Consensus-driven Standards on Social Determinants of Health

Health Literacy End-to-End Review, Health Insurance Coverage Status & Medical Cost Burden Concepts
Apr 14, 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

• 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:

• 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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>SOCIAL SERVICES</th>
<th>PAYER</th>
<th>TECHNOLOGY VENDOR</th>
<th>GOVERNMENT</th>
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<tr>
<td>AAFP</td>
<td>Children's HealthWatch</td>
<td>Humana</td>
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<td>siren UCSF</td>
<td>Arkansas</td>
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<td>Yale School of Nursing</td>
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<td>AmeriHealth Caritas</td>
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<td>BlueCross BlueShield Association</td>
<td>INTEROPERABILITY INSTITUTE</td>
<td>Administration for Community Living</td>
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<td>CA HEALTH CARE FOUNDATION</td>
<td>Academy of Nutrition and Dietetics</td>
<td>UnitedHealthcare</td>
<td>Find Help.org</td>
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<td>AMARIGHT</td>
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<td>UNITE US</td>
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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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
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<tr>
<td>Announcements</td>
<td>Sarah / Evelyn</td>
</tr>
<tr>
<td>Project Schedule and Overview</td>
<td>Sarah</td>
</tr>
<tr>
<td>Health Literacy End-to-End Review</td>
<td>Sarah</td>
</tr>
<tr>
<td>Health Insurance Status &amp; Medical Cost Burden Concepts</td>
<td>Sarah</td>
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<tr>
<td>Black Maternal Health Week Presentation</td>
<td>Asha</td>
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<tr>
<td>Policy Update</td>
<td>Mark</td>
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<tr>
<td>Technology Update</td>
<td>Greg</td>
</tr>
<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

• Join the CDC’s SDOH Public Health Use Case Workgroup, Kickoff April 20th.
• IHE Information Session for Prioritizing Data Elements for Maternal Health Use Cases in USCDI, April 20th & 27th
• SIREN Call for Proposals for Racial Health Equity in Social Care Meeting in Fall 2022, Due April 22nd.
• eHealth Exchange Innovation Grant, Intent to Apply due April 29th.

See more details regarding Gravity’s announcements here: https://confluence.hl7.org/pages/viewpage.action?pageId=91996855 #TheGravityProject-Announcements
Project Schedule and Overview
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- ICD-10-CM

• 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 Identification
# Terminology Schedule and Activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Gravity WG Meeting Tasks</th>
<th>WG Homework</th>
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<tbody>
<tr>
<td>03/31</td>
<td>Health Literacy, Medical Cost Burden &amp; Health Insurance Coverage Status: Concepts</td>
<td>Submit: Health Literacy, Medical Cost Burden &amp; Health Insurance Coverage Status Concepts</td>
</tr>
</tbody>
</table>
| 04/14 | Health Literacy: **End-to-End Review**  
Medical Cost Burden and Health Insurance Coverage Status: **Concepts** | Review: Health Literacy Concepts  
Submit: Medical Cost Burden & Health Insurance Coverage Status Concepts |
| 05/12 | **Health Literacy Consensus Voting**  
Medical Cost Burden & Health Insurance Coverage Status: **End-to-End Review** | Submit: Health Literacy Consensus Votes  
Review: Medical Cost Burden & Health Insurance Coverage Status Concepts |
| 05/26 | Medical Cost Burden & Health Insurance Coverage Consensus Voting | Submit: Medical Cost Burden & Health Insurance Coverage Status Consensus Votes |
Community Terminology Development

We are here!
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.

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.


Organizational concerns must have organizational interventions and organizational solutions
Health Literacy Screening Tools

- BRIEF Health Literacy Screening Tool (BRIEF)
- Health Literacy and Communication Panel (ePCAM)
- All Aspect of Health Literacy Scale (AAHLS)
- Short Assessment of Health Literacy (SAHL-E and SAHL-S)
- Rapid Estimate of Adult Literacy in Medicine—Short Form (REALM-SF)
- Health Leads Health Literacy elements
- The Medical Expenditure Panel Survey (MEPS) Health Literacy questions
- Single Item Literacy Screener (SILS)
- Health Literacy Assessment Tool (HLAT-8)
Health Literacy Diagnosis Codes

SNOMED-CT

- Difficulty demonstrating health literacy

ICD-10 (ICD-11)

- Other problems related to education and literacy
- Problem with health literacy (ICD-11)
- Problem with health literacy (ICD-10)

Requires translation services to support health literacy
Requires interpretation services to support health literacy
Requires digital education to support health literacy
Requires plain language interventions to support health literacy
Requires culturally responsive care to support health literacy

