ONC Social Determinants of Health (SDOH) Information Exchange Learning Forum

Policy and Funding

1:30 – 3:00 pm EST

Tuesday, July 19th, 2022

The Office of the National Coordinator for Health Information Technology

Agenda

- Welcome
- SDOH Information Exchange Background
- Overview of SDOH Information Exchange Foundational Elements
- Policy:
  - Federal Policy Landscape
  - Spotlight: Colorado's Approach to Social Health Information Exchange
- Financing:
  - Funding Landscape
  - Spotlight: Commonspirit
- Questions & Discussion
- Learning Forum Series and Small Group Opportunities
- Closing

Welcome

Please chat-in your name, role and organization.

Greg Bloom
EMI Advisors

Kristina Celentano
EMI Advisors

Karis Grounds
211 San Diego

Brenda Kiritkumar
EMI Advisors

Liz Palena-Hall
ONC

Sheetal Shah
EMI Advisors

Whitney Weber
ONC

Evelyn Gallego
EMI Advisors

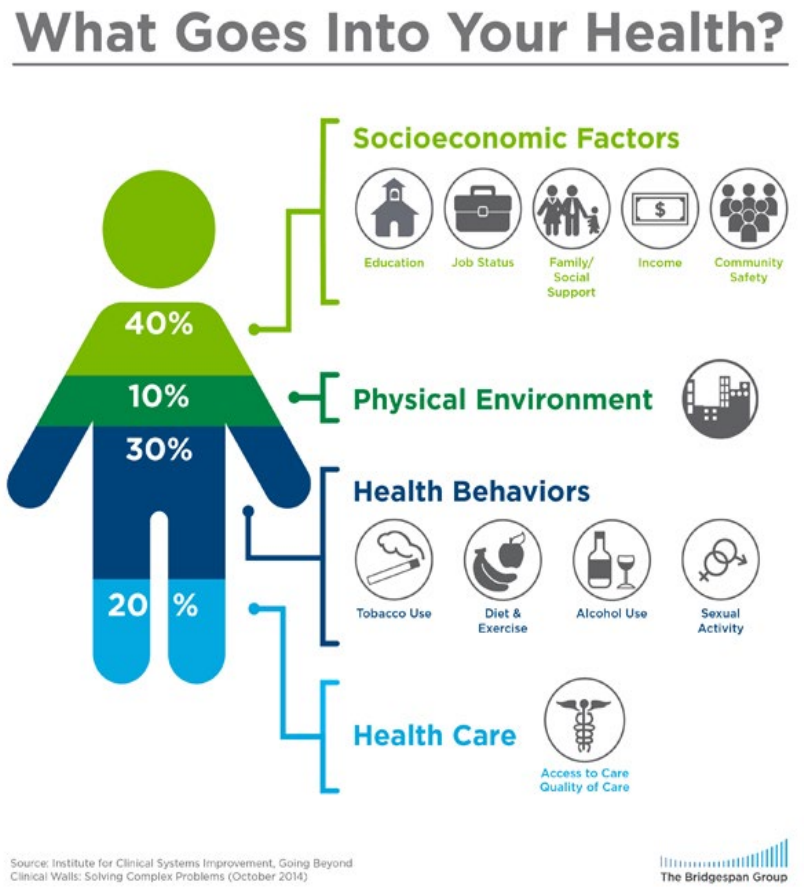
SDOH Information Exchange Background

Why Are Social Needs Important?

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

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

Addressing SDOH is a primary approach to achieve health equity.



Sourced: Gravity Project

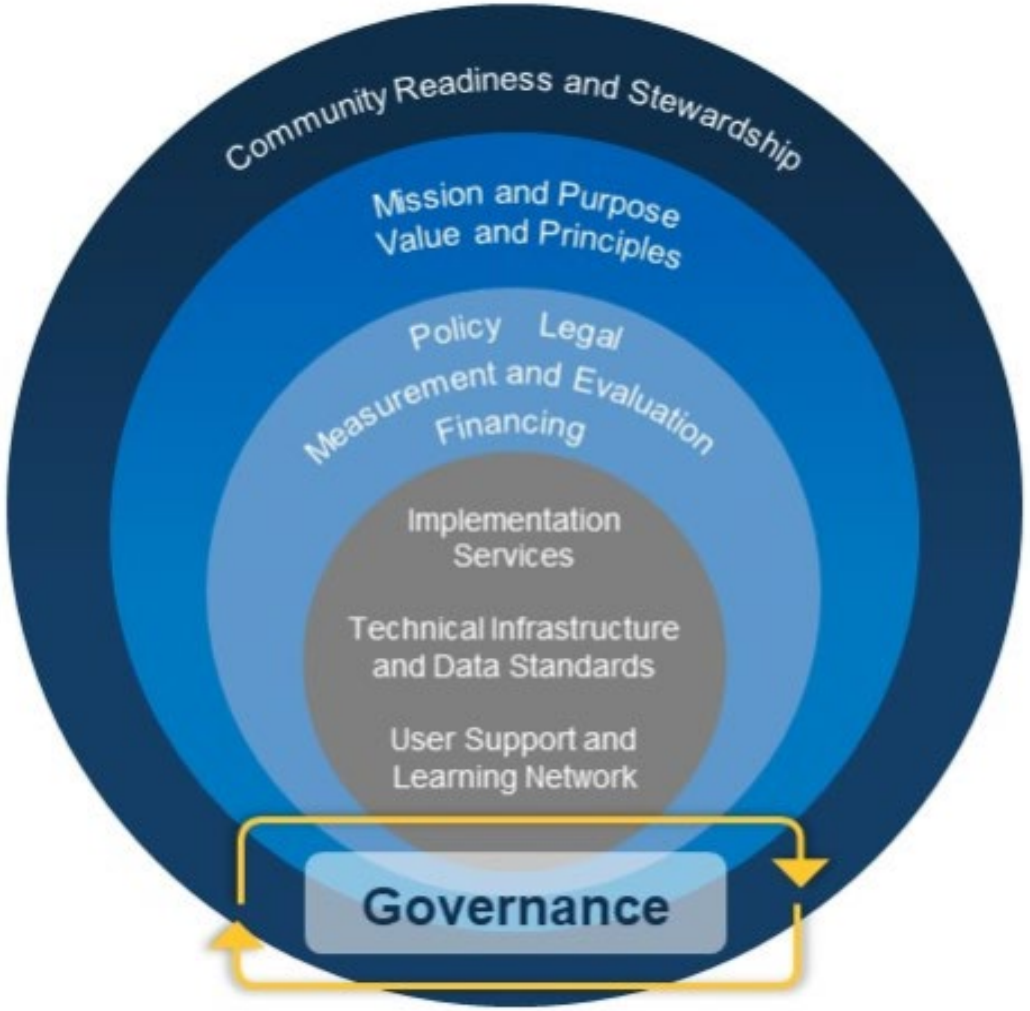
[1]https://www.cdc.gov/nchhstp/socialdeterminants/faq.html

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

SDOH Information Exchange

Overview of SDOH Information Exchange Foundational Elements

Social Determinants of Health Information Exchange Foundational Elements



Policy

Policy Foundational Element

Policy includes use of federal, state, local, and tribal policy levers to advance the ability to collect, share, and use standardized SDOH data, as well as collaboration and alignment with other relevant efforts in the applicable community, region, and/or state(s) for collective impact and improved outcomes.

