Office of the National Coordinator for Health Information Technology

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

Looking Forward

12:00 - 1:30 pm ET

Thursday, June 29th, 2023

Agenda

- Welcome
- Overview of ONC SDOH Information Exchange Toolkit
- Industry Panel
    - 211/CIE San Diego
    - Colorado Office of eHealth Innovation (OeHI)
    - Administration for Community Living (ACL)
    - Gravity Project & Civitas Networks for Health
- Industry Panel Q&A
- Closing

Welcome

Please chat in your name, role and organization.

Meley Gebresellassie
ONC

JaWanna Henry
ONC

Sam Meklir
ONC

Jillian Annunziata
EMI Advisors

Sara Behal
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Kristina Celentano
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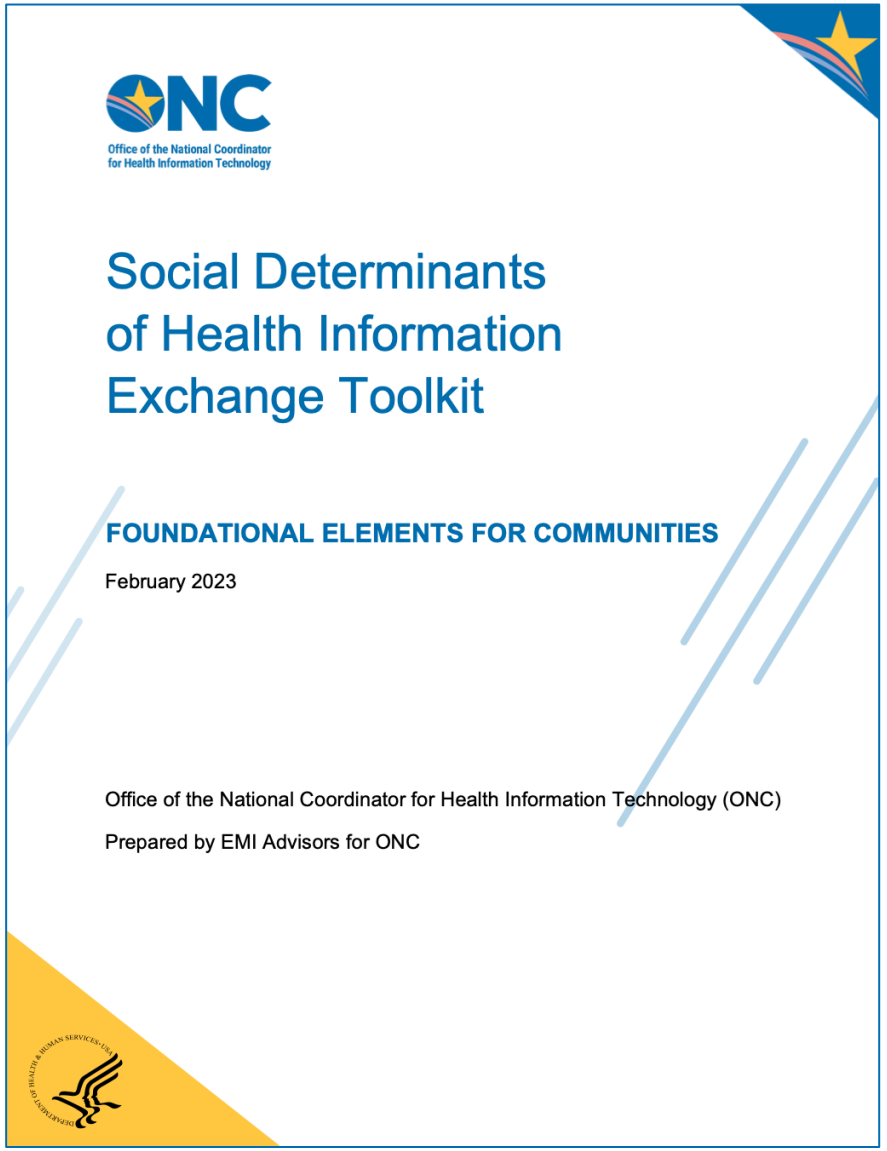
EMI Advisors

Overview of the ONC SDOH Information Exchange Toolkit

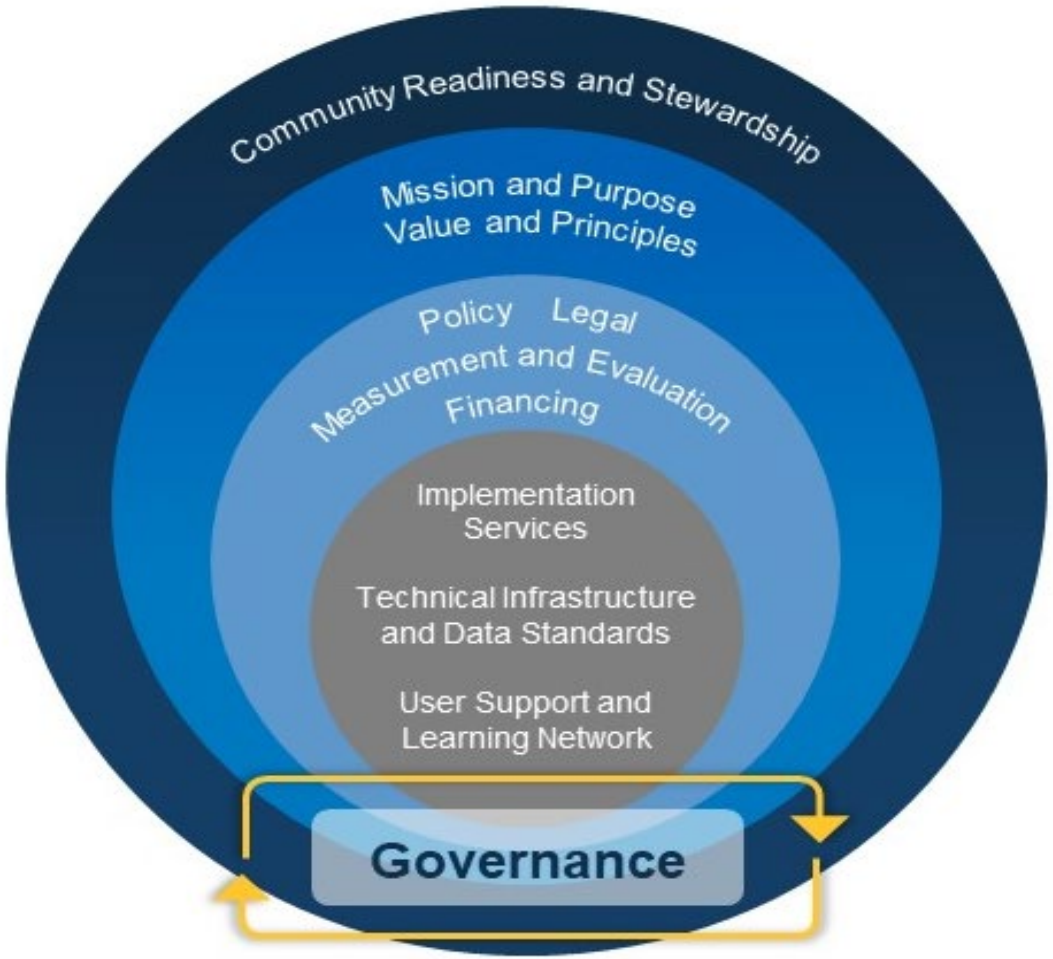
ONC SDOH Information Exchange Toolkit publication

