Consensus-driven Standards on Social Determinants of Health

Social Connection, Elder Abuse & Demographics Goals and Interventions Concepts
Sep 02, 2021
Welcome

Thank you for joining the **Gravity Project** Community meeting!
Due to the large number of attendees, participants are **muted upon entry**. *Please remain muted to avoid background noise.*

This call is being recorded; recording will be available on the Gravity Confluence page following.

You are encouraged to actively participate in the discussion using the Webex chat feature (bottom right of the Webex Meeting window).

**Please send chats to “Everyone.”**
Gravity Project Anti-Trust Practices

• Gravity Project participants have the responsibility to comply fully with federal and state antitrust laws.

• Individuals speaking or providing written communications shall refrain from any discussion which may provide the basis for an inference that they have agreed to take any action relating to prices, services, production and allocation of markets or any other matter having a market effect.

• Participants shall not discuss their pricing or others’ pricing or any term that might affect pricing or fees, such as costs, discounts, terms of sales or profit margins.

• Adherence to these guidelines involves not only avoidance of antitrust violations, but avoidance of behavior that might be so construed.
Gravity Project Participation

• If you have not already done so, we invite you to officially join the project here: https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project

• If you want to check whether you have already signed up or if others from your organization have signed up, please review the existing membership here: https://confluence.hl7.org/pages/viewpage.action?pageId=46892669#JointheGravityProject-GravityProjectMembershipList

• For all other Gravity Project information, please visit: https://confluence.hl7.org/display/GRAV/The+Gravity+Project
Project Founders, Grants, and In-Kind Support To-Date

https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors
Gravity Project Sponsorship

- The Gravity Project is currently seeking additional sponsors for our 2022 operations
  - This is an opportunity to be a recognized contributor to our critical national work

- If you are interested in learning more about sponsoring opportunities, please send an email to GravityProject@emiadvisors.net or visit https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors
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<td>Community Homework and Next Steps</td>
<td>Sarah</td>
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</table>
Announcements
Announcements

• HL7 SDOH CC FHIR IG Public Meetings, Wednesdays 3pm – 4pm EST
• Community Information Exchange Summit Sep 8th - 10th
  • Gravity Project Presents on Sep 9th and 10th
• CyncHealth Annual Conference, Sep 20th-21st
• Congressional SDOH Caucus, comments due Sep 21st

See more details regarding Gravity’s announcements here: https://confluence.hl7.org/pages/viewpage.action?pageId=91996855 #TheGravityProject-Announcements
# SDOH Data Elements and Status

- Links to spreadsheets with all current released and implementable code
- Updates after every terminology release (LOINC, SNOMED, ICD-10-CM)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Activities (Aligns with USCDI SDOH Data Class)</th>
<th>Select Codes Present</th>
<th>Comprehensive List of Codes Present</th>
<th>Link to Codes to Date Spreadsheet</th>
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https://confluence.hl7.org/display/GRAV/SDOH+Data+Elements+And+Status
ICD-10 CM Coordination and Maintenance Committee Meeting- Sept 14th and 15th

- Combination of both Gravity, American Academy of Pediatrics (AAP) submission, and others
- Gravity Elements
  - Z59.82 Transportation Insecurity
  - Z59.86 Financial Insecurity NEC
  - Z59.87 Material Hardship NEC
  - Z91.110 Patient’s non-compliance with dietary regimen secondary to financial hardship
    - + other and unspecified
  - Z91.190 Patient’s non-compliance with other medical treatment and regimen due to financial hardship
    - + other and unspecified
  - Z91.82 Personal history of military service and deployment
ICD-10 CM Coordination and Maintenance Committee Meeting Cont.

• American Academy of Pediatrics (AAP) submission
  • Z91.A10 Caregiver’s non-compliance with dietary regimen secondary to financial hardship
    • + other
  • Z91.A20 Caregiver’s intentional underdosing of medication regimen due to financial hardship
    • + other
  • Z91.A3 Caregiver’s unintentional underdosing of medication regimen

• Unspecified submitter
  • Z59.83 Health insurance insecurity
ICD-10 CM Coordination and Maintenance Committee Meeting Cont.

