

Quintuple Aim Framework



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The JCC Quintuple Aim Framework is a practical tool developed to help the Joint Collaborative Committees (JCCs) and their partners in British Columbia apply the Quintuple Aim to local health system improvement. Building on the Institute for Healthcare Improvement's model, this framework adapts the quintuple aims into clear, actionable categories tailored to the BC context. Through consultation with the JCC's, physicians, patients, and health system partners, the framework refines definitions and introduces specific domains to make the aims relevant and usable for collaborative quality improvement across the province.

What is the Quintuple Aim?

The Quintuple Aim is a comprehensive approach to advancing healthcare quality developed by the Institute for Healthcare Improvement (IHI).¹ It guides healthcare systems to pursue five interrelated goals simultaneously, not separately, to create a more effective, efficient and patient-centred healthcare system. The model has influenced healthcare policy and practice globally, including in Canada. The Doctors of BC and Ministry of Health have adopted the Quintuple Aim as their approach to advancing healthcare quality through the JCCs.²

Originally, IHI introduced the approach as the Triple Aim (2007), focusing on improving population health, enhancing patient experience, and reducing per capita healthcare cost. Over the years, IHI has been responsive to emerging challenges in healthcare – such as provider well-being and health equity, by expanding the model from the original Triple Aim to the Quadruple Aim (2014) and most recently, to the Quintuple Aim (2022).³

Triple Aim (2007)	Quadruple Aim (2014)	Quintuple Aim (2022)
Patient Experience	Patient Experience	Patient Experience
Population Health	Population Health	Population Health
Per Capita Cost	Per Capita Cost	Per Capita Cost
	Provider Experience	Provider Experience
		Equity

¹ <https://bcmj.org/council-health-promotion/advancing-health-equity-quintuple-aim>

² Adopted by the JCC co-chairs on June 5, 2024

³ <https://www.ihl.org/insights/quintuple-aim-why-expand-beyond-triple-aim>

What is the JCC Quintuple Aim Framework?

The JCC Quintuple Aim Framework is an adaptation and expansion of the IHI Quintuple Aim. Its purpose is to allow the JCCs (Joint Collaborative Committees) and their key partners to collectively understand the quintuple aim as more than just theoretical constructs but rather specific, actionable categories for health system improvement. Following consultations with the JCCs, JCC staff, physicians, patients, and other key partner, the framework was tailored in three main ways:

- **Refined definitions:** Definitions for each aim were developed, grounded in the foundational concepts of the IHI Quintuple Aim and maintaining its core intent while providing added clarity and relevance for the work of the JCCs.⁵
- **Creation of domains and domain definitions:** Each broad aim was broken down into specific, actionable domains. These domains represent distinct aspects of each aim, organizing their complexity into manageable categories. Additionally, clear definitions were established for each domain.⁶
- **Alignment with key partners:** The framework was intentionally developed to ensure consistency with broader health system approaches and to align with partner organizations.

Each of the five sections that follow provide (1) a definition for the aim, (2) domains for the aim and (3) domain definitions.

1

Patient Experience

2

Provider Experience

3

Per Capita Cost

4

Equity

5

Population Health

⁴ “Provider experience”, is often referred to in the literature as “care team well-being”, “joy in work”, and “care team satisfaction”. See <https://jamanetwork.com/journals/jama/fullarticle/2788483> as example.

⁵ <https://www.ihl.org/resources/white-papers/guide-measuring-triple-aim-population-health-experience-care-and-capita-cost>

⁶ The domains underpinning each aim were developed through an integrative approach, combining a comprehensive understanding of the relevant literature on the quintuple aims with a deep understanding of the JCC’s mandate and context. This process largely involved synthesizing insights from the literature in a way that ensured their relevance, practicality and applicability to the specific needs of the JCCs. Preliminary versions of the domains were refined through consultations with key partners.



