# The Gravity Project: Consensus-driven Standards on Social Determinants of Health

NAM: Building Data Capacity for PCOR

May 24, 2021





### Agenda

- Overview (WHY)
- Project Scope (WHAT)
- Accomplishments & Success Factors
- Building Data Capacity for PCOR
- How to Engage





### Overview





#### Why SDOH is Important

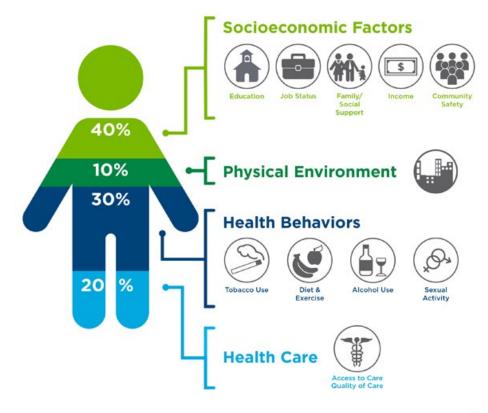
There is growing awareness that SDOH information improves whole person care and lowers cost. Unmet social needs negatively impact health outcomes.

- <u>Food insecurity</u> correlates to higher levels of diabetes, hypertension, and heart failure.
- Housing instability factors into lower treatment adherence.
- <u>Transportation barriers</u> result in missed appointments, delayed care, and lower medication compliance

Addressing SDOH is a primary approach to achieve health equity.

https://www.cdc.gov/nchhstp/socialdeterminants/faq.html

#### What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



https://www.bridgespan.org/insights/library/public-health/the-community-cure-for-health-care-(1)





### Uses for Social Risk Data in Clinical Settings

Medical Care

Social Risk Interventions

Population Health Management

Risk Adjustment

Community
Health
Improvement

Research





### Challenges in SDOH Data Capture and Exchange

- Consent Management
- 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

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





#### Enter the Gravity Project...

Goal- Develop consensusdriven data standards to support use and exchange of social determinants of health (SDOH) data within the health care sectors and between the health care sector and other sectors.



Domains grounded by those listed in the NASEM "Capturing Social and Behavioral Domains in Electronic Health Records" 2014

#### **Project Scope**

In May 2019, the <u>Gravity Project</u> was launched as a multi-stakeholder public collaborative with the goal to develop, 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.

The Gravity Project was initiated by the Social Interventions Research and Evaluation Network (SIREN) with funding from the Robert Wood Johnson Foundation and in partnership with EMI Advisors LLC.

Gravity Project Scope: Develop data standards to represent patient level SDOH data documented across four clinical activities: screening, assessment/diagnosis, goal setting, and treatment/interventions.





#### **Public Collaboration**

Gravity has convened over **1,800+** 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=4689 2669#JointheGravityProject-GravityProjectMembershipList







