The Gravity Project

Social Isolation & IPV Consensus Vote,
Elder Abuse Review
June 24th, 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

- If you want to **check whether you have already signed up** or if others from your organization have signed up, please review the existing membership here: https://confluence.hl7.org/pages/viewpage.action?pageId=46892669#JointheGravityProject-GravityProjectMembershipList

- 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

https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors
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
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Please submit questions and comments using the Webex chat feature.
Announcements
Announcements

- HL7 SDOH CC FHIR IG Public Meetings, Wednesdays 3pm – 4pm EST
- CDC SDOH Grant: Closing the Gap with Social Determinants of Health Accelerator Plans – Due 7/6

See more details regarding Gravity’s announcements here: https://confluence.hl7.org/pages/viewpage.action?pageId=91996855#TheGravityProject-Announcements
ICD Updates!
We are excited to announce that the **education, food insecurity, and housing** ICD-10 CM codes from our multi-domain set were approved for publication this October 1st, 2021!!!

- **New code**  
  
  - Z55.5 Less than a high school diploma

- **New category**  
  **Z58** Problems related to physical environment

- **New code**  
  **Z58.6** Inadequate drinking-water supply

- **New subcategory**  
  **Z59.0** Homelessness

- **New code**  
  **Z59.00** Homelessness unspecified

- **New code**  
  **Z59.01** Sheltered homelessness

- **New code**  
  **Z59.02** Unsheltered homelessness

- **Revise**  
  **Z59.4** Lack of adequate food and safe drinking water

- **New code**  
  **Z59.41** Food insecurity

- **New subcategory**  
  **Z59.81** Housing instability, housed

- **New code**  
  **Z59.811** Housing instability, housed, with risk of homelessness

- **New code**  
  **Z59.812** Housing instability, housed, homelessness in the past 12 months

- **New code**  
  **Z59.819** Housing instability housed unspecified

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View the 2022 ICD-10-CM Release here:  
[https://www.cdc.gov/nchs/icd/icd10cm.htm](https://www.cdc.gov/nchs/icd/icd10cm.htm)
Project Schedule and Overview
Gravity Project Terminology Engagement Guide: General

- 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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Key

- ▲ LOINC Code Submissions (MAR/OCT)
- ★ SNOMED Code Submissions (MAY/DEC)
- ❄️ ICD-10 Code Submissions (JUN/DEC)
- Goals/Interventions

WE ARE HERE
# Gravity Project Schedule and Activities (Through July)

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<td><strong>Submit:</strong> Elder Abuse Screening and Diagnosis</td>
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Questions?

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Please send all chats to Everyone.
Gravity Terminology Team

Director of Clinical Informatics: Dr Sarah DeSilvey, DNP, FNP-C, RN

Lead Terminology Consultant: Linda Hyde, RHIA

Community Liaison and Public Health Consultant: Asha Immanuelle, MAS, RN, PHM-C

Terminology Consultant: Katiya Shell, MPH, PMP
Community Terminology Development

Pre-Work → Identify → Review → Vote → Analyze → Build → Test → Evaluate

We are here!
Social Isolation and Intimate Partner Violence Consensus Vote
Social Isolation

- Master List available for review: [https://confluence.hl7.org/display/GRAV/Social+Isolation](https://confluence.hl7.org/display/GRAV/Social+Isolation)
- Next Steps: Consensus vote
  - SMEs: Edward Garcia- Foundation for Social Connection; Dr Julianne Holt-Lunstad, Dr Matt Pantell
Social Isolation, Loneliness, and Social Support (And Relationship Quality) UPDATES

🌟 Social isolation – Objectively being alone, having few relationships, or infrequent social contact.

Loneliness- Is subjectively feeling alone. The discrepancy between one’s desired level of connection and one’s actual level.

Social Support- The actual or perceived availability of resources (e.g., informational, tangible, emotional) from others. Four types of social supportive behaviors: emotional, instrumental, informational and appraisal.