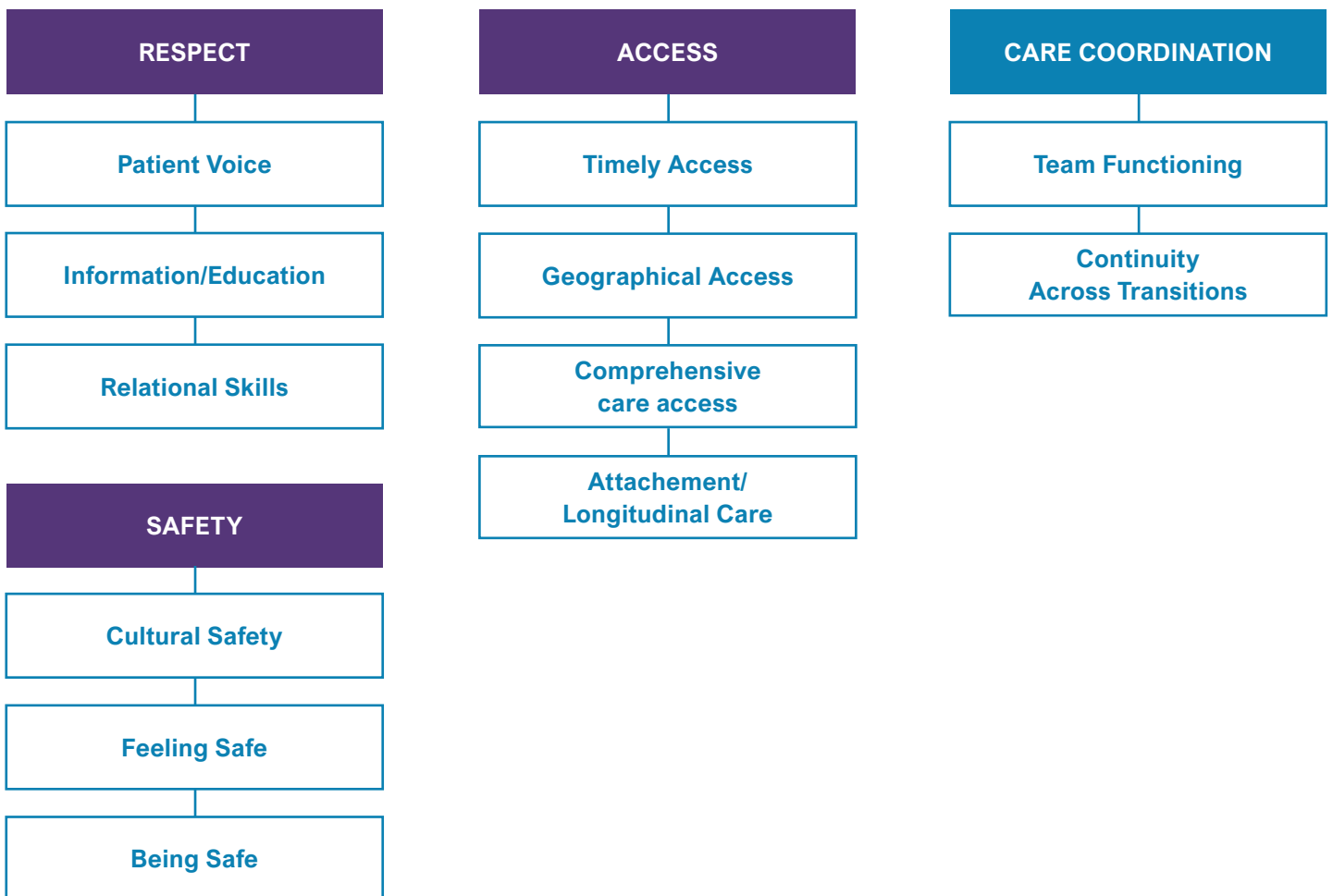
Patient Experience

DEFINITION

The comprehensive journey of all interactions between a patient and the healthcare system, encompassing both tangible touchpoints and emotional dimensions of care delivery. It includes the patient's values, structural elements (e.g., having access to needed information to make decisions) and interpersonal dynamics (e.g., feeling heard, feeling understood, mutual trust).

DOMAINS

There are 12 domains under four categories for Patient Experience. Three categories, coloured in purple, align with dimensions of the BC Health Quality Matrix. The remaining dimensions of the BC Health Quality Matrix align with other parts of the JCC Quintuple Aim Framework, as identified in sections below.



DOMAIN DEFINITIONS

Respect	
Patient voice	The active inclusion of patients' preferences, lived experiences, and values in care planning and system design. This includes empowering patients with the information and support needed to make informed choices about their care (e.g., co-creating care plans with patients and families, transparent communication about options).
Information/education	Access to clear, relevant, and actionable information that empowers patients to make informed decisions about their care and effectively manage their health conditions (e.g., using decision aids to help patients evaluate complex medical options, connecting patients and families with supports and resources such as outreach and early intervention services).
Relational skills	The ability to foster meaningful connections with patients through kindness, active listening, and respectful communication that makes them feel valued, understood, and comfortable (e.g., actively listening to patients' concerns without interrupting or rushing them).
Access	
Timely access	The ability of patients to receive healthcare services promptly, when and where they need them, without experiencing unreasonable delays in the circumstances (e.g., ability to schedule appointments with primary care physician within a reasonable amount of time).
Geographic access	The physical proximity and availability of healthcare services in relation to patients' residences and communities.
Comprehensive care access	Seamless and coordinated access to a full range of healthcare services—including preventive, primary, specialty, and long-term care—ensuring patients receive the right care at the right time as their needs evolve.
Attachment/ longitudinal care	A formal and ongoing relationship between a patient and a primary care provider to ensure they have access to ongoing, continuous and comprehensive care over the long term (e.g., unattached patients and family physicians with capacity to accept new patients being matched through Provincial Attachment System (PAS)).

