



April Network News

April 20, 2022

Housekeeping Reminders

- This is a Zoom webinar
- All webinar participants are automatically muted and your video is not displayed
- If you would like to ask the presenters a question, please use the **Q&A** function on the task bar
- Use the **chat** feature to introduce yourself – name, organization and location, share resources, etc.
- If you have any questions following the webinar, please reach out to contact@civitasforhealth.org

Agenda

- Welcome and Civitas Updates – Lisa Bari, *Chief Executive Officer*
- New Member Welcome – Accorian
- Civitas Member News – Lisa Bari and Jolie Ritzo, *Senior Director, Network Engagement*
- Civitas Workgroups/Committees/Councils
 - Nominating Committee, Government Relations and Advocacy Council, Emerging Leaders Council
- Keith Hepp Memorial Scholarship Fund – *Craig Brammer and Angie Bass*
- Member Opportunity: eHealth Exchange Grant Update, *Pat Russell*
- Spotlight Presentation: Gravity Project Update, *Evelyn Gallego*

Civitas Updates

The Civitas Networks for Health 2022 Annual Conference, a Collaboration with the DirectTrust Summit



[More event info on the Civitas website.](#)

Event Information

Conference Registration

We're pleased to present a hybrid 2022 conference with options for both in-person and virtual attendance. Snag the Early Bird rate before Friday, May 27.

Please view our [Conference Event Safety, Code of Conduct and Policies here.](#)

[REGISTER NOW](#)

Hotel Reservations

Take advantage of our discounted hotel room block for conference attendees at the San Antonio Marriott Rivercenter.

Discounted room rate: \$159/night
Reservations must be made on or before July 22.

[RESERVE A ROOM](#)

Sponsor Prospectus

Be part of one of the most anticipated health data conferences of the year. Join us as a sponsor! There are options at every price point.

[VIEW PROSPECTUS](#)

Call for Proposals

We are looking for speakers and panelists for the 2022 conference. Please complete the Call for Proposals form if you are interested in participating.

Proposals are due on Friday, April 22, at EOD.

[CALL FOR PROPOSALS](#)

Conference Agenda Updates

- Keynote speakers: Cara James, Dora Hughes, Rishi Manchanda and more announcements are coming!
- **The call for proposals has been extended one week to close this Friday, April 22.** Submit your conference proposals [here](#).
- If attending in-person, make sure to [book your hotel room](#) through the Conference room block. Reservations must be made before July 22.
- There are still opportunities to [upgrade your sponsorship!](#) The Gold sponsorship is available and includes sponsorship of the Sunday night Welcome Reception.

Upcoming Civitas Events

- Civitas Networks for Health will be hosting Collaboratives in Action: Reporting and Acting on Racial Bias with Wade Norwood from Common Ground Health on May 5 from 4 – 5 p.m. ET.
- We are launching a new roundtable series for members – *Driving Market Change Through Multi-Stakeholder Collaboration*. This series will kick off on May 23 and will feature the Washington Health Alliance’s Low Back Pain Implementation Collaborative. Please use this link to register.

New Member Welcome



Date: April 20th, 2022

Presented By: Premal Parikh and Sean Dowling

HITRUST[®]





OVERVIEW: WHO WE ARE



BACKGROUND

Formed by technology and cybersecurity leaders, Accorian strives to be your full-service technology and cybersecurity partner.



KEY SERVICES

Accorian is a cybersecurity and compliance specialist helping companies throughout their security journey from security testing to compliance. Our services include: HITRUST, HIPAA, ISO 27001, PCI DSS, SOC 2, NIST CSF, GDPR etc., penetration testing, PCI ASV scanning, and vCISO services
HITRUST Assessor since 2018



WHAT SETS US APART?

Accorian is an end-to-end partner whose main goal is to help organizations recognize the importance of cybersecurity. With us or without us, we want organizations to start taking the right steps towards protecting themselves.



MISSION

To help organizations become more secure by eliminating the compromise between cybersecurity necessities and technology budgets.



WEBSITE

<https://www.accorian.com/>

WHY ACCORIAN?

1

Expertise: Our HITRUST team has completed over 400 Validated Assessments and bring decades of combined security and compliance leadership

2

Stability: A team, organization, and foundation built to last

- 4 years of growth on the HITRUST Team
- An organization that services the full range of security services from HIPAA, HITRUST, SOC 2, PCI, NYDFS, ISO 27001, etc.

3

Diversity: We service every type of client from start-up to publicly traded

- Our service clients across all industries: finance, healthcare, retail, energy, etc.
- We utilize a global team to offer the best value for our clients

4

Methodology: We have a transparent project plan that is tailored to you and you alone.

5

Transition Approach: We have a plan to assess what you've done and build from there. We are not asking you to start again from zero. We want to continue what you've begun.

WE ARE EXCITED TO BE A PART OF CIVITAS NETWORKS FOR HEALTH!

WHY WE JOINED

- To help inform members of the importance cybersecurity and data protection play in the healthcare industry
- To foster a community that values data protection
- To help members create and maintain their data protection policies and procedures

Educate

HOPES FOR THE NETWORK

- Helping at least a few members along the HITRUST journey
- To become a partner for cybersecurity-related challenges members are facing

Partner

WHAT WE ARE EXCITED FOR

- We would like to meet all the members this year!
- To host a webinar with one of our fellow members
- To become an active and participating member in the Standards and Technology working group

Network

Civitas Member News

Member News

- PointClickCare Technologies completed the [acquisition of Audacious Inquiry](#).
- Comagine Health CEO Marc Bennett was named to the [One Utah Health Collaborative](#) organizing committee.
- CyncHealth recently announced that the organization will provide Nebraskans access to their health data through [My CyncHealth](#), a web-based application that brings an individual's health information from multiple providers into one place to be accessed and used as they see fit.
- Dan Torrens was named [CEO of eHealth Technologies](#).
- A new collaboration between [Healthix and Hixny](#) facilitates seamless access through Concise, a FHIR-enabled patient record snapshot; drives interoperability and workflow efficiencies for New York State providers.
- Neil Sarkar, CEO and president of the Rhode Island Quality Institute, was appointed to the [RI Bio board of directors](#).

Member News

- Idaho Health Data Exchange in partnership with community-based organizations, recently announced the launch of findhelpidaho.org, a statewide search and referral platform of social service organizations.
- Lyniate recently announced a [merger agreement](#) with NextGate to advance healthcare interoperability leadership.
- North Dakota Health Information Network (NDHIN) received the Centers for Medicare & Medicaid Services (CMS) [Outcomes-Based Certification](#).
- In support of their commitment to oncology care and outcomes improvement, new Civitas member organization, [Telligen recently joined CodeX](#) as a Benefactor member.
- The Washington Health Alliance released their [2022 Community Checkup](#) Report, providing comprehensive results for 1,875 clinics, 325 medical groups, 100 hospitals, and 16 health plans across Washington state for calendar year 2020.