Questions to Consider

- What assessments have been done on the existing federal, state, local, and tribal policy landscapes?
- What entities or efforts are in alignment with or differ from your objectives, and how will you orient your strategy for collective impact to improve outcomes?
- Whose role will it be to regularly research and review policies that could impact your SDOH information exchange effort?
- How does policy inform the development of the SDOH information exchange technical infrastructure? How can technical capabilities inform policy?

Federal Policy Landscape

HHS SDOH Action Plan At a Glance

Goals

The HHS strategic approach to address SDOH will drive progress through coordinated strategies and activities to better integrate health and human services and to advance public health initiatives involving cross-sector partnerships and community engagement to address specific SDOH drivers.

Goal 1 Build a robust and interconnected data infrastructure to support care coordination and evidence-based policymaking

Goal 2 Improve access to and affordability of equitably delivered health care services, and support partnerships between health care and human services providers, as well as build connections with community partners to address social needs

Goal 3 Adopt whole-of-government approaches, support public-private partnerships, and leverage community engagement to address SDOH and enhance population health and well-being

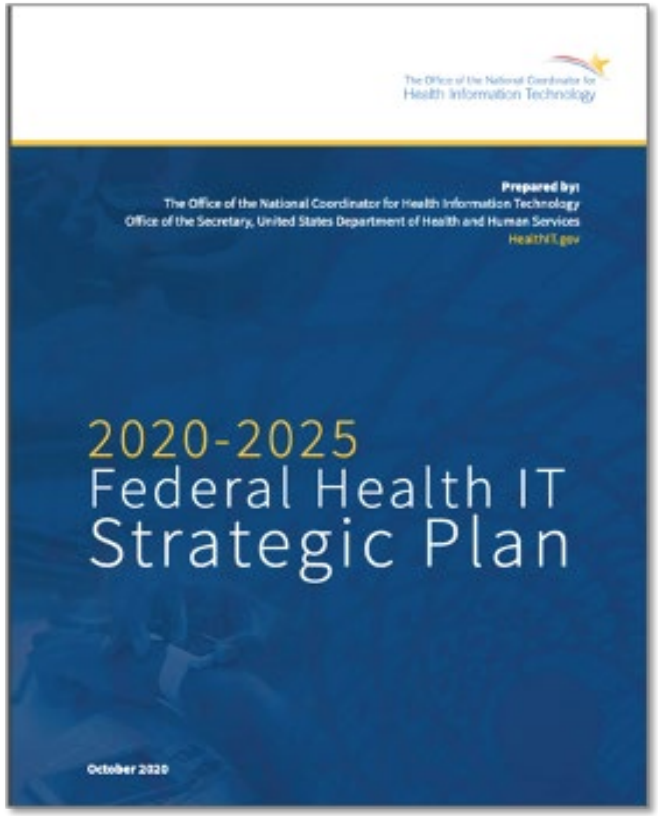
https://aspe.hhs.gov/topics/health-health-care/addressing-social-determinants-health-federal-programs

ONC: Federal Health IT Strategic Plan 2020-2025

The Plan was developed in collaboration with over 25 federal organizations and is intended to guide federal health IT activities.

It includes an objective to integrate health and human services information and identifies federal strategies to:

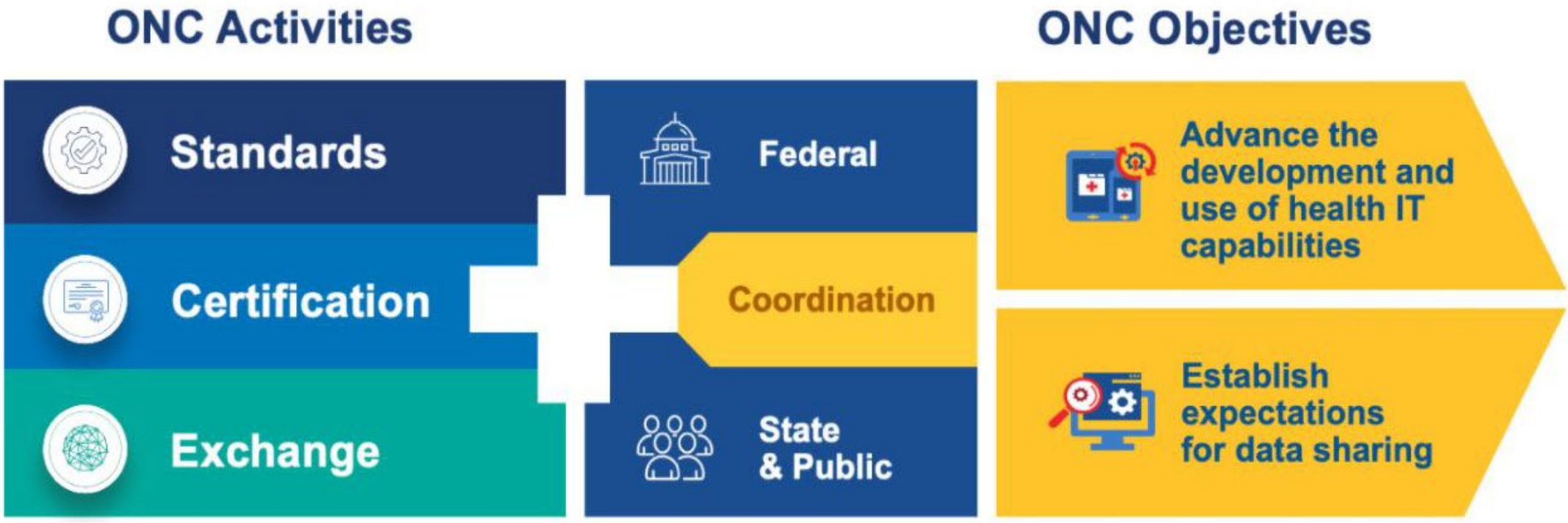
- Strengthen communities' health IT infrastructure
- Foster greater understanding of how to use health IT
- Capture and integrate **SDOH data** into EHRs



https://www.healthit.gov/sites/default/files/page/2020-10/Federal%20Health%20IT%20Strategic%20Plan_2020_2025.pdf

Office of the National Coordinator for Health Information Technology (ONC)

ONC is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.