Developed by ONC with support from EMI Advisors and a panel of technical experts convened in 2020.

- Provides information on the SDOH information exchange landscape to stakeholders of all experience levels.
- Identifies approaches to advance SDOH information exchange goals through the 'foundational elements' framework.
- Provides examples of common challenges and promising approaches.
- Shares guiding questions and resources to support implementers.
- Available here: Social Determinants of Health (SDOH) Information Exchange Toolkit



Social Determinants of Health Information Exchange Foundational Elements



Industry Panel

Panelists

- **Karis Grounds,** Vice President of Health and Community Impact, 211/CIE San Diego
- **Stephanie Pugliese,** Director**,** Colorado Office of eHealth Innovation (OeHI)
- **Cassi Niedziela**, Project Coordinator, Colorado Office of eHealth Innovation (OeHI)
- **Joseph Lugo,** Director, Office of Network Advancement, Administration for Community Living (ACL)
- **Vanessa Candelora**, Program Manager at The Gravity Project and Senior Consultant from Point-of-Care Partners
- **Jessica Little**, Vice President, Business Development and Programs at Civitas Networks for Health and Lead on the Gravity Project partnership from Civitas

CIE San Diego & National CIE Movement

Community Information Exchange

2-1-1 SAN DIEGO/IMPERIAL

2-1-1 San Diego / Imperial

- National 3-digit dialing code
- Free, 24/7 service, 3-digit dialing code
- Access to community, health, social and disaster services
- Local, manage resource database of services and relationships with CBOs, leveraging 211 LA taxonomy and AIRS standards
- Part of United Ways or separate 501c3

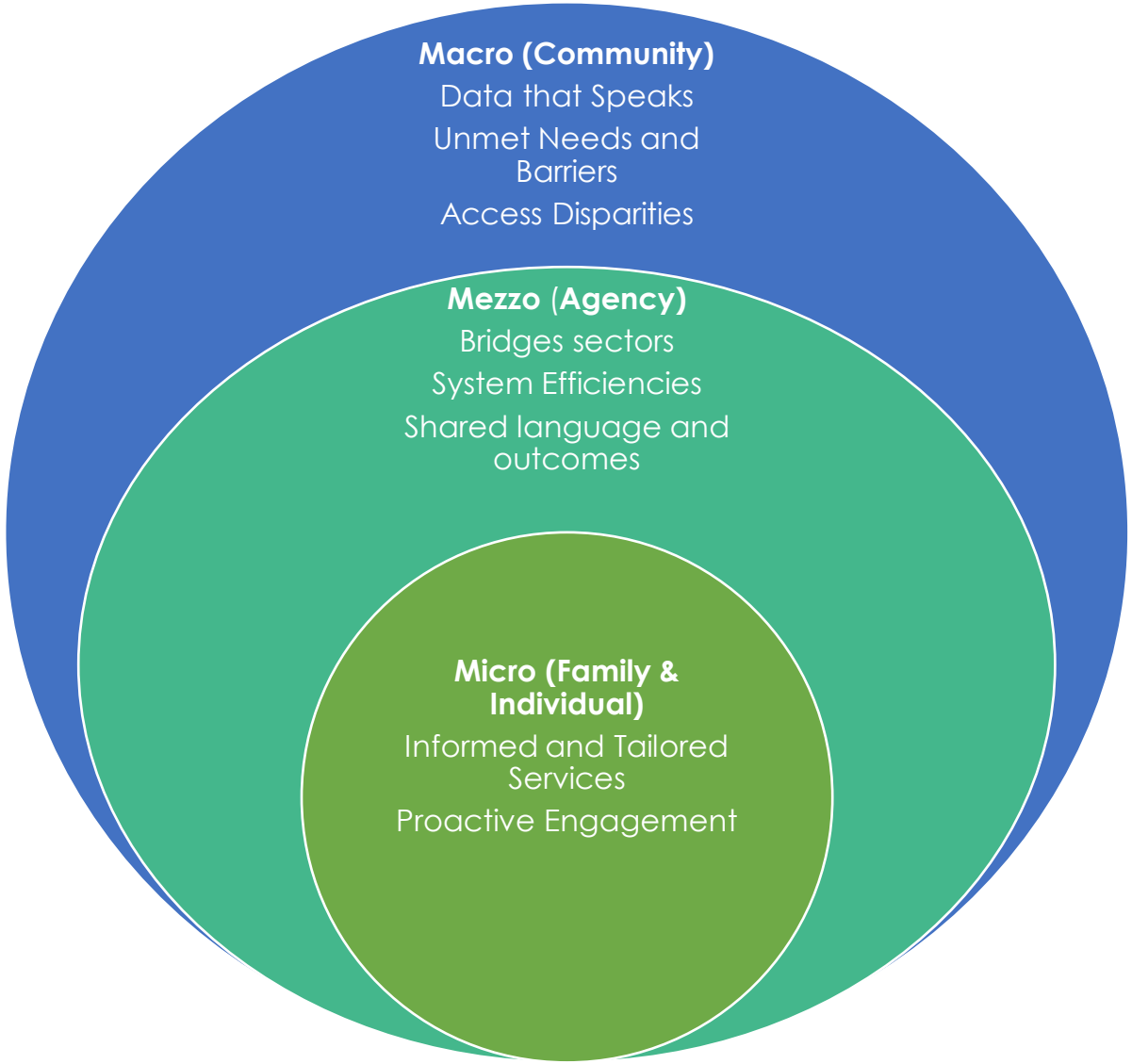
Community Information Exchange

- Local steward of collaboration and data sharing to support systems change that fosters true collaboration across networks
- Communities move towards person-centered through community care coordination
- Goal is to improve health and wellness for individuals, systems and populations

What is a Community Information Exchange?