Civitas Workgroups/Councils Update

Nominating Committee Update

The Civitas Board of Directors is pleased to announce the 2022 Nominating Committee members. The Committee will be responsible for selecting the slate for the 2023 Board of Directors which will replace the current transition Board effective January 1, 2023. Stay tuned for more information and the open call for nominations from full members beginning in June!

- **Ana English**, *Center for Improving Value in Health Care*
- **Neil Sarkar**, *Rhode Island Quality Institute*
- **Craig Behm**, *CRISP*
- **Christie Burris**, *NC HIEA/NC HealthConnex*
- **Colleen Roylance**, *Mountain-Pacific Quality Health*
- **Jennifer Lundblad**, *Stratis Health*
- **Kyle Russell**, *Virginia Health Information*
- **Nancy Giunto**, *Washington Health Alliance*
- **Mark Jacobs**, *Delaware Health Information Network*

Special thanks for Akbar Sultan, MBA, Chief Administrative Officer, Comagine Health, for providing guidance on approaching our work with a lens towards diversity, equity and inclusion

Government Relations and Advocacy Updates

We want to acknowledge and thank each of our Named Council members for volunteering to play a vital role in Civitas advocacy efforts in 2022. The Council has already been at work by **approving** the 2022 Advocacy Agenda.

Co-Chairs:

- Annie Harrington, Contexture
- Jenelle Hoseus, Healthcare Collaborative of Greater Columbus

Council Members:

- Beth Anderson, VITL
- Christie Burris, NC Health Information Exchange Authority
- Cindy Munn, Louisiana Health Care Quality Forum
- Dan Paoletti, The Ohio Health Information Partnership
- Angie Bass, Velatura/MiHIN
- Deborah Hiser, Integrated Care Collaboration
- Nichole Sweeney, CRISP
- Sonia Chambers, West Virginia Health Information Network
- Stacey Schiller, Delaware Health Information Network
- Terri Stewart, SYNCRONYS
- Timoree Klingler, CyncHealth
- Erica Coletti, Healthy Alliance IPA

Emerging Leaders Council

The Emerging Leaders Council is pleased to announce the new cohort of Council members. The group expanded with the aim to include a more diverse representation of Civitas members. Council members are now made up of both full and affiliate members of Civitas. The group looks forward to welcoming new members at the May meeting and continuing to discuss ways in which they can collaborate, network and learn together. Here is the list of newly confirmed members:

- Kelly Richards (*Virginia Health Information*)
- Juan Nanez (*PHIX*)
- Kathryn Wickenhauser (*DirectTrust*)
- Jenelle Stewart (*NC HIEA*)
- Sue-Ann Villano (*Healthix*)
- Terri Pohl (*CyncHealth*)
- Amie Kulak (*Common Ground Health*)
- Heidi Wilson (*Health Information Alliance, Inc.*)
- Scott Tse (*Reliance Health Collaborative*)
- Alaina Desnoyers (*Contexture*)
- Kyla Mor (*GNOHIE*)
- Amanda (Mandy) Johnson (*Kansas Healthcare Collaborative*)

Keith Hepp Memorial Scholarship Fund for Emerging Leaders

Civitas intends to celebrate former network leader and friend, Keith Hepp's many contributions to the HIE and health improvement communities by continuing his mission through tomorrow's leaders. He was passionate about fostering leadership and learning.

We are pleased to announce the ***Keith Hepp Memorial Scholarship Fund for Emerging Leaders***. The Keith Hepp Memorial Scholarship for Emerging Leaders aims raise funds to provide a travel scholarship to the [Civitas Networks for Health Annual Conference](#) for all interested Emerging Leaders Council (ELC) Members.

Donations can be made on the Civitas website on the conference page or by texting ELCFUND to 44-321.

Upcoming Groups

Public Health Workgroup – launching in June 2022

Payers and Purchasers – anticipated launch Q3 2022

Please reach out to contact@civitasforhealth.org if you are interested in being involved with one of these upcoming workgroups.

Member Opportunity: eHealth Exchange



eHealth Exchange

Innovation Grant 2022

eHealth Exchange™

Innovation Grant 2022

○ Goals:

- **Provide more value** to existing participants, to attract new participants, and to provide compelling communication opportunities
- **Accelerate interoperability** across the network.
- **Increase centralized data exchange** through the eHealth Exchange Hub.

○ Eligibility:

- Open to eHealth Exchange Participants and any eHealth Exchange eligible applicants
- Grant applicants must meet the eligibility criteria outlined in OPP#1. Grant applicants that are not Participants must submit an application to join eHealth Exchange with their grant Intention to Respond. eHealth Exchange staff must have validated participation eligibility before the applicant's grant proposal can be evaluated.

Award Highlights



Up to three (3) awards will be made in the form of a milestone driven grant for year 1



Up to \$100,000 per awardee plus year 1 eHealth Exchange Participation fees will be credited



Annual eHealth Exchange Participant fees will be waived in year 2 as long as the awardee is in full production by end of year 1



eHealth Exchange reserves the right to:

- * Not make any grant awards if the applications submitted are not acceptable.
- * Actual grant award amounts are determined by eHealth Exchange and are based on the proposed projects and their complexity.
- * The number of awards could change based on the availability of funds.

Key Dates

Activity	Due Date
Grant Instructions and Guidance Released	3/21/2022
“Intent to Reply” Due and Closing Date for Questions	4/29/2022
Responses to Questions	5/6/2022
Proposals Due	7/1/2022
Awardees Notified	8/2/2022
Awardee Agreement Discussions Begin	8/6/2022
Awardee Agreement Executed	8/30/2022
Grant Start Date – Year 1	1/1/2023
First Phase of Grant – Year 1 (Funding Milestone 1 of 4) Standards and Technology Development Completed	5/30/2023
Second Phase of Grant – Year 1 (Funding Milestone 2 of 4) Hub Testing Completed	08/30/2023
Third Phase of Grant – Year 1 (Funding Milestone 3 of 4) Partner Testing Completed	11/30/2023
Fourth Phase of Grant – Year 1 (Funding Milestone 4 of 4) Implementation Guide/Production	12/31/2023

Gravity Project Update



Consensus-driven Standards on Social Determinants of Health

CIVITAS Network News | April 20, 2022

Evelyn Gallego, CEO at EMI Advisors LLC, Senior Advisor at Gravity Project



Agenda

- Background (WHY)
- Project Scope & Workstreams (WHAT)
- Success Factors for Integration
- How to Engage



Background



HOORAY! THAT EAR IS BETTER...
ANYTHING ELSE...?

*Slide developed by
Laura Gottlieb, MD, MPH with
permission from
Jack Maypole, MD*



A Social Determinants of Health Lexicon

- **Social Determinants of Health:** *“the conditions in which people are born, grow, live, work and age,”* which are *“shaped by the distribution of money, power and resources.”*

- Can offer both positive and negative forces
 - Positive Forces > Protective Factors
 - Negative Forces > Social Risks



- **Protective Factors:** characteristics or strengths of individuals, families, communities or societies that act to mitigate risks and promote positive well-being and healthy development.
- **Social Risks:** Adverse social conditions associated with poor health.
- **Social Needs:** Patient-prioritized social risks.