Care Coordination

Team functioning	Effective collaboration and communication among members of a healthcare team, including shared goals, mutual respect and clearly defined roles and responsibilities to optimize patient outcomes (e.g., roles defined based on scope and patient care, care coordination).
Continuity across transitions	The seamless coordination of care as patients move between healthcare settings, providers, or phases of treatment. It encompasses maintaining treatment plans, preserving therapeutic relationships, and ensuring timely and accurate sharing of relevant patient information (e.g., consistent care approaches across providers, ongoing therapeutic relationships, EMR interoperability).

Safety

Cultural safety	<p>Is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care (e.g., offering access to interpreters and translated materials to ensure effective communication)</p> <p>Health Quality BC. (2023). BC Health Quality Matrix. https://healthqualitybc.ca/wp-content/uploads/BC-Health-Quality-Matrix-Health-Quality-BC.pdf</p>
Feeling safe	A sense of emotional and psychological security where patients feel respected, supported, and free from judgment (e.g., patients feeling comfortable asking questions and sharing information freely).
Being safe	The protection of patients from harm, medical errors, and unsafe practices during their care journey (e.g., EMR designs that helps avoid errors).

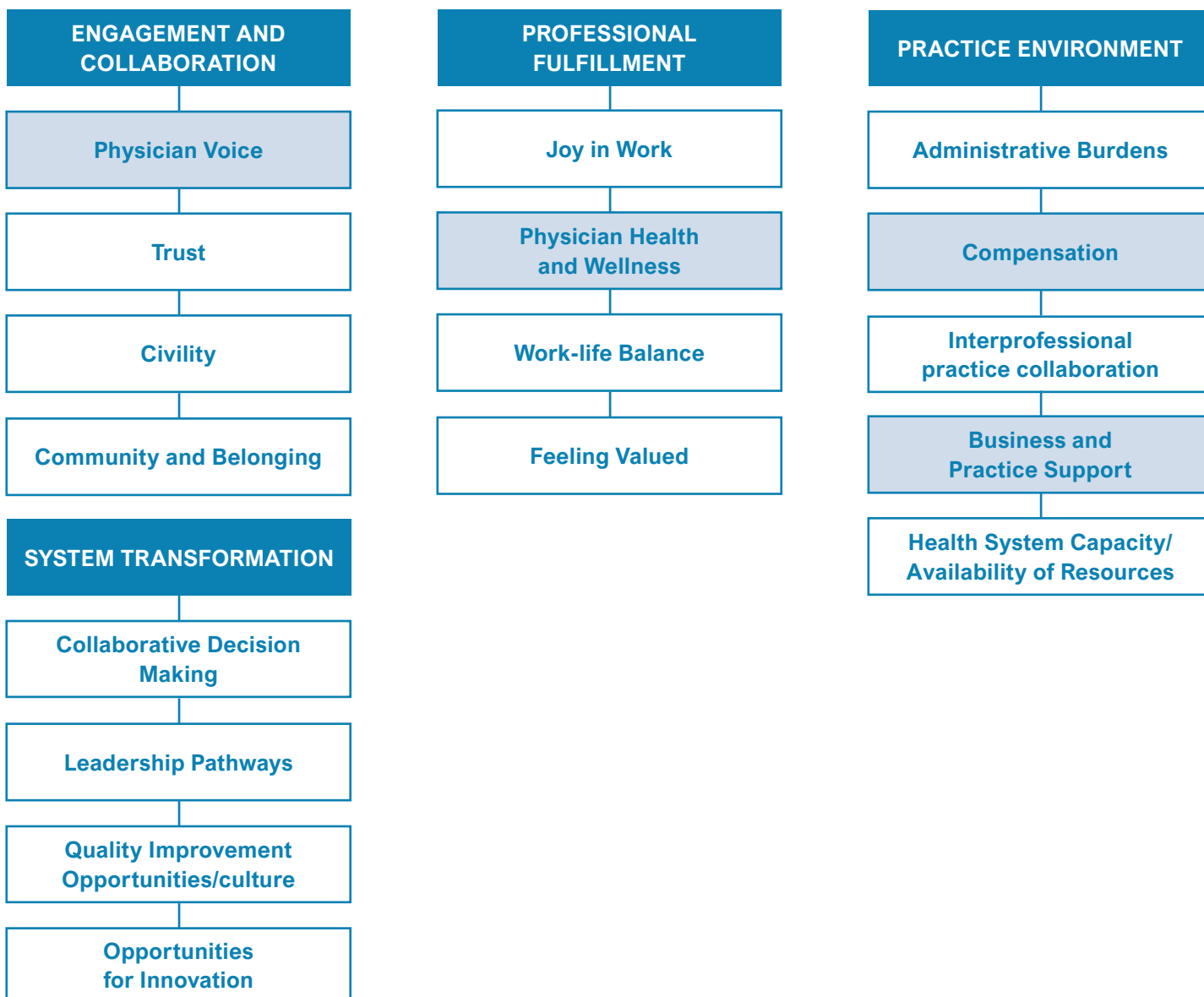
Provider Experience

DEFINITION

The comprehensive set of interactions, workflows, and environments healthcare providers navigate throughout their professional roles. This encompasses direct patient care, organizational systems (e.g., referral pathways, quality improvement), workplace dynamics, and professional relationships. It reflects both the tangible aspects of providing care and the emotional-professional elements such as feeling respected, supported, and effective in their role.

DOMAINS

There are 17 domains under four categories for Provider Experience. Domains noted in blue align with Doctors of BC's strategic plan.⁷



⁷ Doctors of BC's strategic plan has an additional strategic pillar relating to the future of the profession and the culture of medicine that has not been mapped in colour on the Framework. This pillar, which ensures that the evolving landscape of healthcare reflects the perspectives, needs and diversity of both physicians and patients, aligns not with a single domain but with broader sections of the Framework. Specifically, it aligns with Patient Experience, Provider Experience and Equity.

DOMAIN DEFINITIONS

Engagement and Collaboration

Physician voice

The intentional inclusion of physicians' expertise and perspectives in organizational, clinical, and policy decisions, ensuring their insights are valued and influential in shaping decisions that impact patient care and professional fulfillment (e.g., physicians influencing discussions and strategies aimed at addressing emergency room closures).

Trust