- Things of note - we have already reached out to our SMEs to assist with comment. We cannot edit submission at this time. All further steps must be through the public comment process.
  - Both “financial insecurity” and “health insurance insecurity” have the same inclusion term of medical cost burden at present.
  - Uncertain definition of “health insurance insecurity”.
  - The new Z91.82 Personal history of military service and deployment term combined veteran status and deployment AND it only has deployment inclusion terms.
  - Need to resolve inclusion terms for dietary compliance.
- We will post the final submission and suggested text for commentary on the confluence shortly after we receive it.
Project Schedule and Overview
# Gravity Overview: 2021 Roadmap

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<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
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<td>Pilots</td>
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<td>INADEQUATE HOUSING</td>
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<td>UNEMPLOYMENT</td>
<td>IG STU3 (new functionality and feedback from testing activities)</td>
<td>● ICD-10 Code Release (APR/OCT)</td>
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<td>EDUCATION</td>
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</tbody>
</table>

- **Goals/Interventions**
  - CMS Connectathon
  - HL7 FHIR Connectathons
  - SDOH FHIR IG Pilots

- **Terminology**
  - Material Hardship
  - Stress
  - Social Connection
  - Elder Abuse
  - Intimate Partner Violence (IPV)

- **Technical**
  - SDOH FHIR IG Pilots
  - HCFA FHIR IG Pilots
  - UNEMPL YMENT
  - Education
  - VETERANS

- **Pilots**
  - SNOMED Code Release (MAR/SEP)
  - LOINC Code Release (MAR/OCT)
  - ICD-10 Code Release (APR/OCT)

- **Key**
  - WE ARE HERE
Questions?

You are encouraged to actively participate in the discussion using the Webex chat feature (bottom right of the Webex Meeting window).
Please send all chats to Everyone.
Terminology Roadmap

Key:
- ★ LOINC Code Release (MAR/OCT)
- ◆ SNOMED Code Release (MAR/SEP)
- ★★★ ICD-10 Code Release (APR/OCT)
- Goals/ Interventions

Terminology Pilots (Tier 1)

- SOCIAL CONNECTION
- STRESS
- ELDER ABUSE
- INTIMATE PARTNER VIOLENCE (IPV)

Pilots

- INADEQUATE HOUSING
- TRANSPORTATION INSECURITY
- FINANCIAL INSECURITY
- UNEMPLOYMENT
- EDUCATION
- VETERANS

18/9/21
# Gravity Project Schedule and Activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Gravity WG Meeting Tasks</th>
<th>Homework</th>
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<tr>
<td>8/19</td>
<td>Social Connection, Elder Abuse &amp; Demographics: Goals and Interventions Kickoff</td>
<td>Submit: Social Connection, Elder Abuse &amp; Demographics Programs and Professions</td>
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<tr>
<td>9/02</td>
<td>Social Connection, Elder Abuse &amp; Demographics: Goals and Interventions Concepts</td>
<td>Submit: Social Connection, Elder Abuse &amp; Demographics Programs and Professions</td>
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<tr>
<td>9/16</td>
<td>Social Connection, Elder Abuse &amp; Demographics: Goals and Interventions Concepts</td>
<td>Submit: Social Connection, Elder Abuse &amp; Demographics Programs and Professions</td>
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<tr>
<td>9/30</td>
<td>IPV &amp; Stress: Goals and Interventions Kickoff</td>
<td>Review: Social Connection, Elder Abuse &amp; Demographics Programs and Professions</td>
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<td>Social Connection, Elder Abuse &amp; Demographics: Goals and Interventions End to End Review</td>
<td>Submit: IPV &amp; Stress Programs and Professions</td>
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<tr>
<td>10/14</td>
<td>Social Connection, Elder Abuse &amp; Demographics: Goals and Interventions Consensus Vote</td>
<td>Submit: IPV &amp; Stress Programs and Professions</td>
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<tr>
<td></td>
<td>IPV &amp; Stress: Goals and Interventions Concepts</td>
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Gravity Project Terminology Engagement Guide: General

• The intent of our public calls is to present updates of Gravity materials and offer opportunities for the community to reflect and discuss implications.

