Consensus-driven Standards on Social Determinants of Health

Health Literacy, Medical Cost Burden & Health Insurance Status Concepts

Mar 17, 2022
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](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](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](https://confluence.hl7.org/display/GRAV/The+Gravity+Project)
### Project Founders, Grants, and In-Kind Support To-Date

**Provider**
- AAFP
- Kaiser Permanente
- Yale School of Nursing
- Highmark
- The University of Vermont Larner College of Medicine
- California Health Care Foundation
- AMA

**Social Services**
- Children's HealthWatch
- Robert Wood Johnson Foundation
- sirenUCSF
- lyft
- Academy of Nutrition and Dietetics
- health care that works for all Californians
- ate

**Payer**
- Humana
- Kaiser Permanente
- Arkansas Blue Cross BlueShield
- AmeriHealth Caritas
- Blue Cross Blue Shield Association
- NC
- Blue California
- United Healthcare
- Highmark

**Technology Vendor**
- CyncHealth
- newwave
- Saffron
- ATA
- juxly
- The Office of the National Coordinator for Health Information Technology
- Interoperability Institute
- ATOM
- ontada
- find help.org
- UNITE US

**Government**
- Administration for Community Living
- Interoperability Institute
- Administration for Community Living
- Administration for Community Living

[https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors](https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors)
Gravity Project Sponsorship

• The Gravity Project is currently seeking additional sponsors for our 2022 operations.
  • We are not an entity and rely on our sponsors for sustainability.
  • 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
### Agenda

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<th>Topic</th>
<th>Presenter</th>
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<td>Sarah / Linda</td>
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<tr>
<td>Community Homework and Next Steps</td>
<td>Sarah</td>
</tr>
</tbody>
</table>

Please submit questions and comments using the Webex chat feature.
Announcements
Announcements

• NOW AVAILABLE: Gravity response White House Request for Information (RFI) on Strengthening Community Health Through Technology.
  • Public submissions due March 31st, 2022.
• NOW AVAILABLE: Gravity response to CMS CY 2023 Medicare Advantage and Part D Proposed Rule (CMS-4192-P) proposed rule.

See more details regarding Gravity’s announcements here: https://confluence.hl7.org/pages/viewpage.action?pageId=91996855 #TheGravityProject-Announcements
Call for Participation!

• We are currently seeking entities to participate in testing the Gravity defined coded concepts and/or the HL7 SDOH FHIR IG STU1 and/or STU2.

• Gravity Project Pilots Affinity Group Confluence page will be published by the end of March 2022.

• We will be standing up a Pilots Affinity Group to convene participating sites via a monthly webinar starting in April 2022.

• We are seeking entities that will serve in one or more of the following roles for testing:
  • **Referral Source** (system sending referral request).
  • **Care Coordination Platform** (system managing referrals and ensuring they are executed by appropriate service delivery organizations).
  • **Referral Recipient** (system receiving referral request and exposing FHIR restful services).
  • **Referral Recipient Light** (query for tasks on initiating Referral Source or Coordination Platform).

• Please submit your Pilot interest to gravityproject@emiadvisors.net
Introductions
New Gravity Program Manager

Jillian Annunziata, MPH, PMP

Holding professional licenses in project management (PMP), change management, and LEAN principles, Jillian Annunziata, MPH, PMP, is a trained systems thinker and implementation scientist who operates with a public health equity lens. Jillian uses quality improvement methodologies to design, implement, and evaluate project life cycles and scale best practices that promote health. She most recently held a Senior Project Manager role in the Department of Quality & Population Health at Sun River Health, the largest Federally Qualified Health Center (FQHC) in New York State, where her projects centered around virtual care and social care integration into primary care in New York’s most disinvested communities.

