Social Determinants of Health Data Exchange for Chronic Disease Prevention Initiative

July 13, 2022

Workgroup Meeting #7: End-To-End Review and Consensus Voting Process Overview

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Office of Informatics and Information Resources Management
Welcome

Thank you for joining CDC’s Social Determinants of Health (SDOH) Public Health Use Case Workgroup for Chronic Disease Prevention meeting!

Due to the large number of attendees, participants are muted upon entry.
- This call is being recorded; recording will be available on the Workgroup Confluence page following the meeting.

You are encouraged to actively participate in the discussion using the **Zoom chat** feature (bottom of the Zoom Meeting window). You can also use the **Reactions** feature to raise your virtual hand and ask a question live.

**Please send all chats to Everyone.**

We will review and address all comments submitted. If you are experiencing technical difficulties, please contact sara.behal@emiadvisors.net.
## Today’s Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Remarks</td>
<td>15 minutes</td>
<td>Gabriela Gonzalez, Kailah Davis</td>
</tr>
<tr>
<td>Summary of Feedback on Use Case 3 &amp; Discussion</td>
<td>30 minutes</td>
<td>Amy Zimmerman</td>
</tr>
<tr>
<td>Review of Consensus Voting Process</td>
<td>15 minutes</td>
<td>Gabriela Gonzalez</td>
</tr>
<tr>
<td>End-to-End Review of Use Cases 1-3 (Use Case Package) &amp; Discussion</td>
<td>25 minutes</td>
<td>Sheetal Shah</td>
</tr>
<tr>
<td>Next Steps/Homework</td>
<td>5 minutes</td>
<td>Gabriela Gonzalez</td>
</tr>
</tbody>
</table>
Workgroup Participation

- If you have not already done so, we invite you to officially join the Workgroup as a member. You can check your membership status and if others from your organization have registered. Please review the existing membership here: https://confluence.hl7.org/display/GRAV/Join+the+CDC+Social+Determinants+of+Health+%28SDOH%29+Public+Health+Use+Case+Workgroup

- Please whitelist cdcsohworkgroup@lists.hl7.org. Add the email address to your contacts to filter out of spam, or contact your IT personnel for help.

- For all other Workgroup information, please contact:
  - Gabriela Gonzalez at gabriela.gonzalez@emiadvisors.net
  - Sara Behal at sara.behal@emiadvisors.net
  - CDC NCCDPHP Point of Contact: Kailah Davis at lui9@cdc.gov
## Workgroup Schedule & Activities

90-minute Zoom Meeting every other week for a total of 8 sessions

<table>
<thead>
<tr>
<th>Date</th>
<th>Workgroup Meeting</th>
<th>Homework</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Initiative Background, Orientation, and Introduction to Business Case</td>
<td></td>
</tr>
<tr>
<td>5/04</td>
<td><strong>Deeper Dive Into SDOH Data Uses For Public Health</strong></td>
<td>Review: Consensus Voting Instructions Submit: Vote on the revised Public Health Business Case via SurveyMonkey</td>
</tr>
<tr>
<td></td>
<td>• Presentation from Federal and State Partners</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review Feedback on Business Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review Consensus Voting Process for Business Case</td>
<td></td>
</tr>
<tr>
<td>5/18</td>
<td><strong>Story + Use Case Development Process Kickoff and Business Case Voting Results</strong></td>
<td>Review: Draft personas and initial story Submit: Additional input via email by May 25, 2022</td>
</tr>
<tr>
<td></td>
<td>• Introduce Use Case Development Process</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review Initial Personas, Story Components, and Use Cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provide a Summary of Business Case Consensus Results</td>
<td></td>
</tr>
<tr>
<td>6/01</td>
<td><strong>Review and Discuss Use Case 1</strong></td>
<td>Review: Use Case 1 components Submit: Additional input via email by June 8, 2022</td>
</tr>
<tr>
<td></td>
<td>• Provide an Overview of Use Case 1 Components</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Deep Dive Into Use Case Narratives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review Draft Actors, Transaction Diagrams And Assumptions</td>
<td></td>
</tr>
</tbody>
</table>
## Workgroup Schedule & Activities