"A Community Information Exchange (CIE) ® is a community-led ecosystem comprised of ***multidisciplinary network partners*** *using a* ***shared language****, a* ***resource database****, and* ***integrated technology platforms*** *to deliver enhanced* ***community care planning****. A CIE enables communities to have* ***multi-level impacts*** *by shifting away from a reactive approach towards* ***proactive, holistic, person-centered care****. At its core, CIE centers the community to* ***support anti-racism and health equity****."*

Micro to Macro Value



Macro Impact Examples:

- Collective aggregate community data that is provided by community members
- Wholistic data is collected, understanding connection between health and social

Link to Housing Policy Brief

Mezzo Impact Examples:

- Breaking down of siloed data systems
- Ability to search patients/members to see historical use of social services and closed loop referrals
- Shared screening or prioritization of resources and care team members receive alerts to be proactive or responsive

Link to COVID-19 Response

Micro Impact Examples:

- Families don't have to retell their stories or trauma over and over again
- Agencies can reach out directly, instead of adding additional work on the person to follow-up with the agencies for support
- Care gets coordinated within the individual having to remember who they are working with

Example Cohorts: Homeless Older Adult

Community Information Exchange

2-1-1 SAN DIEGO/IMPERIAL

Moving the Needle

- **Constructs of our model: Leverages local infrastructure and collaboration**
  - Stewardship at the local level and centering of community members, resulting in system change
  - Importance of building trust and capacity

- **Point in Time: Leveraging Policy**
  - California specifically is transforming Medicaid, which is impacting opportunities for community infrastructure, data sharing and cross sector collaboration
  - Aligning z-codes with social service data collection
  - Responsive and Innovative for streamlining systems

- **Funding/Sustainability:** Identifying opportunities for funding that support ROI and impact for each sector. Advocating for additional community infrastructure dollars to support investment need for design, build and ongoing development of collaboration, data sharing and technical infrastructure needed for these models.

Colorado's Approach to Social-Health Information Exchange (SHIE)

ONC's SDoH Information Exchange Learning Forum

June 29, 2023

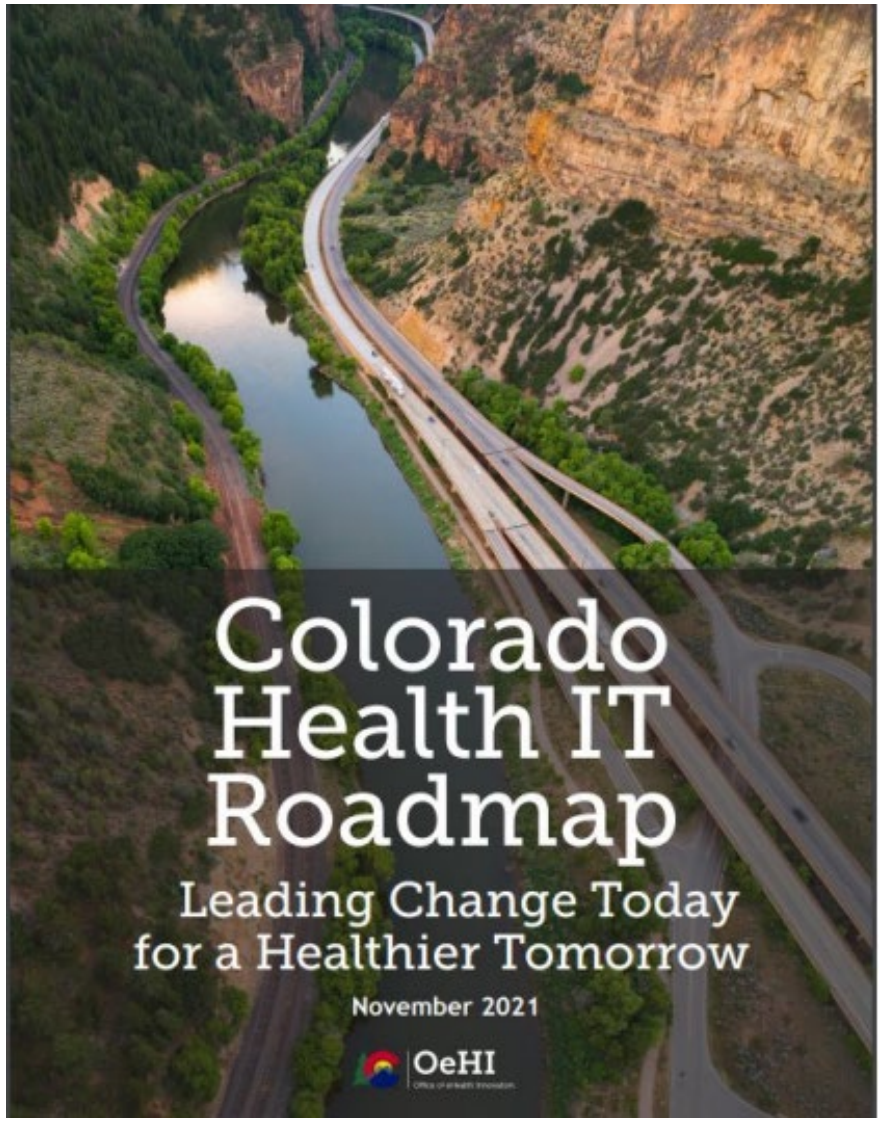
About OeHI

Our Mission:

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

Our Goals:

- Equitable access to health information
- Coordinated in-person, virtual, and remote services
- Inclusive and innovative use of trusted health solutions



What is SHIE?

OeHI
Office of eHealth Innovation

Working Together Towards Whole Person Health

- Connecting the Dots
- Removing Barriers
- Centering Whole Person Health

Our SHIE Vision

OeHI
Office of eHealth Innovation

Two-Pronged Approach:

