



December 17, 2020

Dr. Donald Rucker
National Coordinator
Office of the National Coordinator for Health Information Technology
330 C Street SW
Floor 7, Mary E. Switzer Building
Washington, DC 20201

Dear Dr. Rucker:

On behalf of the American Health Information Management Association, I am writing in support of The Gravity's Project submission to add social determinants of health (SDoH) as a new data class to the US Core for Data Interoperability (USCDI) v2.

As you know, the American Health Information Management Association (AHIMA) is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and clinicians. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

As an active member of The Gravity Project, we are committed to working with other stakeholders to develop consensus-driven structured data standards to support and encourage the collection, access, sharing and use of SDoH. A growing body of evidence suggests that these upstream factors impact the health of individuals and communities. To improve outcomes and health equity, more attention must be given to social determinants. The recent shift in healthcare towards value-based care models that incentivize prevention and promote improved outcomes for individuals and populations offers an opportunity to consider approaches and partnerships that address health-related factors upstream from the clinical encounter.

However, the appropriate capture, use, exchange and sharing of SDoH data remains a challenge. Social risk factors are often not documented in EHRs and existing codes to capture SDoH data are not widely used.¹ This includes connectivity and integration between EHRs and community-based organizations and service providers which remains limited. Inclusion of a SDoH data class in USCDI v2 will allow the field to move forward as well as allow stakeholders to properly plan and prepare for inclusion of these critical data in patient care.

Thank you for the opportunity to offer support for The Gravity Project's data class submission to the USCDI v2. Should you or your staff have any additional questions or comments, please contact Lauren Riplinger, Vice President, Policy and Government Affairs at lauren.riplinger@ahima.org and (202) 839-1218.

Sincerely,

Dr. Wylecia Wiggs Harris, PhD, CAE

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Chief Executive Officer

¹ Available at: https://www.annfammed.org/content/16/5/399