Jillian holds a Master's in Public Health (MPH) in Health Policy and Management from the New York Medical College School of Health Sciences and Practice. Jillian is a member of the Delta Omega Honorary Society in Public Health, the New York State Public Health Association (NYSPHA), and the Project Management Institute (PMI).
New Gravity Coding Lead

Himali Saitwal, MS

Himali Saitwal is a clinical informaticist, terminologist, and clinical quality measure specialist with expertise in Electronic Health Records (EHR), Health Information Exchange (HIE), and authoring value sets for meaningful use. Himali’s passion to work on state-of-the-art informatics projects led her to contribute and deliver multiple data standardization and state-level HIE projects for NCS, FDA, CHA, and Indiana Health Information Exchange (IHIE). Himali has participated in value set authoring for NCQA and its inclusion in the Centers for Medicare & Medicaid (CMS) EHR incentive program. Through effective collaboration within multi-disciplinary and cross-functional teams, Himali has led agile data standardization efforts on multiple clinical domains to achieve full semantic interoperability between the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Defense (DoD). As a terminology subject matter expert, Himali has played an integral role in building and maintaining a medication terminology – Medication Reference Terminology (MED-RT) which is a joint effort between the VA, the Food & Drug Administration, the National Library of Medicine, and Apelon.

Himali holds a Master’s of Science Biomedical Health Informatics from the University of Texas at Houston and a Bachelor of Science in Medicine from the University of Pune in Pune, India.
Project Schedule and Overview
Gravity 2022 Roadmap

**Terminology and Technical Pilots**

- **JAN**: WE ARE HERE
- **FEB**: HL7 FHIR Connectathons
- **MAR**: Reference Implementation Update
- **APR**: FHIR IG STU2 Ballot Reconciliation
- **MAY**: FHIR IG STU2 Updates
- **JUN**: FHIR IG STU2 Publication
- **JUL**: FHIR IG STU2 Updates based on Connectathon & Pilot Testing
- **AUG**: SNOMED Code Release (MAR/SEP)
- **SEP**: LOINC Code Release (FEB/AUG)
- **OCT**: ICD-10 Code Release (APR/OCT)
- **NOV**: To Be Determined
- **DEC**: To Be Determined

**Technical**

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**Build and Dissemination**

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Questions?

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Technology
1. The SDOH Clinical Care IG is a framework Implementation Guide (IG) and supports multiple domains.

2. The IG supports the following clinical activities:
   - Assessments
   - Health Concerns / Problems
   - Goals
   - Interventions/ Referrals
   - Consent
   - Aggregation for exchange/reporting
   - Exchange with Patient/Client applications
   - Draft specifications for Race/Ethnicity exchange

3. Standard for Trial Use Level 1 (STU1) Published 8/5/2021

4. STU2 Ballot closed on 1/10/22

Detailed Exchanges Supported by the SDOH FHIR IG

Exchanges in blue supported by STU1
Exchanges in burnt orange supported by STU2

Note: Where two FHIR APIs are shown, it is for drawing simplicity and not a technical requirement.
STU2 Updates Overview

• Add support for patient / client workflow
  • Patient task
  • Support for questionnaires (risk, status, application, outcome)
  • Support to cancel referral/request for information
  • Support for exchange of supporting information
  • Support for providing contact information

• Separate Tasks for referral and patient workflow
• Synchronization process for patient and CBO applications with multiple APIs
• Adopted US Core value sets where appropriate
• Added support for VSAC and 211-LA taxonomy
• Added draft support for collection and communication of race and ethnicity including source and method of collection

• Complete summary of changes: http://build.fhir.org/ig/HL7/fhir-sdoh-clinicalcare/stu2_changes.html
Example Terminology Binding: Condition.code

If exchanging SDOH data, you SHOULD use the SDOH value sets.
Race and Ethnicity are a draft part of the STU2 ballot

• Currently, US Core uses a FHIR “extension” elements on the Patient resource

• Based on stakeholder input and discussion with US Core team, we are piloting draft profiles using the more robust Observation structure that support:
  • Value sets are consistent with OMB and CDC standards
  • Exchange of Race and Ethnicity about patients, related-persons, and providers
  • Exchange of the “source” and “method” by which the information was obtained

• Implementer feedback will determine whether/if this approach will supersede the current extension-based approach

• In addition, we are currently adding draft support for sexual orientation, gender identity, recorded sex/gender, and personal pronouns
Technology Update