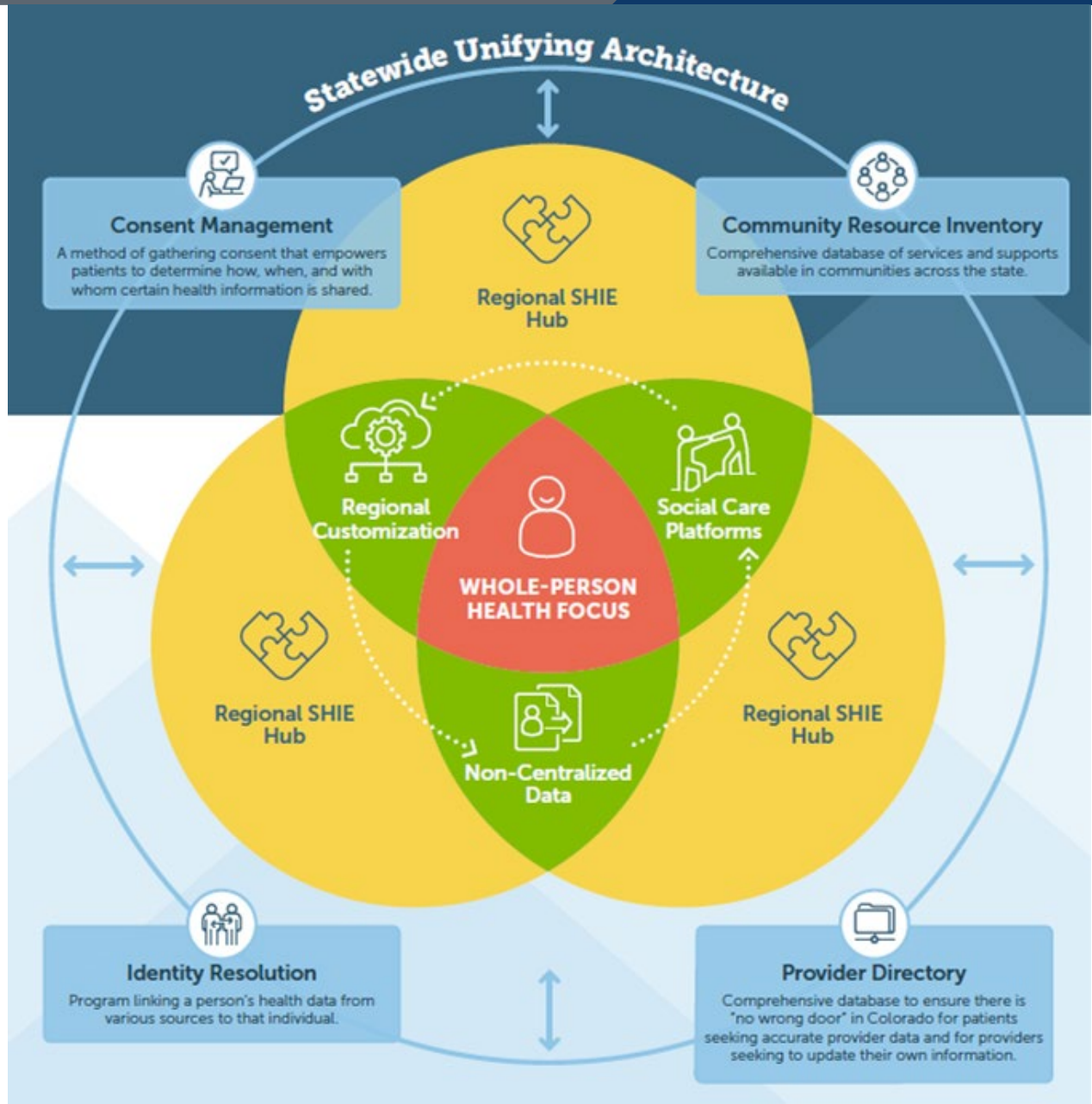
Statewide Unifying Architecture

- Build a network with a focus on interoperability and data governance, built upon existing regional successes

Regional SHIE Hubs

- Fund regional infrastructure and partnerships that are customizable to the priorities of the region

Current Status



Lessons Learned

OeHI
Office of eHealth Innovation

- **Regional buy-in is critical**
  - Technology is not the problem - **build trust**, understand community needs and priorities
- **There is no one system to rule them all in Colorado**
- **Interoperability is key**
- **Focus on other pillars of care coordination**

Please reach out any time!

gov_ask_oehi@state.co.us

https://oehi.colorado.gov/

Administration for Community Living

June 29, 2023

ACL
Administration for Community Living

Aligning Health and Social Services

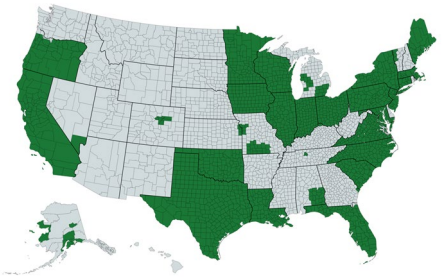
- Increased attention on social drivers of health (SDOH)
- Not enough funding to meet the demand and be sustainable. Need to attract new funding
- Healthcare needs HCBS and human services. No single state agency acting alone will be able to respond to the projected growth in SDOH-related service and support demands
- Need to ensure capacity exists within communities to effectively partner with health care to address health-related social needs (HRSNs), respond to increase in referral volume
- Community-based organizations (CBOs) are increasingly contracting with health care organizations to address health-related social needs (Aging and Disability Business Institute 2021 Request for Information)
  - Leverages CBO core competencies and services
  - Percentage of CBOs contracting as part of a network doubled between 2017 and 2021, from 20% to 40%

Community Care Hub Definition

- A community-focused entity that organizes and supports a network of community-based organizations providing services to address health-related social needs. A Community Care Hub centralizes administrative functions and operational infrastructure, including but not limited to, contracting with health care organizations, payment operations, management of referrals, service delivery fidelity and compliance, technology, information security, data collection, and reporting.
- A Community Care Hub has trusted relationships with and understands the capacities of local community-based and healthcare organization and fosters cross-sector collaborations that practice community governance with authentic local voices.

National Learning Community

Purpose: To bring together organizations serving as Community Care Hubs (CCHs) that are either in development or interested in expansion to take part in shared learning, information and resource sharing, and coordinated technical assistance with the goal of building the strength and preparedness of the CCH to address health-related social needs and public health needs through contracts with health care entities.



58 Organizations

32 States

Learning Tracks

Network Development
- Led by USAging's Aging and Disability Business Institute
- Curriculum focuses on foundational building blocks of establishing a Community Care Hub
- Capacity Assessment to inform strengths and areas to focus technical assistance efforts

Network Expansion
- Co-led and facilitated by peers and subject matter experts
- Curriculum focuses on:
  - Enabling health/housing partnerships (co-developed w/ HSRC)
  - Billing, coding, and payment
    - Exploration of shared resources and services, focus on IT

NLC Echo Model Series: Care Transitions
- Led by ACL and TA partners
- CIL/AAA mentors that will be SMEs for the ECHO work
- ECHO approach and corresponding CIL/AAA partnership profiles developed.
- Hold up to six ECHO sessions using the developed curriculum.