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













































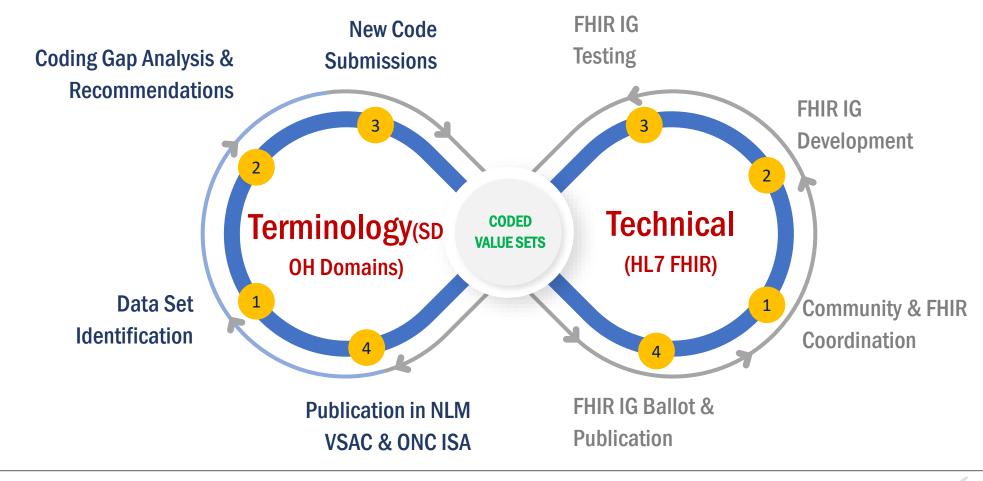








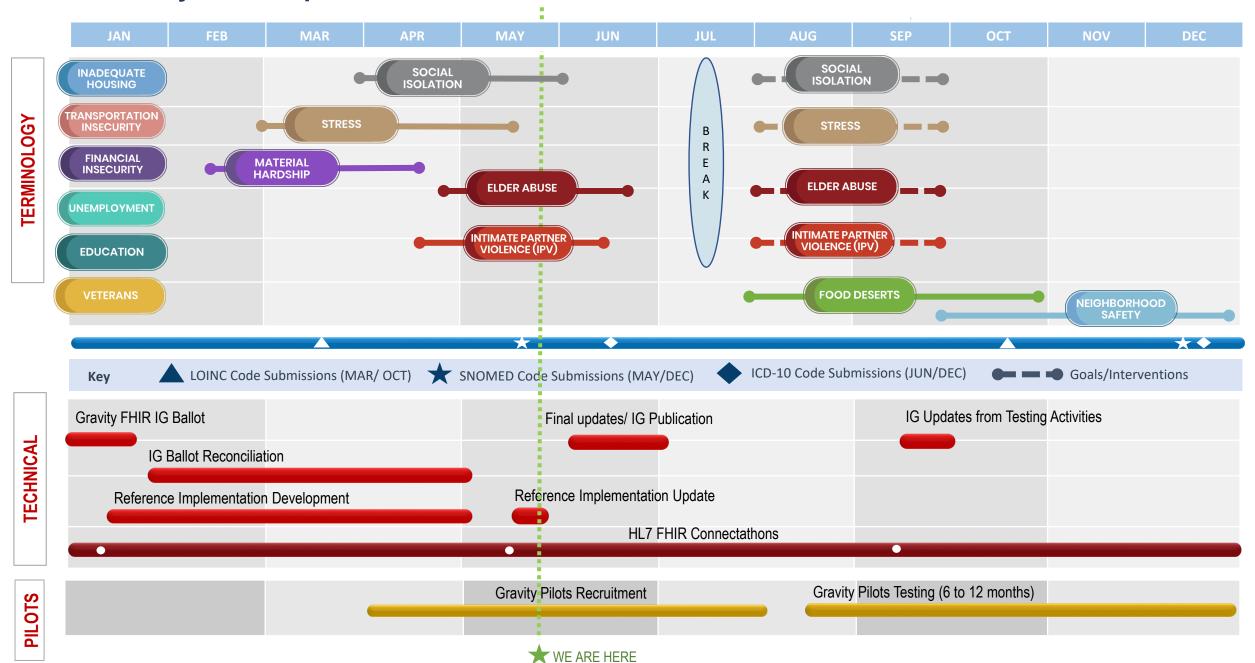
#### **Gravity Overview: Two Streams**







#### **2021 Gravity Roadmap**



# **Terminology Workstream**

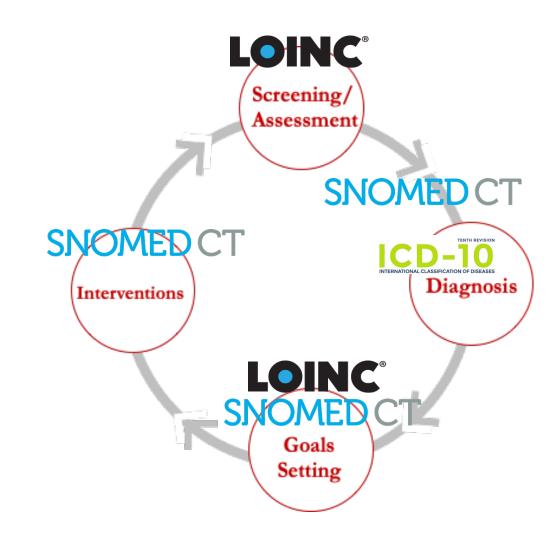




### **Terminology Workstream**

#### **Data Element and Ensuring Gap Analysis**

- All data is sorted across four activities into a master set.
- For data within each domain, we ask:
  - What concepts need to be documented across the four activities?
  - What codes reflecting these concepts are currently available?
  - What codes are missing?







### Food Insecurity Terminology Build

PROCEDURE: Education about Child and Adult Food Program **SNOMED 464201000124103** 

PROCEDURE: Provision of food voucher **SNOMED**464411000124104

SNOMED C'Interventions

REFERRAL: Referral to Community Health Worker **SNOMED 464131000124100** 



Screening/ Assessment Q. Within the past 12months we worried whether our food would run out before we got money to buy more. **LOINC 88122-7** 

A. Often true, Sometimes true, Never true, don't know/refused. LOINC LL4730-9

### **SNOMED CT**

INTERNATIONAL CLASSIFICATION OF DISEASES

Diagnosis