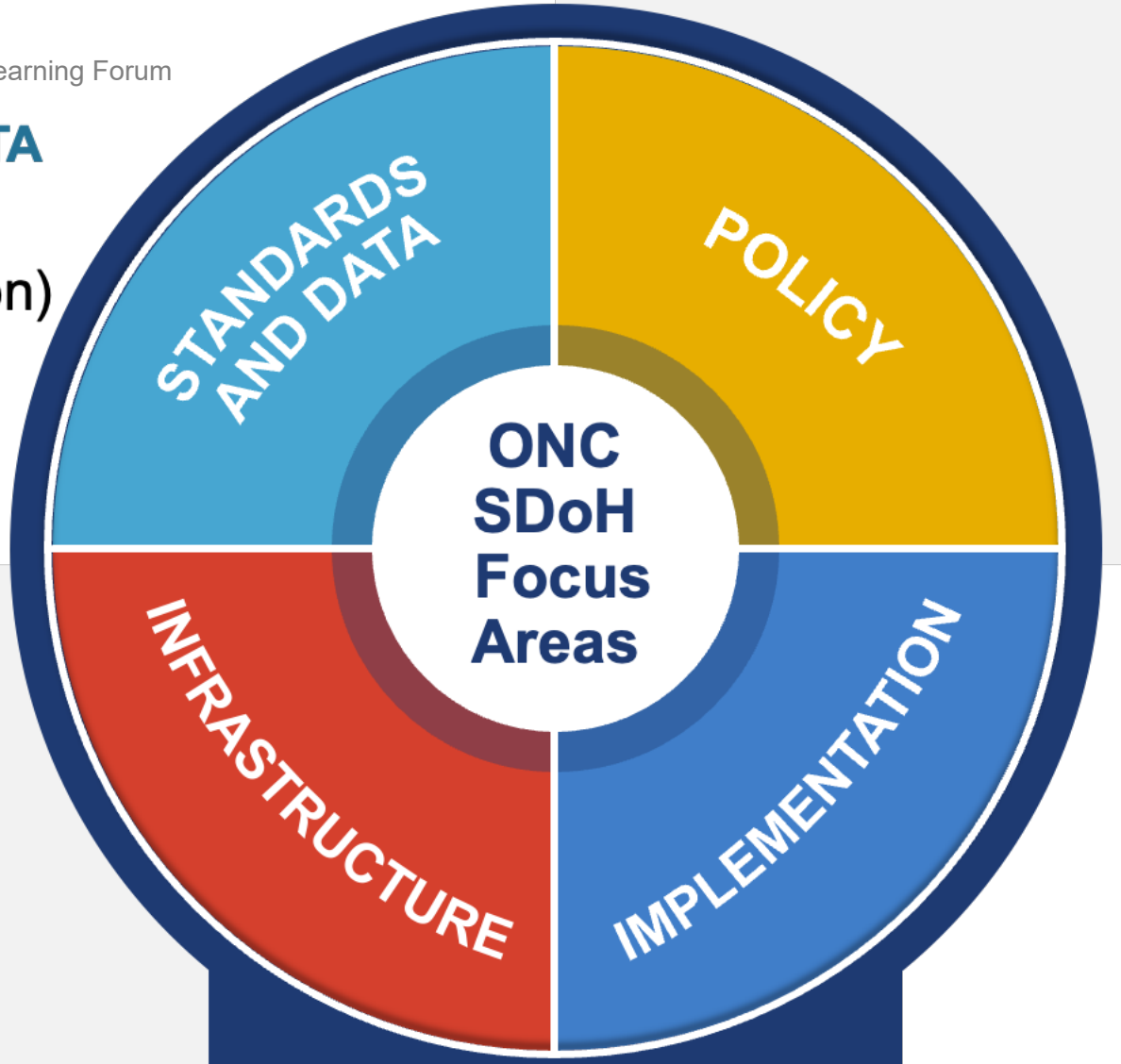
https://www.healthit.gov/topic/about-onc

STANDARDS AND DATA

(Advance Standards Development Adoption)

POLICY

(Emerging Policy Challenges & Opportunities)



INFRASTRUCTURE

(SDOH Information Exchange/ Interoperable Referrals, HIE, State, & Local)

IMPLEMENTATION

(Integration, Innovation, and Health IT Tools)

Collect, Access, Exchange, Use

Addressing SDOH Data Gaps and Interoperability Challenges

Gaps in available standardized SDOH data make it difficult to leverage available technology (EHRs, portals) to collect, share, and use it for individual and community health.

Imagine if…..?

Data captured at any point of care was structured and could be shared and reused by other service providers across community, state, and federal programs informing multiple patient care activities.

- Social determinant of health data sources could be leveraged and integrated with other data sets to provide more insights on improved outcomes and program effectiveness
- There were no obstacles for consumers in access to technology for virtual visits or for their health records
- Every community was fully resourced with sufficient infrastructure/technology
- Health and human services was fully integrated for holistic and equitable health and care

Draft USCDI Version 3

Allergies and Intolerances
- Substance (Medication)
- Substance (Drug Class)
- Reaction

Assessment and Plan of Treatment
- Assessment and Plan of Treatment
- SDOH Assessment

Care Team Member(s)
- Care Team Member Name
- Care Team Member Identifier
- Care Team Member Role
- Care Team Member Location
- Care Team Member Telecom

Clinical Notes
- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

Clinical Tests
- Clinical Test
- Clinical Test Result/Report

Diagnostic Imaging
- Diagnostic Imaging Test
- Diagnostic Imaging Report

Encounter Information
- Encounter Type
- Encounter Diagnosis
- Encounter Time
- Encounter Location
- Encounter Disposition

Goals
- Patient Goals
- SDOH Goals

Health Insurance Information ★
- Coverage Status ★
- Coverage Type ★
- Relationship to Subscriber ★
- Member Identifier ★
- Subscriber Identifier ★
- Group Number ★
- Payer Identifier ★

Health Status
- Health Concerns ➡
- Functional Status ★
- Disability Status ★
- Mental Function ★
- Pregnancy Status ★
- Smoking Status ➡

Immunizations
- Immunizations

Laboratory
- Test
- Values/Results
- Specimen Type ★
- Result Status ★

Medications
- Medications

Patient Demographics
- First Name
- Last Name
- Middle Name (Including middle initial)
- Suffix
- Previous Name
- Date of Birth
- Date of Death ★
- Race
- Ethnicity
- Tribal Affiliation ★
- Sex (Assigned at Birth)
- Sexual Orientation
- Gender Identity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address
- Related Person's Name ★
- Related Person's Relationship ★
- Occupation ★
- Occupation Industry ★

Problems
- Problems
- SDOH Problems/Health Concerns
- Date of Diagnosis
- Date of Resolution

Procedures
- Procedures
- SDOH Interventions
- Reason for Referral ★

Provenance
- Author Organization
- Author Time Stamp

Unique Device Identifier(s) for a Patient's Implantable Device(s)
- Unique Device Identifier(s) for a patient's implantable device(s)

Vital Signs
- Systolic blood pressure
- Diastolic blood pressure
- Heart Rate
- Respiratory rate
- Body temperature
- Body height
- Body weight
- Pulse oximetry
- Inhaled oxygen concentration
- BMI Percentile (2 - 20 years)
- Weight-for-length Percentile (Birth - 36 Months)
- Head Occipital-frontal Circumference Percentile (Birth - 36 Months)

★ New Data Classes and Elements ➡ Data Element Reclassified

Interoperability Standards Advisory (ISA)

Vocabulary/Code Set/Terminology

Allergies and Intolerances
Representing Patient Allergies and Intolerances; Environmental Substances

Functional Status/Disability
Representing Patient Functional Status and/or Disability

Industry and Occupation
Representing Patient Industry and Occupation

Preferred Language
Representing Patient Preferred Language (Presently)

Race and Ethnicity
Representing Patient Race and Ethnicity

Sex at Birth, Sexual Orientation and Gender Identity
Representing Patient Gender Identity
Representing Patient Sex (At Birth)
Representing Patient-Identified Sexual Orientation

Social, Psychological, and Behavioral Data
Representing Alcohol Use
Representing Depression
Representing Drug Use
Representing Exposure to Violence (Intimate Partner Violence)
Representing Financial Resource Strain
Representing Food Insecurity
Representing Housing Insecurity
Representing Level of Education
Representing Physical Activity
Representing Social Connection and Isolation
Representing Stress
Representing Transportation Insecurity

Content/Structure

Care Coordination for Referrals
Referral to Extra-Clinical Services - Request, Updates, Outcome

Care Plan
Documenting and Sharing Care Plans for a Single Clinical Context
Documenting and Sharing Medication-Related Care Plans by Pharmacists
Documenting Care Plans for Person Centered Services
Domain or Disease-Specific Care Plan Standards
Sharing Patient Care Plans for Multiple Clinical Contexts

Security Tags for Sensitive Information
Security Tags for Sensitive Information

https://www.healthit.gov/isa/tagged-content/social-determinants-health

Spotlight: Colorado's Approach to Social Health Information Exchange

Connecting the Networks

Colorado's Approach to
Social Health Information Exchange

OeHI
Office of eHealth Innovation

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

The Office of the National Coordinator for Health Information Technology, Learning Forum

July 19, 2022

OeHI

Office of eHealth Innovation

Accelerate technology-driven health transformation by aligning public and private initiatives to support Colorado's commitment to become the healthiest state in the nation.