Upcoming: Playbook and Center of Excellence

➢ Interoperability Playbook for CBOs:

Purpose: A Community Care Hub Interoperability Playbook that provides operational guidance to CCHs on the technical and IT infrastructure they may need to improve efficiency and administration of service delivery.

Scope: The regulatory landscape, best practices for protecting PHI, compliance and regulations, IT functions, technical requirements, data requirements, shared services and information sharing, and interoperability approaches and standards adoption.

➢ New National Center of Excellence:

ACL plans to award approximately $11.5 M as a single cooperative agreement to an entity to serve as a national Center of Excellence (COE) to support the development and enhancement of aging and disability organizations funded by ACL to become community care hubs.

Resources

- Health Affairs Blog: Improving Health and Well-Being Through Community Care Hubs
- Community Care Hub Primer: Background, Evolution, and Value Proposition of Working with a Local CBO Network Led by a Community Care Hub
- Working with Community Care Hubs to Address Social Drivers of Health: A Playbook for State Medicaid Agencies
- Functions of a Mature Community Care Hub
- New Publication Highlights Benefits for Health Plans When Partnering With Community-Based Organizations

Gravity Overview

A collaborative initiative with the goal to develop consensus-driven data standards to support the collection, use, and exchange of data to address the social determinants of health (SDOH).

CIVITAS Networks for Health

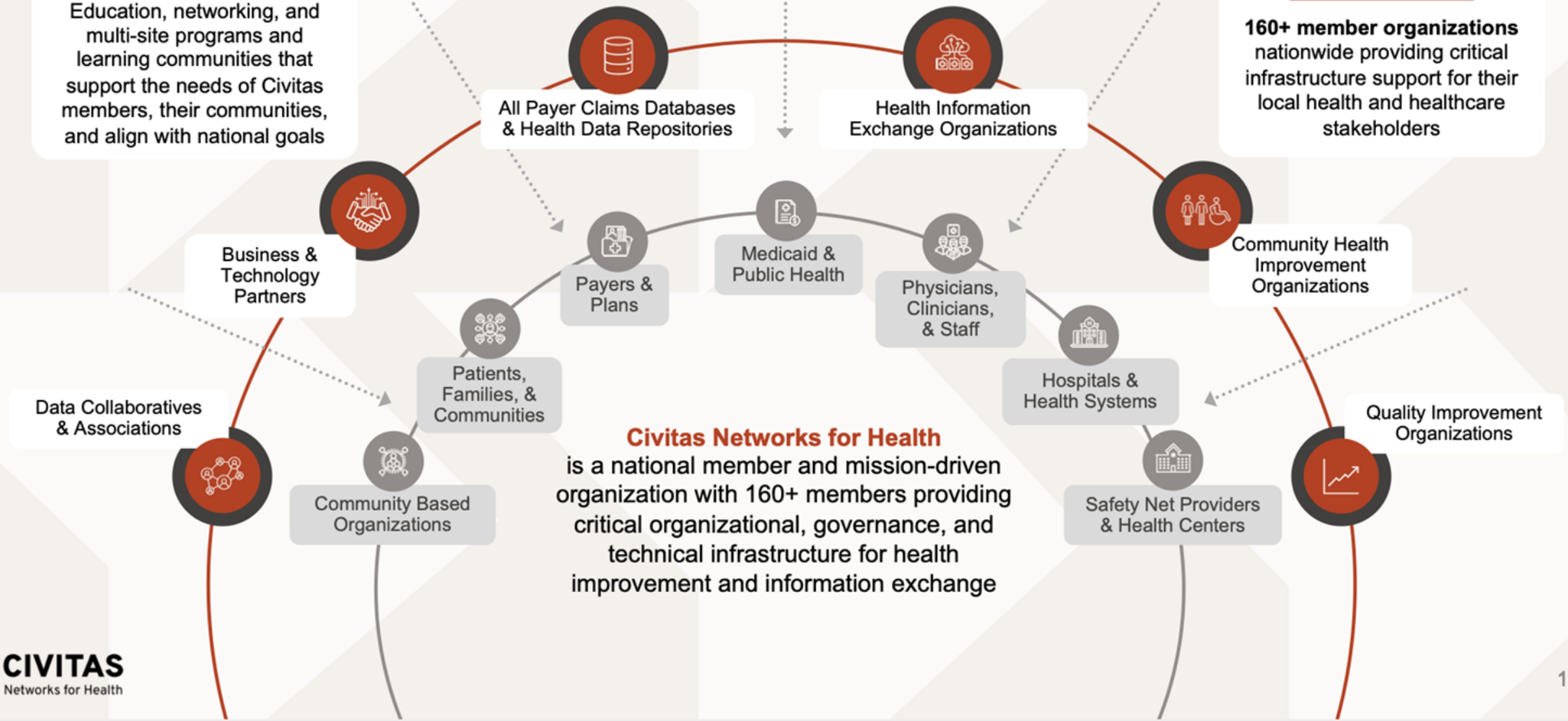
Who We Serve

Programs

Education, networking, and multi-site programs and learning communities that support the needs of Civitas members, their communities, and align with national goals

Members

160+ member organizations nationwide providing critical infrastructure support for their local health and healthcare stakeholders



Civitas Networks for Health is a national member and mission-driven organization with 160+ members providing critical organizational, governance, and technical infrastructure for health improvement and information exchange

CIVITAS
Networks for Health

Exciting Collaboration is Underway!

- Civitas Networks for Health, with support from the Robert Wood Johnson Foundation, is working with Gravity Project to **collaborate on implementation and dissemination.**

- Gravity Project is a national member-led public collaborative that develops consensus-based data standards to **improve how we use and share information on social determinants of health.**

2023 Project Sponsors and Partners

★ Founding Sponsors

Special thanks to the following for your in-kind contributions to Gravity Project: AMA, Civitas Networks for Health, and Saffron Labs.

