

December 21, 2020

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

RE: *Letter of Support for 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,

I am writing on behalf of AmeriHealth Caritas Family of Companies ("AmeriHealth Caritas") to express our support for The Gravity Project's submission 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.

With more than 35 years of experience, AmeriHealth Caritas is one of the nation's leaders in health care solutions for those most in need. Operating in 13 states and the District of Columbia, AmeriHealth Caritas serves more than 5 million Medicaid, Medicare and CHIP members through its integrated managed care products, pharmaceutical benefit management and specialty pharmacy services, and behavioral health services. Our Medicaid managed care lines of business include plans in Pennsylvania, Louisiana, the District of Columbia, Delaware, South Carolina, New Hampshire, Michigan and Florida. We also operate a Dual Eligible Special Needs (D-SNP) plan in Pennsylvania in addition to Medicare-Medicaid Plans (MMP) under CMS' financial alignment initiative in Michigan and South Carolina. AmeriHealth Caritas currently serves on The Gravity Project's Executive Committee.

AmeriHealth Caritas supports The Gravity Project's request to include SDOH in the USCDI version 2. We have first-hand experience with the collection and use of SDOH and deeply understand the correlation between SDOH and clinical health outcomes. The Gravity Project has provided critical leadership in convening appropriate stakeholders and coordinating a structured, efficient, and comprehensive approach to:

- Understand the value and use of SDOH data for clinical care and population management;
- Analyze gaps in existing terminology and codes used to represent SDOH-related activities in clinical delivery settings;
- Develop standard terminology, vocabulary, and codes to refer to and implement SDOH concepts in the EHR context.

We agree that The Gravity Project's submissions would add critical domains such as food insecurity, housing instability, transportation insecurity, social isolation, and stress to the USCDI, integrated with core clinical activities such as assessments, diagnoses, interventions, and outcomes. Experts have long known that social and environmental determinants of health explain most of a person's and population's health status. We believe that the addition of a SDOH structured data class in the USCDI would be of tremendous value to improving clinical health outcomes and delivering whole-person care.



Below is a summary of The Gravity Project's submission of two alternative approaches for adding a new data class, *Social Determinants of Health*, to USCDI version 2. The approaches are intended to provide options for consideration by ONC for the structural organization of the new data class since each approach has strengths that should be carefully considered.

Submission 1: SDOH data class, organized by SDOH domains

The Gravity Project is submitting a new SDOH data class for inclusion in USCDI v2 that will contain functional domains organized to reflect diverse factors that affect health status. The taxonomy of submitted domains are described by *Food Insecurity, Housing Instability and Homelessness, Inadequate Housing, Transportation Insecurity, Financial Strain, Social Isolation, Stress, Interpersonal Violence, Education, Employment, and Veteran Status*. Additional domains beyond this list will be added in the future, but this list contains domains that the Gravity Project can support for USCDI v2. Each of these domains will contain a repeated set of elements with specific vocabularies for: Assessments (LOINC); Goals (LOINC); Problems/Health Concerns (ICD-10-CM (billing) and SNOMED-CT (clinical)); Interventions (SNOMED-CT and/or CPT/HCPCS); Outcomes (LOINC); and Consent. The approach also includes data elements supporting Consent, if and where needed, related to the use and sharing of SDOH data to and among relevant stakeholders.

This approach has the benefit of consistency *with* and logical evolution *of* the 2015 Edition Health IT certification criteria. While previously adopted certification criteria specified 8 domains and specific standards (Financial resource strain, Education, Stress, Depression, Physical activity, Alcohol use, Social connection and isolation, and Exposure to violence), the Gravity Project's submission would be an expansion of prior practice under a newly minted *class* for SDOH. In addition, the proposed changes broaden the scope of prior vocabularies that limited users to *assessment* of conditions, but *did not* specify a standard for other critical activities, including goals, health concerns, interventions, or outcomes. The addition of these standards will enhance interoperability among users that are not only interested in measuring or recording the existence of a condition but documenting and initiating, including ordering, substantive interventions to improve patient health. Should ONC want to consider how these SDOH submissions would interact with the existing module in the 2015 Edition, we are ready and willing to contribute to this discussion.

Submission 2: SDOH data class, organized by SDOH activities in clinical care

The Gravity Project also submits a new SDOH data class for inclusion in USCDI v2 organized instead by data elements that reference SDOH activities and tools used by some providers in their current clinical care workflows. The data elements in the new SDOH data class, listed along with their appropriate vocabularies will be: Assessments – LOINC; Problems/Health Concerns – ICD-10-CM (billing) and SNOMED-CT (clinical); Goals – LOINC; Interventions – SNOMED-CT (clinical) and CPT/HCPCS (billing); Outcomes – LOINC; and Consent. Each element will contain a taxonomy of SDOH health status (code sets) that can be leveraged to describe conditions across multiple domains (e.g. Food Insecurity, Housing Instability and Homelessness, Inadequate Housing, Transportation Insecurity, Financial Strain, Social Isolation, Stress, Interpersonal Violence, Education,



Employment, and Veteran Status). Organizing the SDOH data class by activities that reference the various relevant code panels and profiles for SDOH allows stakeholders to add SDOH domains as consensus is reached on each.

By including an externally maintained list of domains, activities and value sets, this approach can accommodate SDOH data domains as they mature and are added. As additional domains, vocabularies, and value sets are published, the hierarchy and nomenclature of the named data elements would remain consistent. The addition of these new standards will enhance interoperability among users and will reduce regulatory lag for updates to USCDI for SDOH domains.

Thank you very much for the opportunity to provide these comments for consideration and possible inclusion in the USCDI version 2 update. Please contact me if you have any questions.

Sincerely,

Andrea Gelzer, MD, MS, FACP
Senior Vice President, Medical Affairs