Relationship Quality- PAUSED UNTIL THE FALL positive/negative/other/mixed feelings about existing relationships
Intimate Partner Violence

- Master list available for review: https://confluence.hl7.org/display/GRAV/Intimate+Partner+Violence
- Next Steps: Consensus vote
- SME: Chris Grasso- Fenway Health, Lisa James - Future w/o Violence
Comments on what was added

- The CUES framework as the beginning assessment
  - So many patients that I see are in relationships that don’t feel safe, where there may be physical, sexual or emotional abuse and fear. Because of this, I’m offering all my patients information about relationships and how they affect our health – for yourself and for you to share with friends or a family members. If this is part of your experience – I want to make sure you have help if you or a friend or family member ever need it.
  - Has anything like this happened to you” or “Is any of this part of your story?” (BOTH have been used widely)
  - Then paths for affirmative and negative responses
Intimate Partner Violence UPDATES

- Added base SNOMED IPV codes and advocate for survivor language

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<tr>
<th>Victim of intimate partner abuse (finding)</th>
<th>Survivor of intimate partner violence</th>
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<tr>
<td>Victim of sexual assault by intimate partner (finding)</td>
<td>Survivor of sexual abuse by intimate partner</td>
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<tr>
<td>Victim of abusive sexual relationship with partner (finding)</td>
<td>Survivor of physical abuse by intimate partner</td>
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<tr>
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<td>Survivor of emotional abuse by intimate partner</td>
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- Removed
  - Maltreatment, exploitation, neglect, abandonment, and pregnancy codes > non specific to IPV
Intimate Partner Violence: Diagnoses Review

- Non-binary perpetrator codes
  - NEW Partner, perpetrator of maltreatment and neglect

- EXISTING
  - Y07.0 Spouse or partner, perpetrator of maltreatment and neglect
    - Y07.01 Husband, perpetrator of maltreatment and neglect
    - Y07.02 Wife, perpetrator of maltreatment and neglect
    - Y07.03 Male partner, perpetrator of maltreatment and neglect
    - Y07.04 Female partner, perpetrator of maltreatment and neglect
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 07/01/2021

• **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 07/01/2021

• **Abstain:** A member declined to vote.
Social Isolation & IPV Stress Consensus Vote

- Complete the following Google Poll by 5pm EST Friday, June 25th
  [https://forms.gle/oFnf3M7RXMJst2Rd9](https://forms.gle/oFnf3M7RXMJst2Rd9)
- Items for Vote: Social Isolation Master List & IPV 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 07/01/2021
Questions?

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Community Terminology Development
Elder Abuse Screening and Diagnosis: End to End Review
Elder Abuse

- Master list available for review:  
  https://confluence.hl7.org/display/GRAV/Elder+Abuse
- Next Steps: Consensus vote on **July 8th**
  - SMEs: Dr Ron Acierno, Dr Jason Burnett, Dr Zach Gassoumis, Dr Karl Pillamer, Dr Tony Rosen
Elder Abuse/Violence/Exploitation- Definitions **UPDATES**

- **Allow for Elder Abuse and Elder Violence/Exploitation Subtypes**

- **Elder Abuse**- An intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult and can be in the form of physical abuse, psychological abuse, sexual abuse, financial abuse, and neglect by someone in a caregiving role.

- **Elder Violence**- An intentional act that causes or creates a risk of harm to an older adult and can be in the form of physical violence, psychological violence, sexual violence

- **Financial Exploitation**- The illegal, unauthorized, or improper use of an older individual’s resources for the benefit of someone other than the older individual. This includes, but is not limited to, depriving an older individual of rightful access to, information about, or use of personal benefits, resources, belongings, or assets.
Elder Abuse Subtypes- Definitions UPDATES

- **Physical Abuse**- The intentional use of physical force by a caregiver or other person in a trust relationship that results in acute or chronic illness, bodily injury, physical pain, functional impairment, distress, or death.

- **Sexual Abuse**- Forced and/or unwanted sexual interaction (touching and non-touching acts) of any kind by a caregiver or other person in a trust relationship with an older adult.

- **Emotional Abuse**- Verbal or nonverbal behavior that results in the infliction of anguish, mental pain, fear, or distress, that is perpetrated by a caregiver or other person in a trust relationship and can be in the form of humiliation or disrespect, threats, harassment, and isolation or coercive control.
Elder Abuse Subtypes- Definitions UPDATES

- **Neglect** - Failure by a caregiver or other person in a trust relationship to protect an elder from harm or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living or shelter, which results in a serious risk of compromised health and/or safety, relative to age, health status, and cultural norms.