COLORADO HEALTH INSTITUTE

We improve the health of all Coloradans through independent research, analysis, and insight that advance sound policies and decisions.

Strategic and Collaborative Policy and Approach

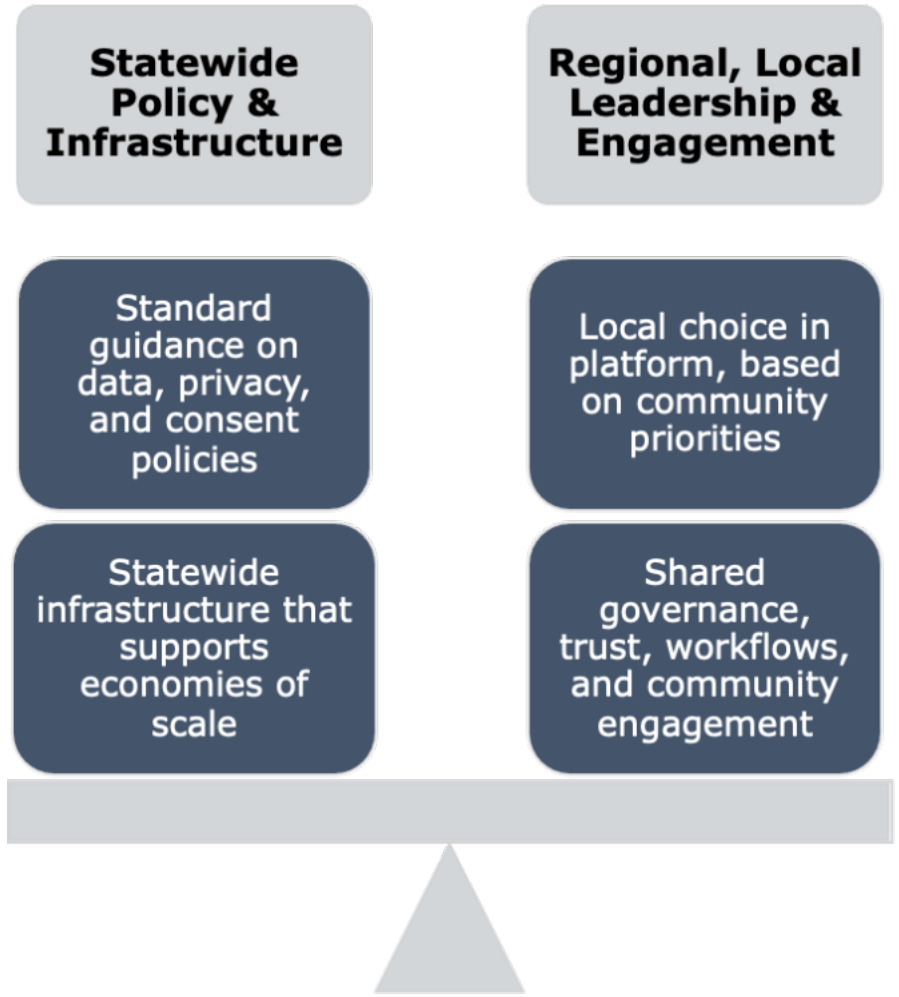
Statewide regulatory framework and system infrastructure, fostered by state leadership

Regional governance, implementation, and community engagement, supported by regional and local leadership

