The Gravity Project

Elder Abuse Kickoff, Stress Consensus Vote, Social Isolation and IPV Concepts

May 13th, 2021
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](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](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
Yale School of Nursing

sirenUCSF
Kaiser PERMANENTE
BlueCross BlueShield Association

Helthright
Academy of Nutrition and Dietetics

AMA

AHRQ

AAMC

UnitedHealthcare

CNC
Arkansas

Onyx

Ojuxly

Highmark

CynHealth

Humana

ATACaritas

The Office of the National Coordinator for Health Information Technology

HL7

https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors
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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.cfm?concall=54494
Upcoming Gravity Project Presentations

Join the Gravity Project as we present at the following upcoming events:

- **2021 State HIT Connect Summit, May 18th**
  - Evelyn Gallego, Program Manager, the Gravity Project; CEO and Founder, EMI Advisors, LLC

- **Incorporating Social Determinants of Health (SDOH) Into Digital Health Systems, May 19th**
  - Sarah C DeSilvey, DNP, FNP-C (she/her), SDOH Clinical Informatics Director, The Gravity Project, Pediatric Faculty, Larner College of Medicine at the University of Vermont

- Learn about more upcoming presentations here: [https://confluence.hl7.org/display/GRAV/Gravity+Project+Events](https://confluence.hl7.org/display/GRAV/Gravity+Project+Events)
2021 Gravity Roadmap

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<th>JAN</th>
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<th>MAY</th>
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<tr>
<td>INADEQUATE HOUSING</td>
<td>TRANSPORTATION INSECURITY</td>
<td>references</td>
<td>INSECURITY</td>
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<td>DEMOGRAPHICS STATUS</td>
<td>references</td>
<td>STRESS</td>
<td>MATERIAL HARDSHIP</td>
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<td>New Use Case Development</td>
<td></td>
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<tr>
<td>(TERMINOLOGY)</td>
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**Key**
- ▲ LOINC Code Submissions (MAR/ OCT)
- ★ SNOMED Code Submissions (MAY/DEC)
- ▲ ICD-10 Code Submissions (JUN/DEC)
- ▲ Goals/Interventions

**TECHNICAL**
- IG Ballot
- IG Ballot Reconciliation
- Reference Implementation Development
- Update User Stories
- Reference Implementation Update
- HL7 FHIR Connectathons
- Final updates/ IG Publication
- Gravity Pilots Testing (6 to 12 months)

**PILOTS**
- WE ARE HERE

**Goals/Interventions**
- ELDER ABUSE
- INSECURITY
- FINANCIAL INSECURITY
- DEMOGRAPHICS STATUS
- STRESS
- MATERIAL HARDSHIP
- SOCIAL ISOLATION & LONELINESS
- INTIMATE PARTNER VIOLENCE
- FOOD DESERT
- NEIGHBORHOOD SAFETY
- ELDER ABUSE
- INSECURITY
- FINANCIAL INSECURITY
- DEMOGRAPHICS STATUS
- STRESS
- MATERIAL HARDSHIP
- SOCIAL ISOLATION & LONELINESS
- INTIMATE PARTNER VIOLENCE
- FOOD DESERT
- NEIGHBORHOOD SAFETY

**Notes**
- Update User Stories
- Final updates/ IG Publication
- Gravity Pilots Testing (6 to 12 months)
The intent of our public calls is to present updates of Gravity materials and offer opportunities for the community to reflect and discuss implications.

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

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

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

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

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

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 Roadmap

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<th>JAN</th>
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<tr>
<td><strong>INADEQUATE HOUSING</strong></td>
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<td><strong>STRESS</strong></td>
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<td><strong>INTIMATE PARTNER VIOLENCE (IPV)</strong></td>
<td><strong>SOCIAL ISOLATION</strong></td>
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<td><strong>FOOD DESERTS</strong></td>
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<tr>
<td><strong>TRANSPORTATION INSECURITY</strong></td>
<td><strong>VETERANS</strong></td>
<td><strong>EDUCATION</strong></td>
<td><strong>UNEMPLOYMENT</strong></td>
<td><strong>INFECTION</strong></td>
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- ✨ SNOMED Code Submissions (MAY/DEC)
- ⚠️ ICD-10 Code Submissions (JUN/DEC)
- ⬤ Goals/Interventions