2017

SIREN Exploration

November: SIREN/Academy Health Host Multi-Stakeholder Group

2018

RWJF funds SIREN to stand up new coding collaborative

Initiation

November: SIREN contracts with EMI to initiate Gravity Project

2019

Food Insecurity

Launch

August: Gravity becomes an HL7 FHIR Accelerator Project

2020

Housing Instability

Homelessness

Transportation Insecurity

HL7 FHIR

DRAFT Gravity IG build

2021

Financial Insecurity

Inadequate Housing

Unemployment

Veterans

Education

Material Hardship

Intimate Partner Violence

Elder Abuse

Stress

Social Isolation

NIH National Library of Medicine Value Set Authority Center

November: Gravity Value Sets in VSAC

USCDI U.S. Core Data for Interoperability

July: Gravity Data Sets in USCDI v2

HL7 FHIR

August: Gravity IG STU1 Published

2022

Medical Cost Burden

Health Insurance Coverage Status

Health Literacy

September: Gravity Pilots Affinity Group Launch

HL7 FHIR

November: Gravity IG STU2 Published

2023

Digital Access

Digital Literacy

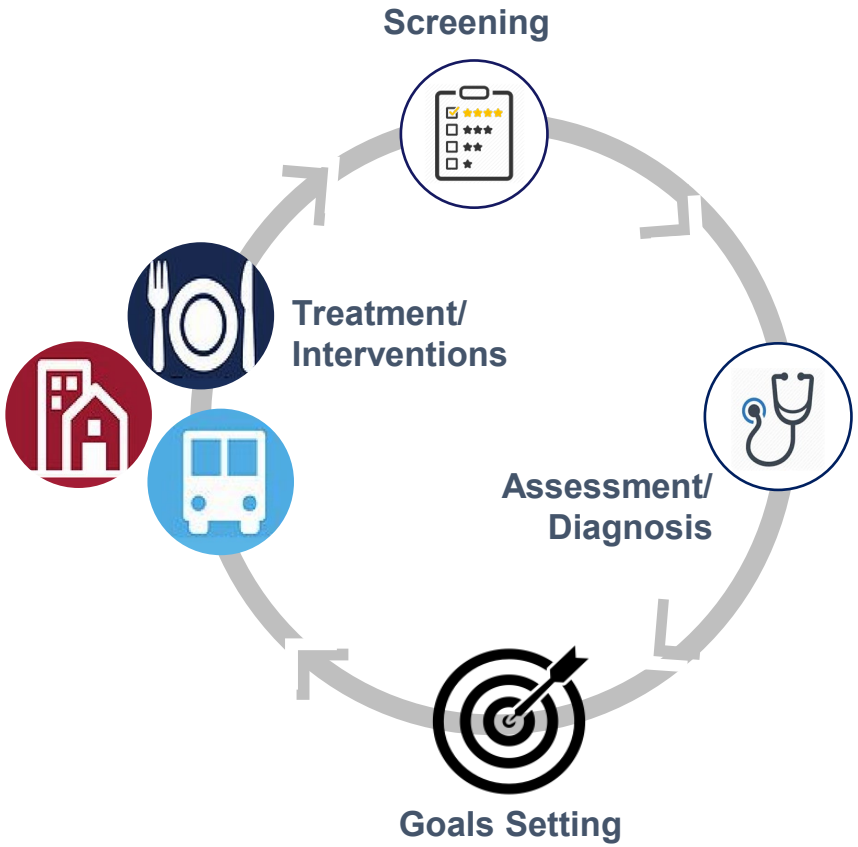
April: Gravity Pilots Phase II Launch: Focus on Public Health/ Health Equity

January, May, Q2: IG Testing and Updates (v2.1)

The Importance of SDOH Data Standards

SDOH Data Standards:

- Establish a **shared understanding of critical concepts** across the ecosystem **in the name of health equity**
- Allow for **data visibility**, a critical aspect of **data justice**
- Create **common methods for exchanging information** within communities to allow for **analysis and upstream, structural interventions**



Gravity is AGNOSTIC to the systems and tools used to collect, exchange, aggregate, and analyze social care data.

Gravity Pilots Across the Nation

This is a sample (not all-inclusive list) of organization locations that have participated in the Gravity Pilots Affinity Group. We are grateful to all organizations adopting the work of Gravity to advance SDOH standards.

Pilots Workstream 2023 - Phase 2

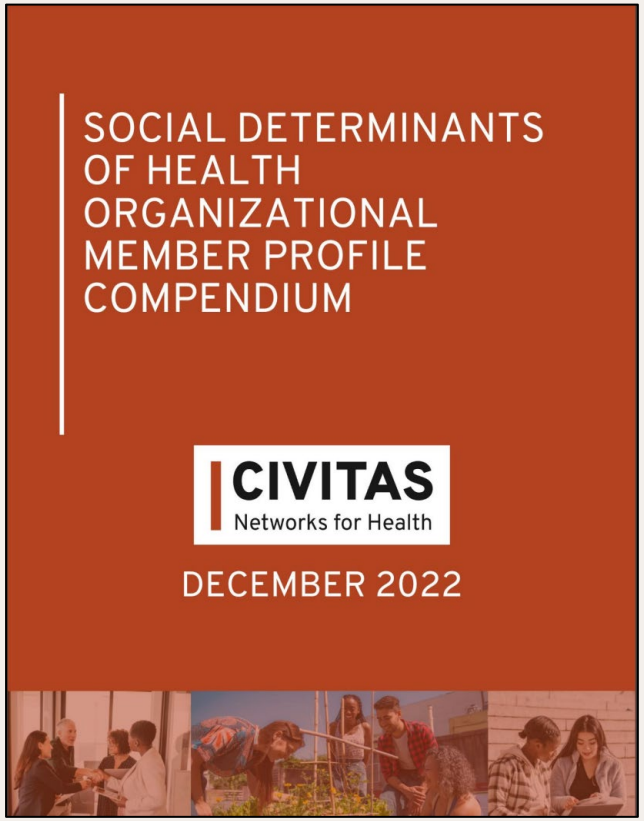
- Focus on public health and health equity
- Led by Civitas Networks for Health, with support from the Robert Wood Johnson Foundation*.
- Tier 2 Pilot Sites kicked off in April 2023 include:
  - Bronx (RHIO)/New York State
  - MyHealth Access Network/Oklahoma State;
  - University of Colorado Hospital/Denver Metro Area;
  - Pima County Department of Public Health & Southwest Tribe/Pima County Arizona
- Gravity Pilots Affinity Group monthly open forums are the last Thursday of the month

Support for this initiative was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

Nationwide Social Care Initiatives

Civitas members are increasingly engaged in facilitating, leading, and supporting efforts to address unmet social needs.

The Civitas SDOH Organizational Member Profile Compendium outlines SDOH initiatives, progress, and current work of Civitas members across the nation in 2022.



Success Factors

Integration of Data Standards Into…

POLICY
(e.g., ONC USCDI, CMS Promoting Interoperability, State Medicaid Director Letters)

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

PAYMENT MODELS
(e.g., CMMI SDOH Model)

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

PROGRAMS
(e.g., Medicare Advantage, Medicaid Managed Care, Hospital QRRP, MIPS).

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

OTHER STANDARDS
HL7 FHIR Accelerators (DaVinci, Argonaut, CARIN)

Industry Panel Q&A

Closing

Summary Takeaways

SDOH information exchange efforts require time and investment to **build trust** and **align community stakeholders** on the mission, vision, purpose and decision-making processes of the initiative.