- **Exploitation**—The illegal, unauthorized, or improper use of an older individual’s resources by a caregiver or other person in a trust relationship, for the benefit of someone other than the older individual. This includes, but is not limited to, depriving an older individual of rightful access to, information about, or use of personal benefits, resources, belongings, or assets.
Context Setting

- First, akin to IPV, advocating for context setting statements
- Without these, too many false negatives

- “Now we are going to ask you about things that other people may have done to you. These things may have happened recently or in the past year, you may or may not have reported them to police or other authorities, and they may have been done by someone you don't know, or someone you know or even live with or are related to”
  - “Has anything like this happened to you”
  - If yes – “I'm sorry this is/has happened to you and I really appreciate you telling me. I’m going to ask a few other follow up questions just so I can understand your situation better and provide better care.” – TRANSITION to screen
  - If no – “I'm glad that hasn't happened to you. I'm asking just a few follow up questions to all my patients just so I'm clear about how your relationships or other aspects of your life may impact your health. If do not wish to share or if none of these are an issue for you, I hope you can share information with anyone in your life who may need it.”
# Behavioral Approach - Emotional Abuse

1. Now we want to ask you about some things that people in your life might do that make you feel bad, such as saying very mean things to you, or being rude to you. A lot of people say this happens to them, and we really need to find out how often it happens. Sometimes, we call these things emotional mistreatment. The person who might do these things could be a romantic partner, spouse, family member, friend, or someone who helps take care of you. Has anyone ever verbally attacked, scolded, or yelled at you so that you felt afraid for your safety, threatened or intimidated?

2. Has anyone ever made you feel humiliated or embarrassed by calling you names such as stupid, or telling you that you or your opinion was worthless?

3. “Has anyone ever forcefully or repeatedly asked you to do something so much that you felt harassed or coerced into doing something against your will?”

4. Has anyone close to you ever completely refused to talk to you or ignored you for days at a time, even when you wanted to talk to them?
Behavioral Approach - Physical Abuse

Physical mistreatment was defined as an affirmative answer to any one of the following three questions. As was the case with emotional mistreatment, descriptive parameters of the event were collected when respondents indicated that such an event had occurred.

1. Another type of stressful event that people sometimes experience is being physically hurt by another person. The person doing these things could be a romantic partner, spouse, family member, friend, or someone who helps take care of you. Has anyone ever hit you with their hand or object, slapped you, or threatened you with a weapon?”

2. “Has anyone ever tried to restrain you by holding you down, tying you up, or locking you in your room or house?”

3. Has anyone ever physically hurt you so that you suffered some degree of injury, including cuts, bruises, or other marks?
Behavioral Approach- Sexual Abuse

Sexual mistreatment was defined as an affirmative answer to any one of the following three questions. After it was determined that such an event had occurred, the timing and characteristics of the event (e.g., perpetrator status, reporting to police, time frame) were defined.

1. I am going to ask you questions about unwanted sexual advances that you may have experienced over your lifetime. People do not always report such experiences to the police or discuss them with family or friends. The person making the unwanted advances isn't always a stranger, but can be a friend, romantic partner, or even a family member or someone you trust to help you or help take care of you. Such experiences can occur anytime in a person's life. Regardless of how long ago it happened or who made the advances, has anyone ever made you have sex or oral sex by using force or threatening to harm you or someone close to you?”

2a. “Has anyone ever touched your breasts or pubic area or made you touch his penis by using force or threat of force? (can be exchange for alt genders)

2b. Has anyone ever touched your pubic area or made you touch their pubic area by using force or threat of force?”

3a. Has anyone ever forced you to undress or expose your breasts or pubic area when you didn't want to?”

3b. Has anyone ever forced you to undress or expose your pubic area when you didn't want to?”
Behavioral Approach - Neglect

Two forms of neglect were defined for the past year: Potential Neglect, in which an older adult identified that they had one of the needs listed below, and Caregiver Neglect, in which an older adult identified a need, and also noted that a caregiver had been designated to meet that need, but was not currently doing so.

1. “Now we would like to ask you some additional questions about whether or not there is someone who helps you with day to day things. You may not need help with any of these things, and if that is the case, just feel free to tell us you don’t need this type of help. Some older adults do need help with these things, so it’s important for us to ask. Do you need someone to help you get to the places you need to go, for example do you need someone to drive you to the grocery store, a place of worship, the doctor?”

2. Do you need someone to make sure you have enough food, medicines or any other things you need in your house?

3. Do you need someone to help you with household things, like cooking meals, helping you eat, or making sure you take the correct medicines each day?”