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<th>Homework</th>
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<td><em>Submit: Social Isolation, IPV, and Elder Abuse Screening and Diagnoses Concepts</em></td>
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<tr>
<td></td>
<td><strong>STRESS: Consensus Vote</strong></td>
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<td></td>
<td><strong>Social Isolation</strong>: Screening and Diagnoses</td>
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<td><strong>IPV</strong>: Screening and Diagnoses Concepts</td>
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<tr>
<td>5/27</td>
<td><strong>Social Isolation &amp; IPV</strong>: Screening and Diagnosis End to End Review</td>
<td><em>Review: IPV Screening and Diagnoses Concepts</em></td>
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<td><strong>Elder Abuse</strong>: Screening and Diagnoses Concepts</td>
<td><em>Submit: Elder Abuse Screening and Diagnosis Concepts</em></td>
</tr>
<tr>
<td>6/10</td>
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<td><em>Review: Elder Abuse Screening and Diagnosis Concepts</em></td>
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<tr>
<td></td>
<td><strong>Elder Abuse</strong>: Screening and Diagnoses End to End Review</td>
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</tr>
<tr>
<td>6/24</td>
<td><strong>ELDER ABUSE Consensus Vote</strong></td>
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Community Terminology Development
Elder Abuse Kickoff

Identify
Elder Abuse Kick-Off (a first look)

- Much of the work of the next months builds off two significant national efforts
- Anchored by the ACL National Center on Elder Abuse
  - Adult Maltreatment Screening and Assessment Tools Inventory
    - ...identify and describe tested screening and assessment tools related directly to adult maltreatment
    - 46 tools with the following information is provided for each tool: maltreatment type, intended audience, number of items, format, how administered, amount of training required, copyright status, and contact information for the tool developer. There is also an overall rating of the tool’s evidence
- Anchored by the CDC
  - Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements
Elder Abuse Kickoff

- **Prevalence**-
  - At least one in 10 community-dwelling older adults experienced some form of abuse in the prior year.
  - Relying on self-reports of abuse, assigned the following percentages by type of abuse: psychological (11.6%), physical (2.6%), financial (6.8%), neglect (4.2%), and sexual (0.9%) abuse. Another recent study found the following: emotional (4.6%), physical (1.6%), financial (family: 5.2%), financial (stranger: 6.5%), neglect (5.1%), and sexual (.6%).
Elder Abuse - Types of Abuse

- **Physical Abuse**—inflicting physical pain or injury on a senior, e.g. slapping, bruising, or restraining by physical or chemical means.
- **Sexual Abuse**—non-consensual sexual contact of any kind.
- **Neglect**—the failure by those responsible to provide food, shelter, health care, or protection for a vulnerable elder.
- **Exploitation**—the illegal taking, misuse, or concealment of funds, property, or assets of a senior for someone else's benefit.
- **Emotional Abuse**—inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts, e.g. humiliating, intimidating, or threatening.
- **Abandonment**—desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.
Elder Abuse

- Next steps, meeting weekly with our subject matter experts to gather and review screening and diagnoses concepts
  - SMEs: Dr Ron Acierno, Dr Jason Burnett, Dr Zach Gassoumis, Dr Karl Pillamer
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!
Stress Consensus Vote
Stress Types: The Stress Measurement Network
<table>
<thead>
<tr>
<th>question</th>
<th>PSS-10</th>
<th>PSS-4</th>
</tr>
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<tbody>
<tr>
<td>In the last month, how often have you been upset because of something that happened unexpectedly?</td>
<td>✔</td>
<td></td>
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<tr>
<td>In the last month, how often have you felt that you were unable to control the important things in your life?</td>
<td>✔ ✔</td>
<td></td>
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<tr>
<td>In the last month, how often have you felt nervous and “stressed”?</td>
<td>✔</td>
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<tr>
<td>In the last month, how often have you dealt successfully with irritating life hassles?</td>
<td></td>
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</tr>
<tr>
<td>In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?</td>
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<tr>
<td>In the last month, how often have you felt confident about your ability to handle your personal problems?</td>
<td>✔ ✔</td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you felt that things were going your way?</td>
<td>✔ ✔</td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you found that you could not cope with all the things that you had to do?</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you been able to control irritations in your life?</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you felt that you were on top of things?</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you been angered because of things that were outside of your control?</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you found yourself thinking about things that you have to accomplish?</td>
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</tr>
<tr>
<td>In the last month, how often have you been able to control the way you spend your time?</td>
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</tr>
<tr>
<td>In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?</td>
<td>✔ ✔</td>
<td></td>
</tr>
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</table>
Stress: Tools

**PRAPARE**
Stress is when someone feels tense, nervous, anxious, or can’t sleep at night because their mind is troubled. How stressed are you?

**Finnish Institute of Occupational Health, Occupational Stress Questionnaire**
Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?

