Consensus-driven Standards on Social Determinants of Health

Health Literacy Consensus Voting,
Health Insurance Coverage Status & Medical Cost Burden
End-to-End Review
May 12, 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>
</tr>
</thead>
<tbody>
<tr>
<td>AAFP</td>
<td>Children’s HealthWatch</td>
<td>Humana</td>
<td>CyncHealth</td>
<td>The Office of the National Coordinator for Health Information Technology</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>Robert Wood Johnson Foundation</td>
<td>Kaiser Permanente</td>
<td>newwave</td>
<td>CMS</td>
</tr>
<tr>
<td>Highmark</td>
<td>sirenUCSF</td>
<td>Arkansas</td>
<td>SAFFRON</td>
<td>ACL</td>
</tr>
<tr>
<td>Yale School of Nursing</td>
<td>Lyft</td>
<td>AmeriHealth Caritas</td>
<td>ATA</td>
<td>Administration for Community Living</td>
</tr>
<tr>
<td>The University of Vermont Larner College of Medicine</td>
<td>California Health Care Foundation</td>
<td>BlueCross BlueShield Association</td>
<td>Juxly</td>
<td></td>
</tr>
<tr>
<td>Academy of Nutrition and Dietetics</td>
<td>CommonSpirit</td>
<td>NC</td>
<td>INTEROPERABILITY INSTITUTE</td>
<td>AHRQ</td>
</tr>
<tr>
<td>AMA</td>
<td></td>
<td></td>
<td></td>
<td>CDC</td>
</tr>
</tbody>
</table>

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

• The Gravity Project is not an entity: it is a project funded through stakeholder sponsorship.

• We are currently facing a funding gap that requires prioritization of activities; this may affect meetings and events in the coming months.

• Our priority is to preserve the collective domain work, STU2 balloting, and within that this public forum- the heart of what we do.

• It is more important than ever to direct any sponsoring opportunities 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>
</tr>
</thead>
<tbody>
<tr>
<td>Announcements</td>
<td>Sarah / Evelyn</td>
</tr>
<tr>
<td>Project Schedule and Overview</td>
<td>Sarah</td>
</tr>
<tr>
<td><strong>Health Literacy Consensus Vote</strong></td>
<td>Sarah</td>
</tr>
<tr>
<td>Health Insurance Coverage Status &amp; Medical Cost</td>
<td>Sarah</td>
</tr>
<tr>
<td>Burden End-to-End Review</td>
<td></td>
</tr>
<tr>
<td>Policy Update</td>
<td>Mark</td>
</tr>
<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

- JOIN: CDC’s SDOH Public Health Use Case Workgroup.
- White House Announces Five Life Experiences for Collective Focus and Improvement.

See more details regarding Gravity’s announcements here: https://confluence.hl7.org/pages/viewpage.action?pageId=91996855#TheGravityProject-Announcements
Project Schedule and Overview
Gravity 2022 Roadmap

**Terminology and Technical Pilots**

- **Health Literacy**
- **Health Insurance Coverage Status**
- **Medical Cost Burden**

**Technical**

- **HL7 FHIR Connectathons**
- **FHIR IG STU2 Ballot**
- **FHIR IG STU2 Ballot Reconciliation**
- **Reference Implementation Update**
- **FHIR IG STU2 Updates**
- **FHIR IG STU2 Publication**
- **FHIR IG STU2 Updates based on Connectathon & Pilot Testing**

**Pilots**

**Build and Dissemination**

- **Gravity FHIR IG STU2 Ballot**

**Build, Dissemination and Evaluation**

- **Food Access**
- **Neighborhood Safety**
- **Digital Inequity**

**Key**

- ▲ LOINC Code Release (FEB/AUG)
- ★ SNOMED Code Release (MAR/SEP)
- ✦ ICD-10 Code Release (APR/OCT)

**WE ARE HERE**

5/12/22
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 Build Updates and Action Steps
Terminology Build Updates