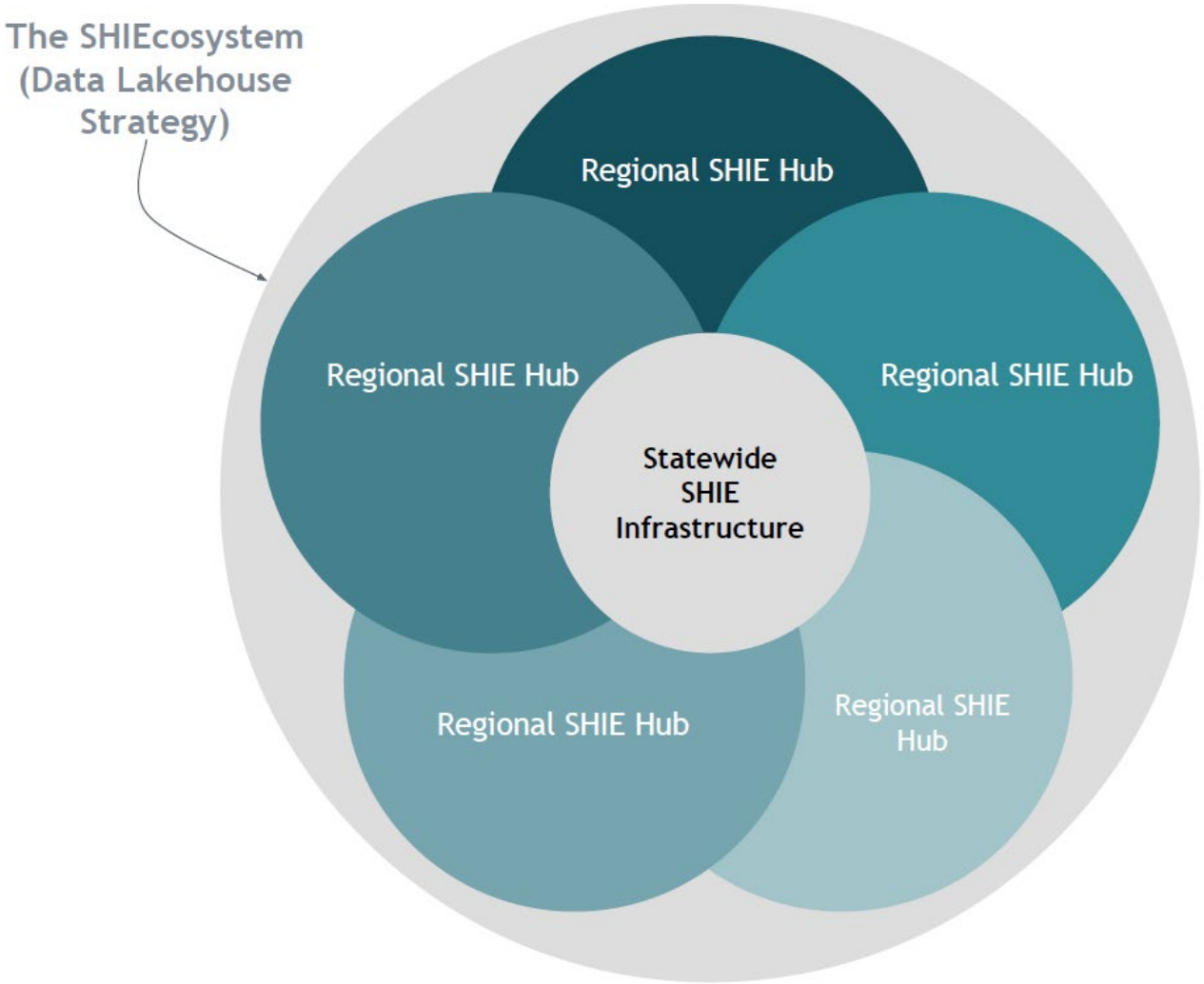
OeHI
Office of eHealth Innovation

COLORADO HEALTH INSTITUTE

Balanced Approach to Development and Sustainability



Two-Pronged Approach

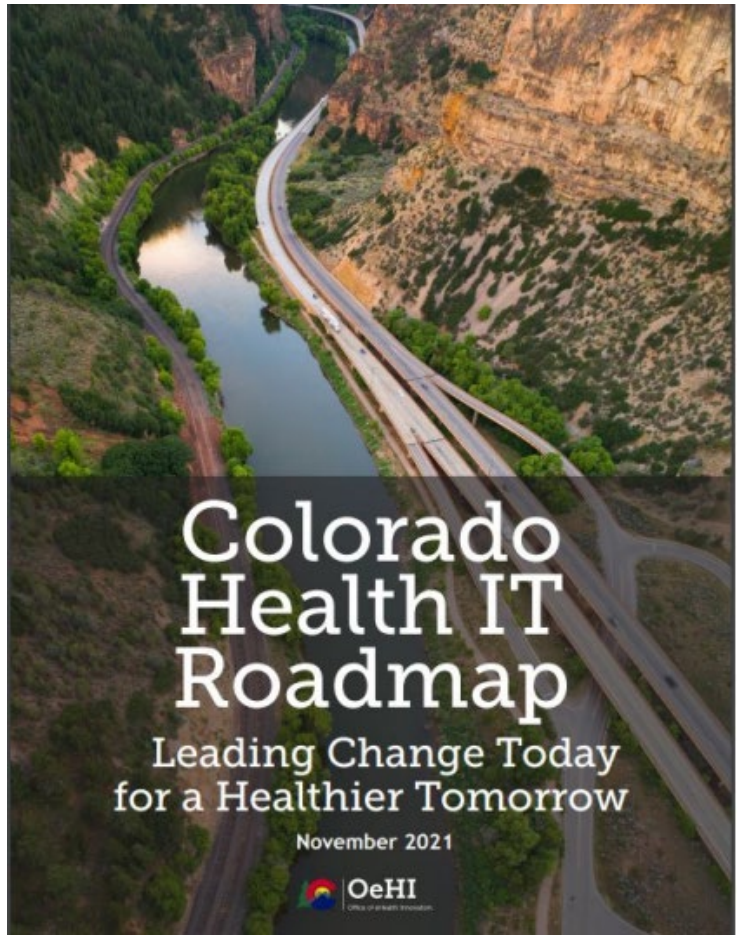


OeHI
Office of eHealth Innovation

COLORADO HEALTH INSTITUTE

Statewide Core Services

- Identity Management
- Provider Directory
- Resource Inventory
- Consent Management
- Data-sharing Management
- Scalable Data-Sharing Platform



OeHI
Office of eHealth Innovation

COLORADO HEALTH INSTITUTE

Metro Denver S-HIE Initiative

- **Over 30 cross-sector partners**, including local public health and human service agencies, health systems, community organizations, community members, Regional Accountable Entities, and technical organizations
- **Integrative governance** to promote shared leadership and decision-making for implementation, evaluation, and community engagement
- **Emphasis on exchange** — establishing agreements, building consensus, and deepening trust to identify priorities, implement, improve, and scale over time

OeHI
Office of eHealth Innovation

COLORADO HEALTH INSTITUTE

Regional, Integrative Governance

- **Rooted in a shared mission and vision,** developed by the partners
- **Facilitates shared leadership**, decision-making, commitment, and action
- **Leverages unique skills and expertise** of partners to support implementation, evaluation, and sustainability efforts
- **Operates with a community board** to ensure community priorities are at the center
- **Supported by a trusted convener/ facilitator** to ensure alignment and progress across all activities

Metro Denver S-HIE Governance Structure

Lessons Learned

- **Community members** drive the value proposition for an interoperable ecosystem.
- **Policy and funding** are distributed across public and private sectors — no single authority.
- **Workforce and service capacity** are the biggest barriers to comprehensive care — not technology.

Thank you!

OeHI
Office of eHealth Innovation

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

Questions & Discussion

Financing

Financing Foundational Element

Financing encompasses funding for start-up investments (e.g., hardware, software, capacity building, community engagement, and human resources) and ongoing costs (e.g., data and IT infrastructure, legal services, service delivery, backbone organization, and/or CBO capacity) that is supported by a revenue model and/or sustainability plan.

This funding may include funding opportunities (e.g., private sector funding, public sector funding, and partnerships), leveraging multiple funding streams, and incentives for community adoption and use.

Questions to Consider

- What are the advantages and risks of different funding strategies?
- Who will design the funding strategy, and through what process?
- Does the community, health department, or state program have a similar initiative underway? If so, is there a way to leverage and expand what they have already built? If not, can they be a partner or help with financing or cost sharing?
- What are the risks of inequitable outcomes from various incentive structures, and how can such risks be mitigated?

Funding Landscape

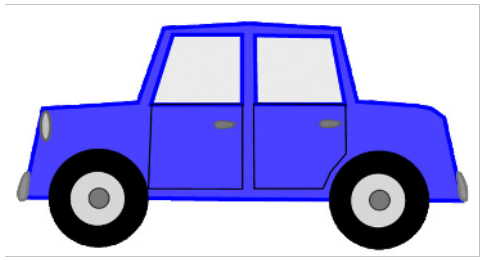
Some Thoughts on Financing SDOH Information Exchange

Len M. Nichols, Ph.D.
Non-Resident Fellow, Urban Institute
Professor Emeritus, George Mason University

For ONC SDOH Learning Forum

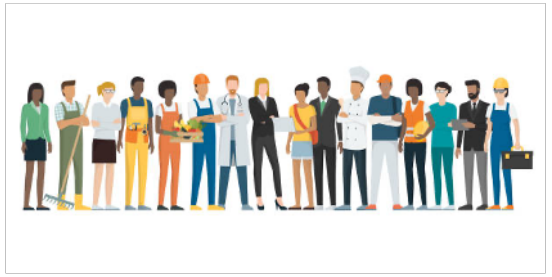
July 19, 2022

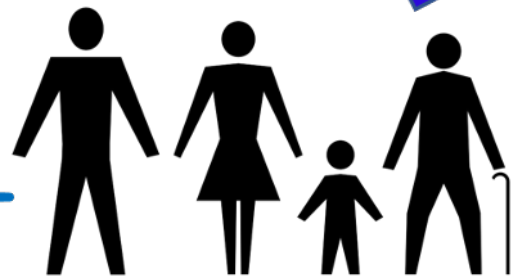
Value Creation from Upstream Interventions