**NHANES**
Have you been under or felt you were under any strain, stress, or pressure? (DURING THE PAST MONTH)

**SEEK**
Do you often feel under extreme stress?
<table>
<thead>
<tr>
<th>Diagnosis/Assessed Need</th>
<th>Terminology</th>
<th>SNOMED CT Code</th>
<th>ICD-10-CM Code</th>
<th>ICD-10-CM Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional stress</td>
<td>SNOMED CT</td>
<td>442347009</td>
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<tr>
<td>Feeling stress</td>
<td>SNOMED CT</td>
<td>224974006</td>
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</tr>
<tr>
<td>Increased stress</td>
<td>SNOMED CT</td>
<td>23085004</td>
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<tr>
<td>Stress</td>
<td>ICD-10-CM</td>
<td>Z73.3</td>
<td></td>
<td>Stress, not elsewhere classified</td>
</tr>
<tr>
<td>Acute stress reaction</td>
<td>ICD-10-CM</td>
<td>F43.0</td>
<td></td>
<td>Acute stress reaction</td>
</tr>
<tr>
<td>Reaction to severe stress</td>
<td>ICD-10-CM</td>
<td>F43.9</td>
<td></td>
<td>Reaction to severe stress, unspecified</td>
</tr>
<tr>
<td>Stress</td>
<td>SNOMED CT</td>
<td>73595000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress overload</td>
<td>SNOMED CT</td>
<td>424582000</td>
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<td></td>
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<td>Symptoms of stress</td>
<td>SNOMED CT</td>
<td>2497008</td>
<td></td>
<td></td>
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<tr>
<td>Acute stress reaction</td>
<td>SNOMED CT</td>
<td>67195008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other reactions to severe stress</td>
<td></td>
<td>F43.8</td>
<td></td>
<td>Other reactions to severe stress</td>
</tr>
<tr>
<td>State of emotional shock and stress</td>
<td></td>
<td>R45.7</td>
<td></td>
<td>State of emotional shock and stress, unspecified</td>
</tr>
<tr>
<td>High stress as identified by Perceived Stress Scale</td>
<td>SNOMED CT</td>
<td></td>
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</tbody>
</table>
Stress: Severity Approach

In discussion with SNOMED, in the aim of semantic consistency, and in the absence of diagnostic criteria, any specification of severity must be bound to a validated tool...

- So
  - Not, “High stress”
  - But, ”High stress as identified by the Perceived Stress Scale”
Stress: Definition and Diagnoses

**Definition:**
- Stress: occurs when a person *perceives* the demands of an environmental stimuli to be greater than their ability to meet, mitigate, or alter those demands. (adapted from Lazarus & Folkman)
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 05/20/2021

- **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 05/20/2021

- **Abstain:** A member declined to vote.
Stress Consensus Vote

- Complete the following Google Poll by **5pm EST May 14th**
  https://docs.google.com/forms/d/e/1FAIpQLSdm4SvQlbkRDQxTFkPUWY9b5_i_Q6fpwehYX89ju2a1-KL18A/viewform?usp=sf_link

- Item for Vote: **Stress Master List**

- 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 05/20/2021
Questions?

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Community Terminology Development
Social Isolation and Loneliness Screening and Diagnosis Concepts
Social Isolation

- SMEs refining the master
- Next steps, meeting every other week with our subject matter experts to review screening and diagnoses concepts
  - SMEs: Edward Garcia- Foundation for Social Connection; Dr Julianne Holt-Lunstad
Social Isolation and Loneliness Screening

- PROMIS Item Bank; Social Isolation
  - People get the wrong idea about my situation
  - I feel isolated even when I am not alone
  - I feel that people avoid talking to me
  - I feel detached from other people
  - I feel that some of my friends avoid me
  - I feel that some of my family members avoid me
  - I feel that I am alone in my interests and ideas
  - I feel that people barely know me
  - I feel like a stranger to those around me
  - I find that friends or relatives have difficulty talking with me about my health
  - I feel that people are around me but not with me
  - I feel isolated from others
  - I feel left out
  - I feel that I am no longer close to anyone
Social Isolation and Loneliness Screening

- **PRAPARE-**
  - How often do you see or talk to people that you care about and feel close to (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)?

- **NAM (NHANES) Social Connection and Isolation Panel-**
  - Are you now married, widowed, divorced, separated, never married or living with a partner?
  - In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?
  - How often do you get together with friends or relatives?
  - How often do you attend church or religious services?
  - Do you belong to any clubs or organizations such as church groups unions, fraternal or athletic groups, or school groups?
Social Isolation and Loneliness Diagnosis Concepts

- Expect sorting by social connection subtypes in the weeks ahead
- We may focus on just social isolation for this phase
- Trend is greatest need for terminology development is within the realm of loneliness
- And, some of the present terminology mappings between SNOMED and ICD will need to be revised
Questions?

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Community Terminology Development

We are here!