Alderwick and Gottlieb (2019) Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems
 Center for the Study of Social Policy (2018) About Strengthening Families™ and the Protective Factors Framework

Challenges in SDOH Data Capture and Exchange

- Standardization of SDOH Data Collection and Storage
- Data Sharing Between Ecosystem Parties
- Access & Comfort with Digital Solutions
- Concerns about Information Collection and Sharing
- Social Care Sector Capacity and Capability
- Unnecessary Medicalization of SDOH
- Consent Management

https://www.nasdoh.org/wp-content/uploads/2020/08/NASDOH-Data-Interoperability_FINAL.pdf

SIREN Social Risk Codes Review



1095 SDOH Codes

⁴Arons A, DeSilvey S, Fichtenberg C, Gottlieb L. Documenting social determinants of health-related clinical activities using standardized medical vocabularies.

⁵JAMIA Open. 2018;2(1):81-88. (<http://sirennetwork.ucsf.edu/tools-resources/mmi/compendium-medical-terminology-codes-social-risk-factors>)



Gravity Project

A collaborative public-private initiative launched in May 2019 with the goal to develop consensus-driven data standards to support the collection, use, and exchange of social determinants of health (SDOH) data.

Project Scope

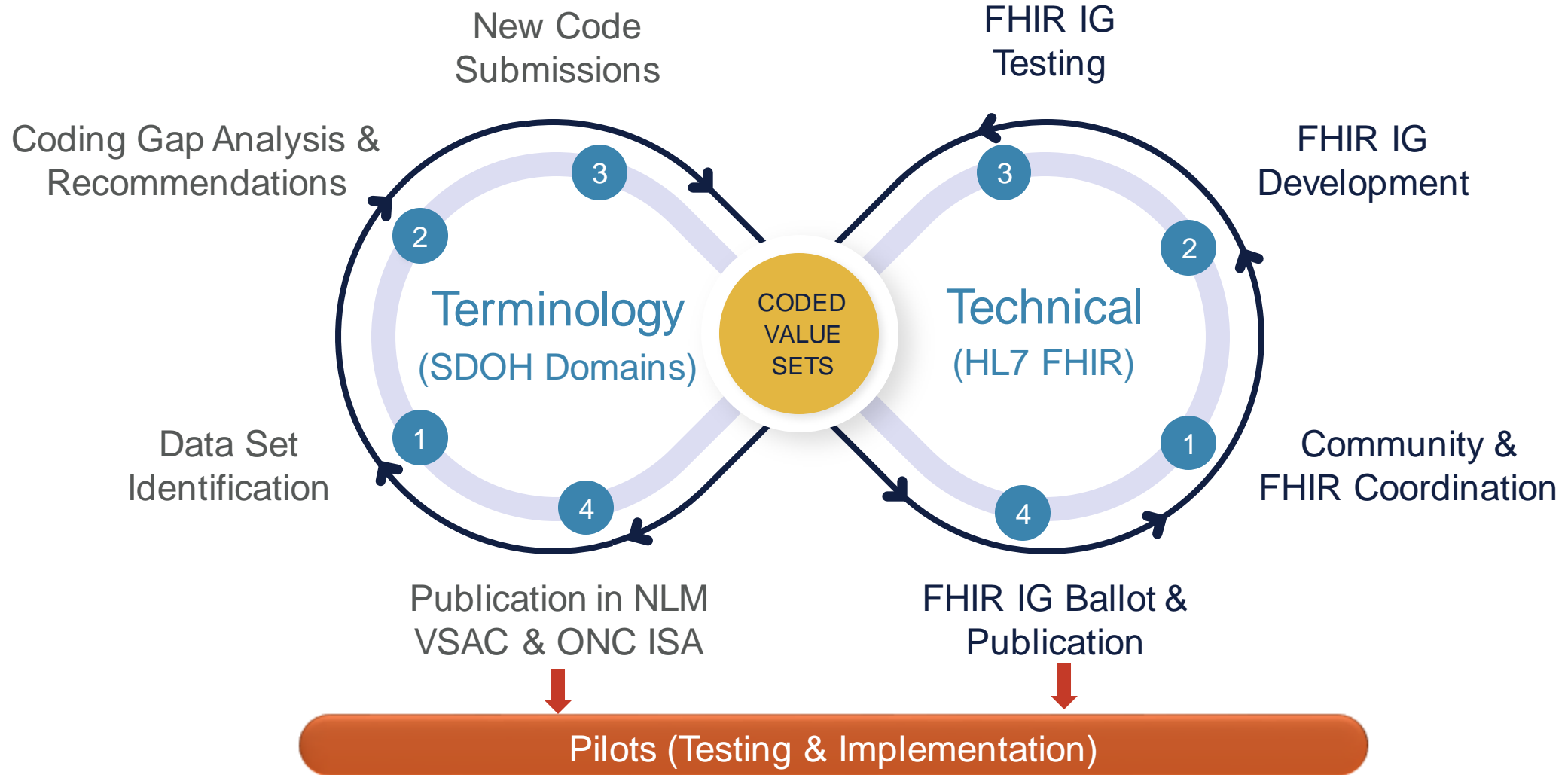
- Develop data standards to represent and exchange patient level SDOH data documented across four clinical activities:
 - Screening
 - Assessment/diagnosis
 - Goal setting
 - Treatment/interventions.
- Test and validate standardized SDOH data for use in patient care, care coordination between health and human services sectors, population health management, public health, value-based payment, and clinical research.

SDOH Domains



Domains grounded by those listed in the NASEM [“Capturing Social and Behavioral Domains in Electronic Health Records”](#) 2014

Project Execution: Three Workstreams (Terminology, Technical, Pilots)



Public Collaboration



Gravity has convened over **2,000+** participants from across the health and human services ecosystem:

- Clinical Provider Groups
- Community-based Organizations
- Standards Development Organizations
- Federal And State Government
- Payers
- Technology Vendors

Public Calls 4-5:30 EST every other Thursday

<https://confluence.hl7.org/pages/viewpage.action?pageId=46892669#JointheGravityProject-GravityProjectMembershipList>