Bold = existing term
Health Literacy Goals

• Able to demonstrate health literacy (finding)

• Able to understand and apply health information

• Has access to health information that is able to be understood and applied (working through phrasing)

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

<table>
<thead>
<tr>
<th>Document Translation Services</th>
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<tbody>
<tr>
<td>State Health Literacy Program</td>
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<tr>
<td>The Heal Program</td>
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<tr>
<td>Telephone and Relay Services</td>
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<tr>
<td>Language Interpretation</td>
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<tr>
<td>Services</td>
</tr>
<tr>
<td>Reading Services for People</td>
</tr>
<tr>
<td>With Disabilities</td>
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</tbody>
</table>

Referral to interpreter

Referral to interpreter
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 within digital literacy
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 Terminology Development

We are here!
Health Insurance Coverage Status Concepts
Health Insurance Coverage Status Definitions

• Documentation of presence and type of health insurance coverage.
  • In line with federal survey approaches

  • “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, VA health care and CHAMP-VA, Indian Health Service, a state-sponsored health plan, or another government program?
# Health Insurance Coverage 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>
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</tbody>
</table>
# Health Insurance Coverage Status – Goals

**SNOMED CT**

<table>
<thead>
<tr>
<th>Coverage Type</th>
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</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>
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</tbody>
</table>
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.
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 that you are unable to pay at all?*
## 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>
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<tr>
<td>Unable to afford medication (finding)</td>
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<td>Unable to afford weight scale (finding)</td>
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<td>Unable to afford blood pressure monitor (finding)</td>
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<tr>
<td>Unable to afford glucose monitoring device (finding)</td>
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<tr>
<td>Unable to afford medical devices</td>
<td></td>
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</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>Financial Insecurity (past domain)</td>
</tr>
<tr>
<td>Excessive medical debt</td>
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<tr>
<td>Financial insecurity due to medical cost burden</td>
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</tbody>
</table>
Medical Cost Burden – Goals

SNOMED CT

• Able to pay for healthcare needs
• Able to afford medicine (from the Material Hardship build)
• Able to afford medical devices
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)
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.
What Maternal Health Equity Problems Can SDoH Data Solve?
Center for Black Woman’s Wellness

Our programs

CBWW offers a variety of programs that raise awareness about relevant health issues in the community and educates the community about risk factors and how to prevent diseases.
87% pregnancy-related deaths PREVENTABLE

• Leading causes of pregnancy-associated death:
  • Motor Vehicle Accident
  • Drug Toxicity
  • Homicide (IPV)
  • Cancer
  • Cardiovascular

• Black women are 2.3X more likely to die from pregnancy related causes than white women.
Maternal mortality rates (MMR) in the United States compared with MMR in other countries

Why this work is necessary?

HOW DO SDOHS CONNECT TO HEALTH EQUITY?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Social determinants of health such as poverty, unequal access to health care, and housing instability all contribute to health inequalities. To achieve health equity, we need to eliminate health disparities and address social determinants of health.
The Alliance For Innovation On Maternal Health Community Care Initiative (AIM CCI)

Grantee: National Healthy Start Association (NHSA)
- 5-year cooperative agreement with HRSA
- Goal: To address preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women outside of hospital and birthing facility settings

• Pilot site’s role: Complete test of feasibility on community-oriented postpartum interventions; convene local maternal safety workgroup to guide program activities with an equity lens
Use Case: Document and Track SDH Related Interventions to Completion

• GOAL: Ensure a closed loop referral process for non-clinical health-related social needs
  • Implement systemic processes to assist women/birthing persons in completing timely referral and follow up for all identified, medical, behavioral health, reproductive health, and social determinants by working collaboratively with community partners.
  • Implement communication pathways between inpatient, outpatient, and community-based providers to facilitate/ensure continuity of care.
    • Enhance how essential health-related social needs are identified in the community
    • Ensure residents are connected to vital resources that meet basic need, with confidentiality, and safety protocols
    • Foster partnerships across the service spectrum to enhance access to services (cross-sector partnerships)
Use Case: Gather and Aggregate SDoH Data for Uses Beyond the Point of Care for

• GOAL: Identify & reduce birth disparities by using SDoH data to detect inequities across systems
  
  • Assess current systems for unequal treatment and its impact.
  • Stratify health outcomes data by race and ethnicity AND connect maternal health outcomes data with SDoH data.
    • Promotes Community awareness
    • Builds population health accountability
    • Mitigate social and environmental risks; >up to 80%
Use case: Document Chronic Stress (Weathering) Assessment for Black Birthing People

GOAL: Predict and intervene in preterm birth risk factors for Black birthing people (50% more likely than women of other races to experience preterm births)

- Develop and implement a risk assessment strategy inclusive of stress and its connections to birthing persons’ experiences of racism and sexism

  - Jackson-Hogue-Phillips (JHP) Contextualized Stress Measure
    a race and gender-specific stress measure for Black women—
    for use in maternal healthcare as a screening tool and predictor of preterm births.
  - PREM-OB Scale
  - ACEs
Questions?

