



# Health Information Technology Advisory Committee

## U.S. Core Data for Interoperability Task Force 2021 Virtual Meeting

### Meeting Notes | July 27, 2021, 10:30 a.m. – 12:00 p.m. ET

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#### Executive Summary

The focus of the U.S. Core Data for Interoperability Task Force 2021 (USCDI TF 2021) to receive a presentation from the Gravity Project on their social determinants of health (SDOH) and health equity-related submissions to the USCDI. TF members discussed the presentations and submitted feedback. The co-chairs and TF members briefly discussed the plan for how work on its Task 3 recommendations would proceed at future meetings.

There were no public comments submitted by phone, but there was a robust discussion in the chat feature in Adobe Connect and a comment submitted via email.

#### Agenda

10:30 a.m.	Call to Order/Roll Call
10:35 a.m.	Past Meeting Notes
10:40 a.m.	Gravity Project and USCDI
11:20 a.m.	Task 3 Recommendations
11:50 a.m.	TF Schedule/Next Meeting
11:55 a.m.	Public Comment
12:00 p.m.	Adjourn

#### Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:30 a.m.

#### Roll Call

##### MEMBERS IN ATTENDANCE

**Leslie Kelly Hall, Engaging Patient Strategy, Co-Chair**

**Steven Lane, Sutter Health, Co-Chair**

Ricky Bloomfield, Apple

Grace Cordovano, Enlightening Results

Jim Jirjis, HCA Healthcare

John Kilbourne, Department of Veterans Health Affairs

Clem McDonald, National Library of Medicine

Brett Oliver, Baptist Health

Mark Savage, Savage Consulting

Abby Sears, OCHIN

Sheryl Turney, Anthem, Inc.

Daniel Vreeman, RTI International



Denise Webb, Indiana Hemophilia and Thrombosis Center

## **MEMBERS NOT IN ATTENDANCE**

Hans Buitendijk, Cerner  
Ken Kawamoto, University of Utah Health  
Les Lenert, Medical University of South Carolina  
Aaron Miri, University of Texas at Austin, Dell Medical School and UT Health Austin  
Michelle Schreiber, Centers for Medicare and Medicaid Services (CMS)  
Sasha TerMaat, Epic  
Andrew Truscott, Accenture

## **ONC STAFF**

Mike Berry, Branch Chief, Policy Coordination, Office of the Policy (ONC); Designated Federal Officer  
Al Taylor, Medical Informatics Officers, Office of Technology (ONC)

## **PRESENTERS**

Evelyn Gallego, Gravity Project Program Director and CEO of EMI Advisors LLC

## **General Themes**

### **TOPIC: GRAVITY PROJECT PRESENTATION**

Evelyn Gallego and Mark Savage presented on behalf of the Gravity Project and provided an overview on their SDOH submissions to the USCDI.

### **TOPIC: TASK 3 RECOMMENDATIONS**

The co-chairs and TF members discussed the plan for how work on its Task 3 recommendations would proceed at future meetings.

## **Key Specific Points of Discussion**

### **TOPIC: USCDI TF 2021 HOUSEKEEPING**

The USCDI TF 2021 co-chairs, Steven Lane and Leslie Kelly Hall, welcomed TF members and members of the public to the meeting, briefly reviewed the agenda, and highlighted the following housekeeping items:

- USCDI TF 2021 meeting materials, past meeting summaries, presentations, audio recordings, and final transcriptions are posted on the website dedicated to the TF located at <https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force-2021>
- The TF will continue to meet most weeks on Tuesdays at the same time to discuss Phase 3 of its work in preparation for its presentation to the HITAC on September 9, 2021.
- Four social determinants of health (SDOH) data elements were added to the USCDI in Version 2 (USCDI v2).
- Brett Marquard from HL7 was invited to join the meeting and provide input on the role of HL7 and the role of the implementation guide (IG) and Fast Healthcare Interoperability Resources (FHIR).

### **TOPIC: GRAVITY PROJECT PRESENTATION**

Evelyn Gallego, Gravity Project Program Director and CEO of EMI Advisors LLC, and Mark Savage, USCDI TF member and Gravity Project SDOH Policy Lead, presented on behalf of the Gravity Project and provided an overview on their SDOH submissions to the USCDI. Mark introduced Evelyn and discussed her subject matter expertise.



Evelyn thanked the USCDI TF, the ONC team, the HITAC, and Micky Tripathi, the National Coordinator for Health IT, their leadership in advancing interoperability and for their support of the Gravity Project's SDOH submissions to the USCDI. She explained that, prior to his role as the National Coordinator, Micky was instrumental getting the Gravity Project set up as an HL7 FHIR Accelerator. Then, she explained that the Gravity Project is made up of 2,000+ community members and stakeholders.

Evelyn stated that there is a growing awareness that unmet social needs negatively impact health outcomes and discussed the importance of data on SDOH, including food insecurity, housing instability, transportation barriers, and the need to address health equity issues.