Project Founders, Grants, and In-Kind Support To-Date



PROVIDER



SOCIAL SERVICES



PAYER



TECHNOLOGY VENDOR

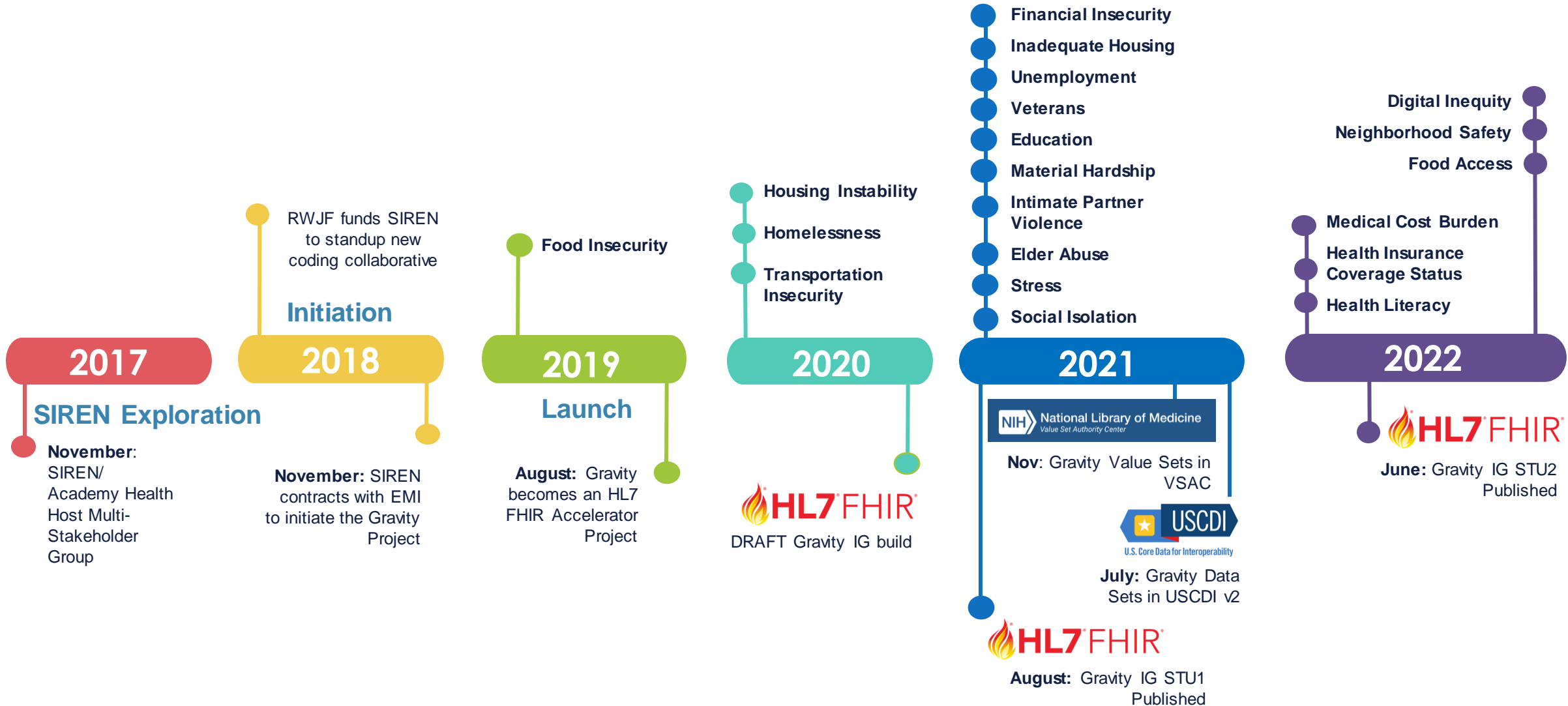


GOVERNMENT

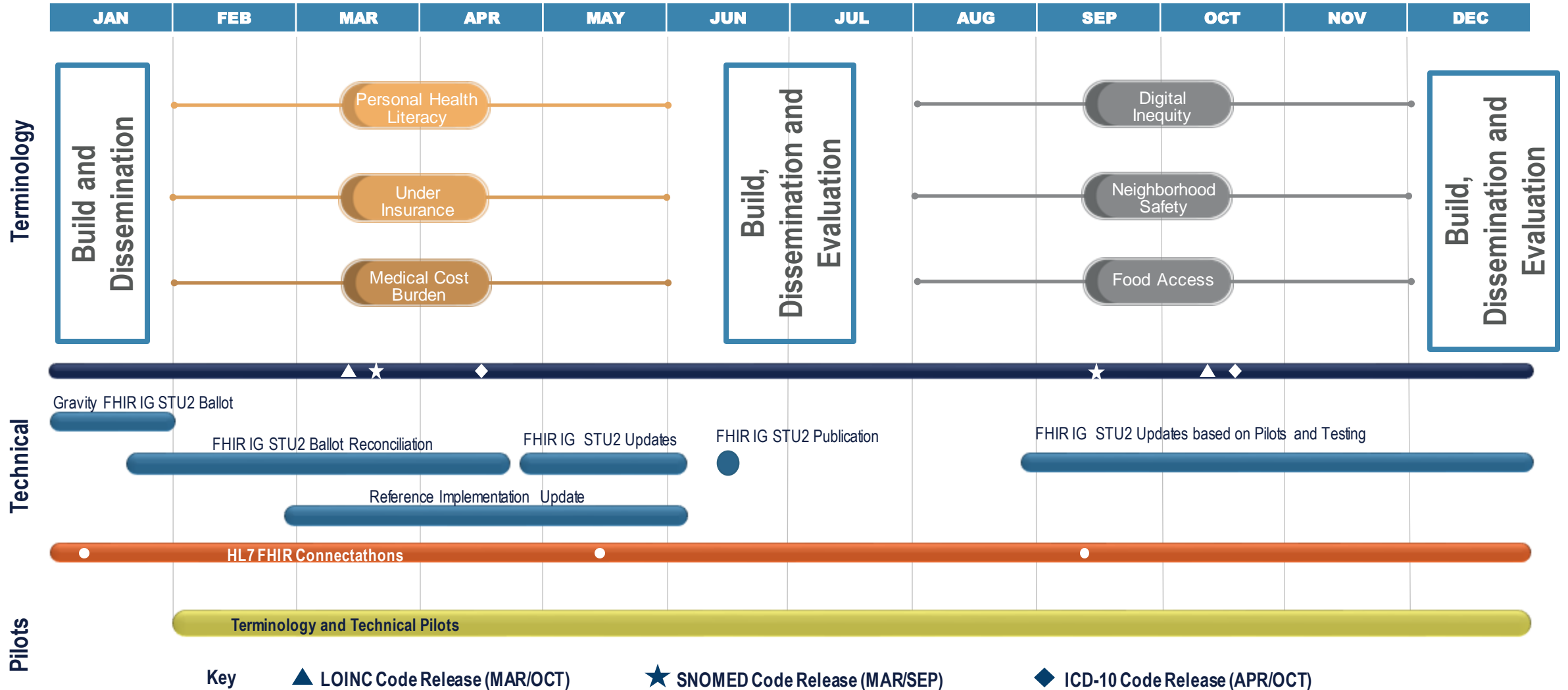


<https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors>

Gravity Timeline



Gravity 2022 Roadmap



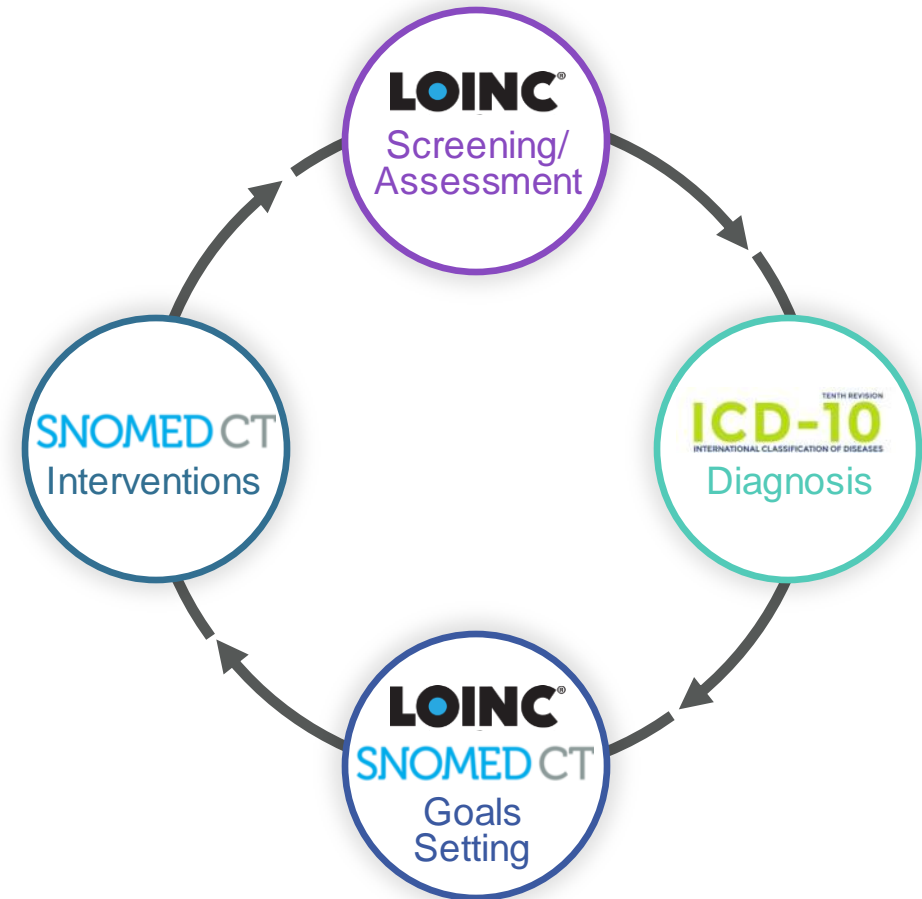


Terminology Workstream



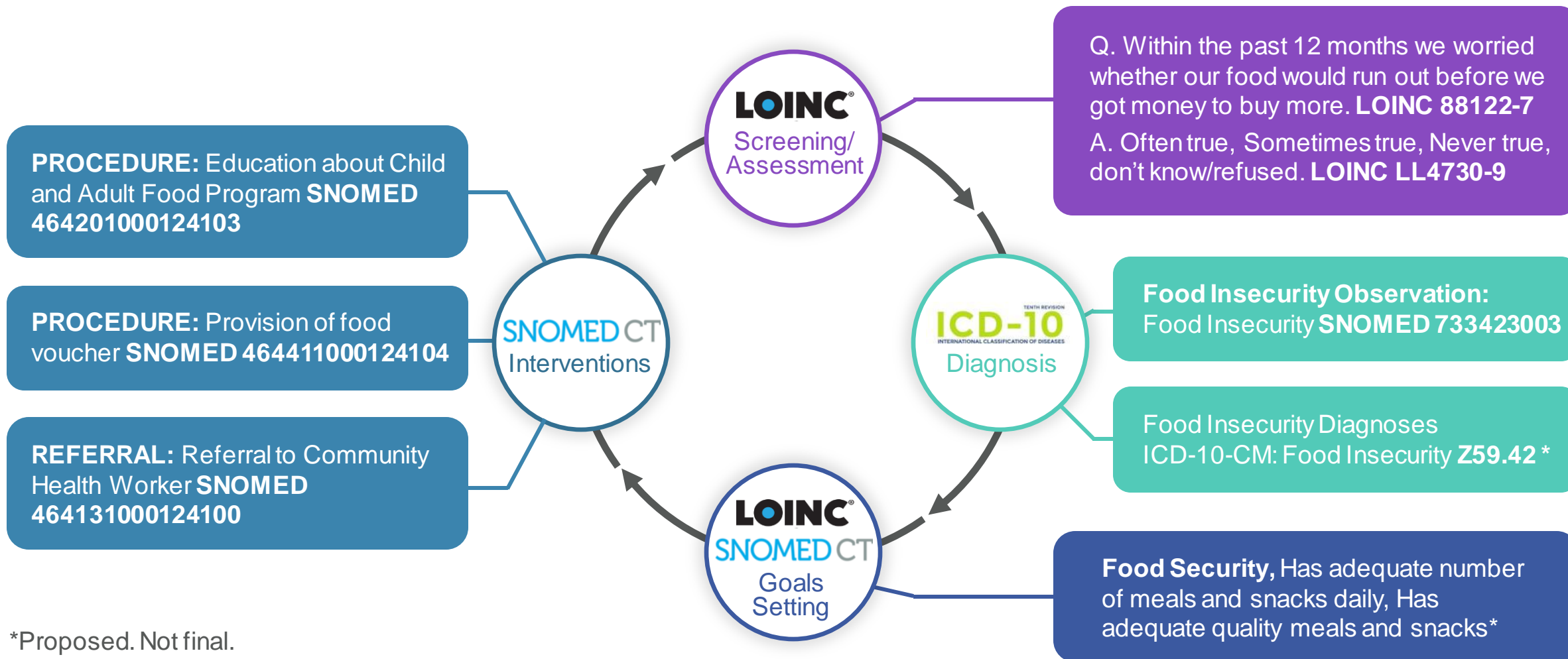
Terminology Workstream Accomplishments

- Data definitions and code submissions for **14** SDOH Domains
- **LOINC** screener codes available for **13** domains
- **ICD-10** z-codes available for **12** domains
- **SNOMED-CT** intervention codes available for **12** domains
- Published **100** value sets in National Library of Medicine (NLM)
- Data class included in ONC USCDI v2



<https://confluence.hl7.org/display/GRAV/SDOH+Data+Elements+And+Status>

Food Insecurity Terminology Build



*Proposed. Not final.

Interventions Framework

Gravity Term	Definitions
Assistance/Assisting	To give support or aid to; help
Coaching	Method of instruction, direction, or promoting that can include demonstration, reinforcement, motivation and feedback to improve performance, or achieve a specified goal.
Coordination	Process of organizing activities and sharing information to improve effectiveness
Counseling	Psychosocial procedure that involves listening, reflecting, etc. to facilitate recognition of course of action/solution.
Education	Procedure that is synonymous with those activities such as teaching, demonstration, instruction, explanation, and advice that aim to increase knowledge and skills.
Evaluation of eligibility (for <x>) Subtype of Evaluation	Process of determining eligibility by evaluating evidence
Evaluation/Assessment	Determination of a value, conclusion, or inference by evaluating evidence.
Provision	To supply/make available for use
Referral	The act of clinicians/providers sending or directing a patient to professionals and/or programs for services (e.g., evaluation, treatment, aid, information, etc.)

