Table 1: A Triple Aim Practice for Children with Special Health Care Needs

Practice Characteristic	Supportive Capacity and Processes
Experience of Care	
Access and Continuity	• Team care • Identified primary contact • Readily available record reviewed prior to encounter • Referral assistance to other providers and services
Convenience and Coordination	• Advanced access appointments • Extended office hours • Telephone hours • Co-location of service providers • Outreach care • Compliant with Americans with Disabilities Act
Family-Centered Care	• Personal health record • Negotiated care priorities and management plan • Functional health status assessment • Family psycho-social assessment • Life course prevention and health promotion
Accountability	• Designated responsibility • Individual care plan and emergency protocols
Population Health	
Data on practice population and their experience	• Use of patient registries • Electronic medical records • Use state immunization registry • Family/patient advisory committee • Patient experience survey
Wellness culture	• Prompts and guides for preventive care
Health information and education	• Use of media to educate and reinforce recommendations
Community orientation	• Collaboration with community agencies • Screening for social determinants affecting health and care
Reducing Costs	
Efficiency	• Participate in organized health care delivery system • Lean staffing patterns • Sharing resources with other providers in community • Ongoing staff education
Increasing Capacity	• Real-time and longer-term digital communications with patients, including e-mail and text messaging. • Advanced access appointment systems and reminders • Pre-encounter screening and data collection • Standardized care protocols • Monitoring referral and ER use • Standardized referral processes
Shifting Responsibilities	• Expanding primary care management responsibilities • Group visits • Self-management support