

# Codentx Inc.



December 16, 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:

Codentx Inc, and its affiliated Non-Profit – Diabetes and Periodontitis Treatment and Research Collaborative (DPTRC), are participants in the Gravity Project. Our primary mission is the implementation of a national program to provide coordinated care for patients with comorbid chronic diseases such as Diabetes and Periodontitis. Key resources that are needed for our DPTRC program to be successful are: (1) a set of SDOH Standards that are useable for clinical and dental diagnoses / care; and (2) a software platform that facilitates seamless coordination and delivery of treatment protocols by physicians, dentists and other specialists and also provides a personal health record solution for patients.

We are participating in The Gravity Project because it is tremendously helpful in providing the foundational understandings and consensus that are needed to achieve our mission. The Gravity Project is beneficial to us because it is developing approaches to include key social determinants of health in the U.S. Core Data for Interoperability.

The Gravity Project began out of recognition by a broad group of stakeholders that a concerted strategy for achieving consensus-based comprehensive coding standards for SDOH capture in EHR systems was urgently needed. This is especially important for our Diabetes and Periodontitis Treatment and Research Program. The Gravity Project is providing 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; and
- Develop standard terminology, vocabulary, and codes to refer to and implement SDOH concepts in the EHR context.

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Experts have long known that social and environmental determinants of health explain most of a person's and population's health status. For the past nine months, the COVID-19 pandemic has highlighted this reality daily across the nation. 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 that are critical for patients with comorbid chronic diseases such as Diabetes and Periodontitis.

The Gravity Project's submissions to the Office of the National Coordinator will help us to advance toward the objective of having a set of national SDOH data classes and data elements in version 2 of the USCDI. The need for inclusion of Social Determinants of Health (SDOH) as a new data class in USCDI arises from an uncontroversial collaborative effort focused on prioritizing use cases with a high impact on the triple aim, the widely accepted policy objective of HHS that refers to improving the experience of care, improving the health of populations, and reducing per capita costs of health care. The well understood fact that SDOH is deterministic for 80 percent of health status at a population level *and* that there is no consistent method to document and communicate these factors during a health care encounter highlights the urgency of a standard approach across the health care system. The implementation of these standards is necessary to drive reductions in missed appointments, cost savings from preventable health events, culturally competent care, increased care plan compliance, reduced administrative burden, promoting effective investment in community health programs, and leveraging critical data to improve patient outcomes.

A national standard is needed for SDOH to resolve inconsistency when patients move among health care providers as in the case of comorbid diabetes and periodontitis patients. Because there is no national standard, those EHR vendors which do collect and record some SDOH data elements are primarily implementing these elements as custom, non-interoperable fields. The lack of a standard creates risks to individual patients by creating gaps in medical histories for patients who move among providers by preference or necessity. It creates risk to the health of populations since broad groups of patients may be assigned to incorrect or ineffective treatment due to misaligned clinical decision support tools. Furthermore, the lack of standards creates an onerous administrative burden since critical data cannot be efficiently shared among providers using different health record systems.

**The Gravity Project** is a public, nationwide Social Determinants Health Collaborative that includes diverse members across the health care continuum that have contributed to the development of practical and actionable use cases for SDOH. This group has and will continue to:

- Develop use cases to support documentation of specific social domains across screening, diagnosis, goal setting, and intervention activities within the EHR and related systems;
- Identify common data elements and their associated value sets to support the use cases;
- Identify the substantial gaps in current data elements and value sets, develop consensus-based recommendations to fill them, and submit them to the respective coding authorities;

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- Develop a consensus-based set of recommendations on how to best capture and group these data elements for interoperable electronic exchange and aggregation;
- Create a HL7 Fast Health Interoperability Resource (FHIR) Implementation Guide based on the defined use cases and associated data sets.

The Gravity Project frames a consistent approach to defining data elements and supporting terminologies and value sets necessary to describe priority social domains (e.g., Food Insecurity, Housing Instability and Homelessness, Transportation Insecurity) across six core health care activities (Assessments, Problems/Health Concerns, Goals, Interventions, Outcomes, and Consent).

The matrix of use cases outlined will enable:

- Documentation of SDOH data in conjunction with the patient encounter;
- Documentation and tracking of SDOH related interventions to completion;
- Gathering and aggregating SDOH data for use beyond the point of care.

Inclusion of elements are a crucial update that will provide necessary tools toward improved patient care and respond to a growing need for such tools due to structural changes to health care reimbursement models.

Thank you very much for the opportunity to provide these comments in support of The Gravity Project. The acceptance, adoption and implementation of The Gravity Project's recommendations regarding SDOH and Interoperability will be of significant benefit to the Office of the National Coordinator (ONC), federal agencies, providers, vendors, developers, and healthcare stakeholders across the nation. We trust that ONC will concur that the Gravity Project recommendations will enable a broad segment of the healthcare industry to leverage technology and achieve national goals articulated by the Triple Aim.

Sincerely,

A handwritten signature in purple ink that reads "Robert E. Dansby". The signature is fluid and cursive, with the first name being the most prominent.

Robert E. Dansby, Ph.D.

CEO

Codentx Inc.

[rdansby@codentx.com](mailto:rdansby@codentx.com)

[rdansby@dptrc.org](mailto:rdansby@dptrc.org)

[www.codentx.com](http://www.codentx.com)

[www.dptrc.org](http://www.dptrc.org)

cc: Steven Posnack, Deputy National Coordinator for Health Information Technology  
Elise Anthony, Executive Director, Office of Policy

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