Applicable Intervention Codes for Older American Act (OAA) Nutrition Programs

Intervention	SNOMED-CT Code/ Data Element
Assistance/ Assisting	467801000124106: Assistance with application for Community meal Program 467731000124106: Assistance with application for Home-Delivered meals Program
Education	464351000124105: Education about Congregate Meal Program 464211000124100: Education about Community Meals Program 464261000124102: Education about home-delivered meals program 464341000124108: Education about Senior Farmers' Market Nutrition Program
Evaluation of eligibility	467661000124106: Evaluation of eligibility for Community Meal Program 464621000124105: Evaluation of eligibility for home-delivered meals program
Provision	464421000124107: Provision of home-delivered meals 464431000124105: Provision of medically tailored meals
Referral	464151000124107: Referral to Congregate Meal Program 464081000124100: Referral to home-delivered meals program 464091000124102: Referral to medically tailored meal program 464171000124102: Referral to Senior Farmers' Market Nutrition Program

https://www.nlm.nih.gov/healthit/snomedct/us_edition.html

SDOH Domain Code Dashboard



Domain	Activities (Aligns with USCDI SDOH Data Class)	Select Codes Present	Comprehensive List of Codes Present	
	Screeners (LOINC)		x	Fr
	Diagnoses (SNOMED CT, ICD-10)		x	
	Goals (LOINC, SNOMED CT)		x	
	Interventions (SNOMED CT)		x	
	Screeners (LOINC)	x		H 6,
	Diagnoses (SNOMED CT, ICD-10)			
	Goals (LOINC, SNOMED CT)			
	Interventions (SNOMED CT)			
	Screeners (LOINC)	x		H 6,
	Diagnoses (SNOMED CT, ICD-10)	x		
	Goals (LOINC, SNOMED CT)			
	Interventions (SNOMED CT)			
	Screeners (LOINC)	x		In 6,
	Diagnoses (SNOMED CT, ICD-10)	x		
	Goals (LOINC, SNOMED CT)		x	
	Interventions (SNOMED CT)			
	Screeners (LOINC)	x		Tr 7/
	Diagnoses (SNOMED CT, ICD-10)	x		
	Goals (LOINC, SNOMED)			
	Interventions (SNOMED CT)			
	Screeners (LOINC)	x		Fi 6,
	Diagnoses (SNOMED CT, ICD-10)			
	Goals (LOINC, SNOMED CT)		x	
	Interventions (SNOMED CT)			

SDOH Value Sets Published in National Library of Medicine Value Set Authority Center (VSAC)



FIRST integration of non-clinical concepts in VSAC!

As of November 15, 2021, value sets are defined as a list of codes and corresponding terms that define **clinical and social care** concepts to support interoperable information exchange.

<https://vsac.nlm.nih.gov/welcome>

Name	Code System	Definition Type	Steward	OID	Code Count
<input type="checkbox"/> Elder Abuse Diagnoses	ICD10CM SNOMEDCT	Grouping	The Gravity Project	2,16,840.1.113762.1.4.1247.63	28
<input type="checkbox"/> Elder Abuse Diagnoses ICD10CM	ICD10CM	Extensional	The Gravity Project	2,16,840.1.113762.1.4.1247.61	15
<input type="checkbox"/> Elder Abuse Diagnoses SNOMED CT	SNOMEDCT	Extensional	The Gravity Project	2,16,840.1.113762.1.4.1247.62	13
<input type="checkbox"/> Elder Abuse Goals	SNOMEDCT	Grouping	The Gravity Project	2,16,840.1.113762.1.4.1247.65	1
<input type="checkbox"/> Elder Abuse Goals SNOMED CT	SNOMEDCT	Extensional	The Gravity Project	2,16,840.1.113762.1.4.1247.64	1
<input type="checkbox"/> Elder Abuse Interventions SNOMED CT	SNOMEDCT	Extensional	The Gravity Project	2,16,840.1.113762.1.4.1247.66	23
<input type="checkbox"/> Elder Abuse Procedures	CPT SNOMEDCT	Grouping	The Gravity Project	2,16,840.1.113762.1.4.1247.67	50
<input type="checkbox"/> Elder Abuse Service Requests	CPT SNOMEDCT	Grouping	The Gravity Project	2,16,840.1.113762.1.4.1247.68	50
<input type="checkbox"/> Financial Insecurity Goals	SNOMEDCT	Grouping	The Gravity Project	2,16,840.1.113762.1.4.1247.30	1
<input type="checkbox"/> Financial Insecurity Goals SNOMED CT	SNOMEDCT	Extensional	The Gravity Project	2,16,840.1.113762.1.4.1247.29	1
<input type="checkbox"/> Financial Insecurity Procedures	CPT SNOMEDCT	Grouping	The Gravity Project	2,16,840.1.113762.1.4.1247.32	27
<input type="checkbox"/> Financial Insecurity Service Requests	CPT SNOMEDCT	Grouping	The Gravity Project	2,16,840.1.113762.1.4.1247.31	27
<input type="checkbox"/> Food Insecurity Diagnoses	ICD10CM SNOMEDCT	Grouping	The Gravity Project	2,16,840.1.113762.1.4.1247.17	12
<input type="checkbox"/> Food Insecurity Diagnoses ICD10CM	ICD10CM	Extensional	The Gravity Project	2,16,840.1.113762.1.4.1247.3	4
<input type="checkbox"/> Food Insecurity Diagnoses SNOMEDCT	SNOMEDCT	Extensional	The Gravity Project	2,16,840.1.113762.1.4.1247.1	8
<input type="checkbox"/> Food Insecurity Goals	SNOMEDCT	Grouping	The Gravity Project	2,16,840.1.113762.1.4.1247.16	1
<input type="checkbox"/> Food Insecurity Goals SNOMEDCT	SNOMEDCT	Extensional	The Gravity Project	2,16,840.1.113762.1.4.1247.4	1
<input type="checkbox"/> Food Insecurity Interventions CPT	CPT	Extensional	The Gravity Project	2,16,840.1.113762.1.4.1247.15	3
<input type="checkbox"/> Food Insecurity Interventions HCPCS	HCPCS	Extensional	The Gravity Project	2,16,840.1.113762.1.4.1247.9	2
<input type="checkbox"/> Food Insecurity Interventions SNOMEDCT	SNOMEDCT	Extensional	The Gravity Project	2,16,840.1.113762.1.4.1247.6	96

Gravity Project Data Use Principles for Equitable Health and Social Care



- Improving Personal Health Outcomes
- Improving Population Health Equity
- Ensuring Personal Control
- Designing Appropriate Solutions
- Ensuring Accountability
- Preventing, Reducing, and Remediating Harm



