Welcome

Thank you for joining the Gravity Project Workgroup 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

Robert Wood Johnson Foundation
The University of Vermont
LARNER COLLEGE OF MEDICINE
Yale School of Nursing
sirenUCSF
BlueCross BlueShield Association
eat right.
Academy of Nutrition and Dietetics
AHRQ
AAFP
AmeriHealth Caritas
UnitedHealthcare
Arkansas
juxly
Children's HealthWatch
Humana
lyft
California Health Care Foundation

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

- The Gravity Project is currently seeking additional sponsors for our 2021 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
HL7 SDOH CC FHIR IG Public Meetings

- HL7 SDOH CC FHIR IG Public Meetings are scheduled Wednesdays from 3:00 to 4:00 pm ET
- See the HL7 meeting calendar here: http://www.hl7.org/concalls/CallDetails.aspx?concall=51839
NCQA Phyllis Torda Health Care Quality and Equity Fellowship
Open for 2021 Fellowship Applicants

- The Phyllis Torda Health Care Quality and Equity Fellowship Program enables NCQA to train a new generation of leaders from diverse backgrounds. NCQA recognizes that strength comes through diversity and actively seeks and welcomes applicants with diverse backgrounds, experiences, and identities.

- The Fellowship is a year-long, virtual program that offers an exciting training opportunity for someone interested in conducting research on health care quality and equity and gaining exposure to national health care policy issues and quality measure development.

- Applications are due January, 22nd 2021. Learn more about the fellowship here: https://www.ncqa.org/about-ncqa/sponsorship-events/torda/
ICD-10-CM Letters of Support

  - View Gravity’s ICD-10-CM submission incorporating Gravity Project’s consensus recommendations here: https://confluence.hl7.org/display/GRAV/ICD-10+Coding+Submissions

- The next step for the submission is review at the March 9-10 ICD-10-CM Coordination and Maintenance Committee Meeting.

- Should any member wish to send a letter of support, please send these directly to the committee at E-mail: nchsicd10cm@cdc.gov
  - Aim to send prior to 1/30/2021 to help make the case for review
SIREN Coffee & Science

- Join SIREN Coffee & Science, a new virtual conversation series that SIREN is launching to provide a forum for experts to discuss hot topics in health and social care integration. The series of 30-minute live events will start January 22nd and run through June. The events will also be disseminated on SIREN’s new podcast channel, where an introductory episode is already available!
  - Join here: https://sirennetwork.ucsf.edu/news-events/siren-coffee-science
  - View podcast channel here: https://share.transistor.fm/s/d0fdaf98
Gravity Food Insecurity Press Release

- The Gravity Food Insecurity Press Release is now LIVE.
- Please help us share this PR far and wide:
Process Orientation

- We have a few new educational pieces available in the “Educational and Instructional Materials” section of the confluence!
  https://confluence.hl7.org/display/GRAV/Educational+and+Instructional+Materials
  - New Terminology orientation slides
  - And a video describing the adjudication process-
    https://www.youtube.com/watch?v=f1kJaTKONV0&feature=youtu.be
Process Grounding
Gravity Overview: Integration of Two Streams

Terminology: SDOH Domains
- Coding Gap Analysis & Recommendations
- Data Set Identification
- Publication in NLM VSAC & ONC ISA

Technical (FHIR)
- New Code Submissions
- FHIR IG Testing
- FHIR IG Development
- Community & FHIR Coordination
- FHIR IG Ballot & Publication
The Gravity Project...

Goal - Develop consensus-driven data standards to support use and exchange of social determinants of health (SDOH) data within the health care sectors and between the health care sector and other sectors.
Community Terminology Development
Gravity Use Cases

1. Document SDOH data in conjunction with the patient encounter.

2. Document and track SDOH related interventions to completion.

3. Gather and aggregate SDOH data for uses beyond the point of care (e.g., population health management, quality reporting, and risk adjustment/risk stratification).

https://confluence.hl7.org/display/GRAV/Gravity+Use+Case+Package
Project Schedule
## Gravity Project Schedule and Activities (December through February 4th)