90-minute Zoom Meeting every other week for a total of 8 sessions

<table>
<thead>
<tr>
<th>Date</th>
<th>Workgroup Meeting</th>
<th>Homework</th>
</tr>
</thead>
</table>
| 6/15 | Review and Discuss Use Case 2  
• Provide an Overview of Use Case 2 Components  
• Deep Dive Into Use Case Narratives  
• Review Draft Actors, Transaction Diagrams And Assumptions | Review: Use Case 2 components  
Submit: Additional input via email by June 22, 2022                                                  |
| 6/29 | Review and Discuss Use Case 3  
• Provide an Overview Of Use Case 3 Components  
• Deep Dive Into Use Case Narratives  
• Review Draft Actors, Transaction Diagrams And Assumptions | Review: Use Case 3  
Submit: Additional input via email by July 6, 2022                                                  |
| 7/13 | **End-To-End Review and Consensus Voting Process Overview**  
• Review Use Cases 1 through 3  
• Review Use Case Package  
• Review Consensus Voting Process | Review: Use Cases 1 through 3  
Submit: Comments on proposed Use Case package via email by July 18, 2022.                            |
| 7/27 | **Final Review and Consensus Voting**  
• Provide Summary and Synthesis of Use Case Comments/Feedback Received  
• Publish Use Cases for Consensus Voting  
• Summarize Next Steps | Submit: Vote on Use Cases by Aug 3, 2022.                                                             |
Objectives for Today

• Review feedback received on Use Case 3 components and summary of changes incorporated.

• Review Consensus Voting Process for Use Case Package (final workgroup deliverable).

• Review and Discuss Use Case Package (Use Cases 1-3).
General Reminder: Out of Scope Elements

- Defining data exchange standards or data elements for:
  - Race, Ethnicity, Sex, Primary Language, Disability, Sexual Orientation, Gender Identity (SOGI), and
  - SDOH domains.
- Creating use cases that do not directly support the public health data activities listed in the Scope Statement section of the Workgroup Project Charter.
- Providing incentives for implementation of the use cases or develop data-sharing agreements and policies that promote public health and health care provider data exchange.
- Developing Fast Healthcare Interoperability Resources (FHIR) Implementation Guides.
Background on Gravity Project Use Cases

Gravity Project developed three use cases (primarily from a clinical care perspective):

1. Document SDOH Data in Conjunction with a Patient Encounter (SDOH screening and diagnosis)
2. Document and Track SDOH Related Interventions to Completion (bidirectional referrals)
3. Gather and Aggregate SDOH Data for Uses beyond Clinical Care (quality reporting)

CDC SDOH Public Health Use Case Package: Builds off Gravity Project Use Case 3 to focus on reusing SDOH data upstream to support public health.

Learn more about the Gravity Project at https://thegravityproject.net
No use case exists to define *upstream* use of SDOH data for public health.
Past
The Gravity Project has made significant strides in establishing a foundation for representation and exchange of electronic SDOH data across and between health and community-based systems.

Present
Gravity Use Cases focus on data documentation during a clinical encounter for exchange with other non-clinical and administrative systems.

Future
Design and publish up to three high-priority use cases for public health. Future efforts will extend beyond those developed for clinical care by the Gravity Project.

Learn more about the Gravity Project at https://thegraphyproject.net
Advancing Health Equity: U.S. Department of Health and Human Services (HHS) Strategic Approach

Integrating health services (both medical care and public health) with human services—and vice versa—is a critical step to addressing social determinants of health and improving equitable outcomes. This work is a major priority for the HHS.

