Triple Aims

Slow the Rate of Growth in Health Care Costs by 2020
- Multi-payer strategy and/or value-based reimbursement for care policies
- Functional, interoperable health information system

Improve Population Health Outcomes by 2020
- New health system models and policies support health access for underserved populations
- Public health, behavioral health, and primary care functions integrated and co-located
- Health system addresses adverse social determinants, emphasizes prevention and healthy lifestyle choices, and reduces health disparities
- Health system is patient-centered, culturally sensitive, meets local needs

Improve Patient Experience and Quality of Care by 2020
- Value-based care provided by a multidisciplinary, diverse, geographically distributed health system workforce reflecting NM demographics
- Primary care, public health, and behavioral health services are integrated & managed for quality
- Acute and long-term care managed for quality

Primary Drivers

Secondary Drivers
- Improve educational infrastructure to prepare public health/health care professionals
- Provide appropriate access to essential, quality, consistent, seamless patient-centered services statewide
- Promote healthy eating/active lifestyles (obesity), diabetes prevention/management, prevent/control tobacco use
- Address sub-populations that can produce ROI (e.g., ED frequent users, small areas with disparities)
- Address “social determinants of health” affecting health
- Involve consumers in decision-making about their own health and well being options
- Expand use of PCMH to engage patients (assessments, wellness activities and technology)
- Develop a payment model that supports PCMH and community centered wellness
- Train and integrate health professionals and paraprofessionals (e.g., community health workers and community EMS.)
- Develop inclusive recruitment and retention policies and processes
- Develop sustainable pricing and payment models to support innovation design
- Improve care coordination, medication management, EHR interoperability, evaluation of health system performance