<table>
<thead>
<tr>
<th>Date</th>
<th>Gravity WG Meeting Tasks</th>
<th>Homework</th>
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| 1/07  | **Inadequate Housing:** Identify Screening Elements  
**Multi-Domain:** Goals and Interventions  
**Financial Strain and Transportation:** Screening and Diagnosis End to End Review | Submit: Transportation Insecurity, Financial Strain Goals and Interventions Concepts  
Review: Transportation Insecurity, Financial Strain: Screening and Diagnosis Concepts  
Submit: Education, Veteran Status, and Employment Screening and Diagnoses |
| 1/21  | **Financial Strain and Transportation Insecurity:** All Activity End to End Review  
**Education, Unemployment, Veteran Status:** Screening and Diagnoses End to End Review | Review: Transportation Insecurity, Financial Strain  
Submit: Education, Veteran Status, and Employment Screening and Diagnoses |
| 1/28  | **Financial Strain and Transportation Insecurity:** All Activity End to End Review  
**Education, Unemployment, Veteran Status:** Screening and Diagnoses End to End Review | Review: Transportation Insecurity, Financial Strain  
Review: Education, Veteran Status, and Employment Screening and Diagnoses |
| 2/04  | **Multi-Domain:** Consensus Vote                                                          | Vote!                                                                                      |
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 Policy Updates
Gravity Project’s Submission to USCDI: A New SDOH Data Class

- ONC released the draft U.S. Core Data for Interoperability (USCDI) version 2 on January 12. The draft does not include the Gravity Project’s submission of a new SDOH data class.
  
  - ONC only added nine new data elements: Provider name, Provider identifier, Encounter type, Encounter diagnosis, Encounter time, Data of diagnosis, Date of resolution, Diagnostic imaging order, and Diagnostic imaging report.
  
  - Public comments are due April 15, 2021.
  

- Gravity’s groundbreaking work and advances are not delayed and remain on track:
  
  - Standardizing SDOH terminology, value sets, representation in FHIR for nationwide exchange, reference implementations, community mapping and engagement—all remain on track and available for national use.

- ONC’s findings and classification of the Gravity Project’s submission as “Level 2” remain true:
  
  - SDOH data elements demonstrate extensive existing use in systems and exchange between systems;
  
  - SDOH use cases that show significant value to current and potential users;
  
  - SDOH data elements would clearly improve nationwide interoperability.

- Inclusion in USCDI is a great, additional lever for use. We can submit anew for USCDI v3.
Thank you to numerous members of the Gravity Community who sent formal letters of support:

- AcademyHealth
- American Academy of Family Physicians (AAFP)
- American Health Information Management Association (AHIMA)
- AmeriHealth Caritas
- BlueCross BlueShield Association (BCBSA)
- Blue Shield of California
- Codentyx
- HHS Administration for Children and Families (ACF)
- Highmark Health
- Lucy Johns
- Lyft
- Jim Meyers
- National Committee for Quality Assurance (NCQA)
- National Partnership for Women & Families (NPWF)
- Nebraska Health Information Initiative (NEHII)
- New York eHealth Collaborative (NYeC)
- OCHIN
- Onyx
- Providence St. Joseph Health
- Stewards of Change Institute
- University at Buffalo School of Nursing
- University of California San Francisco (UCSF)
CMS NPRM Request for Information on Social Risk Data Standards

- On December 18, CMS published a notice of proposed rulemaking (NPRM) on prior authorization and patients’ electronic access to health information. The NPRM included a “Request for Information: Accelerating the Adoption of Standards Related to Social Risk Data.”
  - The request asked four questions about current mechanisms, challenges, barriers, and strategies for standardizing and exchanging social risk data.
  - The request is very relevant to the Gravity Project’s work.
- The Gravity Project’s PMO quickly prepared answers over the holiday and submitted a response to CMS on January 4, 2021.
  - Read the letter here: https://confluence.hl7.org/display/GRAV/CMS+RFI+-+Accelerating+Adoption+of+Standards+Related+to+Social+Risk+Data
CMS Request for Information on Social Risk: Thank you!

Many organizations—31 letters at last count—also explicitly highlighted and supported the Gravity Project’s work!