The confidence and reliance that physicians and healthcare leaders have in each other's competence, integrity, and shared commitment to delivering quality patient care and fostering a supportive healthcare environment (e.g. physicians trusting leaders to prioritize patient care during organizational changes).

Civility

Respectful and courteous behaviour in all interactions (e.g., addressing colleagues with professionalism during high-pressure situations).

Community and belonging

The sense of inclusion, connection, and shared identity physicians feel with their colleagues and within the broader healthcare system (e.g., feeling connected to a Division of Family Practice or Medical Staff Association).

Professional Fulfillment

Joy in work

The alignment of meaningful clinical practice with a supportive and collaborative environment, where physicians feel empowered, connected, and fulfilled (e.g., physicians feeling a sense of accomplishment from being part of a supportive team that values their input).

Physician health and wellness

The physical, mental, and emotional well-being of physicians, supported by systems and environments that address workplace challenges, promote sustainable work practices, and ensure psychological and physical safety (e.g., access to peer networks, systems that make it safe to ask for help or report concerns without fear).

Work-life balance

Alignment between professional responsibilities and personal priorities, enabling physicians to maintain a sustainable balance that supports both career fulfillment and personal well-being (e.g., being able to take vacation days without feeling guilty or overburdened).

Feeling valued

A sense of recognition and appreciation for physicians' expertise, efforts, and contributions to patient care and the healthcare system (e.g., celebrating successes and recognizing achievements).

Practice Environment

Administrative burdens	The time and effort spent on non-clinical tasks, such as documentation, billing, or compliance requirements, that detract from direct patient care and professional satisfaction (e.g., redundant reporting processes).
Compensation	Fair and transparent financial remuneration that reflects the physician's skills, effort, and contributions, ensuring alignment with market standards and fostering professional satisfaction (e.g., competitive salary structures).
Interprofessional practice opportunities	Structured opportunities for physicians to collaborate with other healthcare professionals (nurses, pharmacists, social workers, etc.) to enhance patient care through shared expertise and coordinated approaches (e.g., integrated care teams).
Business and practice support	Resources, tools, and services that enable physicians to efficiently manage and streamline their practice (e.g., enhance technology use, optimize scheduling, workflows and billing support and supporting MOAs).
Health system capacity/availability of resources	The availability and accessibility of essential resources, including physicians and other health care personnel, facilities, and equipment, that enable physicians to deliver quality patient care (e.g., recruitment and retention, access to diagnostic tools, timely access to specialist referrals).