Approaches to getting started include, but are not limited to:

- **Landscape relevant stakeholders** in your region/state to understand populations served, current technology and data assets, data needs, and technology service needs.
- **Co-design governance structures and processes** with local community-based organizations, community care hubs, and service recipients to balance power dynamics.
- **Engage both health and social care partners in a collaborative process** to identify and prioritize use cases and services to be delivered by an SDOH information exchange initiative.
- **Leverage standards to transform social care data into common formats** that can support data sharing and interoperability to foster improved coordination, service delivery, and outcomes.

Learning Forum webinar series

DESCRIPTION	Meeting Date/Time (EST)	Registration Link
Phase I Webinars		
Introduction to SDOH Information Exchange and the Learning Forum	March 2022	View past meeting materials and recordings here
Vision, Purpose, and Community Engagement	April 2022	
Governance	May 2022	
Technical Infrastructure and Interoperability	June 2022	
Policy and Funding	July 2022	
Phase II Webinars		
Community-level Governance	February 2023	View past meeting materials and recordings here
Values, Principles, and Privacy	March 2023	
Implementation, Measurement, and Evaluation	May 2023	
SDOH Information Exchange Learning Forum Summary	June 2023	

Feedback

You may enter into the chat your thoughts on these two questions:

- How useful did you find today's ONC SDOH Information Exchange Learning Forum webinar?
- What other content or information would be useful for you in your efforts?

Other feedback or suggestions?

Email: **oncsdohlearningforum@hhs.gov**

Office of the National Coordinator for Health Information Technology

THANK YOU!

Office of the National Coordinator for Health Information Technology

Contact ONC

ONCSDOHLearningForum@hhs.gov

Phone: 202-690-7151

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

Twitter: @onc_healthIT

LinkedIn: Office of the National Coordinator for Health Information Technology

YouTube: https://www.youtube.com/user/HHSONC

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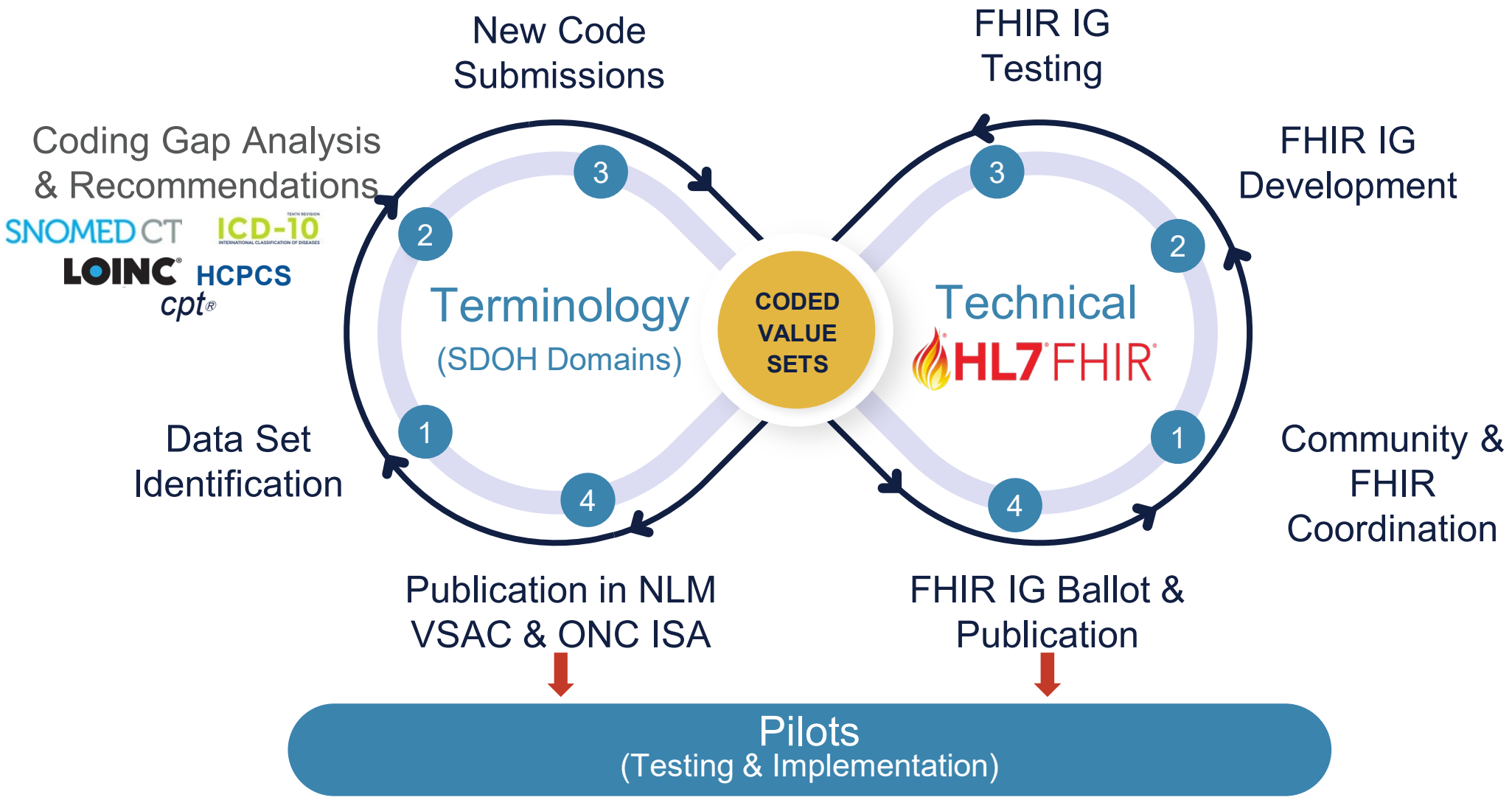
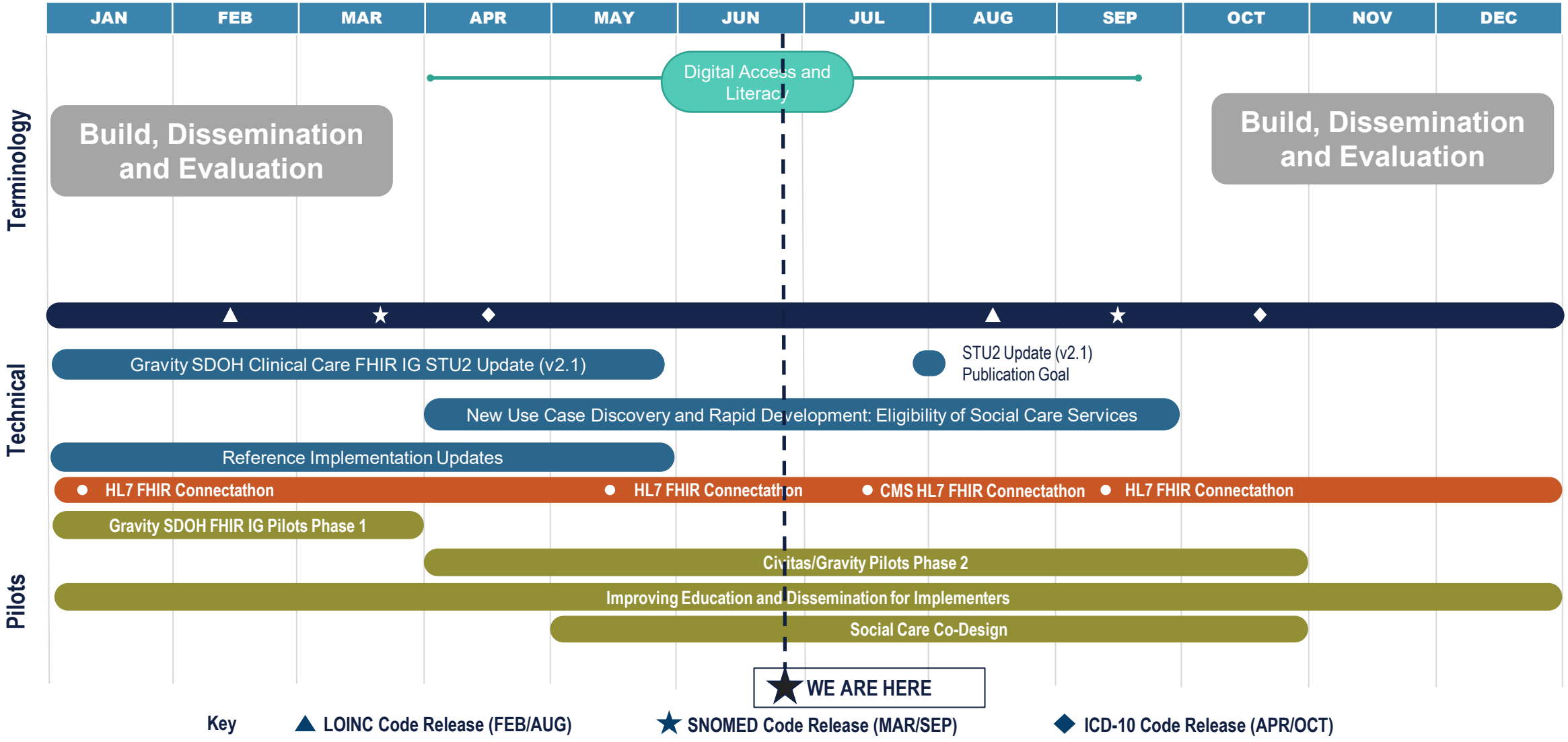
Office of the National Coordinator for Health Information Technology