- Aligning for Better Health
- American Academy of Pediatricians
- American Association of Medical Colleges (AAMC)
- American Health Information Management Association (AHIMA)
- American Medical Association (AMA)
- American Medical Informatics Association (AMIA)
- America’s Health Insurance Plans (AHIP)
- AmeriHealth Caritas
- Anthem
- Aunt Bertha
- BlueCross BlueShield Association
- Cigna
- Colorado Office of eHealth Innovation
- Epic
- Health Record Banking Alliance (HRBA)
- Health Level Seven International (HL7)
- Highmark Health
- Humana
- Kaiser Permanente
- Lantana Consulting Group
- Movement Is Life
- National Association of Community Health Clinics (NACHC)
- National Committee on Quality Assurance (NCQA)
- New York eHealth Collaborative (NYeC)
- Pew Charitable Trusts
- Protecting Privacy to Promote Interoperability (PP2PI)
- Providence St. Joseph Health
- RTI International
- UnitedHealth Group
- WEDI
- Wolters Kluwer
On January 7th, CMS released guidance for states on opportunities under Medicaid and CHIP to address SDOH.

The guidance acknowledges that states can leverage Medicaid resources to support data integration and data sharing to assist state health systems to identify individuals with SDOH needs and link them to appropriate medical and social supports.

States are required to design technical infrastructure for Mechanized Claims Processing, Information Retrieval Systems, and care coordination hubs that are interoperable with human services programs, HIEs, and public health agencies, as applicable.

States must ensure alignment of the claims processing and IRS systems with CEHRT.

States are encouraged to review ISA SDOH standards and review and participate in the Gravity Project.

Success Factors: Gravity Value Areas

- **POLICY:** Gravity identified standards inform new policy development and incorporation of standards in federal requirements:
  - ONC USCDI
  - CMS Promoting Interoperability Rule
  - CMS State Medicaid Director Letters

- **PAYMENT MODELS:** CMS and Private Health Plans incorporate SDOH data capture, exchange, aggregation, and analytics in new payment models (e.g. CMMI SDOH Model, Highmark Thrive).

- **PROGRAM:** Gravity identified standards incorporated in Program conditions of participation (e.g. Medicare Advantage, Medicaid Managed Care) and Quality Reporting Programs (e.g. Hospital QRRP, MIPS).

- **GRANTS:** Gravity identified standards incorporated in application requirements (e.g. ACL Challenge Grant, ONC Health IT LEAP, RWJF SDOH Integration in Clinical Care).

- **PRACTICE:** Gravity work facilitates repeatable process for adoption, implementation, and use of SDOH data at practice level.

- **INNOVATION:** New tools introduced into market to support SDOH data capture, aggregation, analytics, and use.
Questions?

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Please send all chats to Everyone.
Gravity FHIR IG Connectathon
Gravity FHIR SDOH Clinical Care IG Scope

1. Document SDOH data in conjunction with the patient encounter
2. Set SDOH related goals.
3. Establish and related interventions to completion.
4. Measure outcomes.
5. Gather and aggregate SDOH data or uses beyond the point of care (e.g. population health management, quality reporting, and risk adjustment/risk stratification).
6. Manage patient consent

1. Health Concerns / Problems (ICD-10-CM and SNOMED-CT)
2. Goals (LOINC)
3. Interventions (SNOMED-CT, CPT/HCPCS)
4. Outcomes (Quality Measures)
5. Measure/Survey
6. Consent

Aggregation and Reporting

Coding

Plan/Assign

Execute

Measure/Survey

Consent

http://build.fhir.org/ig/HL7/fhir-sdoh-clinicalcare/
Enabling Survey Instruments

1. **Survey**
   - LOINC Panel (Survey Instruments)
     - Include Health Concern Algorithm
   - Conversion to FHIR Questionnaire (enhanced NLM LHC-Forms Widget)
   - Execute FHIR Questionnaire (enhanced NLM SDC Questionnaire App)
   - QuestionnaireResponse
   - Observation (survey question-answer pair)
   - Condition Health Concern
   - Dynamic Value Sets – based on LOINC Panel Definitions

2. **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
   - Provider Evaluation
   - Goals Interventions
   - Condition Diagnosis
   - Other “clinical” findings

Note: all Survey instruments SHALL produce Health Concerns with Gravity defined value sets

Need to be able to express in the health concern any “hidden” computational logic
Technical Stream – SDOH Clinical Care FHIR IG -- Status

1. This is a framework Implementation Guide (IG) and supports multiple domains

2. IG support the following clinical activities
   - Assessments
   - Health Concerns / Problems
   - Goals
   - Referrals
   - Consent
   - Aggregation for reporting