System Transformation

Collaborative decision making	The participation of physicians and leaders in co-creating system-level decisions through transparent communication, mutual respect, and shared accountability (e.g., partnering with physicians to develop and implement quality improvement initiatives that align with system priorities).
Leadership pathways	Formal and informal opportunities for physicians to develop and apply leadership skills within healthcare organizations, enabling them to influence system change and organizational direction (e.g., formal leadership development programs or mentorship initiatives).
Quality improvement opportunities/culture	An environment that encourages and equips physicians to identify, implement, and evaluate changes to enhance patient care processes and outcomes (e.g., dedicated time for improvement projects or access to quality improvement methodologies and tools).
Opportunities for innovation	Formal and informal channels that support physicians in developing, testing, and implementing novel approaches to healthcare delivery and clinical practice (e.g., innovation funds, protected time for creative work).



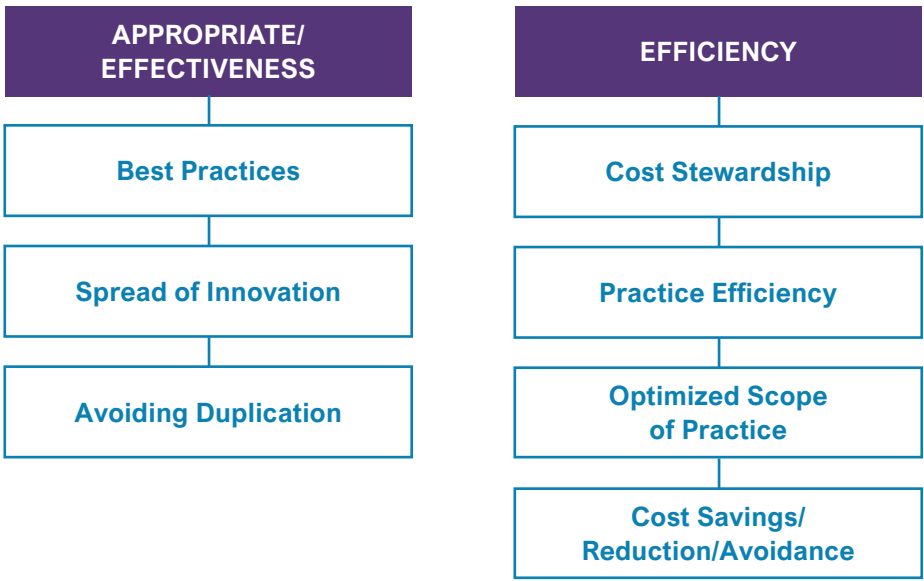
Per Capita Cost

DEFINITION

The sustainable allocation and utilization of resources within healthcare delivery and operations. This encompasses both the appropriate and effective delivery of care, as well as efficient operational processes across the healthcare ecosystem to maximize healthcare value.

DOMAINS

There are seven domains under two categories for per capita cost. The categories, coloured in purple, align with dimensions of the BC Health Quality Matrix. The remaining dimensions of the BC Health Quality Matrix align with other parts of the JCC Quintuple Aim Framework, as identified in sections above and below.



DOMAIN DEFENITIONS

Appropriate/Effectiveness	
Best practices	Implementing evidence-based clinical guidelines and standardized protocols that optimize patient outcomes and resource use (e.g., using established care pathways for a specific condition to increase standardization and improve efficiency).
Spread of innovation	Adopting and scaling new technologies, processes, or care models that have demonstrated improvements along the quintuple aim (e.g., spreading a successful project to a new geographic area).
Avoiding duplication	Eliminating redundant tests, procedures or services (e.g., improved information sharing between providers to prevent repeat lab tests).

Efficiency

Cost stewardship

A commitment to the responsible and sustainable management of financial resources to maximize value and minimize unnecessary spending (e.g., continuously seeking opportunities to identify changes in healthcare delivery that could result in savings and more effective utilization of resources).

