The Gravity Project

Consensus-driven standards on social determinants of health

Announcements

- The Food Insecurity Master List has been published. Thank you all for your input on this data set and your patience as we reviewed and reconciled consensus voting comments. Click here to download the final published Food Insecurity Master List. Click here to download the consensus voting results and reconciled comments.
- We have a new Gravity Project Events Page! We look forward to seeing you and collaborating at these events:
  - For those attending the HIMSS2020 in Orlando, Florida March 8 to 13, please join us at the following events and sessions:
    - Burning Rubber: A Conversation with FHIR Accelerators (March 10, 10:30 to 11:30) https://www.himssconference.org/session/burning-rubber-conversation-fhir-accelerators
    - Swimming Upstream: What Will It Take to Integrate the Social Determinants of Health (March 11, 2:30 to 3:30) https://www.himssconference.org/session/integrating-sdoh-healthcare
    - Gravity Project Overview Education Session (March 11, 4:00 to 5:00pm) https://www.himssconference.org/session/gravity-project-social-determinants-health-sdoh-data-coding-collaborative
    - Gravity Introduction at the HL7 HIMSS Booth #2921:
      - March 10 from 3:30 – 4:00 pm
      - HL7 FHIR Accelerator Panel at HL7 HIMSS Booth #2921
      - March 11 from 1:00 to 2:00 pm
      - March 12 from 10:30 to 11:30 pm
- We have a new Gravity Project Announcements Page! We recently launched our first Gravity Project newsletter.
  - Click here to read all the latest news and updates.
- We are currently accepting data element concept submissions for Housing and Transportation. Thank you to everyone who has already submitted!
  - Click here to submit your data element concepts.

Gravity in the News

- Click here to read more about recent national publications recognizing the significant work of the Gravity Project.

Gravity Project Sponsors

We are currently seeking additional Gravity Project sponsors for our 2020 operations. This is an opportunity to be recognized as contributing to this critical national project!

Click the button below to view our current sponsors and inquire about your organization becoming a Gravity Project sponsor.

Gravity Project Sponsors

Join the Gravity Project

The success of the Gravity Project depends on the contribution of volunteers who are eager to make rapid progress on the standardization of social determinants of health data. We need experts to contribute to and validate definitions for SDH related data elements and value sets.

Participants are asked to join the project at any time either as a Committed Member or Other Interested Party as part of the HL7 Consensus Process. To join the project, sign up here.

- To check your project membership status, click here. If you wish to change your membership from Other Interested Party to Committed Member, please send an email request to GravityProject@emiadvisors.net.
- NOTE: Both member types can submit comments on project documentation. However, only Committed Members may vote on final documentation. If you would like to have voting rights, please change your membership status or join the project as a Committed Member.
Overview

The Social Interventions Research and Evaluation Network (SIREN), with funding from the Robert Wood Johnson Foundation and in partnership with EMI Advisors, LLC, is pleased to invite you to join the Gravity Project. Driven by the growing interest in capturing social risk and protective factor data in health care settings, the Gravity Project brings industry leaders together to identify and harmonize social risk and protective factor data for interoperable electronic health information exchange.

The Gravity Project will convene a public collaborative process in 2019 and 2020 to accomplish the following goals for the social domains of food security, housing stability and quality, and transportation access:

- Develop use cases to support documentation of specific social domains across screening, diagnosis, goal setting, and intervention activities within EHR and related systems;
- Identify common data elements and their associated value sets to support the use cases;
- Develop a consensus-based set of recommendations on how best to capture and group these data elements for interoperable electronic exchange and aggregation; and
- Initiate development of an HL7® Fast Health Interoperability Resource (FHIR®) Implementation Guide based on the defined use cases and associated data sets that will be finalized in the next phase of work.

Project objectives will be accomplished through weekly one-hour virtual meetings and collaborative project product development through the HL7 project confluence page.