• FY 2023 IPPS* Proposed Rule – New SDOH Diagnoses
  • Gravity Submitted SDOH Terms
    • Z59.82 Transportation insecurity
    • Z59.86 Financial insecurity
    • Z59.87 Material hardship
    • Z71.88 Encounter for counseling for socioeconomic factors
    • Z91.110 Patient's noncompliance with dietary regimen due to financial hardship
    • Z91.190 Patient's noncompliance with other medical treatment and regimen due to financial hardship
  
  • Other Submitted SDOH Terms
    • Z91.A10 Caregiver's noncompliance with patient's dietary regimen due to financial hardship
    • Z91.A20 Caregiver's intentional underdosing of patient's medication regimen due to financial hardship

Codes finalized to date. Complete list of codes will be released in the ICD-10-CM addenda in May/June 2022

* Inpatient Prospective Payment System
Terminology Build Updates cont.

• VSAC Updates
  • New
    • Less than high school education Diagnoses (SNOMED CT and ICD-10-CM)
    • Financial Insecurity Diagnoses (SNOMED CT)
    • Transportation Insecurity Interventions (SNOMED CT)
  
• Updated
  • Diagnoses – SNOMED CT
    • Elder Abuse, Inadequate Housing, IPV, Social Connection, Stress, Transportation
      Insecurity, Veteran Status
  • Interventions – SNOMED CT
    • General Interventions, Homelessness, Housing Instability, Inadequate Housing, Social
      Connection
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>04/28</td>
<td>Health Literacy, Medical Cost Burden &amp; Health Insurance Coverage Status:</td>
<td>Review: Health Literacy, Medical Cost Burden &amp; Health Insurance Coverage</td>
</tr>
<tr>
<td></td>
<td><strong>End-to-End Review</strong></td>
<td>Status Concepts</td>
</tr>
<tr>
<td>05/12</td>
<td><strong>Health Literacy Consensus Voting</strong></td>
<td>Submit: Health Literacy Consensus Votes</td>
</tr>
<tr>
<td></td>
<td>Medical Cost Burden &amp; Health Insurance Coverage Status:</td>
<td>Review: Medical Cost Burden &amp; Health Insurance Coverage Status Concepts</td>
</tr>
<tr>
<td></td>
<td><strong>End-to-End Review</strong></td>
<td></td>
</tr>
<tr>
<td>05/26</td>
<td><strong>Medical Cost Burden &amp; Health Insurance Coverage Status Consensus Voting</strong></td>
<td>Submit: Medical Cost Burden &amp; Health Insurance Coverage Status Consensus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Votes</td>
</tr>
</tbody>
</table>
Community Terminology Development

We are here!
Health Literacy
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.

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.


*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 document translation to support health literacy
Requires language interpretation to support health literacy
Requires digital education to support health literacy
Requires plain language intervention to support health literacy
Requires culturally responsive intervention to support health literacy

Bold = existing term

Focus on person

Representing organization-level responsibilities to the person
Health Literacy Goals

• Able to demonstrate health literacy (finding)

• Has access to understandable and useful information to inform health-related decisions

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

Referral to interpreter
Consensus Voting

• **Yes**: A Yes vote does not necessarily mean that the deliverable is the ideal one from the perspective of the Committed Member, but that it is better to move forward than to block the deliverable.

• **Yes with Comment**: If a consensus process attracts significant comments through Yes With Comment votes, it is expected that the comments will be addressed in a future revision of the deliverable.
  
  • Email comments to gravityproject@emiadvisors.net by 05/19/2022

• **Formal Objection**: This vote must include comments indicating a path to address the objection in a way that meets the known concerns of other members of the project. A Formal Objection vote without such comments will be considered an Abstain vote.
  