Practice efficiency

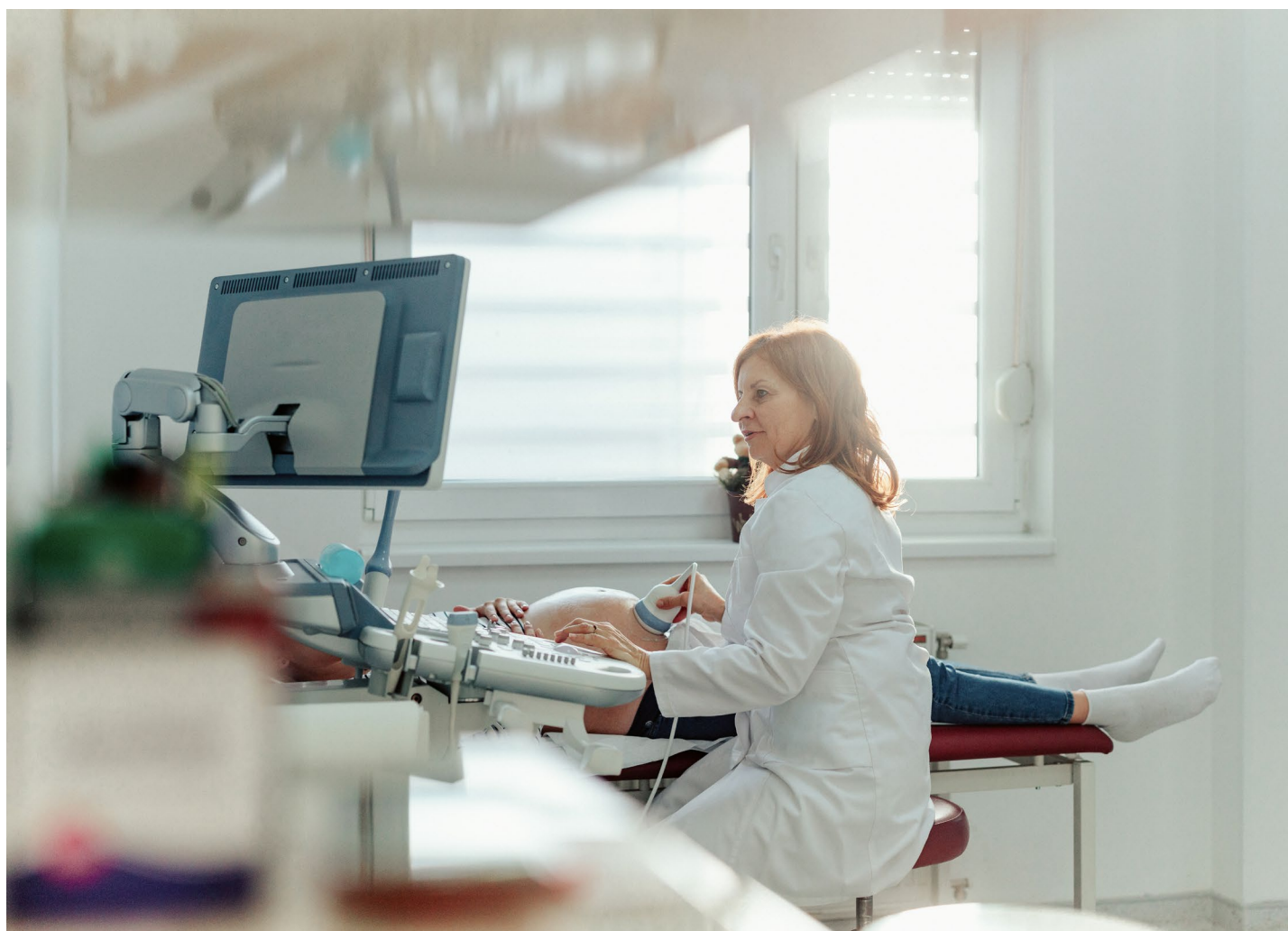
Streamlining clinical and administrative workflows to minimize waste and maximize productivity within a practice (e.g., AI automation tasks, patient online booking).

Optimized scope of practice

The strategic alignment of healthcare professionals' roles and responsibilities with their competencies and preferences, ensuring the efficient and effective use of their skills while also considering their professional satisfaction.

Cost savings/reduction/avoidance

The economic benefit derived from not spending money that would otherwise have been necessary (e.g., reduced hospital readmission avoids the costs that would have been necessary for the readmissions).