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Policy
Policy Update

- USCDI v2: recap
- Draft USCDI v3: breaking news!
USCDI v2: recap

<table>
<thead>
<tr>
<th>FHIR Implementation Guides (IG) / Use Cases (UC)</th>
<th>Activities / Data Elements</th>
<th>Domains for each Activity*</th>
<th>Code Systems / Value Sets</th>
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<td>• SDOH Clinical Care IG</td>
<td>• Assessments</td>
<td>• Food insecurity</td>
<td>• LOINC</td>
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<td>• Problems/Health concerns</td>
<td>• Housing instability</td>
<td>▪ Assessments</td>
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<td>• Goals</td>
<td>• Homelessness</td>
<td>▪ Goals</td>
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<td>• Interventions</td>
<td>• Inadequate housing</td>
<td>▪ Outcomes (e.g., quality</td>
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<td>• Veteran status</td>
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<td>• Social isolation</td>
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<td>• Intimate partner violence</td>
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<td>• Elder abuse</td>
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*List not exhaustive for 2022 and beyond. Domains are grounded in then-Institute of Medicine’s “Capturing Social and Behavioral Domains in Electronic Health Records” (2014).
### Draft USCDI v3: released January 2022

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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<tbody>
<tr>
<td>Allergies and Intolerances</td>
<td>Substance (Medication) Reaction, Substance (Drug Class)</td>
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<tr>
<td>Assessment and Plan of Treatment</td>
<td>Assessment and Plan of Treatment SDOH Assessment</td>
</tr>
<tr>
<td>Care Team Member(s)</td>
<td>Name, Identifier, Role, Location, Telecom</td>
</tr>
<tr>
<td>Clinical Notes</td>
<td>Consultation Note, Discharge Summary Note, History &amp; Physical, Procedure Note, Progress Note</td>
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<tr>
<td>Clinical Tests</td>
<td>Test, Result/Report</td>
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<tr>
<td>Diagnostic Imaging</td>
<td>Test, Result/Report</td>
</tr>
<tr>
<td>Encounter Information</td>
<td>Type, Diagnosis, Time, Location, Disposition</td>
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<tr>
<td>Health Insurance Information</td>
<td>Coverage Status, Type, Relationship to Subscriber, Identifier, Group, Payer</td>
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<tr>
<td>Health Status</td>
<td>Concerns, Functional Status, Disability Status, Mental Function, Status</td>
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<tr>
<td>Laboratory</td>
<td>Test, Values/Results, Specimen Type, Result Status</td>
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<tr>
<td>Medications</td>
<td>Medications</td>
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<td>Problems</td>
<td>Problems, SDOH Problems/Health Concerns, Date of Diagnosis, Resolution</td>
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<td>Author Organization, Time Stamp</td>
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<td>Patient Demographics</td>
<td>First Name, Last Name, Middle Name (including middle initial), Suffix, Previous Name, Date of Birth, Date of Death, Race, Ethnicity, Tribal Affiliation, Sex (Assigned at Birth), Sexual Orientation, Gender Identity, Preferred Language, Current Address, Previous Address, Phone Number, Phone Number Type, Email Address, Related Person’s Name, Related Person’s Relationship, Occupation, Occupation Industry</td>
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<tr>
<td>Vital Signs</td>
<td>Systolic blood pressure, Diastolic blood pressure, Heart Rate, Respiratory rate, Body temperature, Body height, Body weight, Pulse oximetry, Inhaled oxygen concentration, BMI Percentile (2-20 years), Weight-for-length Percentile (Birth - 36 Months), Head Occipital-frontal Circumference Percentile (Birth - 36 Months)</td>
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<td>Unique Device Identifier(s) for a Patient's Implantable Device(s)</td>
<td>Unique Device Identifier(s) for a patient’s implantable device(s)</td>
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### Draft USCDI v3: new data elements & classes

