

 January 27, 2021

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: In Support of the Gravity Project’s Submission to Include Social Determinants of Health in the U.S. Core Data for Interoperability, Version 2

Dear National Coordinator Rucker:

Hutchinson Institute for Cancer Outcomes Research (HICOR) is a research institute at Fred Hutchinson Cancer Research Center. HICOR mission is to improve cancer prevention, detection and treatment in ways that will reduce the economic and human burden of cancer and ultimately lead to better outcomes for patients. To achieve this, HICOR brings together researchers, patient partners, clinicians, payers and policymakers to share cancer-related data and generate clinically relevant performance metrics that can guide improvements in cancer care. Our faculty include experts in public health, health economics, behavioral science, medical imaging, psychometrics, clinical oncology, clinical trial design and many other fields. World-class scientists at our parent organization, Fred Hutch, include three Nobel Laureates. The scientific and medical work at Fred Hutch has revolutionized the prevention, detection and treatment of many cancers and other diseases, and consistently wins recognition from national and international organizations.

At HICOR, we examine how patterns of care, including screening and treatment for specific diseases, affect patient outcomes and how we can improve outcomes by making interventions more effective. Our studies span many disease areas — including colorectal, lung, prostate and breast cancer — and focus on factors that include health care system characteristics, patient experience, treatment type and medical technologies used. Our annual Value in Cancer Care Summit brings together patients, providers, clinic administrators and staff, health system representatives, nonprofit leaders, payers, researchers, academics and industry representatives to collaborate on ways to improve the quality of cancer care while reducing costs.

Cancer is one of the costliest chronic conditions in the US, with associated financial toxicity. We found in a recent study involving patients with advanced colon cancer that major financial hardship was extremely common -- nearly 75% in a year experienced a decline in income, increasing debt, new loans, or selling or refinancing their home. The situation may be even more dire for patients who don't have insurance. We also found that patients with lower income and lower asset levels were more likely to have major financial hardships.

The American Association for Cancer Research (AACR) released the [Cancer Disparities Progress Report](https://cancerprogressreport.aacr.org/wp-content/uploads/sites/2/2020/09/AACR_CDPR_2020.pdf) in September 2020. Founded in 1907, the AACR is the world’s first and largest professional organization dedicated to advancing cancer research and its mission to prevent and cure cancer. AACR membership includes 47,000 laboratory, translational, and clinical researchers; population scientists; other health care professionals; and patient advocates residing in 127 countries. The report found that ‘Striking disparities in exposure to preventable cancer risk factors, rates of cancer screening for early detection, receipt of standard of care cancer treatment, and the burden of adverse effects of cancer and cancer treatment persist for racial and ethnic minorities and other underserved populations in the United States. Researchers have identified many factors that contribute to cancer health disparities and learned that these factors are complex and interrelated.’.

Healthcare disparities are exacerbated by COVID and the situation is becoming increasingly dire for some patients. Many of the U.S. population groups that experience cancer health disparities are also experiencing disparities related to the Coronavirus Disease 2019 (COVID-19) pandemic. The inclusion of Social Determinants of Health (SDOH) as a new data class in USCDI, as proposed by the Gravity Project, will provide a consistent method to document and communicate these factors during a health care encounter. Inclusion of elements are a crucial update that will provide necessary tools toward better understanding of cancer health disparities, improved patient care and also respond to a growing need for such tools due to structural changes to health care reimbursement models. Health care’s transition from a fee-for-service model to value-based care adds an additional imperative for SDOH, since these elements will become increasingly necessary to establish appropriate and equitable payment for and reimbursement of health care service providers.

The Gravity Project has submitted two alternative approaches for adding a new data class, Social Determinants of Health, to USCDI version 2. Either of these approaches – organized by domains or organized by SDOH activities in clinical care - will help us document patient needs, as well as design and track interventions. 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. The wholesale support among the Gravity Project’s 1,200+ collaborators nationwide, across diverse stakeholder segments, illustrates the ecosystem’s deep need for, and the immediate value of, collecting and coding SDOH data for interoperable exchange and care.

The rising cost of cancer care affects patients, providers and the health system as a whole. Documenting SDOH will help us achieve a more equitable and optimized approach to cancer care. We ardently support the work of the Gravity Project that provides essential framework to document these factors and hope to see these included in USCDI v2.

Respectfully,



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