<https://confluence.hl7.org/display/GRAV/Gravity+Data+Principles>

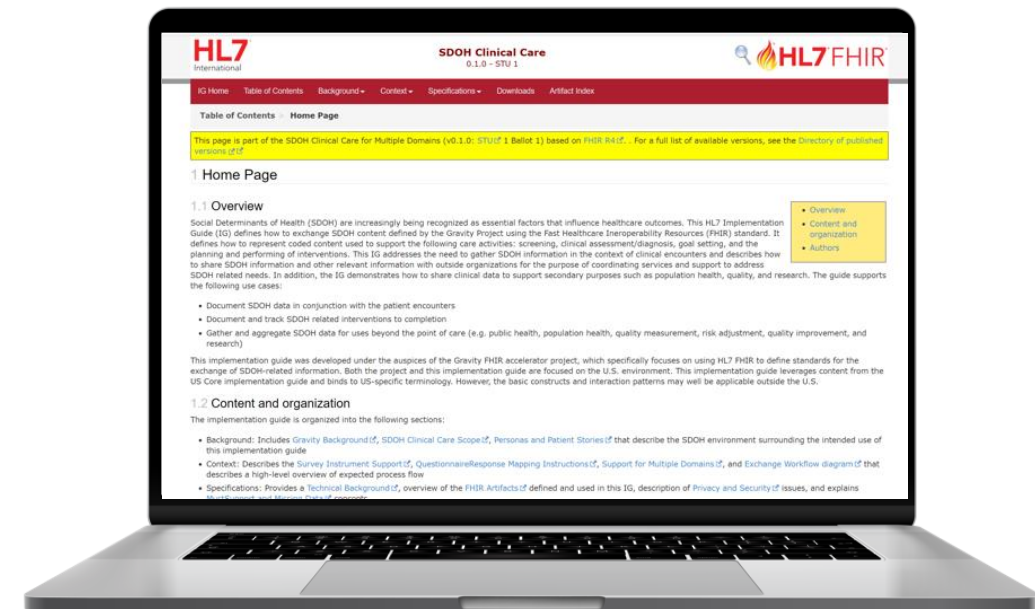


Technical Workstream



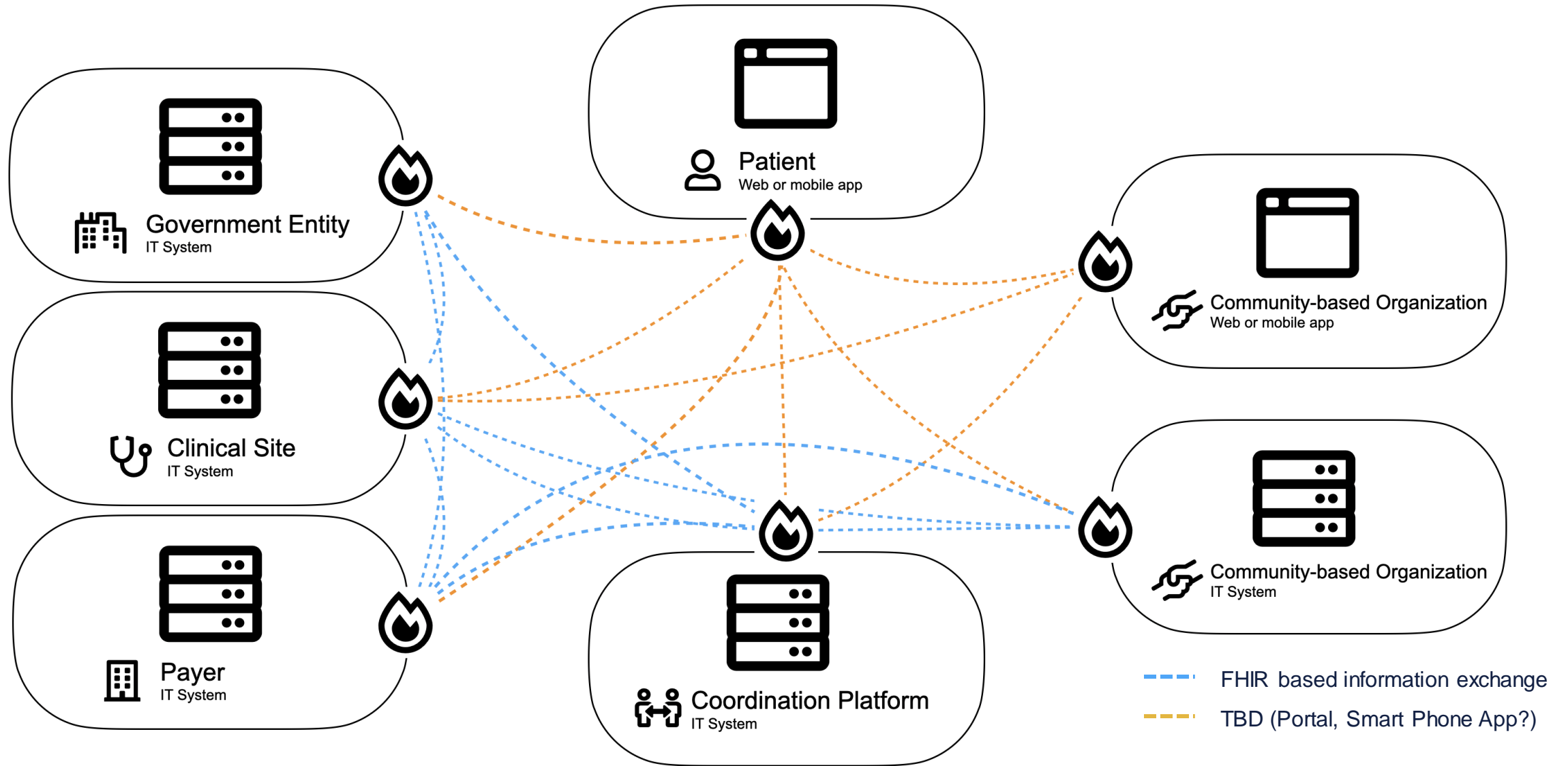
HL7 SDOH Clinical Care FHIR Implementation Guide

1. This is a framework Implementation Guide (IG) and supports multiple domains
2. IG support the following clinical activities
 - Assessments
 - Health Concerns / Problems
 - Goals
 - Interventions including referrals
 - Consent
 - Aggregation for exchange/reporting
 - Exchange with patient/client applications
 - Draft specifications for race/ethnicity exchange
3. STU1 published August 2021
4. STU2 balloted in HL7 January 2022 Ballot Cycle; target June 2022 publication



<http://hl7.org/fhir/us/sdoh-clinicalcare/STU1/>

STU2: Many testable system interactions





Pilots Workstream



Call for Participation!

- We are currently seeking entities to participate in testing the Gravity defined coded concepts and/or the HL7 SDOH FHIR IG STU1 and/or STU2.
- We will be standing up a **Pilots Affinity Group** to convene participating sites via a monthly webinar.
- We are seeking entities that will serve in one or more of the following roles for testing:
 - **Referral Source** (system sending referral request).
 - **Care Coordination Platform** (system managing referrals and ensuring they are executed by appropriate service delivery organizations).
 - **Referral Recipient** (system receiving referral request and exposing FHIR restful services).
 - **Referral Recipient Light** (query for tasks on initiating Referral Source or Coordination Platform).
- Please submit your Pilot interest to gravityproject@emiadvisors.net

Success Factors



Success Factors— Integration of Data Standards Into...