• The community has a critical role in ensuring content is representative of needs. We welcome ideas for additional or altered content to be submitted via Gravity Process available here.

• Within the terminology end-to-end review process, one needs to offer *rationale with evidence* for suggested alternate approaches.

• All elements must be assessed by our subject matter experts prior to inclusion in the set.
Gravity Project Engagement Guide: Domains

• If one has questions about domains covered in previous builds, please review materials provided and reach out to gravityproject@emiadvisor.net with questions or concerns.
  • Our team will add relevant links on past domains into the chat as able.

• Of note: We gather subject matter experts by domain, if we touch upon concepts that cross domains we’ve yet to cover, we must pause on build of these concepts, however, we will ensure, to the best of our ability, that both the project plan and taxonomy structure allow for additions of these new domains in time
  • Ex: literacy as driver of material hardship
Questions?

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Please send all chats to Everyone.
Terminology Team

Director of Clinical Informatics: Dr Sarah DeSilvey, DNP, FNP-C, RN

Lead Terminology Consultant: Linda Hyde, RHIA

Community Liaison and Public Health Consultant: Asha Immanuelle, MAS, RN, PHM-C

Terminology Consultant: Katiya Shell, MPH, PMP
Community Terminology
Development
A reminder that in this phase all concepts are in process, the first goal is meaning, wording comes next
Social Connection, Elder Abuse & Demographics: Goals and Interventions Concepts
Intervention and Goals Development

• The task for the next months is to build out the goals and interventions concepts for the screening and diagnoses only domains we addressed in the winter and spring
  • Less than a high school education
  • Veteran Status
  • Unemployed
  • Psychological Stress
  • Social Connection: Social Isolation, Loneliness, Lack of Social Support
  • Intimate Partner Violence
  • Elder Abuse
Intervention Development

• The core of interventions are the **programs and professions** critical to addressing the social risk at hand

• Key steps are taken to:
  • Align with federal reporting requirements and policy
  • Anticipate mapping to community taxonomies such as 211 LA

• All programs and professions are then integrated into the Gravity Project Interventions Structure
# Intervention Structure

<table>
<thead>
<tr>
<th>Gravity Term</th>
<th>Definitions</th>
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<tbody>
<tr>
<td>Assistance/ Assisting</td>
<td>To give support or aid to; help</td>
</tr>
<tr>
<td>Coordination</td>
<td>Process of organizing activities and sharing information to improve effectiveness</td>
</tr>
<tr>
<td>Counseling</td>
<td>Psychosocial procedure that involves listening, reflecting, etc. to facilitate recognition of course of action / solution.</td>
</tr>
<tr>
<td>Education</td>
<td>Procedure that is synonymous with those activities such as teaching, demonstration, instruction, explanation, and advice that aim to increase knowledge and skills.</td>
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<tr>
<td>Evaluation of eligibility (for &lt;x&gt;)</td>
<td>Process of determining eligibility by evaluating evidence</td>
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<tr>
<td>Subtype of Evaluation</td>
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</tr>
<tr>
<td>Evaluation/ Assessment</td>
<td>Determination of a value, conclusion, or inference by evaluating evidence.</td>
</tr>
<tr>
<td>Provision</td>
<td>To supply/make available for use</td>
</tr>
<tr>
<td>Referral</td>
<td>The act of clinicians/providers sending or directing a patient to professionals and/or programs for services (e.g., evaluation, treatment, aid, information, etc.)</td>
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</table>
Goals Development