• Continued the work to resolve the remaining FHIR IG ballot comments.
  • As of March 17th:
    ▪ 35 tickets resolved.
      ▪ 20 are approved by the workgroup from the last block vote and 15 are waiting for the next block vote.
    ▪ 14 tickets that are technical corrections and do not require a review or vote.
    ▪ This leaves 52 tickets from the original ballot response pool to resolve, not including tickets marked as ‘for future consideration’ from the prior ballot or new tickets that have been submitted after the close of the ballot cycle.
HL7 FHIR Connectathon (Eastern Time)

May 2-4, 2022 • Virtual Event

https://www.hl7.org/events/fhir/connectathon/2022/05/
FHIR Connectathon 30: Gravity Track

System “Actors” who could participate with us

- Clinician-facing system (e.g. EHR)
- Intermediary platform connecting clinical and social care organizations (e.g. coordination platform, health information exchange)
- Community-based or other social care organization system (e.g. case management system)
- Survey/form application (e.g. screening/assessment/PRO solution)
- Payer health IT system
- Patient-facing application

Details on Gravity Track at FHIR Connectathon 30
Many testable system interactions
Workflow Options: Direct Referral

A referral source communicates with a referral receiver via FHIR APIs. Here only 2 actors are communicating via FHIR read/write APIs. A referral receiver could be either:

- a referral performer
- or an intermediary that does not communicate with the referral performer via FHIR writeback

See Exchange Workflows in the Gravity SDOHCC FHIR Implementation Guide
Workflow Options: Direct Referral *Light*

Same as a Direct Referral, except where the referral receiver does NOT have FHIR write capabilities. The referral receiver uses client application to interact with the FHIR API of the referral source system.

See Exchange Workflows in the Gravity SDOHCC FHIR Implementation Guide
Workflow Options: Indirect Referral

A referral workflow with two separate interactions. A referral source first communicates with an intermediary receiver who then communicates with the referral performer via FHIR APIs.

See Exchange Workflows in the Gravity SDOHCC FHIR Implementation Guide
Workflow Options: Patient Interactions

The IG supports clients (patients) interacting with other actors via an application that could enable various functions:

- Receive a copy of the service request sent to the service performer
- Receive contact information for the service performer
- Cancel the service and indicate the reason via a short questionnaire
- Complete a questionnaire or “form” to collect information regarding
  - social risks (risk assessments)
  - service qualification or application
- Receive information about available services (usually a PDF)
- Close the loop on services delivered (e.g., feedback forms)

See Exchange Workflows in the Gravity SDOHCC FHIR Implementation Guide
Open invitation

We want your feedback on the technical specs Gravity is developing—whichever pieces (or all of it) are of interest to you.

Join our weekly Wed meetings

Submit specification feedback here: http://hl7.org/fhir-issues
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
Terminology Build Updates and Action Steps
Terminology Build Updates

- ICD10-CM Coordination & Maintenance Committee
  - Comments on the Gravity requested terms must be submitted no later than May 9th, 2022 at nchsicd10CM@cdc.gov.
  - We encourage everyone to submit comments in support of our request. You may submit your own comments or use the form letter provided here.
  - A copy of the final Diagnosis Agenda containing the Gravity submission (starting on page 81) can be downloaded here.
Terminology Evaluation