3. Completed January 2021 ballot as a Standard for Trial Use Level 1 (STU1)
   - HL7.FHIR.US.SDOH-CLINICALCARE\Home Page - FHIR v4.0.1
   - Ballot period: Dec. 18 to January 18
LIVE UPDATE: FHIR IG Connectathon Jan. 13 to 15th 2021

- Gravity Connectathon Track Page
  https://confluence.hl7.org/display/FHIR/2021-01+Gravity+SDOH+Clinical+Care+Track

- Connectathon Goals: Test the SDOH Clinical Care FHIR IG. The SDOH FHIR IG provides a framework for multiple SDOH domains. The track has is testing three use cases:
  1. Exchange and update interventions between a provider and CBRO or CBO
  2. Continue testing support for risk surveys
  3. Exchange health concerns / problems and interventions for a cohort of individuals

- Track Leads: Bob Dieterle, Corey Smith (AMA), Monique Van Berkum (AMA)

- Total Participants: 25 (actually had 25-35 on most of the virtual sessions)
Notable Achievements

• Onyx successfully connected and exchanged SDOH data with the RI using the IG in the context of the closed loop referral use case (use case A above).

• ZeOmega successfully connected and exchanged SDOH data with the RI using the IG in the context of responsible payer query of the provider EHR (use case C above)

• Demonstrated a proof of concept of the dynamic value sets that will be maintained external to the IG.

• Demonstrated the approach of a limited set of "multi-domain" SDOH profiles supported by externally maintained, dynamic value sets

• Demonstrated FHIR Mapping/StructureMap approach to auto-generating screening response observations as well as calculated health concerns (conditions) (joint presentation with SDC)

• The LogicaSandbox, used to set up 2 FHIR servers, enabled testing and was extremely valuable.
  - Discovered Issues/Lessons Learned
Discovered Issues/Lessons Learned

• There is variability in use of the Task resource across IGs. Further discussion and alignment might be beneficial.

• Virtual Connectathons allow FHIR newcomers to participate/observe at deeper level than physical meetings. The highly technical testing that takes place at Connectathons may be difficult for observers to understand. HL7 may wish to embrace this and provide content, education, etc. to engage this group.

• There is obvious benefit of decoupling the development of questionnaires/surveys and the logic needed to transform questionnaire responses into conditions from the development and standardization of the exchange structures in the Gravity IG provides.

• With respect to the decoupling of questionnaire development and transformation logic from the IG, additional collaboration will be required with outside bodies to ensure questionnaire responses are compatible with achieving the desired objective of automated generation of conditions/health concern.

• FHIR tools, skilled resources, and FHIR are still maturing and work is needed to make the multi-domain approach vision a reality.

• There are questions about how to interpret a Procedure that references LOINC and SNOMED. There are also questions about using LOINC as a code system for codifying procedures given USCDI v1 and v2 guidance.

• We cannot get rid of complexity, we can only move it around.
What's Next?

• Continue to engage with NLM, Regenstrief and other stakeholders to advance tooling that supports the multi-domain Gravity IG, externally maintained dynamic value sets, and questionnaires
• Continue to engage the community to establish the clinical content required for multiple SDOH domains
• Continue to advance the development of the reference implementation development
• Respond to January 2021 ballot comments
• Please join us - https://www.hl7.org/gravity/
Reference Implementation

- Using the FHIR SDOH ClinicalCare IG
- Create a “reference implementation” that demonstrates all of the concepts in the IG
  - Survey based on FHIR Questionnaire including creation of a QuestionnaireResponse
    Ability to exchange coded results of the survey using FHIR observations
  - Ability to create Condition resources from the observations to demonstrate coding of Health Concerns
  - Ability to create and exchange Tasks and ServiceRequests
  - Ability to aggregate Observations, Conditions and ServiceRequest and exchange them with responsible organizations
  - Support for patient consent where appropriate
Questions?