4. Do you need someone to help you with house cleaning or yard work?”

5. Do you need someone to help you get out of bed, get showered, or get dressed?”

6. Do you need someone to make sure your bills get paid
Financial exploitation was asked in terms of mistreatment by family members (current exploitation) or strangers (ever exploited) and risk factors for each type of financial mistreatment were analyzed separately.

1. Now we would like to ask your opinion about how your finances and property are handled. Is there someone who helps you take care of your finances, or is there someone other than yourself who makes decisions about your money and your property, either with or without your approval?

2. Does that person ask for your PERMISSION before deciding to spend your money or sell your property?

3. Do you feel like that person makes good decisions about your finances?

4. Do you have the copies of paperwork for the financial decisions they make or can you get copies if you wanted them?

5. Has that person ever forged your signature without your permission in order to sell your property or to get money from your accounts?

6. Has that person ever forced or tricked you into signing a document so that they would be able to get some of your money or possessions?

7. Has that person, or anyone else you are close to, ever stolen your money or take your things for themselves, their friends, or to sell?

8. Has a stranger ever spent your money or sold your property without your permission?

9. Has a stranger ever forged your signature in order to get some of your money or sell your property?

10. Has a stranger ever forced or tricked you into signing a document so that they would be able to get some of your money or possessions?
Questions?

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Policy Update
USCDI Versions Timeline

USCDI v1 Final  →  USCDI v2 Draft  →  USCDI v2 Final  →  Considered for 2021 SVAP  →  USCDI v3 Draft  →  USCDI v3 Final  →  Considered for 2022 SVAP

Timeline:
- **2020**
  - Submission & Review Period - v2
  - ONC v2 Draft Prep
  - HITAC v2 Public Comment
  - ONC Review/Approval

- **2021**
  - Submission & Review Period - v3
  - ONC v3 Draft Prep
  - HITAC v3 Public Comment
  - ONC Review/Approval

- **2022**
  - Submission & Review Period - v4

Dates:
- October 2020
- January 2021
- May 2021
- July 2021
- October 2021
- January 2022
- May 2022
- July 2022
On April 15, 2021, the HIT Advisory Committee unanimously recommended adding the Gravity Project’s SDOH data class to USCDI version 2.

- Final version 2 expected July 8, 2021.

On June 9, the USCDI Task Force and HIT Advisory Committee further highlighted the Gravity Project’s work for USCDI version 3.

- Submissions are likely due in late September.

Recommendations

INTRODUCTION
The focus of the 2021 USCDI TF in Phase 1 was to address charges 1a, 1b and 1c, to make specific recommendations based on ONC’s Draft v2 to include, omit, revise or add specific data classes and elements in USCDI v2.

Unless otherwise indicated, all of the recommendations apply to USCDI v2. High level recommendations include:

1. Add selected data classes and elements to v2 to support CMS’s quality improvement and management efforts.
2. Add the Social Determinants of Health data elements which were determined by ONC to be Level 2, but which were not included in Draft v2.
3. Where standards exist, but final implementation guides are not in place, ONC should work explicitly with HL7 to prioritize completion of implementation guides to accommodate HITAC data element and data class recommendations.
4. Where congruence of standards exists between C-CDA and FHIR US Core, accelerate alignment and adoption through all regulatory efforts including USCDI.
Questions?

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Technology Update
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
- As of 4/30/2021 198 of the 227 ballot comments have dispositions -- 29 to go (all are focused on the patient story)

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**TECHNICAL**

**PILOTS**

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**SDOH FHIR IG PILOTS**

WE ARE HERE

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**HL7 FHIR Connectathons**
CMS FHIR Connectathon

- CMS will host a virtual Connectathon on July 20-22, 2021.
- This will include a Gravity 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.
- Sign-up 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/)
- Please sign-up on the Gravity Confluence to declare participation and the role(s) you plan to exercise.
  [https://confluence.hl7.org/display/GRAV/Connectathon+Participation+Sign-Up](https://confluence.hl7.org/display/GRAV/Connectathon+Participation+Sign-Up)
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

- **Social Isolation and IPV**
  - Submit Consensus Vote
    
    https://forms.gle/oFnf3M7RXMJst2Rd9

- **Elder Abuse**
  - Review Elder Abuse screening and diagnosis
    
    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
Thank you for participating in this national consensus-building process.

Additional questions? Contact: gravityproject@emiadvisors.net

: Gravity Project
: @thegravityproj

https://thegravityproject.net