



February 25, 2022

By electronic submission to ConnectedHealth@ostp.eop.gov

Dr. Alondra Nelson
Deputy Director of Science and Society
Office of Science and Technology Policy (OSTP)
Eisenhower Executive Office Building
1650 Pennsylvania Avenue
Washington, D.C. 20504

Re: The Gravity Project's Response to Request for Information on Strengthening Community Health Through Technology

Dear Deputy Director Nelson:

The Gravity Project submits these comments on the request for information on strengthening community health through technology, dated January 5, 2022. The Gravity Project develops, tests, and implements consensus-based standards that facilitate documentation and exchange of social determinants of health (SDOH) data nationwide across diverse systems and settings of care and social services. We do this by convening over 2,000 subject-matter experts, stakeholders, and public members across the nation through an open, public collaborative process. We thank you for the opportunity to provide these comments.

The Office of Science and Technology Policy (OSTP) asks if there are successful national models to strengthen community health through digital health technologies. The Gravity Project's work since 2018 has created a critical national model to build out consensus-based standards for SDOH data use and exchange. We describe the Gravity Project for OSTP's benefit and conclude with four strategic recommendations.

I. The Gravity Project as a National Model

Experts have long known that **social and environmental factors explain 80-90 percent of a person's and population's health status.**¹ The COVID-19 pandemic highlights this reality daily. Prior to the Gravity Project, no national electronic standard existed to represent and exchange structured SDOH data for health care across the disparate digital systems used by clinical, community, and home settings. This omission highlighted the urgency of a national standard, and the Gravity Project has been working diligently to fill this void.

The value of collecting and coding SDOH data for clinical care and other use cases is well established in the literature.² Integrating SDOH data in health care is essential for the Triple Aim to improve care, health, and value, and has become a core expectation of the Federal

¹ Robert Wood Johnson Foundation, [Frequently asked questions about the social determinants of health](#) (2010).

² E.g., Abigail Arons, Sarah DeSilvey, Caroline Fichtenberg & Laura Gottlieb, [Documenting social determinants of health-related clinical activities using standardized medical vocabularies](#), 2 J. Am. Med. Info. Ass'n 81 (Apr. 2019); Institute of Medicine, [Capturing Social and Behavioral Domains in Electronic Health Records, Phase 1](#) (2014).



Health IT Strategic Plans for 2015-2020 and 2020-2025.³ The wholesale support among the Gravity Project’s 2,000+ collaborators nationwide and diverse stakeholder segments illustrates the deep need for and immediate value of collecting and exchanging SDOH data for better care, better health, and better health equity.

The Gravity Project began in 2018 after a diverse group of national experts and stakeholders concluded that a concerted strategy was urgently needed to achieve consensus-based, comprehensive coding standards for SDOH data in electronic health record (EHR) systems. Since then, the Gravity Project has provided critical leadership to convene experts, stakeholders, and interested members of the public nationwide and has coordinated a structured, comprehensive, and efficient approach to:

- Understand the value and use of SDOH data for clinical care, population health, social care, and public health;
- Analyze gaps and develop standard vocabulary and coded terminology to represent and use SDOH concepts in EHRs and digital health technologies across clinical and community settings;
- Develop an HL7® FHIR® Implementation Guide for clinical care to support nationwide exchange of SDOH data using FHIR release 4 and FHIR-based application program interfaces (APIs);
- Develop a reference implementation to support real-world pilots and end-to-end exchange among individuals, community services, clinical settings, and nationally recognized screening tools and community-referral platforms (e.g., PRAPARE, UniteUs, findHelp, Accountable Health Communities (AHC)), with smartphone and web-based applications using FHIR APIs; and
- Analyze and develop bi-directional mapping between non-health care data and relevant health IT standards (FHIR resources, profiles) for use in clinical care and non-clinical settings.

The Gravity Project’s work is open source and technology agnostic for public use nationwide.