Integration into Federal Policy: USCDI v2

- ONC’s USCDI version 2 **includes the Gravity Project’s SDOH data elements** for nationwide interoperable exchange!

Existing USCDI Data Class	New Data Element	Value Sets
Assessment and Plan of Treatment	SDOH Assessment	LOINC
Goals	SDOH Goals	LOINC, SNOMED-CT
Procedures	SDOH Interventions	SNOMED-CT, CPT/HCPCS
Problems	SDOH Problems/Health Concerns	SNOMED-CT, ICD-10-CM

- Federal agencies are beginning to integrate these national SDOH standards into policy, contracts, and grants, e.g.,
 - CMS’s 2022 Physician Fee Schedule, listing standards
 - ONC’s Special Emphasis Notice, requiring standards
 - ACL’s Innovative Technology Solutions for Social Care Referral, requiring standards
 - CMS’s Medicaid Letter No. 21-001 to State Health Officials, listing standards
- Work continues to **implement, pilot, test,** and **iterate** all that we successfully added to USCDI v2, e.g.,
 - SDOH Clinical Care IG needs real-world testing, implementation, and iteration beyond FHIR Connectathons.
 - Pilots and smartphone apps needed for integration in community and patient settings.

Program Integration: CMS Medicare Advantage & Inpatient/ LTH Proposed Rules



- On January 12, 2022, CMS published proposed policy and technical changes for **Medicare Advantage** in 2023.
 - Proposes MA Special Needs Plans (SNPs) include standardized questions on **housing stability, food security, and access to transportation** as part of their currently required health risk assessments.
 - CMS intends to **align the required standardized questions with the SDOH Assessment data element** integrated in **USCDI v2**.
- On April 18, 2022, CMS issued a proposed rule for inpatient and long-term hospitals to advance health equity and improve maternal health outcomes.
<https://www.cms.gov/newsroom/press-releases/cms-proposes-policies-advance-health-equity-and-maternal-health-support-hospitals>
 - Proposes initial voluntary reporting of screening for Social Drivers of Health, including using **USCDI v2 SDOH data classes**.
 - Acknowledges SDOH data standards developed by the Gravity Project.

Program Integration: CMS State Health Official Letter

On January 7th, 2021, CMS released guidance for states on opportunities under Medicaid and CHIP to address SDOH.

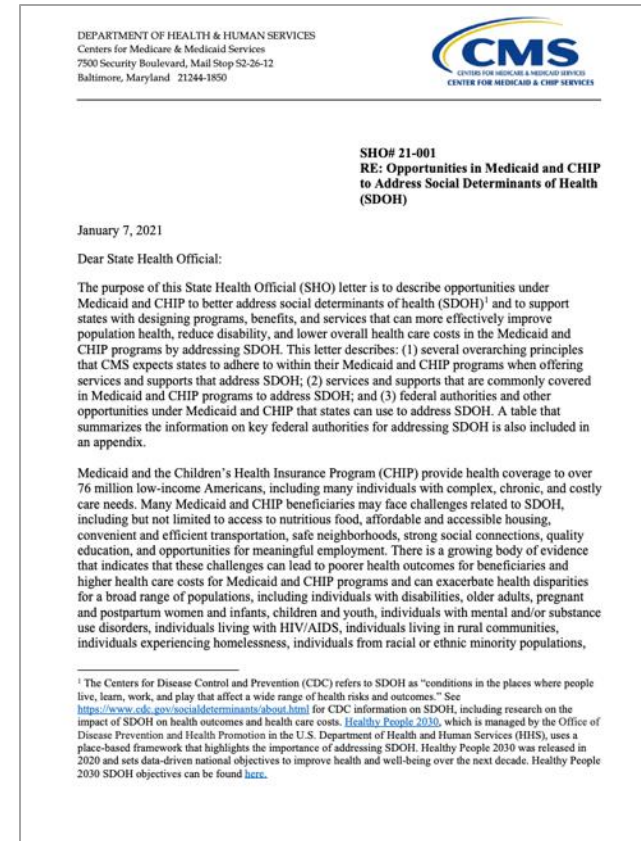
The guidance acknowledges that states can leverage Medicaid resources to support data integration and data sharing to assist state health systems to identify individuals with SDOH needs and link them to appropriate medical and social supports.

States are required to design technical infrastructure for Mechanized Claims Processing, Information Retrieval Systems, and care coordination hubs that are **interoperable** with human services programs, HIEs, and public health agencies, as applicable.

States must ensure alignment of the claims processing and IRS systems with CEHRT.

States are encouraged to review ISA SDOH standards and review and participate in the Gravity Project.

<https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>



Grant Integration (Federal)

- **Administration for Community Living (ACL) Social Care Challenge Grant:** Requires awardees to use of Gravity defined data elements.
<https://acl.gov/programs/acl-announces-social-care-referrals-challenge-phase-1-awardees>
- **ONC Leading Edge Acceleration Projects (LEAP) in Health IT Notice of Funding Opportunity: Referral Management to Address Social Determinants of Health Aligned with Clinical Care** <https://www.healthit.gov/topic/onc-funding-opportunities/leading-edge-acceleration-projects-leap-health-information>
- **Administration for Children and Families (ACF) Human Services Interoperability Innovations Grant:** Promotes the use of HL7 FHIR specification and standards for SDOH data capture and exchange as defined by the Gravity Project.
<https://www.grants.gov/web/grants/view-opportunity.html?oppId=329037>



How to Engage!



Promoting Interoperability at State/Local Level

- Incorporate terminology and data exchange standards in **payment contracts and reporting requirements**.
- Provide specific **technical guidance** for a provider to use in their procurement specifications.
- **Embed incentives** for adopting technology capable of sharing standards based SDOH information.
- Form **health IT procurement “commons”**—participate in building shared, national resources for procurement specifications, interoperability and data-sharing quality measurement, testing and certification of plug and play technologies, and recognize common standards and architecture.
- **Finance testing and piloting** of the terminology and data exchange standards with data sharing partners.

Pronovost, P., M.M. E. John, S. Palmer, R.C. Bono et al. *Procuring Interoperability: Achieving High-Quality, Connected, and Person-Centered Care*. Washington, DC: National Academy of Medicine. www.nam.edu/interoperability

Join the Gravity Project!

Learn More

<https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project>

- Terminology Public Workgroup meets bi-weekly on Thursdays' 4:00 to 5:30 pm ET.
- SDOH FHIR IG Workgroup meets weekly on Wednesdays' 3:00 to 4:00 pm ET.

- Submit SDOH domain data elements (especially for Interventions):
<https://confluence.hl7.org/display/GRAV/Data+Element+Submission>

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