Improved Health
And well being

Stronger Community

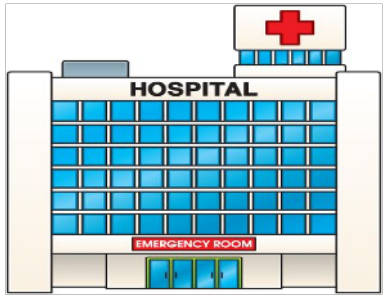


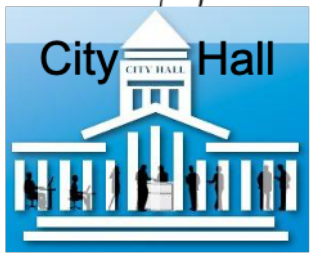


Connection infrastructure

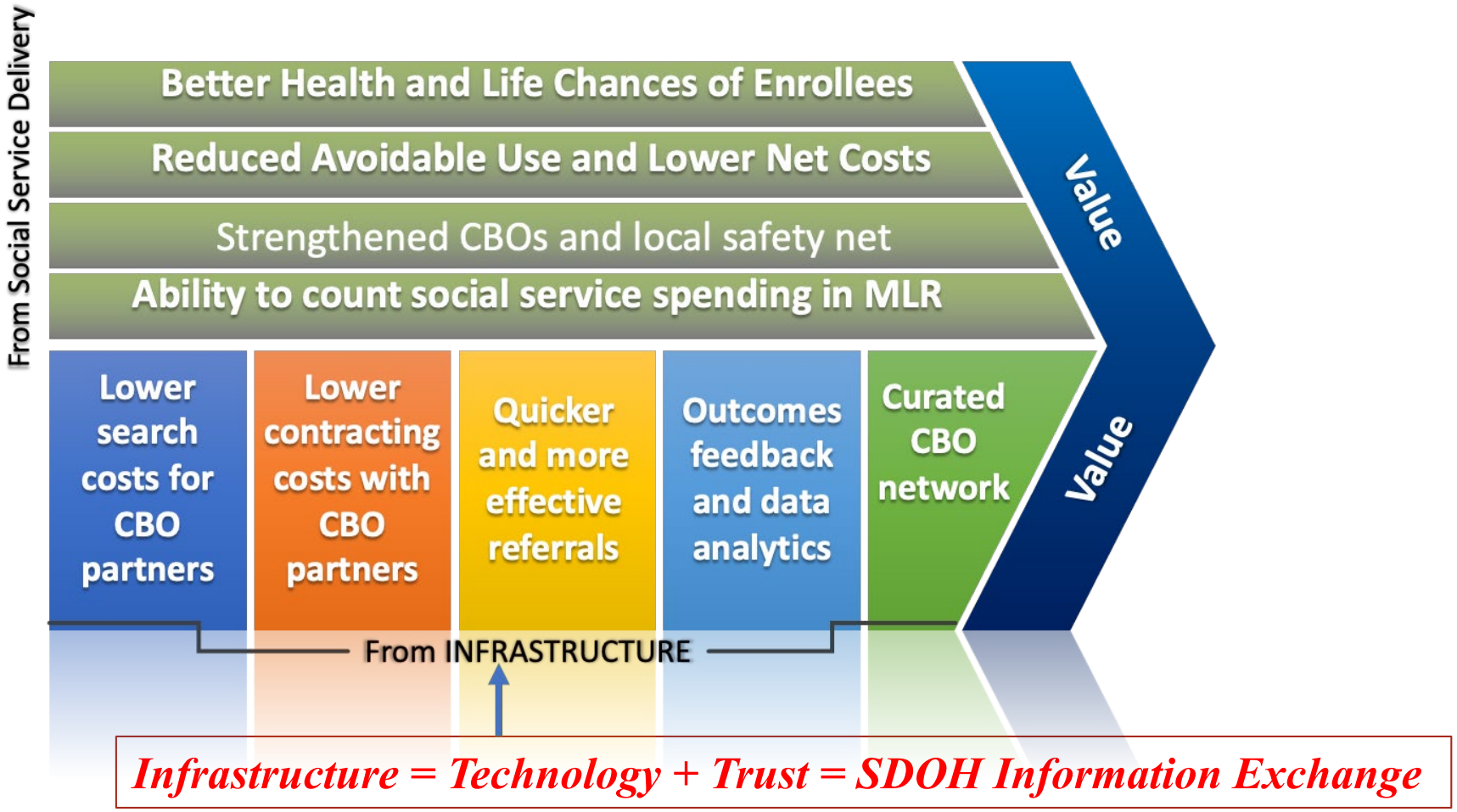
CBOs

Lower Costs, Or Mission-Consistent Value





Value Streams to Health Care and Others from Addressing Health Related Social Needs Enrollees



SDOH Information Exchange Financing

- Multiple beneficiaries => individual price assignment is key
- Value of infrastructure is affected by scale of social service funding ***and*** effectiveness of social service interventions
- Some important “value” is not financial

Financing Alternatives

- Government alone
- Private equity alone
- Health plans or hospitals acting alone, or together?
- Explicitly Collaborative Approaches
  - Government and Private Equity making statewide decisions
  - Organic collaboration with high performing 211 or AAA base
  - Approaches like CommonSpirit's Community Bank Model
  - CAPGI (Collaborative Approach to Public Good Investment)
    - https://capgi.urban.org
  - Social Impact Bonds or Outcomes-Based arrangements

Some Final Thoughts

- Each alternative has pros and cons, may be right for different communities
- Government and governance rules and standards *really* matter
- These choices are too important to leave to an “invisible hand,” or chance
- Community is underrepresented at most decision tables

Spotlight: CommonSpirit

Community Bank Model

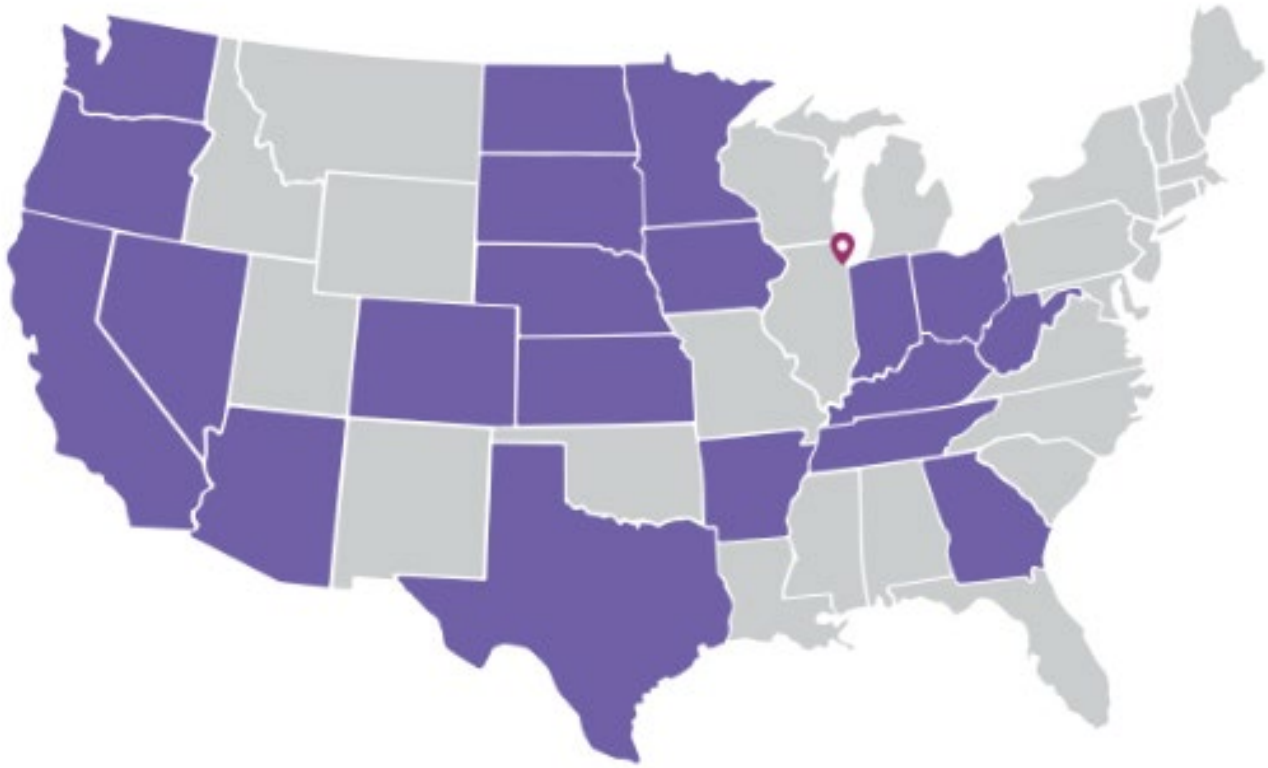
A Bridge towards Sustainable Social Payments