- The core of goals is representing the “desired for state” when one has a social need.
- In past build, the Gravity Project has taken the tack of building macro terms representing protective factors or the antithesis of the problem.
- When a domain has sub-domains “plateaus” that mark progress, we build these too.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Problem</th>
<th>Goal</th>
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<tr>
<td>Food Insecurity</td>
<td>Food Security</td>
<td>Homelessness</td>
<td>Stably Housed</td>
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<tr>
<td>Has adequate number of meals and snacks daily</td>
<td>Has adequate quality meals and snacks</td>
<td>Homeless, sleeping safely</td>
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Social Connection

• SMEs: Edward Garcia - Foundation for Social Connection; Dr Julianne Holt-Lunstad, Dr Matt Pantell, Dr. Carla Perissinotto
Goals Development

• Social Connection

• Social Isolation

• Lack of social support

• Loneliness

• Poor Relationship Quality
Social Connection Interventions

• Working with Committee to End Social Isolation and Loneliness (CESIL) on interventions initiative in partnership with the Administration of Community Living (ACL)
• Looking ahead will include any Older Americans Act (OAA) food security programs that also address social isolation, such as home delivered meals
Elder Abuse

- SMEs: Dr Ron Acierno, Dr Jason Burnett, Dr Zach Gassoumis, Dr Tony Rosen, Dr Jeffrey Hall
Elder Abuse Interventions

• Our core set of SMEs are connecting us to further intervention experts on their multi-disciplinary teams and within their networks to ensure robust program build

• Given commonality with some intimate partner violence programs, we will ensure building synch.
## Goals Development

<table>
<thead>
<tr>
<th>Broad Domain</th>
<th>Specific Domain</th>
<th>Sub-Domain</th>
<th>Plateau Goal</th>
<th>Final Goal</th>
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<td>Elder Abuse</td>
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<td>Adequate Safety from Elder Abuse</td>
<td>Resolution of Elder Abuse</td>
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<td>Resolution of Elder Physical Abuse</td>
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<td>Elder Psychological Abuse</td>
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<td>Resolution of Elder Psychological Abuse</td>
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<td>Elder Sexual</td>
<td>Adequate Safety from Elder Sexual Abuse</td>
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<td>Resolution of Elder Neglect</td>
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Demographics Contacts: Less than a high school education, Veteran Status, Unemployment

• Veteran Status:
  • Dept of Veteran Affairs

• Less than a high school education, Unemployment:
  • The Intervention Council: Shontay Brown, Satya Sarma, Sean Erreger, Bilikis Akindele, Ellen Fink-Samnick, John Haughton, Nicole Lowery, Elaine Adams, Christie Abdula-Greene, Courtney Baldridge, Cecilia Saffold, Marianne Berger, Tom Page, Todd Johnson, Arthur Davidson, Jenny Rewolinski, Carissa Jones, Chandra Anderson
Demographics Goals: Less than a high school education, Veteran Status, Unemployment

- Veteran Status: n/a
- Less than a high school education
- Unemployment
Demographics - Interventions

Less than a high school education

Unemployment
Intervention Council

• Identifying programs and professions
• Solving puzzles
  • > Special population considerations for programs
    • ESL, Incarcerated Individuals, Differently Abled, Immigrants, Refugees, Foster Youth, Long Term Services and Supports (LTSS), Indigenous/Native American, SOGI, Race/Ethnicity

• Examples from past build food pantry
  also > FDPIR
Questions?

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Policy
USCDI v3

• ONC’s **USCDI Task Force** invited Evelyn Gallego to present on the Gravity Project’s work, plans for USCDI v3, and priorities and recommendations the Task Force should consider for v3.

• Task Force members were very engaged and interested in how to implement and use the Gravity standards in health care.

• Task Force co-chairs asked how the Task Force could advance the Gravity Project’s work in USCDI v3.