HHS 3-pronged strategy to address social determinants

(1) Better Data
- Consistent collection of high-quality data on social determinants of health.
- Linked and integrated data across programs on participants’ experiences, social needs, and demographics.

(2) Improving health and social services connections
- Health coverage expansion prioritizing social determinants of health improving equitable outcomes for patients.
- Continuous maternal health coverage to address maternal mortality.

(3) Whole-of-government collaborations
- Engagement across components within the department and other parts of the federal government.
- Collaborations with state and local governments, community organizations, and private partners to address community conditions related to chronic disease.

Sources: https://jamanetwork.com/journals/jama-health-forum/fullarticle/2790811 & SDOH-Action-Plan-At-a-Glance.pdf (hhs.gov)
Questions?

You are encouraged to actively participate in the discussion using the **Zoom chat** feature (bottom of the Zoom Meeting window).

You can also use the **Reactions** feature to raise your virtual hand and ask a question live. Please be mindful of your background noise.

**Please send all chats to Everyone. We will review and address all comments submitted.**
Recap & Feedback on Use Case 3 Components

Amy Zimmerman
Overview Personas and Story

- **Personas/Roles:**
  - Kevin, Care Coordinator, FQHC
  - Jessica, Case Manager, CBO
  - Claudia, Public Health Analyst, County Department of Health
  - Victor, Public Health Program Director, State Department of Health
  - Makayla, Project Officer, CDC

- **Story:**
  - **Part 1:** Community Health Needs Assessment Leveraging Aggregated SDOH Data
  - **Part 2:** Assessment of state, Tribal, local, and territorial (STLT) Health Department Diabetes Programs
  - **Part 3:** Federal Monitoring Program Successes for Individual, Program, and Population Health Advancement
Personas and Roles

Kevin
Care Coordinator at Sunville Community Health Center

Jessica
Case Manager at Lakeview Social Services Organization

Claudia
Public Health Analyst at Forest County Department of Health

Victor
Public Health Program Director at State Department of Health

Makayla
Project Officer at CDC NCCDPHP Division of Diabetes Translation
Recap: Use Case 3 Components

Use Case 3: Federal Monitoring Program Successes for Individual, Program, and Population Health Advancement

<table>
<thead>
<tr>
<th>Human Actor</th>
<th>Business Actor</th>
<th>System Actor</th>
<th>Technical Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Program</td>
<td>Program Awardee: State, Tribal, Local and Territorial (STLT) Health Department</td>
<td>Data Repository</td>
<td>Information Source/Data Aggregator/Data Sender</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Director</td>
<td>Program Awardee: National Association</td>
<td>Data Repository</td>
<td>Information Source/Data Aggregator/Data Sender</td>
</tr>
<tr>
<td>Project Officer</td>
<td>CDC's National Center for Chronic Disease Prevention and Health Promotion</td>
<td>Data Repository</td>
<td>Data Aggregator/Information Recipient</td>
</tr>
<tr>
<td></td>
<td>(NCCDPHP) Division of Diabetes Translation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recap Use Case 3: Actor-Transaction Diagram
## Feedback Received

<table>
<thead>
<tr>
<th>Theme</th>
<th>EMI Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand the precondition in Use Case 2 and 3 to include a broader set of analytic tools, not just mapping tools.</td>
<td>EMI has reworded the precondition to clarify that the Information Recipient (State Department of Health) has the necessary analytic capabilities to better understand food insecurity in areas where there are high rates of individuals at risk for, or diagnosed with, diabetes (e.g., GIS, mapping tools, and other methods of analyses).</td>
</tr>
<tr>
<td>Clarify how private vendors collecting and sharing SDOH data fit into the use cases.</td>
<td>EMI has clarified in the use case package that the term “Trusted Intermediary” refers to any data aggregator (private, non-profit, or public) that is collecting, aggregating, and sharing data on behalf of its participants.</td>
</tr>
<tr>
<td>Include a bidirectional data flow into the use cases and transaction diagrams.</td>
<td>EMI has enhanced the story to public health by sharing the results of the data analyses back to their stakeholders. EMI will also include a separate diagram in the use case package to illustrate that summary data and analytic results (e.g., reports, dashboards, benchmarks) will be disseminated and shared with program awardees, states, and other partners.</td>
</tr>
</tbody>
</table>
## Feedback Received

