December 15, 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: Support of 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:

We are writing to convey our support for the HL7 Gravity Project's submissions to the Office of the National Coordinator (ONC) in regards to the importance of including Social Determinants of Health (SDOH) in the U.S. Core Data for Interoperability:

- Submission 1: SDOH data class, organized by SDOH domains
- Submission 2: SDOH data class, organized by SDOH activities in clinical care.

The Blue Cross Blue Shield Association (BCBSA) is a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield (BCBS) companies (Plans) that collectively provide health care coverage for one in three Americans. For more than 90 years, Blue Cross and Blue Shield companies have offered quality health care coverage in all markets across America – serving those who purchase coverage on their own as well as those who obtain coverage through an employer, Medicare and Medicaid.

BCBSA and BCBS Plans have long strived to improve the health of all of our communities by focusing on the diversity of health indicators, including social determinants of health, to help every individual overcome social, cultural and/or economic barriers to health and health care.

As one of the founding members of the Gravity Project, BCBSA believes a standards-based integration of SDOH data into the U.S. Core Data for Interoperability (USCDI), Version 2, is a time-sensitive action for interoperable data exchange to improve the health and well-being of those we serve.

With rapidly increasing interest in collecting social risk data, the HL7 Gravity Project is a direct response to calls-to-action around the development of national standards for SDOH data reported in electronic health records (EHRs). It is also critical for regional health and human services organizations. Documenting and sharing SDOH-related assessment, diagnosis and

treatment information using progressive coding and data exchange standards has the potential to improve whole person care, well-being and health outcomes.

Public health professionals have long known that social and environmental determinants of health explain most of a person's and population's health status. The health care delivery sector, health systems, payers and vendors are now appreciating and adjusting care coordination and related data collection to reflect that the delivery of traditional health care accounts for only 20 percent of one's health. 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. This domain would be integrated with core clinical activities such as assessments, diagnoses, interventions and outcomes.

The need for inclusion of SDOH as a new data class in USCDI is a requisite to capturing social risk and supports a focus on, and prioritization of, 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. For instance:

- SDOH has been added to the core expectations of the [Federal Health IT Strategic Plan](#) for 2015-2020, as detailed in the Improving Health and Well-Being section. "*Better health and more personally meaningful health and care plans will further require recognition that individual well-being is impacted by many factors outside of traditional health care. Many health and social determinants outside of care delivery influence individuals' health and well-being, and the federal government can play an important role to guide the inclusion of these determinants into the electronic information stream for decision-making by individuals, providers, and communities, as well as the organizations and technology developers that support them*"

- The Institute of Medicine summarized the evidence in 2014, in its opening paragraph of [Capturing Social and Behavioral Domains in Electronic Health Records](#), Phase I. "*Substantial empirical evidence of the contribution of social and behavioral factors to functional status and the onset and progression of disease has accumulated over the past few decades. . . . Electronic health records (EHRs) provide crucial information to providers treating individual patients, to health systems, including public health officials, about the health of populations, and to researchers about the determinants of health and the effectiveness of treatment. Inclusion of social and behavioral health domains in EHRs is vital to all three uses. The fact that SDOH accounts 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 emphasizes the urgency of a national 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.*"

Health care's transition from a fee-for-service model to value-based care adds an additional imperative for SDOH. These SDOH elements will become increasingly necessary to establish appropriate and equitable reimbursement of health care service providers and advance reimbursement models for community based organizations. Without standards and code sets for

SDOH, health plans will be challenged to evolve their value based reimbursement programs to include social risk.

Adding SDOH as a new USCDI v2 data class and related data elements in the HL7 Gravity Project submission are key to:

- Improve existing data capture/exchange infrastructure
- Align information exchange standards to better support inclusion of socio-economic status and race/ethnicity data for use in addressing disparities by all industry stakeholders (e.g., providers, payers, community health organizations, Health IT vendors, etc.)

In addition to the industry need for SDOH to address the challenges of COVID-19, there is tremendous value in having standardized SDOH data. Payers and providers need to collect and share interoperable SDOH data for research and analytics that would support and document the provision of greater technical and financial resources to the critically important Community Based Organization – as a means to help ensure robust community based organization participation in the health care ecosystem.

Thank you again for your consideration of our support for the HL7 Gravity Project's submission regarding USCDI V2. If you have any questions or comments, please contact Lauren Choi, Managing Director for Health Data and Technology Policy at Lauren.Choi@bcbsa.com.

Sincerely,

Kris Haltmeyer
Vice President
Office of Policy and Representation