• Submissions for USCDI v3 are due September 30, 2021.
USCDI v3: Recommendations to Task Force

- Consider data elements individually and in combinations, i.e. multiplier effect. They are building blocks for multiple purposes and use cases. For example, recommend priority in v3 for
  - Functional Status,
  - Cognitive Status,
  - Pregnancy Status, and
  - Health Insurance Information

- [Draft] USCDI-TF-2021-Phase 3_Recommendation 15 – Prioritize and encourage the advancement of the following data elements which the TF considers high priority:
  - Advance Directives including Durable Power of Attorney for Healthcare (DPAHC) and Physician’s/Medical Orders for Life Sustaining Treatment (POLST/MOLST)
  - Functional Status/disability
  - Cognitive Status
  - Pregnancy Status
  - Health Insurance Information
  - DICOM Image Files
USCDI v3: Recommendations to Task Force

• Consider need for **multi-directional electronic information exchange** for true interoperability, not just referrals
  
  ▪ Patients, family caregivers, community-based providers may be primary source of SDOH data, especially outcomes and patient-reported outcomes for value-based care.
  
  ▪ Assessments initiated by community or social service organizations

• **[Draft] USCDI-TF-2021-General_Recommendation 02** – ONC should provide a timeline for “write” access APIs relevant to USCDI data classes and elements.
  
  ▪ Patients, caregivers, social-service and community-based providers may be the primary source of SDOH and other data, including outcomes which are especially valuable for value-based care.
  
  ▪ The ability to exchange data between these sources and provider EHRs would be highly valuable for facilitating and managing care.

• **[Draft] USCDI-TF-2021-General_Recommendation 03** – ONC should encourage and support the use of FHIR Questionnaires to address USCDI data collection gaps, especially PGHD, SDOH and data utilized in research.
USCDI v3: Recommendations (cont.)

- Consider how elements **advance other core use cases** beyond clinical care (or upstream and downstream use of data):
  - E.g., COVID-19 and pandemic response, population health, public health, digital quality measurement, risk adjustment.

- [Draft] USCDI-TF-2021-Phase 3_Recommendation 04 – ONC should prioritize and encourage the advancement of data elements/classes that support high priority use cases.
  - At TF suggestion ONC identified these Version 3 Areas of Focus in its July, 2021 Health IT Standards Bulletin:
    - Mitigating health and healthcare inequities and disparities
    - Addressing the needs of underserved communities . . .
  - The TF . . . suggests the following for future prioritization:
    - Patient access
    - Value-based care delivery
    - Cost and efficiency improvements including avoiding duplicative services
    - Shared care planning
    - Remote care, telehealth
    - Patient generated health data (PGHD), including patient reported outcomes (PROs), and device data
    - Patient safety
    - Disaster preparedness and pandemic response
    - Population health
    - Precision medicine
    - Research
    - Digital quality measures
    - Registries
USCDI v3: Recommendations (cont.)

- Explore how elements support person-centered and advanced care planning with patients, providers, and other care team members
  - Significant benefit for transitions of care, care coordination, health equity, value-based care, and prevention.

- [Draft] USCDI-TF-2021-Phase 3_Recommendation 04 – ONC should prioritize and encourage the advancement of data elements/classes that support high priority use cases.
  - The TF . . . suggests the following for future prioritization:
    - Patient access
    - Value-based care delivery . . .
    - Shared care planning
    - Remote care, telehealth
    - Patient generated health data (PGHD), including patient reported outcomes (PROs), and device data
Questions?

You are encouraged to actively participate in the discussion using the Webex chat feature (bottom right of the Webex Meeting window). Please send all chats to Everyone.
Technology
Technical Roadmap

JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC
---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----
Gravity FHIR IG Ballot
IG Ballot Reconciliation
Reference Implementation Development

Final updates/ IG Ready for Publication
Publication Approval Process
IG STU2 (new functionality and feedback from testing activities)
Reference Implementation Update
Reference Implementation Update
Reference Implementation Update

Update User Stories

CMS Connectathon

Major Milestone – SDOH IG Published by HL7 as STU1

WE ARE HERE

SDOH FHIR IG Pilots

HL7 FHIR Connectathons

9/7/21
## HL7 FHIR SDOH Clinical Care IG Scope

1. Document SDOH data in conjunction with the patient encounter and define Health Concerns / Problems.
2. Patient and provider establish SDOH related goals.
3. Plan, communicate, and track related interventions to completion.
4. Measure outcomes.
5. Establish cohorts of patients with common SDOH characteristics for uses beyond the point of care (e.g., population health management, quality reporting, and risk adjustment/risk stratification).
6. Manage patient consent