Pre-Work → Identify → Review → Vote → Analyze → Build → Test → Evaluate
Identify: IPV Screening and Diagnosis Concepts
IPV

- SMEs have the initial master in review
- Next steps, meeting weekly with our subject matter experts to gather and review screening and diagnoses concepts
  - SME: Chris Grasso- Fenway Health, Lisa James - Future w/o Violence
Technology Update
SDOH Clinical Care FHIR Implementation Guide

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

3. Completed January 2021 ballot as a Standard for Trial Use Level 1 (STU1)

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

http://build.fhir.org/ig/HL7/fhir-sdoh-clinicalcare/
Simplified interaction picture

Coordination Platform (CP) – Typically CPs are based on referral platforms such as UniteUs, Aunt Bertha, NowPow, 211 (this is not an exhaustive list)

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

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

Interaction with a patient or caregiver may required alternative methods if internet access is not available
Discuss Exchanges between
Payers and Referral Platforms / CBOs
Payers and Providers and among Coordination Platforms

- What resources need to be exchanged between each of the stakeholders
  - Assessments/Surveys
  - Health Concerns / Problems
  - Goals
  - Referrals (including status)
  - Interventions
  - Consent
  - Referral Directory

- Payer – Coordination Platform
- Payer – CBO
- Payer – Provider
- Payer – Patient or Caregiver

- Coordination Platform – Payer
- Coordination Platform – Provider
- Coordination Platform – Referral Platform
- Coordination Platform – Patient or Caregiver
### Discussion Outcomes

<table>
<thead>
<tr>
<th>Payer – Coordination Platform</th>
<th>Survey / Assessment</th>
<th>Health Concerns / Problems</th>
<th>Goals</th>
<th>Referrals / Status</th>
<th>Interventions</th>
<th>Consent</th>
<th>Referral Directory</th>
<th>Other</th>
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<td>Payer – Patient / Legal representative</td>
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</table>

Please indicate if the items at the top should typically be part of the exchange defined on the left – use a spreadsheet or Word document if that works best for you and submit it to rdieterle@enablecare.us
Personal and Limited Technology User Functionality
Personal and Limited Technology User Functionality

- Application functionality required for Personal and Limited Technology User access to FHIR API
  - Secure connection and automatic authentication
  - Secure control of SDOH information
  - Retrieve referral information
  - Manage “task” list
  - Geolocation information for patient
  - Update status of referrals
  - Specify services delivered
  - Indicate satisfaction with services / outcome
Reference Implementation (draft UI to create/receive exchange artifacts)
Results from the January SDOH Clinical Care IG Ballot

Results of ballot voting
- Affirmative 63
- Negative 30
- Abstain 56
- No Vote 43
- Total 192

The ballot met the **60%** threshold required to publish as an STU

Ballot comments submitted
- Total ballot comments 227
- Total negative comments 72
- Total affirmative comments 155

Note: Affirmative comments include typos, questions, suggestions, comments

Ballot Reconciliation Status
- The ballot reconciliation process started on 2/7/2021 and is expected to continue until the end of April.
- As of 4/30/2021 198 of the 227 ballot comments have dispositions - 29 to go (all are focused on the patient story)
Connectathon 27

- There is a Gravity SDOH exchange track as part of the HL7 Connectathon 27
- Registration for the Connectathon is closed:
- 8 organizations/ 12 individuals have signed up to participate
- Specific Roles to test:
  - Provider (Physician or Social Worker) / EHR
  - Coordination Platform (CP) / Platform
  - Community Based Organization (CBO) / Application
  - Survey Application / Platform
  - Heath Information Exchange (HIE)
  - Patient/Caregiver (Application)
  - Payer / Payer HIT
CMS FHIR Connectathon

- CMS will host a virtual Connectathon on July 20-22, 2021.
- The connectathon will include a Social Determinants of Health (SDOH) track
- The SDOH track will be on only one day (either July 21 or July 22).
- There is no fee to participate in the CMS Connectathon.
- Signup for the connectathon is on the HL7 website and will be available until July 1.
  - [http://www.hl7.org/events/cms/](http://www.hl7.org/events/cms/)
- We will be posting a track signup on the Gravity Confluence site by the end of the first week of June where each participant can declare their planned role(s).
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
    

- **Social Isolation**
  - Submit Social Isolation screening and diagnosis
    
    [https://confluence.hl7.org/display/GRAV/Social+Isolation](https://confluence.hl7.org/display/GRAV/Social+Isolation)

- **IPV**
  - Submit IPV screening and diagnosis
    
    [https://confluence.hl7.org/display/GRAV/Intimate+Partner+Violence](https://confluence.hl7.org/display/GRAV/Intimate+Partner+Violence)

- **Elder Abuse**
  - Submit Elder Abuse screening and diagnosis
    
    [https://confluence.hl7.org/display/GRAV/Elder+Abuse](https://confluence.hl7.org/display/GRAV/Elder+Abuse)
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
: @thegravityproj