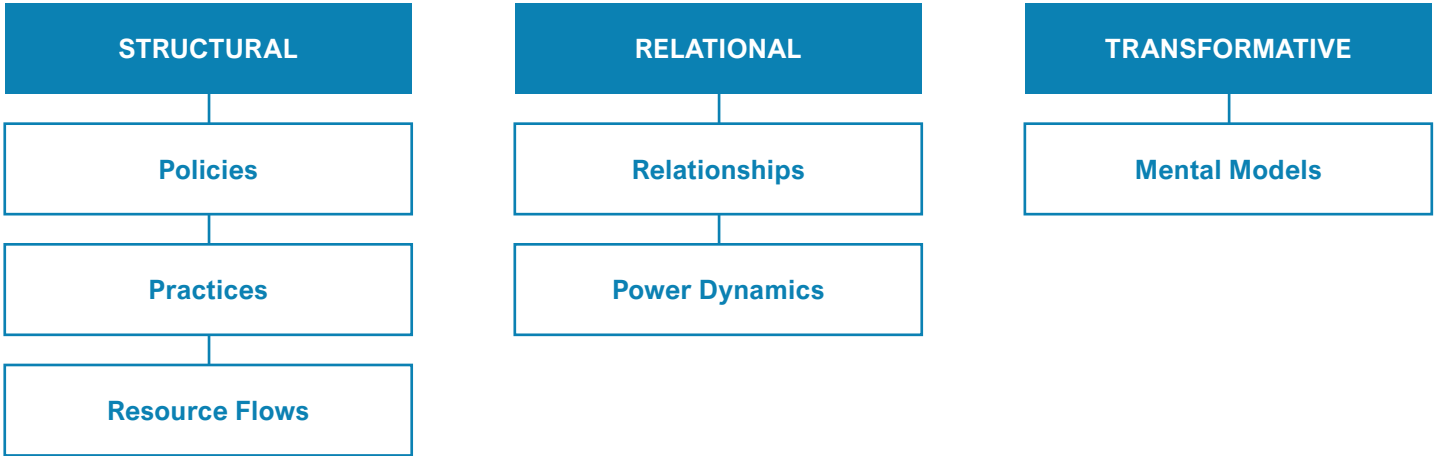
Equity

DEFINITION

The distribution of health opportunities, resources, and outcomes across populations that enables all individuals to achieve full and healthy lives. This encompasses addressing structural inequities, relational dynamics and mental models.

DOMAINS

Equity is one of the dimensions of quality in the BC Health Quality Matrix. There are six domains under three categories for Equity. The domains were directly drawn from Kania et al.'s (2018) six conditions of system change.



DOMAIN DEFENITIONS

Structural	
Policies	Rules, regulations, and priorities that embed equity into policies (e.g., policy that includes patient partners on JCC committees, conflict of interest and issue escalation policies).
Practices	Activities, procedures, guidelines, or informal shared habits that dismantle structural inequity (e.g., initiative funding guidelines/structures, adoption of equity tools such as Gender-based Analysis Plus (GBA+) into program, policy, and initiative development).
Resource flows	How money, people, knowledge, information, and other assets such as infrastructure are allocated and distributed to align resources with equity priorities (e.g., tiered funding to address geographic disparities, rural retention programs, committee funding decision criteria, initiatives that address the social drivers of health).

⁸ Kania, J., Kramer, M., & Senge, P. (2018), The Water of Systems Change (FSG) available at https://www.fsg.org/resource/water_of_systems_change/
 Kania, J., Kramer, M., & Senge, P. (2018). The water of systems change. FSG. <https://www.fsg.org/>

Relational

Relationships

Quality of connections and communication occurring among partners in the system, especially among those with differing histories and viewpoints (e.g., inclusion of Indigenous partners, allied health partners and patients in working groups/committees/projects, mentorship programs).

Power dynamics

The distribution of decision-making power, authority, and both formal and informal influence among individuals and organization to reduce structural inequity (e.g., dyad relationships, Division/MSA governance structures, recruitment pathways for committee and leadership roles).