<table>
<thead>
<tr>
<th>Theme</th>
<th>EMI Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add an assumption that the Information Sources and Recipients will have appropriate methodologies to identify and remedy duplicate records.</td>
<td>EMI has added a precondition that indicates: “Both Information Sources and Information Recipients will share data in a secure manner using appropriate methodologies that support identity management, identity resolution including deduplication, and record linkages.”</td>
</tr>
<tr>
<td>Address the assumption that “all program awardees capture SDOH diagnosis, goals, and interventions data using nationally recognized terminologies defined under the Gravity Project.” Program awardees are dependent on receiving data from their health and social service providers.</td>
<td>EMI has recognized that this assumption is not the current state. This initiative, which is focused on capturing SDOH diagnosis, goals, and intervention data using nationally recognized terminologies defined under the Gravity Project, will help drive additional adoption to get to the desired future state.</td>
</tr>
<tr>
<td>Consider PPRL being identified as an alternative flow versus a necessary step to support CDC obtaining individual-level data. Determine who will apply PPRL to the data prior to sharing it with CDC.</td>
<td>EMI has added a precondition that indicates: “Both Information Sources and Information Recipients will share data in a secure manner using appropriate methodologies that support identity management, identity resolution including deduplication, and record linkages.”</td>
</tr>
</tbody>
</table>
## Feedback Received

<table>
<thead>
<tr>
<th>Theme</th>
<th>EMI Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommend that CDC’s DDT funding to STLT and national organizations include public access to virtual and remote services (e.g., wifi and reimbursement of virtual health services across the spectrum of care to support digital health equity).</td>
<td>EMI will include this as a recommendation in the final report to CDC NCCDPHP.</td>
</tr>
<tr>
<td>Recommend that CDC add SDOH data collection and performance measures for Electronic Case Reporting (eCR) and contact tracing from STLT.</td>
<td>EMI will include this as a recommendation in the final report to CDC NCCDPHP.</td>
</tr>
<tr>
<td>Update the assumption to include that data is shared using a zero-trusted security model.</td>
<td>EMI has recognized the importance of assuring strong security measures are in place when sharing data but we have chosen to avoid naming specific approaches. An assumption is included that indicates “Patients’ information will be shared and accessed in compliance with appropriate federal and state privacy, security and consent laws and regulations.”</td>
</tr>
</tbody>
</table>
Feedback Received

<table>
<thead>
<tr>
<th>Theme</th>
<th>EMI Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand actors to non-CDC DDT awardees in the transaction diagram, not limiting data sent to CDC from just program awardees.</td>
<td>EMI and CDC discussed adding non-CDC DDT awardees. DDT needs OMB clearance to receive data voluntarily. The team brainstormed adding Lifestyle Change Programs and Diabetes Self-Management and Education Programs however data collected may not be similar. EMI will add recommendations to the final report to consider supportive or enabling policies and regulatory levers that would enhance CDC's ability to collect SDOH related data from non-CDC DDT awardees.</td>
</tr>
</tbody>
</table>
Additional Personas Received

• 4 submissions to date.

Thank you for your input. Find a compiled list of submissions [HERE](#).
Questions?

You are encouraged to actively participate in the discussion using the **Zoom chat** feature (bottom of the Zoom Meeting window).

You can also use the **Reactions** feature to raise your virtual hand and ask a question live. Please be mindful of your background noise.