  • Email comments to gravityproject@emiadvisors.net by 05/19/2022

• **Abstain**: A member declined to vote.
Health Literacy: Consensus Vote

- Complete the following Google Poll by 5pm ET Friday, May 13th
  https://forms.gle/fXbDRZLCAdn6b8tG9
- Items for Vote:
  - Health Literacy Master File
- Of note:
  - You must press submit for answers to be recorded!
  - If voting yes with comment / formal objection: Email comments to gravityproject@emiadvisors.net by 05/19/2022
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!
End to End Review

- End to end review is a time to step back and consider the whole set and ask questions
  - Are there missing concepts?
  - Are there incorrect concepts that need to be changed?
  - Are there concepts that are unnecessary and should be removed?
- Comments and edits must be offered in written form with *rationale and evidence* for suggested alternate approaches.
- All elements must be assessed by our subject matter experts
- gravityproject@emiadvisors.net
General Interventions

• Referrals to profession/role
  • Care manager
  • Case manager
  • Case navigator
  • Community health worker
  • Lawyer
  • Social worker

• Programs
  • Area Agency on Aging
  • Benefits Enrollment Assistance
  • Community Action Agency
  • Community Resource Network
  • Medical Legal Partnership
  • Legal Aid
General Interventions cont.

• Activities
  • Assessment of communication barriers
  • Coordination of care plan/care team
  • Counseling for social determinant of health risk
  • Assessment for _________
  • Assessment of barriers to _________ care plan
  • Assessment of goals to achieve _________ (goal statement)
  • Assessment of progress toward goals to achieve _________ (goal statement)
  • Counsel for barriers achieve _________ (goal statement)
  • Counseling for _________ care plan participation barriers
  • Counseling for readiness to achieve _________ (goal statement)
  • Counseling for readiness to implement _________ care plan
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- Screening Tools

- National Health Interview Survey (NHIS)
- PhenX
- PRAPARE
# 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 health insurance coverage</td>
</tr>
<tr>
<td>No health insurance coverage</td>
<td></td>
</tr>
</tbody>
</table>
## Health Insurance Coverage Status – Goals

### SNOMED CT

<table>
<thead>
<tr>
<th>Coverage Type</th>
</tr>
</thead>
<tbody>
<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 coverage</td>
</tr>
<tr>
<td>Child Health Insurance Program coverage</td>
</tr>
<tr>
<td>Medigap coverage</td>
</tr>
<tr>
<td>Indian Health Service coverage</td>
</tr>
</tbody>
</table>
Military/VA Coverage Goals

- Working with federal partners to ensure representation of coverage by participation in branches of military, the VA, or the National Guard
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 - Differentiated from Medical Material Hardship

We consulted our Material Hardship and Medical Cost Burden subject matter experts

- Not being able to obtain healthcare needs and services due to cost (Medical Material Hardship) DOES NOT mean one has debt/strain from accessing healthcare needs and services (Medical Cost Burden).
- Because, one could elect to not get the study, acquire the medication, etc, and not have Medical Cost Burden, but have Material Hardship
- Thus, those concepts belong in Material Hardship, where they are now, and we will audit that domain for thoroughness based on newly submitted terms
Medical Cost Burden < > Medical Material Hardship

Medical Material Hardship
(a subtype of Material Hardship)

I cannot afford: care, medications, procedures, tests, equipment
Therefore I DO NOT HAVE THEM

Medical Cost Burden
(a subtype of Financial Insecurity)

I needed AND ACQUIRED: care, medications, procedures, tests, equipment
but I do not have sufficient $ to pay for them
THERFORE I am struggling to pay copays/debt
Medical Cost Burden - Screening Tools

• Burden and Consequences of Financial Hardship From Medical Bills
• Medical Expenditures Panel Survey (MEPS)
• PRAPARE
# Medical Cost Burden – Diagnoses

<table>
<thead>
<tr>
<th>SNOMED CT</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burdensome out of pocket medical expenses</strong></td>
<td><strong>Financial Insecurity (past domain)</strong></td>
</tr>
<tr>
<td><strong>Burdensome medical debt</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Financial insecurity due to medical cost burden</strong></td>
<td></td>
</tr>
</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 device
• Financial Security
• No burdensome out of pocket medical expenses
• No burdensome medical debt

Note: although the problem statements for material hardship and medical cost burden are distinct, the general goals can be in common
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.
Policy
Moving SDOH Data into Action

- ONC’s Interoperability Standards Workgroup
  - Interoperability Standards Advisory
- White House SDOH Interagency Policy Committee
- Policy Integration
  - CMS’s Medicare Advantage Final Rule
  - CMS’s Hospital Inpatient PPS Proposed Rule
Interoperability Standards Advisory

- ONC’s Interoperability Standards Advisory (ISA) collects and assesses "recognized" interoperability standards and implementation specifications for use to meet interoperability needs nationwide.