Food Insecurity Observation: Food Insecurity

**SNOMED 733423003** 

Food Insecurity Diagnoses ICD-10-CM: Food Insecurity Z59.42 \*

SMOMED CONTROL Goals
Setting

Food Security, Has adequate number of meals and snacks daily, Has adequate quality meals and snacks \*





### **Interventions Framework**

<b>Gravity Term</b>	Definitions
Assistance/ Assisting	To give support or aid to; help
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</x>	Process of determining eligibility by evaluating evidence
<b>Evaluation/ Assessment</b>	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.)

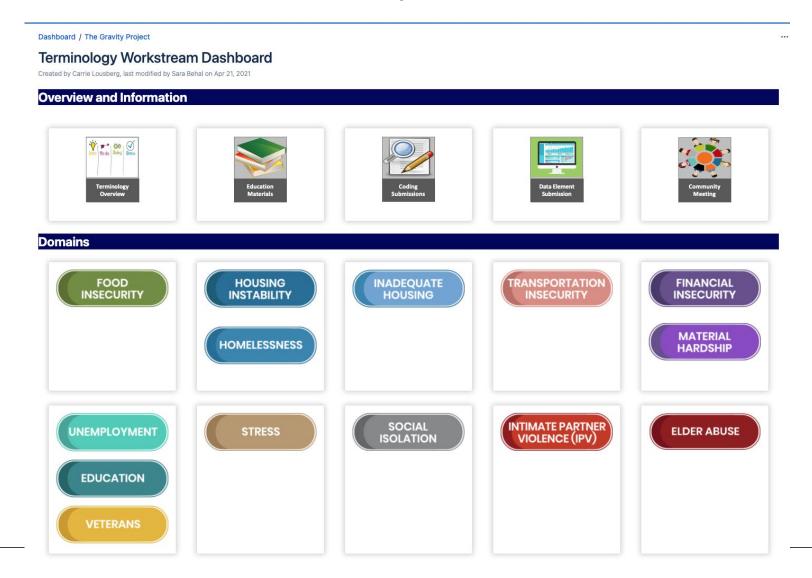




### Applicable Intervention Codes for OAA Nutrition Programs

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

### Where to find Published Gravity Data Sets?







#### ICD-10 CM Submission & March 10th Presentation



#### ICD-10 Coordination and Maintenance Committee Meeting

#### Diagnosis Agenda

#### Zoom Webinar and Dial-In Information

•This meeting will be conducted via Zoom Webinar. The URL to join the Zoom Webinar, the password, and the call-in numbers are the same for both days of the meeting

•Day 1: March 9, 2021: The meeting will begin promptly at 9:00 AM ET and will end at 5:00 PM ET. Lunch will be held from 12:30 PM to 1:30 PM.