**Please send all chats to Everyone. We will review and address all comments submitted.**
Review Consensus Voting Process

Gabriela Gonzalez
Levels of Participation Recap

**Committed Members** are those who can regularly participate in biweekly meetings and actively contribute to the development and review of Workgroup deliverables. These individuals will be expected to vote on two deliverables.

**Other Interested Parties** are participants who intend to follow the progress of the Workgroup as observers and participate in discussions. These individuals will be able to submit comments on a Workgroup deliverable but not cast a vote during a deliverable consensus voting period.
Collaborative Consensus Process

• Consensus is a core value of Health Level Seven (HL7) and other American National Standards Institute (ANSI) accredited organizations governance process.
• Collaborative members will be given at least one week to vote on a Workgroup deliverable and submit their relevant comments using Survey Monkey surveys.
• All “No” votes (Formal Objections) and “Yes with Comments” votes are resolved in a timely manner.
• Only Committed Members can vote on deliverables.

To learn more about the Collaborative Consensus: http://www.ontheagilepath.net/2015/05/efficient-group-decisions-using-the-7-levels-of-decision-making-an-agile-coach-must-have.html
Why is Consensus Voting Important?

- Consensus relies on **due process** to allow equity and fairness.
- The consensus process supports open participation, a balance of interests, and an equal opportunity for all participants without any dominant positions.
- Consensus voting provides the opportunity to address all views and resolve any objections so an agreement can be reached.

Image source: [http://www.ontheagilepath.net/2015/05/efficient-group-decisions-using-the-7-levels-of-decision-making-an-agile-coach-must-have.html](http://www.ontheagilepath.net/2015/05/efficient-group-decisions-using-the-7-levels-of-decision-making-an-agile-coach-must-have.html)
Consensus Process Overview

• During any consensus voting period, **Committed Members** will be asked to vote on Workgroup documentation and deliverables that have been developed as part of the community meeting activities.
• Only Committed Members may vote on Workgroup documentation and deliverables.
• Individuals who signed up as **Other Interested Party** may only submit comments.
• Workgroup members will be asked to submit their votes via a SurveyMonkey link provided to them during the consensus voting period. **To reach a consensus, at least 60% of Committed Members must vote.**
All **Committed Members** will be given at least **one week** to submit relevant comments on documentation or deliverables.

- **Yes**: A Yes vote does not necessarily mean that the deliverable (**Public Health Use Case Package**) 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 which will be posted via the workgroup Confluence page.

- **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.

- **Abstain**: A member declines to vote.
Consortium Process Timeline for Use Case Package

Workgroup Meeting #7
Proposed Public Health Use Case Package is introduced and feedback is requested.

Jul. 13, 2022

Jul. 18, 2022
Deadline to submit feedback on the proposed Use Case Package. Workgroup members can submit feedback via email.

Workgroup Meeting #8
All comments received will be analyzed and shared with workgroup participants. Use Case Package ready for Consensus Vote.

Jul. 27, 2022

Aug. 3, 2022
Deadline for Committed Members to Vote
The voting period will end on Wednesday, Aug. 3, 2022. Voting results will be shared by Aug. 5, 2022.

Aug. 8, 2022
Publish Public Health Use Case Package
EMI will respond to all comments received via the voting process. Final Use Case Package will be posted via Confluence and Gravity Project media channels.
Questions?

You are encouraged to actively participate in the discussion using the **Zoom chat** feature (bottom of the Zoom Meeting window).

You can also use the **Reactions** feature to raise your virtual hand and ask a question live. Please be mindful of your background noise.