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Please send all chats to Everyone.
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?
End-to-End Review: Inadequate Housing
Inadequate Housing Review

- In audit of the final master set it came to light that critical HUD screening approaches aligning with recommended diagnoses were missing.
- In reviewing the master you will find these items in row 62 on.
- Addressing the starred elements

- Of note, no current expression of sewage disposal

<table>
<thead>
<tr>
<th>Inadequate housing</th>
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<tbody>
<tr>
<td>Substandard housing</td>
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<tr>
<td>Substandard housing due to infestation</td>
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<td>Substandard housing due to overcrowding</td>
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<td>Substandard housing due to environmental hazard</td>
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<td>Substandard housing due to asbestos</td>
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<td>Substandard housing due to structural insufficiency</td>
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<tr>
<td>Substandard housing, does not meet inhabitant’s functional needs</td>
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<tr>
<td>Substandard housing, at risk of code violation</td>
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</table>
Questions?

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## Subject Matter Experts

### Housing Insecurity/Homelessness
- Allison Bovel - Ammon - Children’s HealthWatch
- Richard Sheward - Children’s HealthWatch
- Susan Walker - HMIS Analyst
- George Carter - HUD

### Transportation Insecurity
- Jennifer Sisto-Gall – Lyft
- Alexandra King - Community Transportation Association of America
- Dr Ipek Sener - Texas A&M Transportation Institute
- Michael Adelberg – Research Lead, Medical Transportation Access Coalition

### Financial Insecurity
- Dr Adam Schickedanz - UCLA Health
- Dr Jeffrey Colvin - U Missouri/Kansas
- Dr Richard Sheward - Children’s HealthWatch
- Susan Walker - HMIS Analyst
- Jennifer Sisto-Gall – Lyft
- Dr Ipek Sener - Texas A&M Transportation Institute
- Michael Adelberg – Research Lead, Medical Transportation Access Coalition
- Dr Adam Schickedanz - UCLA Health
- Dr Jeffrey Colvin - U Missouri/Kansas
End-to-End Review: Transportation Insecurity
Transportation Insecurity - Definition

- Uncertain, limited, or no access to safe, reliable, accessible, affordable, and socially acceptable the transportation infrastructure and modalities necessary for maintaining one’s health, well-being, or livelihood.
Review: Transportation Insecurity Screening

- Health Leads
- PRAPARE
- NC Healthy Opportunities
- WA Association for Community Health
- Accountable Health Communities Tool
- PhenX
- CUBS
- PROMIS
- Well Rx
- AAFP
- Upstream Risk Tool
- NHIS
- Transportation Barriers Measure
### Review: Transportation Insecurity Diagnoses

<table>
<thead>
<tr>
<th>Child Term (a)</th>
<th>Child Term (b)</th>
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<tbody>
<tr>
<td>Transportation insecurity, inability to access health and social needs</td>
<td>Transportation insecurity, inability to access health appointments</td>
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<td></td>
<td>Transportation insecurity, inability to access pharmacy</td>
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<td></td>
<td>Transportation insecurity, inability to access food</td>
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<tr>
<td>Transportation insecurity, available transportation does not meet an individual’s functional and cognitive (social/psychosocial) needs</td>
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<td>Transportation insecurity, excessive time spent travelling</td>
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<td>Transportation insecurity, unable to afford transportation</td>
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<tr>
<td>Transportation insecurity, distance to destination limits available transportation options</td>
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<tr>
<td>Transportation insecurity, dependent on transportation assistance programs</td>
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<tr>
<td>Transportation insecurity, captive rider, limited transportation options</td>
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</table>
Review: Transportation Insecurity Screening

- What is clear in review at this time is that we do NOT have screening approaches for each transportation insecurity type. Is this necessary?
Initial Transportation Program Brainstorm
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.
End-to-End Review: Financial Insecurity
Financial Strain Evolution

- Financial Insecurity
  - Financial Strain
  - Medical Cost Burden
- Debt
  - Inability to obtain internet
- Material Hardship
  - Inability to obtain utilities
  - Inability to obtain childcare
  - Inability to obtain...
Financial Insecurity and Material Hardship - Definition

- Financial Insecurity- A state of being wherein a person has difficulty fully meeting current and/or ongoing financial obligations and/or does not feel secure in their financial future

- Material Hardship- the lack of specific socially perceived basic physical necessities
Financial Insecurity and Material Hardship

Financial Insecurity

Material Hardship
Unintentionally, we have exponentially increased the range of initial domain...

We are proceeding...