• We have made a lot of hypotheses in our work to date. Now is time to test them!
• We are convening a monthly task force of implementers to assist with the evaluation of Gravity terminology. If you are implementing terms, have ideas on function and purpose, please join us!
• We would love to have you. gravityproject@emiadvisors.net
• Projected start date- early April
Terminology Identification
## Terminology Schedule and Activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Gravity WG Meeting Tasks</th>
<th>WG Homework</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/03</td>
<td>Health Literacy: <strong>Concepts</strong> Medical Cost Burden and Health Insurance Status Kickoff</td>
<td>Submit: Health Literacy, Medical Cost Burden &amp; Health Insurance Status Concepts</td>
</tr>
<tr>
<td>03/17</td>
<td>Health Literacy, Medical Cost Burden &amp; Health Insurance Status: <strong>Concepts</strong></td>
<td>Submit: Health Literacy, Medical Cost Burden &amp; Health Insurance Status Concepts</td>
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<tr>
<td>03/31</td>
<td>Health Literacy, Medical Cost Burden &amp; Health Insurance Status: <strong>Concepts</strong></td>
<td>Submit: Health Literacy, Medical Cost Burden &amp; Health Insurance Status Concepts</td>
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<tr>
<td>04/28</td>
<td>Health Literacy, Medical Cost Burden &amp; Health Insurance Status: <strong>End-to-End Review</strong></td>
<td>Review: Health Literacy, Medical Cost Burden &amp; Health Insurance Status Concepts</td>
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<tr>
<td>05/12</td>
<td><strong>Health Literacy Consensus Voting</strong> Medical Cost Burden &amp; Health Insurance Status: <strong>End-to-End Review</strong></td>
<td>Submit: Health Literacy Consensus Votes Review: Medical Cost Burden &amp; Health Insurance Status Concepts</td>
</tr>
</tbody>
</table>
Community Terminology Development

We are here!
A Social Determinants of Health Lexicon

- **Social Determinants of Health**: “the conditions in which people are born, grow, live, work and age,” which are “shaped by the distribution of money, power and resources.” WHO (Alderwick and Gottlieb, 2019)

- Can offer both positive and negative forces
  - Positive Forces > Protective Factors
  - Negative Forces > Social Risks
Health Literacy Concepts
Health Literacy Definitions

**Personal Health Literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

**Functional Health Literacy** is an individual's capacity to obtain, process, and understand basic health information and services sufficiently to make appropriate health decisions.

Source: U.S. Department of Health and Human Services. Healthy People 2030 Health Literacy Definitions. 2020; Institute of Medicine, 2014
**Health Literacy Definitions**

**Organizational Health Literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.


In discussion with our subject matter experts, many experts view Organizational Health Literacy as the only ethical gap to measure.

**Organizational concerns must have organizational interventions and organizational solutions**
## Health Literacy - Personal Health Literacy

### BRIEF health literacy screening tool [BRIEF]

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have someone help you read hospital materials?</td>
<td></td>
</tr>
<tr>
<td>How often do you have problems learning about your medical condition because of difficulty understanding written information?</td>
<td></td>
</tr>
<tr>
<td>How often do you have a problem understanding what is told to you about your medical condition?</td>
<td></td>
</tr>
<tr>
<td>How confident are you filling out medical forms by yourself?</td>
<td></td>
</tr>
</tbody>
</table>
Health Literacy- Organizational Health Literacy, Healthy People 2030, CAHPS

In the last 12 months, did a doctor or other health provider give you instructions about what to do about a specific illness or health condition?

In the last 12 months, how often were these instructions easy to understand?

In the last 12 months, how often did doctors or other health providers ask you to describe how you were going to follow these instructions?

In the last 12 months, did you have to fill out or sign any forms at a doctor’s or other health provider’s office?

In the last 12 months, how often were you offered help in filling out a form at the doctor’s or other health provider’s office?

In the last 12 months, how often did doctors or other health professionals explain things in a way that was easy to understand?

In the last 12 months, how often did doctors or other health professionals listen carefully to you?

In the last 12 months, how often did doctors or other health professionals show respect for what you had to say?

In the last 12 months, how often did doctors or other health professionals spend enough time with you?
Health Literacy- Screening Tools
A Focus on Function

In our survey of the BU Health Literacy Toolshed, and our review of the literature, we have come across many comprehensive personal health literacy tools of research quality.

But these are difficult to adapt to quick clinical or community implementation (complexity, time.)

This confounds our purpose.

Please send us your brief screening tools for personal health literacy… pretty please.
# Health Literacy Diagnosis Codes

**SNOMED-CT**

<table>
<thead>
<tr>
<th>Condition</th>
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<tbody>
<tr>
<td>Unable to demonstrate health literacy</td>
</tr>
<tr>
<td>Difficulty demonstrating health literacy</td>
</tr>
<tr>
<td>Inadequate personal health literacy</td>
</tr>
</tbody>
</table>

**ICD-10 (ICD-11)**

<table>
<thead>
<tr>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>Other problems related to education and literacy</td>
</tr>
<tr>
<td>Problem with health literacy (ICD-11)</td>
</tr>
<tr>
<td>Problem with health literacy (ICD-10)</td>
</tr>
</tbody>
</table>

Organizational Health Literacy: Where to place it?