Evelyn presented the Gravity Project's feedback on USCDI v2 and its inclusion of SDOH data elements, which were added to existing data classes. She explained that the structure of including SDOH-related data elements in existing clinical data classes and associated workflows signals their importance to the industry. The addition of two new data elements, Care Team Members and Sexual Orientation and Gender Identity (SOGI), increases the benefits of the SDOH data elements. The data elements were detailed in the presentation on slides #6 and #7. Further, she explained that the Gravity Project has defined 14 SDOH domains, and this structure will support the incorporation of new data elements as they become available.

Evelyn presented an overview of the Gravity Project's 2021-2022 Roadmap, which was included in the presentation materials. She highlighted the terminology domains of work already completed, the achievements in the technical workstream, and pilot workstream, which will be launched in the fall of 2021. Evelyn discussed the current Gravity Project SDOH Data Elements and SDOH Clinical Care IG and steps/activities of work, which was detailed on slide #10 in the presentation. She explained that all steps were already documented within the existing FHIR IG.

Evelyn described the Gravity Project's vision for Version 3 of the USCDI (USCDI v3) and beyond, highlighting completed and new SDOH domains (food deserts, neighborhood safety, health literacy, minority and relationship stress, and racism/discrimination/bias). She stated that the Gravity Project has found through its work that domains often split into subdomains upon further examination and work. She also detailed completed and new data elements and the completed and new FHIR IGs and use cases. She explained how other the work and actions of partner agencies and groups will play a role in the Gravity Projects upcoming work. All of these were included on slide #12 in the presentation.

Evelyn reflected on the opportunities and challenges encountered during work on USCDI v2, detailed on slides #14 and #15 of the presentation, and then she shared the Gravity Project's recommendations to the USCDI TF for ongoing work on draft USCDI v3. These recommendations were laid out on slides #16 and #17 in the presentation.

The USCDI TF viewed the SDOH data elements the Gravity Project submitted on the USCDI website and discussed whether the TF should provide relevant input on the leveling/comment/prioritization process for USCDI v3. Mark Savage provided guidance to the USCDI TF that it should expect the Gravity Project to come back with updated submissions of SDOH Outcomes and Consent for USCDI v3 and asked the TF to be mindful of Gravity's suggestions and input. He asked the TF to consider how the data elements submitted by Gravity work together during leveling and promotion. He also recommended that the TF should consider a broader set of priorities for data elements beyond maturity, and the Gravity Project's recommendations highlight other ways to consider prioritization.

#### DISCUSSION:

- Steven Lane asked Evelyn to consider as an overall question, which actions the USCDI TF could take next as part of its Task 3 work focusing on draft USCDI v3.
- Clem McDonald inquired about the PRAPARE surveys done in North Carolina and asked Evelyn to share more information.



- Evelyn stated that there is still a questionnaire, which was based on the National Library of Medicine's (NLM) questionnaire using the structured FHIR Questionnaire resource. The FHIR Questionnaire resource works across any structured survey.
- Evelyn described the process by which data from all the different surveys are unified and IGs are incorporated into the clinical workflow in response to Clem's question.
- Leslie Kelly Hall asked how the Gravity Project is reconciling the HL7 Context Aware Knowledge Retrieval Application ("Infobutton") Knowledge Request Standard with its work on SDOH. She stated that information gathered via the Infobutton is used widely.
  - Evelyn responded that HL7 would work to connect them but has not begun that work yet. They will work on this area of opportunity with other FHIR Accelerators.
- Grace Cordovano thanked Evelyn for the presentation and commented that the concept of consent in the IG should be pursued first, instead of last (as it was listed), to better protect privacy. She asked where personalized privacy and data segmentation falls in Gravity's work.
  - Evelyn responded that Consent is crosscutting and is captured from the start. She explained that there is an ongoing discussion around protecting the individual/patient and their data. She added that additional education and outreach activities are in their pipeline and directed TF members to various applicable consent resources. Guidance for health systems will occur in the future.
  - Steven Lane explained provider challenges around the collection and sharing of data from a provider's perspective.
- Steven Lane asked Evelyn to comment on how EHR and other health IT vendors have been engaged in the Gravity Project's recent work, including challenges and opportunities.
  - Evelyn stated that vendors are engaged on Gravity's terminology and other workgroups, but vendors have mainly been busy implementing the rules from the Center of Medicare and Medicaid Services (CMS). Inclusion of SDOH elements in the USCDI is a good indicator to vendors of the need for additional focus on the topic.
- Grace Cordovano inquired about how the USCDI TF could align with and support the Gravity Project's work through its focus on USCDI v3. She referenced the need to consider health equity by design and asked if they should place a greater focus on privacy and consent.
  - Evelyn requested that the TF advocate for these areas of focus.
  - Steven Lane stated that consent, through it is cross-cutting, should be emphasized as much as possible to ensure that patients understand and allow that SDOH data will be shared between stakeholders. He asked how this idea plays out over time and asked if it moves to the front of the process, prior to data collection, or is it obtained after the fact as a part of the sharing of data between entities.
  - Evelyn stated that it is included in the second part of Gravity's work and should be front and center in communications with patients. She directed TF members to [Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems](#), developed by Dr. Laura Gottlieb, where social risk and social needs are defined; she stated that the industry must understand the nuances between these terms and the role played by the individual. Thinking of this model and individual consent is important.
  - Leslie Kelly Hall asked how various social determinants could be specified, separating risk values from the actual descriptor. Evelyn responded that an overall score is given during a screening and then risk for the patient is determined.
- Leslie Kelly Hall asked Evelyn to comment on the future role of patient-generated health data.
  - Evelyn responded that it is critical and added that the patient should be encouraged to be the primary source of SDOH data and should be able to determine what is shared.
- Steven Lane asked Al Taylor, of ONC, and Evelyn to comment on how the TF could support the SDOH Outcomes data element (currently specified as Level 2) and other SDOH data elements (currently at the Comment level) for inclusion in USCDI v3.