- On April 26, 2022, Evelyn Gallego and Asha Immanuelle presented to ONC’s Interoperability Standards Workgroup on integrating Gravity’s terminology and exchange standards into ONC’s ISA.
  - Add Gravity’s data elements, domains, and value sets from USCDI version 2, Gravity’s exchange standards in the SDOH Clinical Care Implementation Guide, and Gravity’s Reference Implementation to improve adoption and use.
  - Add the source and method of collecting race and ethnicity data to support Federal standards on self-reported values.
  - Asha Immanuelle’s presentation illustrated powerfully how Gravity’s SDOH standards can be used to advance Black maternal health equity.

- Interoperability Standards Workgroup presents its recommendations to ONC’s Health IT Advisory Committee on June 14, 2022.
The Committee convenes 8 departments, 12 agencies within HHS, and 6 offices within the EOP, under the Domestic Policy Council and Office of Science and Technology Policy.

On April 20, Evelyn Gallego and Mark Savage presented on the Gravity Project, integration of Gravity standards in federal policies and programs to date, and Gravity’s letter and recommendations to the White House on February 25:

- Incorporate Gravity’s standards across federal regulations, grants, contracts, pilots, etc.;
- Establish funding and training to help community and social-service organizations build capacity, workflows, use cases;
- Bridge digital divides that are barriers for underserved communities; and
- Integrate bi-directional exchange so patients, family caregivers, and community organizations can contribute their SDOH data.

Suggested White House initiative: Convene 10-20 pilots nationwide, each using ONC’s / Gravity’s SDOH standards to address a locally-defined population health equity challenge.

A tremendous, team-wide effort. Thank you!

Following up with Dr. Sandra Ford, Special Assistant to the President.

Policy Integration: CMS’s Final Annual Rule on Medicare Advantage Changes

- On May 9, 2022, CMS published a final rule requiring Medicare Advantage Special Needs Plans (SNPs) to include standardized questions on **housing stability, food security, and access to transportation** in their health risk assessments.

- CMS will issue sub-regulatory guidance on the questions, but intends to **align them with the SDOH Assessment data element** in USCDI v2.

- SNPs must address the results in individuals’ individualized care plans, e.g. consulting with individual about unmet needs, or making referrals, but are not accountable for resolving all risks identified in the questions.

Policy Integration: CMS’s Proposed Annual Rule on Hospital Inpatient PPS

- On May 10, 2022, CMS published its annual proposed rule for inpatient and long-term care hospitals, including specific proposals to improve health equity and maternal health outcomes.
  - Proposes two new measures on screening for Social Drivers of Health, including using USCDI v2 SDOH data elements as standardized data sources.
    - Five domains: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
    - Two measures: screening rate for one or more SDOH domains, screen positive rate for SDOH
    - Voluntary reporting in 2023; mandatory reporting in 2024
  - Discusses ICD-10-CM Z codes (Table 6A) which Gravity successfully submitted.
  - Comments due June 17.
Policy Integration: CMS’s Proposed Annual Rule on Hospital Inpatient PPS (cont.)

