



November 23, 2020

By Electronic Submission

The Honorable Donald Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor
Washington, D.C. 20201

Re: The Gravity Project's Submission to Include Social Determinants of Health in the U.S. Core Data for Interoperability, Version 2, for Better Care and Better Health Nationwide

Dear National Coordinator Rucker:

The Nebraska Health Information Initiative (NEHII) appreciates the opportunity to comment regarding the Gravity Project's request to include Social Determinants of Health (SDOH) in the U.S. Core Data for Interoperability (USCDI), Version 2, for better care and better health nationwide.

NEHII is the designated statewide Nebraska Health Information Exchange (HIE) and has transformed into a broader health data utility, aligning clinicians, health economists, and policy makers to respond to population-level needs. As a health data utility, NEHII provides services beyond that of a typical HIE, including a Prescription Drug Monitoring Program (PDMP), SDOH platform, Qualified Clinical Data Registry (QCDR) and Qualified Registry. Working with healthcare organizations across multiple states, NEHII has pioneered activities in interoperability, health information exchange, population health and SDOH. These efforts include the collection, aggregation, and operationalization of resources to facilitate the best possible health care for communities.

NEHII supports the Gravity Project's request for incorporation of SDOH into the U.S. Core Data for Interoperability. We ask that the SDOH domains to be



expressed as standardized and relevant key vocabularies and code sets, as we know the value of collecting and coding SDOH data for clinical care. SDOH data is undergoing rapid development and iterative cycles of maturation due to the urgent need for standard methods to aid health care delivery. Inclusion as a standardized SDOH data element in USCDI is a necessary step to move forward. Based on our project partnership, the Gravity Project's data elements would add critical SDOH domains such as food insecurity, housing instability, transportation insecurity, social isolation, and stress to the USCDI, integrated with core clinical activities such as assessments (e.g., LOINC), health concerns (e.g., (ICD-10-CM, SNOWMED-CT), interventions (CPT/HCPCS), and outcomes (LOINC). Each element will contain a taxonomy of SDOH health status (code sets) that can be leveraged to describe conditions across multiple domains. NEHII agrees that maintaining a standardized code set and master list of domains, activities and value sets allows for adaptation as the field matures and enhance interoperability among users.

NEHII appreciates this opportunity to provide comment and your consideration of our support. We value the ongoing collaboration between ONC and NEHII on improving healthcare quality. If you have any questions or need clarification on any of our comments, please feel free to contact me at your earliest convenience.

Sincerely,

DocuSigned by:

Jaime Bland

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Jaime Bland, DNP, RN
Chief Executive Officer
Nebraska Health Information Initiative