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<th>Health Status</th>
<th>Laboratory</th>
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<td>• Functional Status</td>
<td>• Specimen Type</td>
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<td>• Coverage Type</td>
<td>• Disability Status</td>
<td>• Result Status</td>
</tr>
<tr>
<td>• Relationship to Subscriber</td>
<td>• Mental Function</td>
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<tr>
<td>• Member Identifier</td>
<td>• Pregnancy Status</td>
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<tr>
<td>• Subscriber Identifier</td>
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<tr>
<td>• Group Number</td>
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<tr>
<td>• Payer Identifier</td>
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<tr>
<th>Patient Demographics</th>
<th>Procedure</th>
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<tbody>
<tr>
<td>• Date of Death</td>
<td>• Reason for Referral</td>
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<tr>
<td>• Tribal Affiliation</td>
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<tr>
<td>• Related Person’s Name</td>
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<tr>
<td>• Relationship Type</td>
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<tr>
<td>• Occupation</td>
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<tr>
<td>• Occupation Industry</td>
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- **New Data Classes**: Equity Based, Underserved, Public Health, Add’l USCDI Needs, ONC Cert
Draft USCDI v3: Breaking news!

- Yesterday, ONC’s Interoperability Standards Workgroup made substantial recommendations to improve draft USCDI v3
- ONC’s Health IT Advisory Committee voted unanimously to forward all to the National Coordinator
- Highlighting four that are particularly relevant to health equity and the Gravity Project’s work, although not Gravity submissions:
  - Gender identity
  - Disability status
  - Pregnancy status
  - Patient-generated health data
### Allergies and Intolerances
- Substance (Medication) 
- Substance (Drug Class) 
- Reaction

### Assessment and Plan of Treatment
- Assessment and Plan of Treatment
- SDOH Assessment

### Care Team Member(s)
- Care Team Member Name
- Care Team Member Identifier
- Care Team Member Role
- Care Team Member Location
- Care Team Member Telecom

### Clinical Notes
- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

### Clinical Tests
- Clinical Test
- Clinical Test Result/Report

### Diagnostic Imaging
- Diagnostic Imaging Test
- Diagnostic Imaging Report

### Encounter Information
- Encounter Type
- Encounter Diagnosis
- Encounter Time
- Encounter Location
- Encounter Disposition

### Goals
- Patient Goals
- SDOH Goals

### Health Insurance Information
- Coverage Status
- Coverage Type
- Relationship to Subscriber
- Member Identifier
- Subscriber Identifier
- Group Number
- Payer Identifier

### Health Status
- Health Concerns
  - Functional Status
  - Disability Status
  - Mental Function
  - Pregnancy Status
  - Smoking Status

### Immunizations
- Immunizations

### Laboratory
- Test
  - Values/Results
  - Specimen Type
  - Result Status

### Medications
- Medications

### Problems
- Problems
  - SDOH Problems/Health Concerns
  - Date of Diagnosis
  - Date of Resolution

### Procedures
- Procedures
  - SDOH Interventions
  - Reason for Referral

### Provenance
- Author Organization
- Author Time Stamp

### Patient Demographics
- First Name
- Last Name
- Middle Name (Including middle initial)
- Suffix
- Previous Name
- Date of Birth
- Date of Death
- Race
- Ethnicity
- Tribal Affiliation
- Sex (Assigned at Birth)
- Sexual Orientation
- Gender Identity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address
- Related Person’s Name
- Related Person’s Relationship
- Occupation
- Occupation Industry

### Unique Device Identifier(s) for a Patient’s Implantable Device(s)
- Unique Device Identifier(s) for a patient’s implantable device(s)

### Vital Signs
- Systolic blood pressure
- Diastolic blood pressure
- Heart Rate
- Respiratory rate
- Body temperature
- Body height
- Body weight
- Pulse oximetry
- Inhaled oxygen concentration
- BMI Percentile (2 - 20 years)
- Weight-for-length Percentile (Birth - 36 Months)
- Head Occipital-frontal Circumference Percentile (Birth - 36 Months)

### New (Patient-Generated Health Data)
- Provenance (Author)
- Family health history
- Problems: Date of onset
- Allergies: Substance (non-medication)
- Allergies: Substance (food)
- Travel information
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
Technology Update

• May 2 – 4 Connectathon registration end April 18.
  • Registration is $275 for HL7 Members and $400 for non-HL7 Members.

• Continuing ballot reconciliation.
  • The Technical Working Group continues to meet every Wednesday to review and discuss resolutions to the ballots submitted.
  • For Technical Working Group Meeting Minutes please go to: FHIR IG SDOH Working Group - Minutes
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.
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
  - Review 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 Coverage Status
  - Submit concepts
    https://confluence.hl7.org/display/GRAV/Health+Insurance+Coverage+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+Projec t+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+Wor k+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

@thegravityproj

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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