Transformative

Mental models

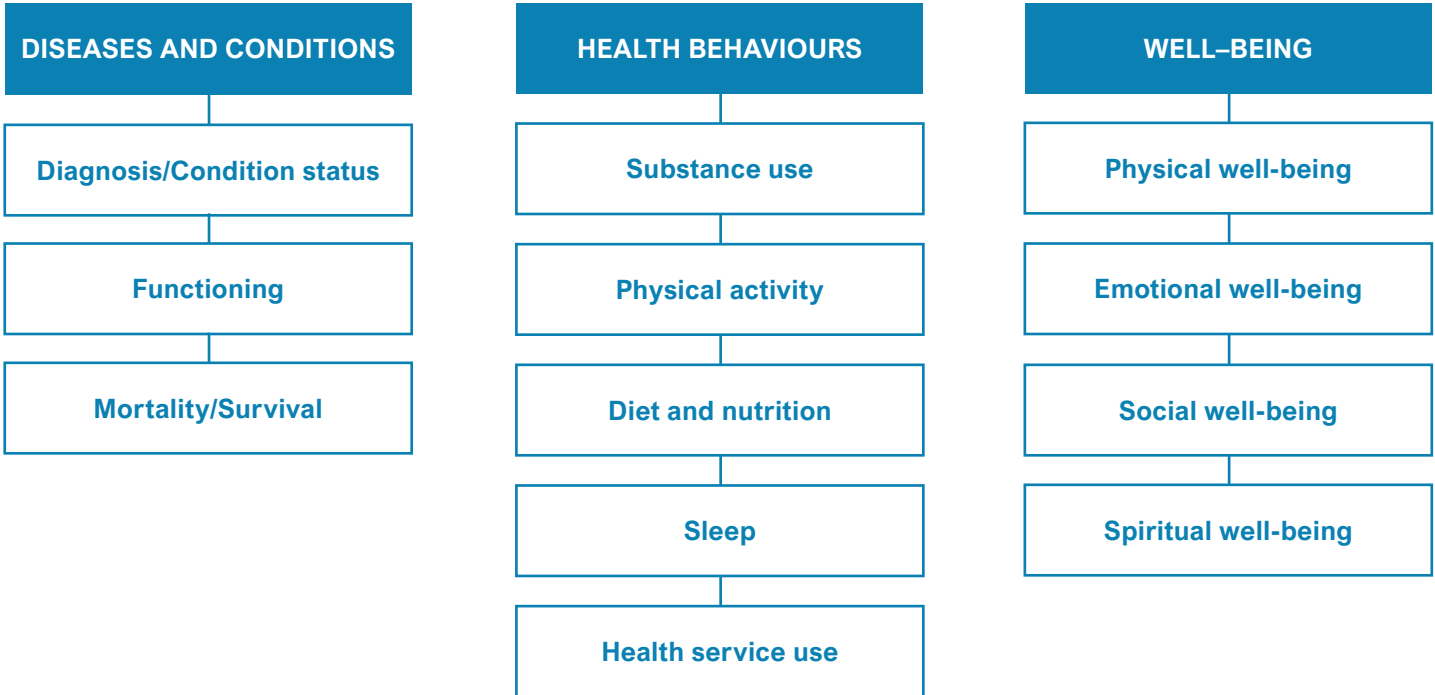
Addressing deeply held beliefs and assumptions that influence how we think, what we do, and how we talk to reduce structural inequity (e.g., compassionate leadership training, Anti-racism Indigenous cultural safety training program, equity training, speak up culture).

Population Health

DEFINITION

The condition of physical and mental well-being across individuals or defined groups (e.g., urban and rural), reflected through behavioural factors (e.g., smoking status) and clinical indicators of physiological health (e.g., blood pressure) and mental health (e.g., depression).

DOMAINS



DOMAIN DEFINITIONS

Diseases and Conditions	
Diagnosis / Condition status	Whether a disease or disorder is present, including type, stage, or severity (e.g., diabetes, depression, cancer).
Functioning	The individual's ability to carry out activities and roles in daily life, across mental, physical, and social dimensions (e.g., memory and concentration, mobility, self-care, parenting, maintaining friendships).
Mortality / Survival	Outcomes related to length of life, survival rates, or cause-specific mortality (e.g., overall survival, 5-year survival rate).

Health Behaviours

Substance use	Use of alcohol, tobacco, drugs, or other substances that affect health (e.g., cigarette smoking, binge drinking, opioid misuse).
Physical activity	Frequency, intensity, and duration of movement contributing to physical fitness (e.g., walking, cycling, prolonged sitting).
Diet and nutrition	Quality, quantity, and balance of food intake and nutrient status (e.g., hydration, micronutrient sufficiency, high sugar intake).
Sleep	Patterns and behaviours related to rest and recovery (e.g., sleep duration, irregular sleep schedule, late-night screen use).
Health service use	Engagement in health care services for prevention, diagnosis and/or treatment (e.g., cancer screenings, immunizations, adherence to prescribed medications).

Well-being

Physical well-being	The perceived experience of physical health and comfort, including energy levels and freedom from pain or bodily distress (e.g., fatigue, intensity of chronic pain).
Emotional well-being	The presence of positive affect and the absence or management of negative emotional states (e.g., sense of calm, optimism, distress, mood).
Social well-being	Satisfaction with social relationships and the availability of social support (e.g., loneliness, perceived isolation, feeling supported by family).
Spiritual well-being	A sense of meaning, purpose, or spiritual harmony (e.g., religious practices, healing traditions, sense of peace).

Final Words

The JCC Quintuple Aim Framework provides a clear, flexible structure for understanding and advancing healthcare quality in British Columbia. By adapting the IHI Quintuple Aim, the framework translates broad concepts into specific, actionable domains that support clarity and collaboration among healthcare partners. The framework is also flexible as the domains are not mutually exclusive enabling project and programs to focus on “best fit” for their initiatives. This shared foundation has the potential to foster ongoing quality improvement and alignment across the province.



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