Jurema Gobena, MPH
Director, Social Care Integration
Department of Community Health
CommonSpirit Health

CommonSpirit

CommonSpirit Health

- 140 hospitals, >1000 care sites in 21 states
- Strive to build more resilient communities, advocate for those who are poor and vulnerable, and innovate how and where healing can happen—both inside the hospital and out in the community
- Committed to a mission of serving all people, especially those who are vulnerable
- Nation's leading provider of Medicaid services working to ensure those in need have access to quality care



CommonSpirit

Dignity Health.

CHI Health

Community Health

Address the social, economic, and environmental conditions that influence health and health equity in communities by engaging in collaborative health improvement programs, strategic grant-making, investing, and innovative partnerships.

Guiding Principles

- Emphasize prevention and wellness
- Build community capacity and resiliency
- Foster multi-disciplinary and cross-sector collaboration
- Contribute to a person-centered, integrated continuum of care
- Address disparities and challenge systemic inequities inclusive of and guided by community voice
- Commit to learning, innovating, and demonstrating impact

CommonSpirit

Connected Community Network

What it is:

The CCN creates **efficient linkages** with and among local organizations that provide resources vital to people living in the community. These resources address the social determinants of health (SDoH) and create **access points** for health and wellness

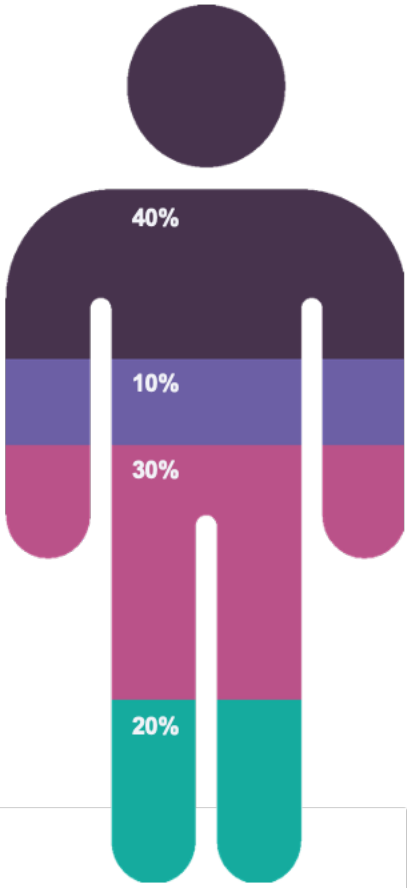
Goal:

One shared **public utility** open to all individuals, providers, care managers, social services organizations, etc.

CommonSpirit

Why: Value of Robust Social Care

Addressing social needs by expanding our hospital walls to include community partners as part of the “care team”



Socioeconomic Factors

Education | Job Status | Family/ Social Support | Income | Community Safety

Physical Environment

Health Behaviors

Tobacco Use | Diet & Exercise | Alcohol Use | Sexual Activity

Clinical Care

Access to Care
Quality of Care

CCN Strategy

Robust Social Care Response

Screening

- Health-Related Social Needs Screening

Access & Connectivity

- Resource directory
- Closed-loop referrals
- 211 call centers

Sustainability

- Social payment models
- Workforce development
- Capacity building
- Evaluation
- Policy/Advocacy

CommonSpirit

Community Infrastructure

The CCN infrastructure centers ownership in the community, with each partner playing a distinct and vital role in developing a robust network.

Local Convener

(e.g. **United Way**, **Community Foundation**) the community backbone organization; *neutral* local agency that convenes critical community organizations, identifies opportunities for growth and expansion with potential funding partners and community network partners.

+

Safety Net Navigator

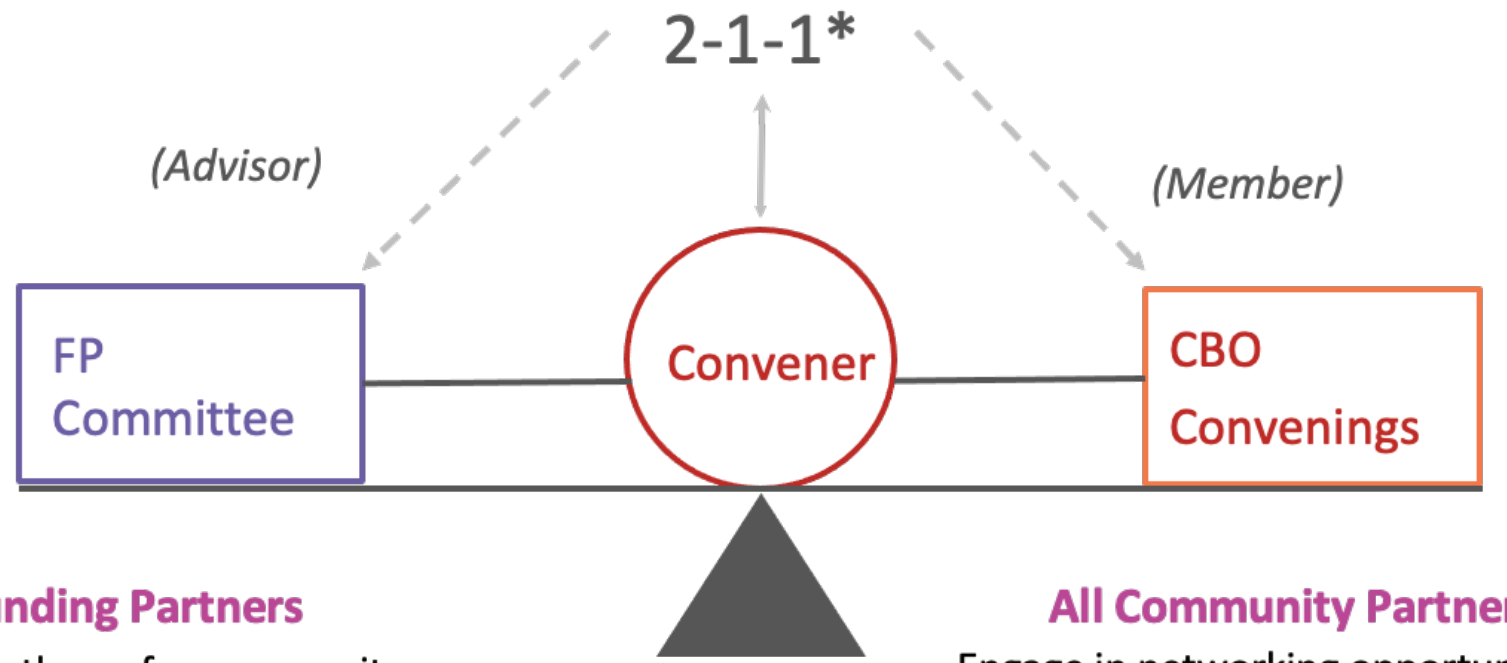
(e.g. 2-1-1) A free and confidential service that helps people across the U.S. and Canada find the local resources they need. The service is available 24 hours a day, seven days a week in 180 languages. They will strengthen their core functionalities (navigation, outcomes, etc.) to receive referrals addressing social and economic needs. Co-champions of network.