On October 23, 2020, the Gravity Project submitted to the Office of the National Coordinator for Health Information Technology (ONC), for inclusion in the U.S. Core Data for Interoperability (USCDI) version 2, an initial set of fourteen critical SDOH domains (food insecurity, housing instability, homelessness, inadequate housing, transportation insecurity, financial insecurity, material hardship, employment status, educational attainment, veteran status, stress (general), social isolation, intimate partner violence, and elder abuse), across core clinical activities (e.g., assessments, diagnoses, goals, interventions), using key code systems and value sets (e.g., LOINC, SNOMED-CT, ICD-10-CM, and CPT/HCPCS). **On July 9, 2021, ONC added these SDOH data elements to USCDI version 2 for nationwide interoperability.**⁴ Other

³ Office of the National Coordinator for Health Information Technology, [Federal Health IT Strategic Plan 2015-2020](#), p. 11 (Sept. 2015); Office of the National Coordinator for Health Information Technology, [2020-2025 Federal Health IT Strategic Plan](#), p. 11 (Oct. 2020); see also id., pp. 9, 23, 29.

⁴ Office of the National Coordinator for Health Information Technology, [United States Core Data for Interoperability Version 2](#), pp. 5, 10, 15, 16 (July 9, 2021).



federal agencies are beginning to integrate these SDOH data standards.⁵

II. The Gravity Project's Recommendations

The [Gravity Project](#) is an extraordinary model and collaborative process building a national ecosystem of SDOH terminology and exchange standards that leverages ONC's Cures Act regulation requiring FHIR API access for nationwide interoperability to reach individuals and their community- and social-service organizations. From that cornerstone, we share four recommendations:

- Explicitly **incorporate Gravity's standards** across federal regulations, federal programs, contracts, grants, cooperative agreements, and pilots to enable nationwide interoperability and use of SDOH data—as federal agencies are already beginning to do;
- Contribute **funding and training** to help the community- and social-service organizations on the ground, which never had a Meaningful Use incentive program, build out capacity, workflows, and use cases;
- **Bridge digital divides** that continue to be barriers for underserved communities;
- Integrate **bi-directional exchange** and write API access now, so patients, family caregivers, and community organizations can contribute SDOH data, and providers, public health agencies, health plans, etc., have access to these critical missing data.

If you do that, the nation will have better care, better health, and better equity across the ecosystem as we integrate data on the missing 80-90 percent of factors relevant to health status.

Thank you very much for the opportunity to provide these comments. The Gravity Project looks forward to working with the White House and Office of Science and Technology Policy and public and private stakeholders across the nation to strengthen community health with digital health technologies. If you have additional thoughts or questions, please contact Mark Savage, the Gravity Project's policy lead, at MarkSavage.eHealth@pacbell.net.

Sincerely,

The Gravity Project

cc: Chiquita Brooks-LaSure, Administrator, Centers for Medicare & Medicaid Services
Micky Tripathi, National Coordinator for Health Information Technology

⁵ E.g., [Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies](#), 86 Federal Register 64996, 65385 (Nov. 19, 2021) (listing Gravity Project's standards); Office of the National Coordinator for Health Information Technology, [Special Emphasis Notice \(SEN\) Interest in Applications to Advance Health IT Standards and Tools to Improve Social Determinants of Health Data Exchange](#), pp. 3-4 (Aug. 11, 2021) (requiring use of same); Administration for Community Living (ACL), [Innovative Technology Solutions for Social Care Referrals](#) (Mar. 26, 2021) (requiring use of same); [CMS State Health Officials Letter No. 21-001 on Opportunities in Medicaid and CHIP To Address Social Determinants of Health](#), p. 34 (Jan. 7, 2021) (listing same); U.S. Department of Health and Human Services, [Report to Congress: Social Risk Factors and Performance in Medicare's Value-Based Purchasing Program](#), p. 20, 213, 272 (Mar. 2020) (listing same).