### Diagram

- **1.** Assessment/Survey (LOINC coded)
  - Define
  - Establish
  - CBOs Execute

- **2.** Goals (LOINC and SNOMED-CT)
  - Plan/Assign
  - Measure/Survey

- **3.** Interventions (SNOMED-CT, CPT/HCPCS)
  - Procedures Document Results (SNOMED-CT, CPT/HCPCS)

- **4.** Outcomes (Quality Measures)

- **5.** Aggregation and Reporting

- **6.** Consent

http://hl7.org/fhir/us/sdoh-clinicalcare/STU1/
Enabling Survey Instruments

Survey → LOINC Panel (Survey Instruments) → Conversion to FHIR Questionnaire → Execute FHIR Questionnaire → QuestionnaireResponse

- Include Health Concern Algorithm
- Establish complete survey as LOINC Components with LOINC Answer Lists
- Add calculation logic for Questionnaire
- Build executable FHIR Questionnaire with logic to create LOINC-LOINC Observations and SNOMED-CT/ICD10-CM Health Concerns

Condition
Problem/Diagnosis
Provider Evaluation
Goals Interventions
Other “clinical” findings

Value Sets – based on SDOH Domain Definitions

Note: Survey instruments may produce Health Concerns with Gravity defined value sets
Coordination Platform (CP) – Typically CPs are based on referral platforms such as UniteUs, Aunt Bertha, NowPow, 211 (this is not an exhaustive list)

Community Based Organizations (CBO) – Typically CBOs provide the services to address social risk and need (e.g. food pantry)

Both CPs and CBOs may provide a number of services that overlap and differ substantially by community.

Note: Where two FHIR APIs are shown, it is for drawing simplicity and not a technical requirement

Interaction with a patient or caregiver may required alternative methods if internet access is not available.
Example of Exchanging Consent
SDOH FHIR IG Reference Implementation (Draft UI to create/ receive artifacts)
FHIR Connectathons

- CMS hosted a virtual Connectathon on July 20-22, 2021
  - The Gravity Project led the SDOH track
  - Over 40 individuals participated:
    - https://confluence.hl7.org/display/FHIR/CMS2021-07+Gravity+SDOH+Exchange

- HL7 FHIR September 2021 Connectathon
  - The Gravity Project will lead the Social Determinants of Health (SDOH) track
  - Select roles: Connectathon Participation Sign-Up - Gravity Project - Confluence (hl7.org)
  - Track information: 2021-09 Gravity SDOH Exchange - FHIR - Confluence (hl7.org)
Questions?

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Community Homework & Next Steps
Homework

• General
  • Catch up as needed on materials and recordings on Gravity Project Materials Confluence page
    https://confluence.hl7.org/display/GRAV/The+Gravity+Project+Materials

• Social Connection
  • Submit Social Connection programs and professions
    https://confluence.hl7.org/display/GRAV/Social+Connection

• Elder Abuse
  • Submit Elder Abuse programs and professions
    https://confluence.hl7.org/display/GRAV/Elder+Abuse

• Demographics
  • Submit Demographics programs and professions
    https://confluence.hl7.org/display/GRAV/Demographics+Domain
Join the Gravity Project!

Learn More
https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project

- Public Collaborative meets bi-weekly on Thursdays 4:00 to 5:30pm ET
- SDOH FHIR IG Workgroup meets weekly Wednesdays 3:00 to 4:00pm ET

Submit SDOH domain data elements:
https://confluence.hl7.org/display/GRAV/Data+Element+Submission

Help us with Gravity Education & Outreach
Use Social Media handles to share or tag us to relevant information
- @thegavityproj
- https://www.linkedin.com/company/gravity-project

Help us find new sponsors and partners
Partner with us on development of blogs, manuscripts, dissemination materials
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