•Day 2: March 10, 2021: The meeting will begin promptly at 9:00 AM ET and will end at 5:00 PM ET. Lunch will be held from 12:30 PM to 1:15 PM.

ICD-10 Coordination and Maintenance Committee Meeting March 9-10, 2021

Z59 Problems related to housing and economic circumstances Excludes2: problems related to upbringing (Z62.-)

New New code

New code

Add

Z59.0 Homelessness subcategory

> Z59.00 Homelessness unspecified Z59.01 Sheltered homelessness

Doubled up

Living in a shelter such as: motel, temporary or transitional living Add

situation, scattered site housing

New code Z59.02 Unsheltered homelessness

Add Residing in place not meant for human habitation such as: cars, parks,

sidewalk, abandoned buildings

Residing on the street Add

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

Inadequate drinking water supply

Excludes1: effects of hunger (T73.0)

inappropriate diet or eating habits (Z72.4)

malnutrition (E40-E46)

New code Z59.41Lack of adequate food

Add Inadequate food Add Lack of food

New code Z59.42 Food insecurity

Z59.8 Other problems related to housing and economic circumstances

Foreclosure on loan Isolated dwelling Problems with creditors

New sub subcategory

Add

New code

Z59.81 Housing instability, housed Past due on rent or mortgage

Add Add Unwanted multiple moves in the last 12 months New code Z59.811 Housing instability, housed, with risk of

homelessness

Imminent risk of homelessness

Z59.812 Housing instability, housed, homelessness

in past 12 months





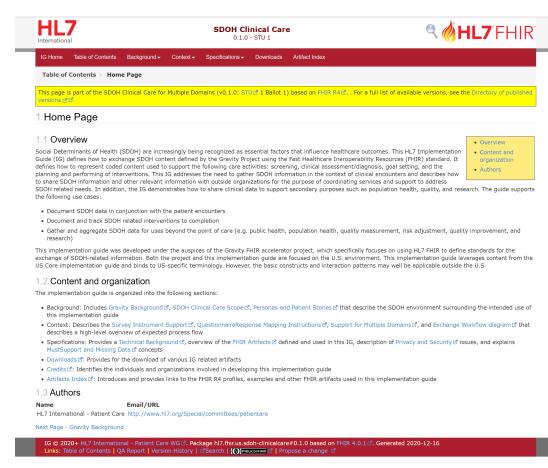
### **Technical Workstream**





### 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
- Completed January 2021 ballot as a Standard for Trial Use Level 1 (STU1)
- 4. Target June 2021 for publication

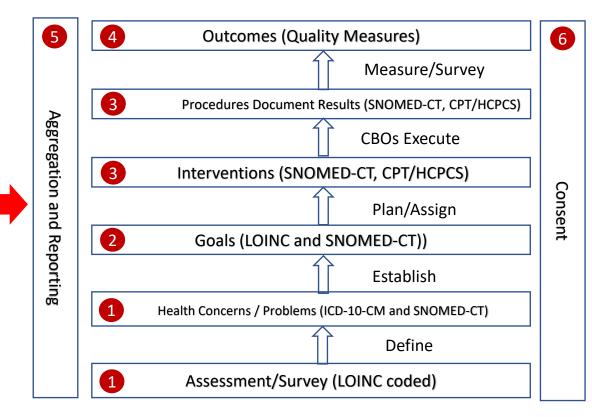






### **Gravity FHIR IG Scope**

- Document SDOH data in conjunction with the patient encounter and define Health Concerns / Problems.
- 2 Patient and provider establish SDOH related goals.
- 3 Plan, communicate, and track related interventions to completion.
- 4 Measure outcomes.
- 5 Establish cohorts of patients with common SDOH characteristics for uses beyond the point of care (e.g., population health management, quality reporting, and risk adjustment/ risk stratification).
- 6 Manage patient consent