BUT may adjust the timeline to compensate
Review: Financial Insecurity and Material Hardship Screening Tools

- Health Leads
- PRAPARE
- NC Healthy Opportunities
- American Housing Survey
- Accountable Health Communities
- AAFP
- Upstream Risks Tool
- BMC Thrive
- IHelp
- Patient Centered Assessment Method
- CFPB Financial Well-Being Scale
- WellRx
- PhenX Chronic Stress (Financial Stress)
- We Care
- Children’s HealthWatch
- Medical Expenditures Panel
- YCLS
Review:
Financial Insecurity and Material Hardship

- One of the things we are thinking about is how to clarify cause of hardship financial vs lack of resource
  - Unable to obtain internet related to limited financial resources. Vs. Unable to obtain internet, not available in area where patient resides
  - The later would of course be a possible move to the Z58 physical environment codes should they return.
Questions?

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Please send all chats to Everyone.
End-to-End Review: Education, Unemployment, Veteran Status Screening and Diagnoses
Identify: Education, Unemployment, Veteran Status

- The Gravity team is currently in an gleaning process ensuring every domain relevant screening question and answer from peer-reviewed literature, standard process, and federal approaches are currently represented across the domains...

- This includes:
  - Ensuring census approaches are represented
  - Auditing (and collating) all comprehensive screening tools for domain elements
  - Browser searches
Identify: Education, Unemployment, Veteran Status Screening

- **Education**
  - AAFP
  - CHW
  - PHENX
  - NAHNES

- **Veteran**
  - SAMHSA
  - VA Community Provider Toolkit
  - Census/American Housing Survey

- **Unemployment**
  - PhenX
  - PRAPARE
  - SAMHSA
  - AHC
  - HealthLeads
Identify: Education, Unemployment, Veteran Status Screening ?s

- **Education**
  - “Do you need help getting more education?” does not necessarily mean less than HS

- **Unemployed**
  - “Looking for a job” does not necessarily mean unemployed

- **Veteran**
  - “Have you been discharged from the Armed Forces”
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.
Identify: Goals Consensus
Goals Consensus

- We are meeting with HL7 PCWG
- One of the things we are exploring is the relationship between goals and protective factors...
- If goals are “a desired state” can we build protective factors for use, as is appropriate, in global goal setting?
- Social determinants are not all risk!

- However, the opposite of a risk is not always the presence of a protective factor!
Social Risks, Action Steps, Goals, and Protective Factors

- Problem
- Actionable/Measurable Goals
- Meta Goals/Protective Factors

The Inadequate Housing Example

- Substandard Housing, due inability to prepare or store food
- Fix Stove, with repair Voucher
- Housing has resources for food preparation and storage
Social Risks, Action Steps, Goals, and Protective Factors

- What are goals (both meta and measurable) when the action is not behavior change?
- How do you measure progress without a scale? There is no "less" or "more" housing adequacy or transportation security

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<td>Substandard housing due to lack of safety equipment</td>
</tr>
<tr>
<td>Substandard housing due to lack of adequate water</td>
</tr>
<tr>
<td>Substandard housing due to overcrowding</td>
</tr>
<tr>
<td>Substandard housing due to environmental hazard</td>
</tr>
<tr>
<td>Substandard housing due to asbestos</td>
</tr>
<tr>
<td>Substandard housing due to structural insufficiency</td>
</tr>
<tr>
<td>Substandard housing, does not meet inhabitant's functional needs</td>
</tr>
<tr>
<td>Substandard housing, at risk of code violation</td>
</tr>
</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.
Community Homework and 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

- Transportation Insecurity
  - Review Master List in preparation for Multi-Domain Consensus Voting
    https://confluence.hl7.org/display/GRAV/Transportation+Domain

- Financial Strain
  - Review Master List in preparation for Multi-Domain Consensus Voting
    https://confluence.hl7.org/display/GRAV/Financial+Domain

- Demographics: Education, Veteran Status, and Employment
  - Review in preparation for Multi-Domain Consensus Voting
    https://confluence.hl7.org/display/GRAV/Demographics+Domain
Next Steps

- Join the Gravity Project as a Committed Member or Other Interested Party
  - [https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project](https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project)
Thank you for participating in this national consensus-building process.

Additional questions? Contact: gravityproject@emiadvisors.net

: Gravity Project
: @thegavityproj