APPENDIX

3 Workstreams: Terminology, Technical, Pilots

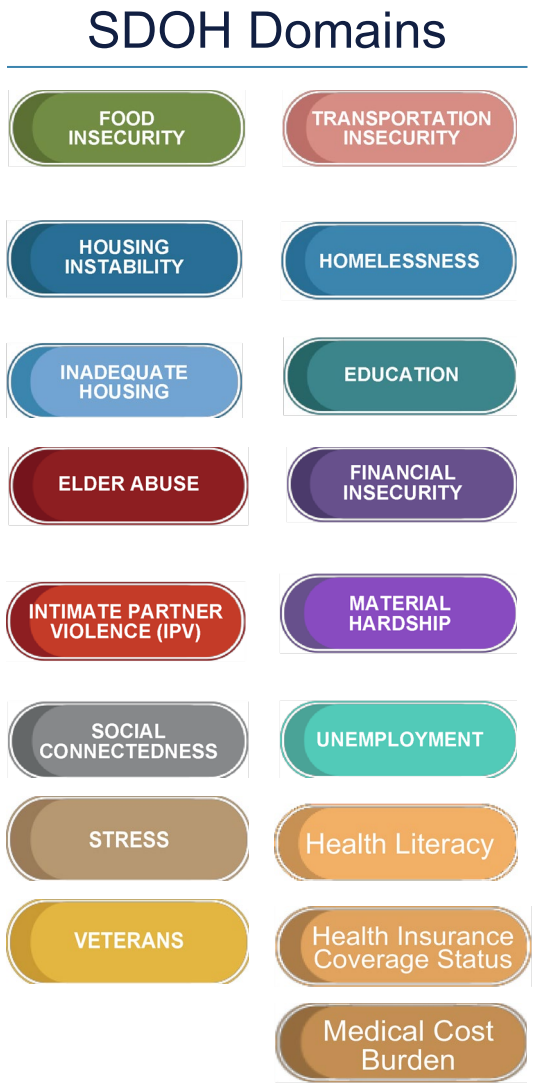


Gravity 2023 Roadmap



Terminology Workstream — Scope

- **Develop data standards** to represent and exchange patient level social risk data documented across four clinical activities:
  - Screening,
  - Assessment/diagnosis,
  - Goal setting, and
  - Intervention/treatment
- **Test and validate** standardized social risk 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



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

Learn More!

Visit us at:

Gravity Website:
https://thegravityproject.net/

Gravity Confluence Page:
https://confluence.hl7.org/display/GRAV/The+Gravity+Project

Help us with Gravity Education & Outreach

Use Social Media handles to share or tag us to relevant information:

@thegravityproj

https://www.linkedin.com/company/gravity-project

How to Engage

Gravity convenes participants from across the health and human services ecosystem via the following virtual meetings:

1. Terminology Workstream: **Bi-weekly** Public Collaborative meetings **Thursday 4:00 to 5:30 pm ET (Started May 11th)**
2. Technical Workstream: **Bi-weekly** Implementation Guide/Connectathon Work Group meetings **Wednesdays from 1:00 to 2:00 pm ET** (Next Call May 24th)
3. Pilots Workstream: **Monthly Pilots Affinity Group meetings - Last Thursday each month 2:30 to 4:00 pm ET**

View the **Upcoming Meeting Information** confluence page and HL7 conference call calendar for meeting details: **https://www.hl7.org/concalls/**

Become a Gravity Project sponsor!

https://thegravityproject.net/sponsors/ Contact: vanessa.candelora@pocp.com