+

Technology

A closed-loop referral technology that can power the network, streamlining coordination between health and social service providers.

Governance to Anchor in Community



All Funding Partners

Escalation pathway for community needs, align efforts, make strategic decisions for pooled community investment, identify & onboard new Funding Partners

All Community Partners

Engage in networking opportunities to learn about community programs, align efforts, review utilization & identify barriers, provide feedback for Conveners & Funding Partners

*where available and if separate org

Collective Financing for Sustainability I

Funding Partners & Funders (e.g. other health systems, payers, government, businesses, foundations, etc) will contribute to a **"community bank"** and co-fund community infrastructure costs (shared network costs) in three areas on an annual basis.

Community Bank

Funding Partners (Shared Cost)

Local Convener

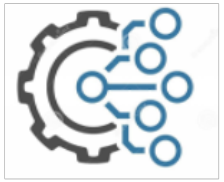
-Project Management
(Ongoing QA/Process Improvement
-Recruits and convenes CBOs
-Sources other funding
-Stewards growth & governance
-Fiscal Agent

Community Capacity

-"Grant Fund" to support CBOs in the short-term to mitigate resource constraints as utilization goes up.
-Bridge funding until social payment models are established.

Safety Net Navigator

Individual Cost



Technology

-Licenses
-Integration
-Reporting

Collective Financing for Sustainability II

Funding Partners are agencies that contribute to community bank and utilize the network. Funders are organizations that only contribute to community bank. Model scenario of a network with 10 Funding Partners and total cost for 1 health system funding partner:

Community Bank

Funding Partners (Shared Cost)

Local Convener	Safety Net Navigator	Community Capacity
($100,000)	($50,000)	($100,000)

$250,000 / 10 Funding Partners = $25,000 per FP

+

Individual Cost

Technology
($50,000)

= **Total Cost $75,000**

CommonSpirit

Growth and Future State

2016

CCN 1.0

Nevada

Unidirectional referrals to internal CH programs

- No FPs
- No Convener
- No Standard Screening
- No 211
- No CBO Network
- Technology= Not Robust

2017

CCN 2.0

Santa Cruz, CA

Unidirectional referrals to internal & external community programs

- No FPs
- No Convener
- No Standard Screening
- No 211
- Technology= Not Robust
- 13 CBOS in-network.

2020

CCN 3.0

San Joaquin, CA

Bidirectional referrals to internal & external community programs

- 11 FPs, >$200k raised
- Convener
- Standardized Screening in ED
- 211 engaged
- Technology= Robust
- 105 orgs in-network

2023+

CCN 4.0

Convener>Network Lead Entity

One-stop hub for contracting entities (health systems, payers, gov, etc.)

Contract, billing, data support for CBOs

Value-based payments for social services

Standardized screening in all clinical settings

TAKEAWAY

Conveners & 211s are necessary backbone organizations in this work to meaningfully engage partners and impact the greater community. Conveners/NLEs offer a scalable pathway for community integrated networks.

CommonSpirit

Lessons Learned

- Governance must flex to needs of community
- Continuous community and FP engagement is critical
- Funding agencies largely supportive of model and willing to participate
- Difficult to get funding partners to commit to an undetermined number, must set best estimate price to advance discussions and secure commitment
- Some agencies can only pay what they can, still participate in governance with equal voice
- Capacity Fund- rather than a generic grant fund, promote incentive payments, wraparound funding for Medicaid social service reimbursements, and subsidize CBO capacity-building education to prepare nonprofits for social payment models

CommonSpirit

Appendix

CommonSpirit

Alignment with CA State Medicaid Reforms

Robust Social Care Response

	Screening	Access & Connectivity	Sustainability
Existing CCN Strategy	• Health-Related Social Needs Screening in acute and community settings	• Resource directory • Closed-loop referrals • 211 call centers	• Social payment models • Workforce development • Capacity building • Evaluation
CalAIM Strategy	• Screening for Community Supports in acute and ambulatory settings -ambulatory cc -acute cc -ED -clinics -nursing	• Leverage CCN for referrals to community providers & streamline authorization process	• Secure state PATH Supports funding for community partners. Align with MCO Incentive Payment funding (short-term) • Use referral platform to process claims/reimbursement for Community Supports and beyond (long-term) • Identify capacity gaps with providers and harness wraparound funding

Questions & Discussion 2

Learning Forum Series and Small Group Opportunities

Learning Forum: Webinar Series Schedule

Topic	Date & Time	Learning Objectives
SDOH Information Exchange Foundational Elements Framework Introduction	March 29th 1:30pm – 3:00pm EST	Learn about the SDOH landscape and foundational elements to enable SDOH information exchange.
SDOH Information Exchange: Vision, Purpose, and Community Engagement	April 22nd 1:00pm – 2:30pm EST	Learn about promising practices to engage with community stakeholders and define a mission and purpose.
SDOH Information Exchange: Governance	May 13th 1:30pm – 3:00pm EST	Learn about different levels of governance for stakeholders engaged in SDOH information exchange initiatives.
SDOH Information Exchange: Technical Infrastructure and Interoperability	June 14th 1:00pm – 2:30pm EST	Learn about data systems and standards to enable SDOH information exchange.
SDOH Information Exchange: Policy and Funding	July 19th 1:30pm – 3:00pm EST	Learn about privacy and security considerations, as well as financing models to support organizations pursuing SDOH information exchange.

https://www.healthit.gov/news/events/oncs-social-determinants-health-information-exchange-learning-forum

Learning Forum: Small Group Opportunities

ONC is also offering additional opportunities for interested stakeholders to participate in small group learning.

- Groups of approximately 10-15 individuals across a diverse set of stakeholder groups.
- Paired with a facilitator and subject matter experts who will guide and support learning and engagement.
- Discussion questions and focus areas will be collaboratively developed.
- Topics will align with the Learning Forum monthly webinar series.

To express interest in small group participation, please email oncsdohlearningforum@hhs.gov for more information on how to join.

Upcoming Small Group Sessions

Upcoming small group sessions:

- Wednesday, July 27th, 1:00 - 2:00 pm ET
- Thursday, July 28th, 1:00 - 2:00 pm ET
- Friday, July 29th, 1:00 - 2:00 pm ET

To express interest in small group participation, email oncsdohlearningforum@hhs.gov for more information on how to join.

Thank You!

The Office of the National Coordinator for Health Information Technology

Contact ONC

Learning Forum contact information:
oncsdohlearningforum@hhs.gov

Phone: 202-690-7151

Health IT Feedback Form:
https://www.healthit.gov/form/healthit-feedback-form

Twitter: @onc_healthIT

LinkedIn: Search “Office of the National Coordinator for Health Information Technology”

HealthIT.gov

Subscribe to our weekly eblast at healthit.gov for the latest updates!