



Collaboration Through the Triple Aim and CQO Enablement

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In 2016, one of the major focuses of AHRMM was the strategic connection between the Cost, Quality and Outcomes Movement and the Triple Aim. Certainly a highlight of this focus was an article featured in this publication by Dr. Mary Beth Lang, AHRMM Board Chair at the time, titled “Triple Aim: Improving the

Health of Populations.” Her article very effectively illustrates the strategic connection between the Triple Aim, the evolution of population health management, CQO and the supply chain management profession in healthcare. If you haven’t read this article, search the title in the Knowledge Center on AHRMM.org for the digital version.

Dr. Lang noted that finding the right balance between cost, quality and outcomes is no longer a “nice-to-have sentiment”; it will be critical to sustaining organizational viability across clinical, financial and operational domains as healthcare organizations evolve their strategies to include population health, the total cost per episode and subsequent value of care

provided. She went on to point out that finding the right balance, however, is not possible without creating the right foundation, one built on better data with contextual insights and more robust collaboration to drive better decision making. The article concluded with the realization that supply chain professionals must interact with peers from every discipline that touches the patient within their organization, intent on coming together to understand each other and their interdependencies.

So how has supply chain responded? Are we seizing the opportunity? Via a small survey that the Board of AHRMM conducted during 2016, I am very pleased to report that supply chain teams are introducing CQO principles into interdisciplinary collaborative groups that are focused on Triple Aim activities. The survey was sent to supply chain leaders at primarily large healthcare systems and had twenty-four respondents. When asked if their organizations were focused on initiatives that are specifically focused on the Triple Aim, 92 percent responded yes. When asked if supply chain teams are involved directly or indirectly in these initiatives, 75 percent responded yes and provided examples. Here are some real-world representative examples of collaboration activities that were provided:

“Each clinical service line has financial deliverables (quality and affordability goals) and SCM is the first place the CSL’s look to identify unwarranted variation. They look to SCM as the most experienced with project management and the measurement of baseline/realized savings.”

“We support the physician Clinical Expert Councils that are focused primarily on outcomes but also cost of care. We have participated on preventable harm teams including pressure ulcers and infection control projects. We participate in the bundled payment initiatives.”

“Green Belt collaborative initiatives in our hospital involve the clinical pursuit of value team and our supply chain members. These

initiatives combine clinical process improvements, benchmarking as well as cost savings, it’s really exciting to work on some of these projects.”

Two emerging themes are present in these examples; one is that these performance improvement initiatives provide an already existing platform for the type of collaboration that Dr. Lang spoke about. We see in these examples that in some cases supply chain participates as a facilitator or even project manager to *clinically* led collaborative teams seeking to reduce clinical practice variation and improve quality.

That leads us to the other emerging theme, which might sound counterintuitive: the fact that while cost reduction is certainly one of the outputs of these collaborative groups, it is not at all the primary focus. There is growing evidence that when interdisciplinary teams focus on initiatives to reduce clinical practice variation, quality is improved and the total cost of care is reduced. That certainly speaks to striking the right balance between cost, quality and outcomes!

Based on this information, supply chain professionals have two compelling opportunities:

Find out if your organization is conducting initiatives to fulfill the principles of the Triple Aim — we know most are. If your organization is currently conducting such initiatives, there is an existing platform of collaborative activities in place awaiting your engagement! These collaboratives lend themselves to the use of CQO principles.

Consider flipping how you strategically approach cost reduction activities in clinical service areas. Instead of approaching those disciplines with a cost-reduction focus, find out how clinical services are dealing with variation reduction and become a partner and resource to those initiatives. Your peers who are approaching collaboration this way are finding that cost reduction is an output when clinical variation is eliminated and quality is improved. 

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