Upcoming Gravity Project Meeting

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
<th>Webinar Information</th>
<th>Homework Documents &amp; Links</th>
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<tbody>
<tr>
<td>19 March 2020</td>
<td>4:00-5:00pm ET / 1:00-2:00pm PT</td>
<td>AGENDA Housing Instability Domain Kickoff</td>
<td>Please log on before dialing in and enter the provided participant ID. URL: <a href="https://emiadvisors.webex.com/emiadvisors/j.php?MTID=m9ec3c5b6940b23e068ac88e8a46c4ca">https://emiadvisors.webex.com/emiadvisors/j.php?MTID=m9ec3c5b6940b23e068ac88e8a46c4ca</a> Dial-In: (415)655-0003 Meeting ID: 738 112 808 Password (for app users): gravity</td>
<td>Submit data elements for Housing Instability Review Coding Systems Email comments and feedback to Gravit <a href="mailto:yProject@emiadvisors.net">yProject@emiadvisors.net</a> Email sponsorship inquiries to <a href="mailto:Henry.Alphin@emiadvisors.net">Henry.Alphin@emiadvisors.net</a></td>
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Click here for project documentation and deliverables.

Upcoming SDOH-CC Connectathon Participant Meeting

<table>
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<tr>
<th>Date</th>
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<th>Homework Documents &amp; Links</th>
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<tr>
<td>26 February 2020</td>
<td>3:00-4:00pm ET / 12:00-1:00pm PT</td>
<td>Agenda to be posted shortly</td>
<td>Please join the meeting from your computer, tablet or smartphone. URL: <a href="https://global.gotomeeting.com/join/454082317">https://global.gotomeeting.com/join/454082317</a> You can also dial in using your phone. (For supported devices, tap a one-touch number below to join instantly.) United States (Toll Free): 1 877 309 2073 - One-touch: tel:+18773092073,454082317#<a href="">tel:+18773092073,454082317</a> United States: +1 (571) 317-3129 - One-touch: tel:+15713173129,454082317#<a href="">tel:+15713173129,454082317</a> Access Code: 454 082 317 New to GoToMeeting? Get the app now and be ready when your first meeting starts: <a href="https://global.gotomeeting.com/install/248660281">https://global.gotomeeting.com/install/248660281</a></td>
<td>To be added shortly</td>
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Gravity Project Steering Committee
Steering Committee meetings are currently held on the last Monday of each month.

### 2019 Steering Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Mark Carrozza</td>
<td>American Academy of Family Physicians (AAFP)</td>
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<tr>
<td>Keri Christensen</td>
<td>National Committee for Quality Assurance (NCQA)</td>
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<tr>
<td>Chris Dymek</td>
<td>HHS Agency for Healthcare Research and Quality (AHRQ)</td>
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<tr>
<td>Margo Edmunds</td>
<td>Academy Health/ National Interoperability Collaborative</td>
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<tr>
<td>Andrea Gelzer</td>
<td>AmeriHealth Caritas</td>
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<tr>
<td>Tom Giannulli</td>
<td>American Medical Association</td>
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<tr>
<td>Cara James</td>
<td>CMS Office of Minority Health</td>
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<tr>
<td>David Kendrick</td>
<td>MyHealth Network</td>
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<tr>
<td>Jessica Khan</td>
<td>McKinsey</td>
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<tr>
<td>Lisa Lehmann</td>
<td>Department of Veterans Affairs (VA)</td>
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<tr>
<td>Brenna Long</td>
<td>Department of Veterans Affairs (VA)</td>
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<tr>
<td>Sam Meklir</td>
<td>HHS Office of the National Coordinator (ONC)</td>
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<tr>
<td>Nancy Myers</td>
<td>American Hospital Association Center for Health Innovation</td>
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<td>Tom Novak</td>
<td>HHS ONC</td>
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<tr>
<td>Pam Owens</td>
<td>HHS AHRQ</td>
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<tr>
<td>Michelle Proser</td>
<td>National Association of Community Health Centers (NACHC)</td>
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<tr>
<td>Sheila Shapiro</td>
<td>UnitedHealthcare Clinical Services</td>
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<tr>
<td>Walter Suarez</td>
<td>Kaiser Permanente</td>
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<tr>
<td>Al Taylor</td>
<td>HHS ONC</td>
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<tr>
<td>Bill Winfrey</td>
<td>HHS Centers for Medicare &amp; Medicaid Services (CMS) Innovation Center</td>
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<tr>
<td>Carlos Villarreal</td>
<td>Blue Cross Blue Shield Association</td>
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### Project Timeline
**Comments**