Bold = existing term
Health Literacy Goal

• Able to demonstrate health literacy (finding).

Bold = existing term
Health Literacy Interventions

Adult Learning Center
Basic Skills Training Program
Digital Literacy Program
English as a Second Language Program (ESL)
Peer Support Program
Peer Support Specialist
Library Educational Services
Tutoring Programs
Area Agency on Aging
Community Action Agency program
Gravity Data Decisions

• Accounting for screeners that do not include those who are not fluent English speakers – Bias

• Narrowing focus of screeners and ensuing diagnoses > simplicity

• *Addressing organizational literacy assessments and interventions in our model*

• Addressing digital health literacy, a subtype of *digital literacy*, independently
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.
Health Insurance Status Concepts
Health Insurance Status Definitions

Documentation of presence and type of insurance.

- In line with the National Health Interview Survey (NHIS), American Community Survey (ACS)

NHIS

- “Are you covered by any kind of health insurance or some other kind of health care plan?”
  - Yes, No, Refused, Don’t Know
- “What kinds of health insurance or health care coverage do you have?”
  - Private health insurance, Medicare, Medicare supplement, Medicaid, Children’s Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, health care and CHAMP-VA, Indian Health Service, a state-sponsored health plan, or another government program?
Health Insurance Status – Why?

- 8.8% total population w/ no health insurance coverage (ACS)
- 5.1% children with no health insurance coverage (ACS)
- Medicaid proxy for income status in children health outcomes research (CHW)
- Increased mortality among the uninsured
- Affects access to care, preventive services (KFF)
# Health Insurance Status – Diagnoses

<table>
<thead>
<tr>
<th>SNOMED CT</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured medical expenses</td>
<td>Insufficient social insurance and welfare support</td>
</tr>
<tr>
<td>Lack of health insurance</td>
<td>above not included in master but shown for reference</td>
</tr>
</tbody>
</table>
# Health Insurance Status – Goals

<table>
<thead>
<tr>
<th>SNOMED CT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient has private medical insurance</td>
</tr>
<tr>
<td>Employee group health insurance coverage</td>
</tr>
<tr>
<td>Department of veteran's affairs health coverage</td>
</tr>
<tr>
<td>Medicaid coverage</td>
</tr>
<tr>
<td>Medicare advantage coverage</td>
</tr>
<tr>
<td>Medicare coverage</td>
</tr>
<tr>
<td>Private health insurance held</td>
</tr>
<tr>
<td>Has health insurance</td>
</tr>
</tbody>
</table>
Questions?

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Medical Cost Burden
Medical Cost Burden Definitions

- A measure of financial pressure resulting from health spending stemming from inadequate resources to meet medical cost needs

- Carabello et al
  - In the past 12 months did you/anyone in your family have problems paying or were unable to pay any medical bills? Including bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care?

  - Do you/anyone in your family currency have medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers? The bills can be from earlier years as well as this year?

  - Do you/Does anyone in your family currently have any medical bills you are unable to pay at all?
Medical Cost Burden- Why?
KFF “The Burden of Medical Debt in the United States”

- 2017 US Census- 17% of US households owed medical debt

- According to the Survey of Income and Program Participation:
  - 23 million owe significant debt
  - 16 million owe over $1000
  - 3 million owe over $10,000
Medical Cost Burden- Why?
KFF “The Burden of Medical Debt in the United States”

- At Increased Risk:
  - People with disabilities.
  - Those in worse health.
  - Poor or near-poor adults.
  - Black Americans.
  - People living in the South or in Medicaid non-expansion states.
## Medical Cost Burden - Why?

