations with mission & goals of health care reform- what activities/upcoming projects should we know about?
  - c. Organizations that are working on the Triple Aim, in IHI & externally
2. Articulate what information is publically available through the web
3. Provide an estimate of how much the database would be utilized
4. Example of a report we could generate from this database
5. Provide an estimate of how much time and resources the database would take to maintain

**Background**

We focused scanning the environment for Triple Aim-like activities only, rather than include all IHI projects and programs, in order to narrow our 90-day scope of work and to keep focus on informing the next wave of the Triple Aim collaborative. Within the health care and public health fields, we wanted to keep apprised of the most recent news and activities in United States and large health care oriented organizations, such as The Henry J. Kaiser Family Foundation (KFF), The Robert Wood Johnson Foundation (RWJF), Agency for Healthcare Research and Quality (AHRQ), and the Commonwealth Foundation.

Although it was in the original scope of work, we chose to not delve into scanning for Triple Aim-like activities within IHI projects and programs. This is obviously a rich source of information and testing for the Triple Aim team, as well as the leads for those projects and programs who are working on Triple Aim-like projects; however we felt that the 90-day project on portfolio management would address these issues. We also did not scan for organizations that are interested

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<sup>1</sup> Triple Aim-like activities refer activities that can be directly linked back to the three aims of the Triple Aim: improve the health of the population; enhance the patient experience; and reduce (or at least control) the per capita cost of care. An example might be reducing inappropriate Emergency Department utilization.

in participating in the next wave of the Triple Aim collaborative, as this work is being done through a partnership with the Marketing Department and the IHI Triple Aim project team.

We knew that Triple Aim-like activities would be difficult to scan for because IHI is currently at the center of a very small group using the word “Triple Aim” to describe their work. Therefore, it was important to be able to recognize organizations working on the Triple Aim, but not referring to their work as such.

### **Assessment**

Over the course of 90-days, we discovered several things about scanning that may be generalizable to larger scanning projects. First, there is a difference between proactively seeking new information, new contacts, and new up-and-coming sites within the industry and throughout other industries and being able to recall information that we have come across during everyday operations. During these 90-days, we called the first scenario scanning and the second cataloguing. It is much easier to design a reliable system for cataloguing because it depends on the passive receipt of information; in a system of cataloguing, we are only responsible for storing information and referring back to it later. We can design a reliable system to store and recall information by designating an information owner and creating a system capable of storing information that can be easily found, such as a database or a resource library.

Active scanning is more time and resource intensive because it has three active parts: (1) go out, (2) find new unknown information, and (3) be able to recall it at a later date. Each component requires reliable design that can be focused interchangeably within the health care industry, as well as outside of it.

From our test of scanning for the Triple Aim, we have noticed the following issues. First, information is not located in a standard place, nor is it always current. For instance, the New York Department of Health website is extremely informative and up-to-date; however this is not reflective of all public health department websites. Second, useful informative sites do not provide parallel or standard information to be used for comparison. The National Conference of State Legislators website ([www.ncsl.org](http://www.ncsl.org)) provides details on state health reform bills. We know from this site that Missouri has a bill pending that would provide comprehensive health care services for Missouri residents; however we cannot know the status of comprehensive health care coverage in North Dakota, nor should we assume that there is an absence of activity or that pre-existing statutes exist. Next, filtering the important from the useless is time consuming and can get very tangential quickly. Both Nelly and I spent several hours each picking through websites and documents without any significant yield before we found useful websites, like the National Conference of State Legislators website. Picking through materials was more common when we were less familiar with the content. For instance, scanning for activity among health care and public health organizations was easier than scanning for state policy and reform information because we focused on keeping apprised of information provided by KFF, RWJF, AHRQ, and the Commonwealth Foundation. We were not familiar with the state policy and reform terrain, so it was harder to navigate the field and discern who the major players are. Lastly, it became apparent

to us during our scanning test that the most up-to-date and comprehensive information is often available through blogs. We subsequently added blogs as a section in the Excel sheet we are using to catalogue information.

### Status of Deliverables

Deliverable	Status
1. Create the framework of a resource collection tool (e.g. an Excel file or a database) including: <ul style="list-style-type: none"> <li>a. States- is there legislature? Who are the stakeholders?</li> <li>b. Funders &amp; other large organizations with mission &amp; goals of health care reform- what activities/upcoming projects should we know about?</li> <li>c. Organizations that are working on the Triple Aim, in IHI &amp; externally</li> </ul>	See Scanning.xls
2. Articulate what information is publically available through the web	See description in the Assessment section above.
3. Provide an estimate of how much the database would be utilized	It is difficult to estimate how much the database would be used, as we have no comparable resource at IHI. It is difficult to estimate demand when there is no supply. Judging from past experience, I would say that the demand for this resource would be highest before big meetings, like the Forum.
4. Example of a report we could generate from this database	Not completed. The database, in its current state, does not provide a full report; however the information could be used to help develop a meeting presentation.
5. Provide an estimate of how much time and resources the database would take to maintain	Currently a few hours (<4) a week to maintain the database would be sufficient. Weekly reading of websites, blogs, & e-updates would be crucial to keeping abreast of information. Depending on the pull for this knowledge at IHI & the increased profile of the Triple Aim, the hours necessary to maintain the database and supply information to IHI staff would increase.

### Recommendation

It is our recommendation that the easiest, least time intensive way to scan within health care is to subscribe to the email updates available through Kaiser Family Foundation and the Commonwealth Foundation. A more resource intensive, but effective way to scan within health care is through the use of a faculty and expert network. It is our recommendation that the easiest way to navigate the field of health policy is to regularly communicate and mine for information with a small cohort of prominent health policy faculty, until we have a reasonable idea of where to find the newest and best information. Lastly, a robust mechanism for learning about what is going on in the field- within the organization, with current prototyping sites, with prospective prototyping sites- would be of great value. The Triple Aim collaborative has developed a robust community imbued with the expectation of testing and sharing. Replicating and expanding this environment would provide opportunities for learning and scanning that do not yet exist.

Outside of our normal purview, we need different methods of scanning. Google alerts is a useful web-based tool that sends an email summary of websites where the term “Triple Aim” is used; assuming an increased usage of IHI terminology and uptake of the Triple Aim concept, we expect that Google alerts will generate more hits, both in industry and outside it, than any other currently used scanning tool. However, if the term “Triple Aim” does not take on, Google alerts will not be able to help us. We need further work in this area, including benchmarking other organizations, to design a reliable method for scanning outside of industry for material and content we don’t know we need.

**Open Questions:**

- When I find a random, but very interesting and pertinent, article and then send it to people, is that scanning?
- If everyone in the organization is sending articles to each other, is that scanning?
- How do we retain the knowledge and connections made through these articles?