Thank you for leading this important work. I wonder about the "out of scope" disclaimer about not getting into the actual social needs screening instruments and items. The question is can you standardize the answers without standardizing the questions? Anyway, that is the topic I'm most interested in and am actively engaged in with Epic, and would be happy to participate/contribute as appropriate.
Greetings! Great start on the work related SDOH that is on the Confluence page. The following should be considered to be added:

Medicaid Information Technology Architecture (MITA)

Homeless Management Information System (HMIS)

Open Referral - I can introduce you to their Executive Director Greg Bloom
https://openreferral.org/

Among the uses for standardized SDOH data, regulatory reporting was not mentioned. Obviously there are limited regulatory reporting requirements (in part due to the limited standardization of data). It could be beneficial to develop the standard in a way that makes the data easy to be consumed by future regulators with minimal/zero click reporting involvement by provider staff. We can take inspiration from the approach to the XBRL data standard used by Australia and the Netherlands to automate corporate reporting.

https://www.xbrl.org/the-standard/how/getting-started-for-regulators/

Hope this helps!
Matt

Excited to be a part of the collaborative! From a community mobilization and engagement perspective, the materials offered on The Gravity Project Website (charter, glossary and standards/initiatives) provide a clear grounding of the project for members, define the parameters of the project and set the stage for next steps.

In addition to the use cases described in step 1 of the Scope Statement, it would be helpful to keep the six uses described the NAM 2014 Phase 2 report in mind to ensure that the data will meet multiple cases.


About 1,095 SDH codes have been highlighted via the SIREN Social Risk Codes review (relating to 20 social risk domains). This is a very comprehensive amount, but may be somewhat confusing. It will be interesting to see how we will narrow down such a vast amount of codes. Will we focus on ICD-10, LOINC, SNOMED, and CPT all together, or start with just one of these code types initially?

I recommend adding the Homeless Management Information System (HMIS) to the "Relevant Work in Social Determinants of Health" resource page.
https://www.hudexchange.info/programs/hmis/

Think that it is helpful to keep in mind HUD's definitions of homelessness and housing instability when developing SDoH housing instability data element definitions
https://www.hudexchange.info/trainings/courses/recording-and-documenting-homeless-status/

Minor comment on charter - in the first paragraph of 5.2.19 V 1.4 of charter - I think you mean National Quality FORUM (not National Quality Framework) ADMIN NOTE: Updated in Charter v1.5

suggested additions to list of materials -
(1) Another standard SDH code set is contained in the International Classification of Primary Care, 2nd edition, in its Chapter Z. ICPC-2 is the primary medical care coding and classification standard for several countries, is mapped to ICD-10 (11), and to a defined subset of SNOMED CT, the SNOMED GP-FP Reference Set.
(2) Can add to list of vendors with SDH capabilities RiverStar Software, which offers a Community Care Hub product that combines SDH screening with community service agency referral support and tracking. Can see at: https://www.riverstar.com/community-care/

Relative Standards and Initiatives -
HL7 CDA® R2 Implementation Guide: C-CDA R2.1 Supplemental Templates for Nutrition, Release 1
This Implementation Guide is clinical inpatient oriented however the care plan component is worth evaluating as a pattern and part of a use case where at risk patient needs.