Please send all chats to Everyone. We will review and address all comments submitted.
End-to-End Review of Use Case Package

Sheetal Shah
Questions & Discussion for Workgroup Members

- Do they meet the needs of public health professionals?
- Do they provide a compelling reason to leverage SDOH data for public health purposes?
- Do they have broad applicability across the public health ecosystem?
- Do they help drive towards a desired future state?
Recap: Use Case Package Outline

1.0 Preface and Introduction
2.0 Initiative Overview
   2.1 Public Health Business Case**
3.0 Use Case Scope and Approach
   3.1 Background**
   3.2 In Scope**
   3.3 Out of Scope**
   3.4 Partners**
4.0 Story
5.0 Story Assumptions
6.0 Actors
   5.1 Human Actors, Business Actors, System Actors

**Developed from Project Charter & Business Case

7.0 Use Cases
   7.1 Use Case 1-3
      Activity Descriptions
      7.1.1 Assumptions
      7.1.2 Preconditions
      7.1.3 Transaction
      7.1.4 Message Content
      7.1.5 Postconditions
      7.1.6 Alternate Flow
      7.1.7 Actor Transaction Diagram

8.0 Issues, Risks, and Obstacles

Appendices
Related Use Cases, References, Workgroup Feedback Summary, and Additional Personas.
Key Definitions

• **Use Case:** Defines the functional requirements and technical specifications of the solution by describing the interactions between the system and its user(s). A Use Case can be used for business process development, software development, systems engineering, and standards development.

• **Actors:** Actors are participants in the information exchange requirements of the Story.

• **Assumptions:** Items expected to be true or to be in place such as a policy, process, or procedure for the execution of a specific transaction.
Key Definitions

- **Pre-conditions:** Refers to the initial state of the system before an action or transaction occurs. These describe what must be in place from a systems perspective to support interoperable data sharing for a specific transaction.

- **Transaction:** The data exchange between two systems.

- **Message Content:** The content or substance of what is exchanged within a specific transaction.

- **Post-conditions:** Refers to the state of the system that will result after the execution of a process the transaction.

- **Alternate Flow:** Describe a scenario other than the basic flow that results in a user completing his or her goal.
Questions & Discussion for Workgroup Members

• Do they meet the needs of public health professionals?
• Do they provide a compelling reason to leverage SDOH data for public health purposes?
• Do they have broad applicability across the public health ecosystem?
• Do they help drive towards a desired future state?
Next Steps

Gabriela Gonzalez
Homework

• If you were unable to provide feedback during today’s call, please review Use Case Package draft and send recommendations for revisions and additions to: gabriela.gonzalez@emiadvisors.net by Monday, July 18, 2022.
Optional: Submit Personas Candidates

We encourage workgroup members to submit additional personas that will supplement the Use Case Package being developed as part of this initiative.

How to Submit a Persona:

1. Click here to download [CDC SDOH Use Case Personas Worksheet](https://www.cdc.gov/sdoh/usecase/personas.html).

2. **Rename** the Worksheet file using the following format: orgname_actortype_submittername_date.xlsx.
   a. Example: EMIAdvisors_patient_gabrielagonzalez_20220601.xlsx

3. Populate worksheet with persona(s) you wish to submit for future design and development.

4. Email completed worksheet(s) to [gabriela.gonzalez@emiadvisors.net](mailto:gabriela.gonzalez@emiadvisors.net) by July 18, 2022.
Questions?

You are encouraged to actively participate in the discussion using the **Zoom chat** feature (bottom of the Zoom Meeting window).

You can also use the **Reactions** feature to raise your virtual hand and ask a question live. Please be mindful of your background noise.

**Please send all chats to Everyone. We will review and address all comments submitted.**
Closing Remarks

- Please join the Workgroup either as a **Committed Member** or **Other Interested Party**.
  
  https://confluence.hl7.org/display/GRAV/Public+Health+Use+Case+Workgroup+for+Chronic+Disease+Prevention+Home

- For all other Workgroup information, please contact us.
  
  ○ Gabriela Gonzalez at gabriela.gonzalez@emiadvisors.net
  ○ Sara Behal at sara.behal@emiadvisors.net

- CDC NCCDPHP Point of Contact:
  
  ○ Kailah Davis at lui9@cdc.gov
Thank you for participating in this national consensus-building process.