- CMS’s proposed rule also includes a request for information on social determinants of health diagnosis codes, or Z codes:
  - **Insights:** How reporting of SDOH Z codes—and if so, which Z codes—may improve our ability to recognize severity of illness, complexity of illness, and utilization of resources?
  - **Mandatory reporting:** Whether CMS should require reporting of certain Z codes—and if so, which ones—on hospital inpatient claims to strengthen data analysis?
  - **Protocols:** What protocols should CMS develop to standardize screening for SDOH for all patients? Should they vary based on factors such as hospital size and type?
  - **Resource utilization:** Which specific SDOH Z codes are most likely to influence (increase) hospital resource utilization for inpatient care?
  - **Benefits and burden:** The additional provider burden and potential benefits of documenting and reporting of certain Z codes, including potential benefits to beneficiaries?
  - **Homelessness:** Whether codes in category Z59 (Homelessness) have been underreported and if so, why?
  - Comments due June 17.
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

Ballot Reconciliation Continues:
- Currently at 66%.
- Rate slowed due to funding.
- New projected finish date based on our current velocity is **August 12**.

<table>
<thead>
<tr>
<th>Category</th>
<th>27-Apr</th>
<th>10-May</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Ballot Comments</td>
<td>356</td>
<td>356</td>
</tr>
<tr>
<td>Awaiting Input</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Submitted</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Triaged</td>
<td>92</td>
<td>74</td>
</tr>
<tr>
<td>Resolved - Change Required</td>
<td>32</td>
<td>43</td>
</tr>
<tr>
<td>Resolved - No Change</td>
<td>46</td>
<td>52</td>
</tr>
<tr>
<td>Duplicate</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Applied</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Published</td>
<td>175</td>
<td>175</td>
</tr>
<tr>
<td>Deferred</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Resolved</td>
<td>228</td>
<td>235</td>
</tr>
<tr>
<td>Outstanding</td>
<td>128</td>
<td>121</td>
</tr>
<tr>
<td>Resolution Rate: 228/356 67.86%</td>
<td></td>
<td>66.01%</td>
</tr>
<tr>
<td>Outstanding Rate: 128/356 38.10%</td>
<td></td>
<td>33.99%</td>
</tr>
</tbody>
</table>
May HL7 FHIR Connectathon Debrief

18 registered participants with the majority in listening mode

Testing the Specification:
• Demonstrated the Reference Implementation designed and built by HealthLX
• MaxMD Brought code to test but we discovered that there was a disconnect between the intent of the specification and the way that they had implemented
• Saffron Labs:
  • Brought mobile apps to test against the MaxMD back end but were unable to do so due to the MaxMD resources not being stored as expected
  • Demonstrated their closed loop referral implementation using their platform along with mobile apps for Referral and Patient survey submission
• Participated in integration sessions with the PACIO IG
Call for Participation!
CMS July FHIR Connectathon

• Please sign up for the CMS July FHIR Connectathon to be held on July 19th-22th.

• Registration and Track information is available at https://confluence.hl7.org/display/FHIR/CMS+2022+-+07+FHIR+Connectathon+3
  • Registration is open from now until May 31st, 2022.
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 your consensus vote by 5pm ET Friday, May 13th.
    
    https://forms.gle/fXbDRZLCAdn6b8tG9

- **Medical Cost Burden**
  - Review concepts
    
    https://confluence.hl7.org/display/GRAV/Medical+Cost+Burden

- **Health Insurance Coverage Status**
  - Review 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+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

@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

5/12/22
Gravity PMO Team

Evelyn Gallego
Senior Advisor
evelyn.gallego@emiadvisors.net
@egallego
linkedin.com/in/egallego/

Sarah DeSilvey
Clinical Informatics Director
sarah.desilvey@med.uvm.edu
@sarcandes
linkedin.com/in/sarah-desilvey-fnp/

Greg Harris
Acting Technical Director
gregory.harris@newwave.io

Jillian Annunziata
Program Manager
jillian.annunziata@emiadvisors.net
@j_Nunz4
linkedin.com/in/jillianannunziata/

Mark Savage
SDOH Policy Lead
MarkSavage.eHealth@pacbell.net
@SavageMeHealth
linkedin.com/in/mark-savage-34aa03126/

Lenel James
Payer Advisor
Lenel.James@bcbsa.com
linkedin.com/in/lenel-james-4435ba

Gabriela Gonzalez
Pilots Lead
gabriela.gonzalez@emiadvisors.net
linkedin.com/in/gabgonza7/

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