



California Vital Signs Core Metrics Demonstration Project Summary

What is the project about?

In April 2015, an Institute of Medicine (IOM) Committee released the Vital Signs: Core Metrics for Health and Health Care Progress consensus report, which presented a parsimonious set of 15 Core Metrics which could be implemented by healthcare organizations and communities to collectively drive action. These metrics are across four domains of health system performance measures: Healthy People, High-quality Care, Affordable Care, and Engaged People. Through implementing the report recommendations in Monterey and Fresno Counties, California, this project demonstrated that these concrete core metrics can be developed at the local level, and the measures are practical, understandable, and usable. This project is led by the Public Health Institute (PHI) with grant support from Blue Shield of California Foundation.

Rationale

Measuring What Matters Most is one of the essential infrastructure needs for ensuring system-wide progress towards greater value and better outcomes. The Core Metrics represents such an opportunity: its successful adoption at the community level can foster engagement and collaboration, leading to shared, collective impact, giving communities a greater voice. This pilot project allowed PHI to gain clarity on the feasibility, implementation, challenges, and value of the Core Metrics at the county level.








Process

The first step was to identify communities where Core Metrics would dovetail with existing public and private collaborative health initiatives underway. In two counties, Fresno and Monterey, PHI interviewed stakeholders to understand the community's health goals, needs and perspectives on the Core Metrics and their utility. Later, PHI convened a series of engagement sessions to explore how Core Metrics could lead to action in the community and the most impactful way to convey data. The initial convening also identified gaps in the Core Metrics set, where each county elected to add an additional measure aligned with community needs. The conversations held utilized a world café format, and involved professional facilitators and a graphic recorder. PHI identified and compiled data points for each county across the 16 metrics (15 core metrics plus 1 community-chosen metric) through custom LiveStories websites for Fresno and Monterey counties. At a second convening, these sites were presented to garner community feedback, finalize the websites, and explore next steps.








Results and Lessons Learned

Overall, the projects showed that applying the Core Metrics framework at community levels is feasible and of value. Fourteen out of the 15 Core Metrics Best Current Measures or a comparable proxy were available at the county level, and 5 of the 15 were available at the sub-county level. The Core Metrics domains also well aligned with other ongoing measurement initiatives in California, such as Impact Monterey; Let's Get Healthy, California; and California's County Health profiles. The framework, coupled with a community engagement process, allows communities to customize their dashboards according to needs and available assets. For instance, Fresno added a metric on active transportation, while Monterey chose safety and violence prevention as their 16th core metric. Community buy-in and active participation was crucial. Allowing community members to frame the data in ways most relevant to them ensures ownership in the project. Participants expressed the interest in using the LiveStories websites for future policy advocacy, tracking indicators over time, sharing the data with community groups for advocacy and fundraising.


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Domain	Core Measure Focus	Measure	Fresno, CA	Monterey, CA	California	Sources & Technical Notes
Healthy People		Life expectancy from birth	76.2 (M) 81 (F)	79.3 (M) 83.6 (F)	78.7 (M) 81.2 (F)	Institute for Health Metrics and Evaluation (IHME). Life expectancy by zip code was shared by the California Endowment and calculated by Measure of America using California Department of Public Health Death Statistical Master File 2010-2012, US Census American Community Survey 2010-2012 and Population Estimates, and MABLE/ Geocorr of Missouri Census Data
		% Adults with fair or poor Health	24%	18%	17%	Self-rated general health status question "In general, would you say your health is excellent, very good, good, fair, or poor?" from the California Health Interview Survey, 2012-2014, pooled estimates.
		% Adults who are obese (BMI>=30)	36%	30%	25%	Body mass index was calculated using self-reported height and weight collected in the California Health Interview Survey, 2012-2014, pooled estimates.
		Drug overdose mortality rate (per 100,000)	10	11	11	Using the CDC WONDER mortality data 2012-2014 by the County Health Rankings.
		Teen births per 1000 women aged 15-19	51	48	32	Nativity Files 2007-2013 from the National Center for Health Statistics by the County Health Rankings.
		% High school students graduate in 4 years	79%	82%	89%	Children Now analysis of Cohort Outcome Summary data in California 2014, County Level Analysis of Graduate Data for the Classes from the California Department of Education, Data Quest (2015).
	Care Quality		% Children receive all required immunizations	96.2%	94.7%	96.8%

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Domain	Core Measure Focus	Measure	Fresno, CA	Monterey, CA	California	Sources & Technical Notes
	 CARE ACCESS	% adults getting needed care	By plan, 73.5-74.7%	77%	N/A	2013 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Summary Report, March 2013, Medi-Cal Managed Care
	 PATIENT SAFETY	Hospital-acquired infection rate, for (1) central line associated blood-stream infection (2) C. Difficile (3) MRSA	By provider, 0.21-1.54	By provider, 0-1.28	N/A	The standardized infection ratio indicates if there are greater or fewer numbers of infections than expected. They were calculated by the California Department of Public Health and presented in the Healthcare-Associated Infections in California Hospitals Annual Report, Jan- Dec 2014.
	 EVIDENCE-BASED CARE	Preventable hospitalization rate per 1000 adults	48	34	N/A	Dartmouth Atlas, 2013. Preventable hospitalizations were defined as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees.
	 CARE MATCH WITH PATIENT GOALS	% Adults think doctors communicate well	By plan, 82.4-87.65%	88%	N/A	2013 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Summary Report, March 2013, Medi-Cal Managed Care.
Care Cost	 INDIVIDUAL SPENDING BURDEN	Medi-Cal Expenditures Per Capita	\$1,558	\$918	\$1,932	Total Medi-Cal expenditures were calculated using data from the California Department of Health Care Services. Per capita expenditures were calculated as the sum of Medi-Cal Free for Services Expenditure and Managed Care Expenditure divided by total Medi-Cal beneficiaries.
	 POPULATION SPENDING BURDEN	Total Medicare Reimbursements per Enrollee (Parts A and	\$9,548	\$9,430	\$10,567	Total Medicare reimbursements were documented for calendar year 2013 in the Dartmouth Atlas using claims-based prices.
Engaged People	 INDIVIDUAL ENGAGEMENT	% Households of limited English speaking	10%	13.7%	9.3%	American Community Survey 2014, 1-year estimates. A limited English speaking household is defined as one in which no member 14 years or older 1) speaks only English, or 2) speaks a non-English language and speaks English less than "very well."

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Domain	Core Measure Focus	Measure	Fresno, CA	Monterey, CA	California	Sources & Technical Notes
		(1) % Registered voters voted in the election of November 2014 (2) % Adults who met with others about community problems in the past year	39%	45%	42%	From the California Secretary of State, Voter Participation Statistics by County. California Health Interview Survey, 2011-2014, pooled estimates.
Community-Chosen Domain	Fresno (Active transportation)	% Adults 16+ years ride a bicycle or walk to work	3%	N/A	4%	
	Monterey (Safety)	Various. Examples: % Adults think gang violence and street drugs are the top safety concern; % with personal experience with feeling harmed or threatened in the past 12 months.	N/A	By area	N/A	Impact Monterey County Community Assessment 2015.

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