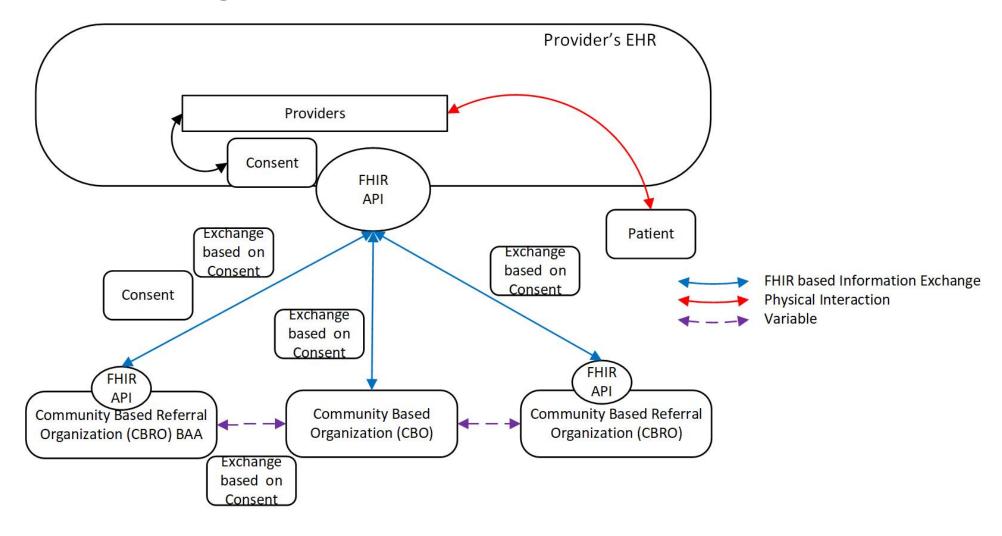


http://build.fhir.org/ig/HL7/fhir-sdoh-clinicalcare/





### Consent exchange for SDOH Clinical Care IG





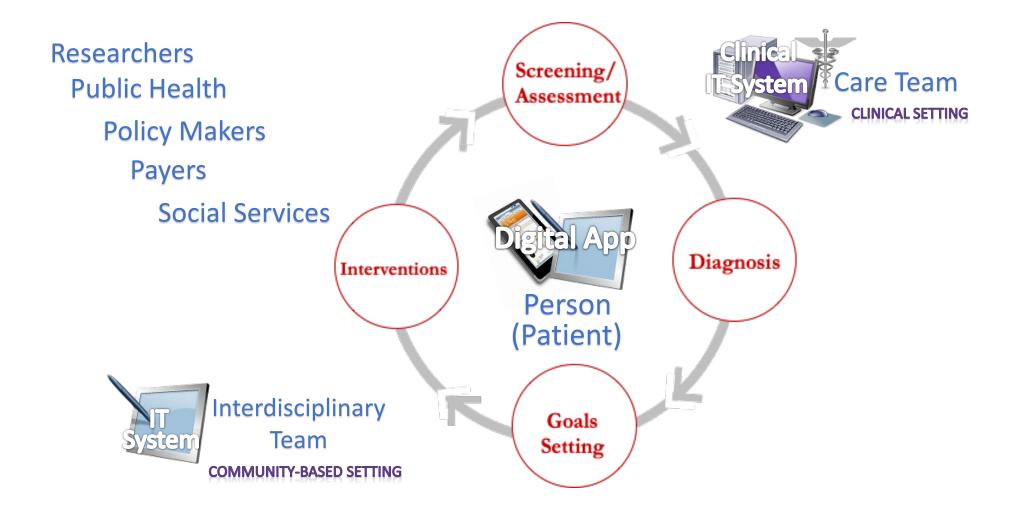


# Building Data Capacity for SDOH Research





#### Conceptual Framework







### Interoperability Glide Path: Domain Data Sets & IGs

#### Accelerate standards development and uptake

**SDOH Data Sets** 

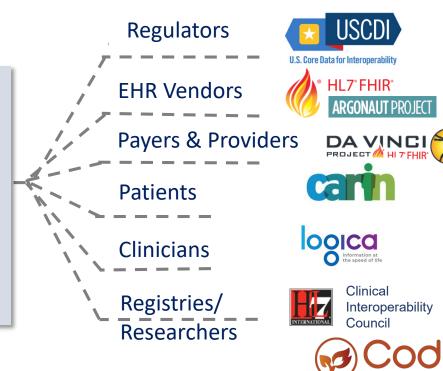




Fast Health Interoperability Resource

Develop and test coded value sets for use in FHIR

Refine, test, and ballot HL7® FHIR® SDoH Implementation Guide





# Accomplishments & Success Factors





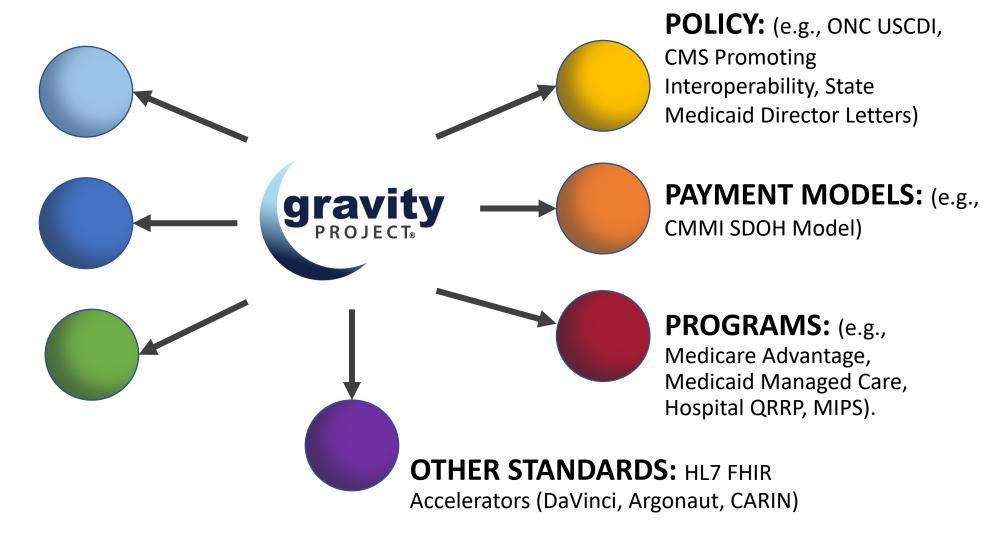
#### Success Factors—Integration of Data Standards Into...

#### **INNOVATION:**

New tools for capture, aggregation, analytics, and use.

**PRACTICE:** (e.g., repeatable process for adoption, implementation, and use of SDOH data at practice level.

**GRANTS**: (e.g., ACL Challenge Grant, ONC Health IT LEAP)



# How to Engage!





#### Join our Project!

- Join the Gravity Project: <a href="https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project">https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project</a>
  - Public Collaborative Workgroup meets bi-weekly on Thursdays' 4:00 to 5:30 pm ET
  - SDOH FHIR IG Workgroup meets weekly on Weds. 3:00 to 4:00 pm ET
- Help us find new sponsors and partners
- Give us feedback on the Data Principles:
   <a href="https://confluence.hl7.org/display/GRAV/Gravity+Data+Principles">https://confluence.hl7.org/display/GRAV/Gravity+Data+Principles</a>
- Submit SDOH domain data elements (especially for Interventions): <a href="https://confluence.hl7.org/display/GRAV/Data+Element+Submission">https://confluence.hl7.org/display/GRAV/Data+Element+Submission</a>
- Help us with Gravity Education & Outreach
  - Use Social Media handles to share or tag us to relevant information
    - @the gravityproj
    - in <a href="https://www.linkedin.com/company/gravity-project">https://www.linkedin.com/company/gravity-project</a>
  - Partner with us on development of blogs, manuscripts, dissemination materials





#### **Questions?**

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