KFF “The Burden of Medical Debt in the United States”

### Share of adults who have medical debt, by household income and insurance status, 2019

<table>
<thead>
<tr>
<th>Income</th>
<th>Share of Adults with Medical Debt (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Adults</td>
<td>9%</td>
</tr>
<tr>
<td>0-199% FPL</td>
<td>12%</td>
</tr>
<tr>
<td>200-399% FPL</td>
<td>12%</td>
</tr>
<tr>
<td>400-599% FPL</td>
<td>9%</td>
</tr>
<tr>
<td>600%+ FPL</td>
<td>4%</td>
</tr>
</tbody>
</table>

### Share of adults who have medical debt, by health status and disability status, 2019

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Share of Adults with Medical Debt (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent*</td>
<td>5%</td>
</tr>
<tr>
<td>Very Good*</td>
<td>7%</td>
</tr>
<tr>
<td>Good*</td>
<td>11%</td>
</tr>
<tr>
<td>Fair*</td>
<td>17%</td>
</tr>
<tr>
<td>Poor*</td>
<td>21%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability Status</th>
<th>Share of Adults with Medical Debt (%)</th>
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</thead>
<tbody>
<tr>
<td>Yes, with a disability*</td>
<td>15%</td>
</tr>
<tr>
<td>No, without a disability*</td>
<td>7%</td>
</tr>
</tbody>
</table>
### Medical Cost Burden– Diagnoses

Unable to afford

<table>
<thead>
<tr>
<th>SNOMED CT</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication not covered by insurance (finding)</td>
<td>Insufficient social insurance and welfare support</td>
</tr>
<tr>
<td>Unable to afford visit copayment (finding)</td>
<td>Other problems related to housing and economic circumstances</td>
</tr>
<tr>
<td>Uninsured medical expenses (finding)</td>
<td></td>
</tr>
<tr>
<td>Unable to afford medication (finding)</td>
<td></td>
</tr>
<tr>
<td>Unable to afford weight scale (finding)</td>
<td></td>
</tr>
<tr>
<td>Unable to afford blood pressure monitor (finding)</td>
<td></td>
</tr>
<tr>
<td>Unable to afford glucose monitoring device (finding)</td>
<td></td>
</tr>
</tbody>
</table>
### Medical Cost Burden – Diagnoses

**Excessive Medical Debt**

<table>
<thead>
<tr>
<th>SNOMED CT</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive out of pocket medical expenses</td>
<td></td>
</tr>
<tr>
<td>Excessive medical debt</td>
<td></td>
</tr>
<tr>
<td>Financial insecurity due to medical cost burden</td>
<td></td>
</tr>
</tbody>
</table>
Medical Cost Burden-
Screeners and Diagnoses Work to Do

• Working with SMEs to differentiate inability to afford (material hardship) from presence of medical debt (medical cost burden)
Medical Cost Burden– Goals

SNOMED CT

Able to pay for healthcare needs
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.
Gravity Interventions Council

• We will convene a taskforce/council to assist with discerning necessary interventions.
• Looking for community experts in connecting individuals with necessary resources.
  • It is possible many of the programs will be shared with our previous domains (education and social connection).
• Please send an email to gravityproject@emiadvisors.net
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.
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

• Health Literacy
  • Submit concepts
    https://confluence.hl7.org/display/GRAV/Health+Literacy

• Medical Cost Burden
  • Submit concepts
    https://confluence.hl7.org/display/GRAV/Medical+Cost+Burden

• Health Insurance Status
  • Submit concepts
    https://confluence.hl7.org/display/GRAV/Health+Insurance+Status
Join the Gravity Project!

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

Learn More

• Public Collaborative meets bi-weekly on Thursdays 4:00 to 5:30pm ET. View meeting details here: https://confluence.hl7.org/display/GRAV/Gravity+Project+Meetings

• SDOH FHIR IG Workgroup meets weekly Wednesdays 3:00 to 4:00pm ET. View meeting details here: https://confluence.hl7.org/display/GRAV/FHIR+IG+Work+Group+Meetings

• 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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Additional questions? Contact: gravityproject@emiadvisors.net or visit https://thegravityproject.net