- Al Taylor stated that the SDOH Outcomes data element was designated as a Level 2 in the ONC New Data Element and Class (ONDEC) Submission System process because ONC felt that it could be represented similarly to how Problems & Assessments are represented (using the same coding). Because an Outcome is an assessment of a variable that may have changed over time, it could be represented by pairing other data elements over time. He stated that most of the domains and items submitted were not advanced into USCDI v2 because they represent areas of study/concern, not unique data elements, and they have the same structure as the adopted SDOH submissions. He emphasized the importance of developing the interoperable consent data element across multiple domains within healthcare, but ONC assessed that it was not as mature as the other domains that were more well-specified. It could be considered as a single data element or something greater in the future, given a wider consensus of implementation beyond SDOH-related data.
- Evelyn agreed that greater maturity is needed and discussed related barriers. She stated that Outcomes are included distinctly from Assessments in the care plan structure as a FHIR Resource. She called for inclusion in a future version of the USCDI following further maturity of the standard.
- Dan Vreeman asked for a recommendation around how to update the related domain-specific SDOH submissions on the USCDI website, so they are more connected to the classes and elements that have been accepted into the USCDI.
  - Steven Lane supported this comment, noting that it is not necessarily apparent on the USCDI website how elements accepted into USCDI v2 could be used as tools right now to support the various domains that have not been included in the USCDI. He discussed opportunities to clean up the list of submissions to the USCDI; if items can already be supported or collapsed into a single element, perhaps they could be withdrawn/updated. He asked Evelyn to share her perspective on Al's previous suggestions.
  - Evelyn explained how the Gravity Project has defined the domains (which is in terms of the risk), though SDOH are neither positive nor negative (rather they describe the conditions in which patients live). If these SDOH domains that are not defined as risks need to be tracked from a population perspective, more work could be done.
  - Al Taylor stated that when USCDI v2 came out, many requested items were not included, even though they could be important. He suggested that things that were not included could be supported through work like defining value sets and described how future work on an SDOH page in the Interoperability Standards Advisory (ISA) could support multiple value sets, domains, and activities in one place to describe how to implement them.
- Abby Sears described work being done in the field to collect comprehensive data through screening tools. She stated that many community health centers must capture very complicated and sensitive data as part of their certification process for funding and commented on learnings from the pandemic around patient-generated data. She described potential challenges related to patient-generated data due to deficits of support and health IT literacy. She added that data that is collected needs to be shared. Providers are beginning to lose interest in data collection because they are not able to see how the data are used or how health equity issues that are identified can actually be addressed (e.g., by the provider).
  - Leslie Kelly Hall asked Evelyn to comment on how this issue could be addressed by the Gravity Project's work.
  - Evelyn acknowledged Abby's comments. The scope of the Gravity Project is to develop data standards for exchange and use, and it is a standards organization that is not poised to develop guidance, as much as there is a need for it. She explained that a great deal of legislation around the use of data is currently pending, and there is support in the industry. She thanked ONC for its cooperative agreements but recognized that more work on implementation and use is needed.
  - Grace supported Abby's comments, noting that many patients may be hesitant to share information about themselves. Outreach and education will encourage consent from patients to share.



- Clem McDonald commented that, from his previous experiences, the support of nurses has been critical to the collection of SDOH-related data (beyond patient-generated). Also, he asked if all the questions in surveys were actionable, and asked that if some were not, what was their role?
  - Steven Lane stated that social determinants clearly impact health, but it is less clear how this information can be used. The greater exchange of data can be leveraged to make a bigger impact on society.
  - Leslie Kelly Hall stated that there is no standard point for gathering this information in the healthcare industry, but the key is to have multiple options for gathering this data to better address populations and need.

### **TOPIC: TASK 3 RECOMMENDATIONS**

Steven explained that the USCDI TF submitted its Phase 1 and Phase 2 recommendations to the HITAC, and the HITAC voted to transmit them to the National Coordinator for Health IT. Now, the TF is focusing on Phase 3, which entails developing recommended ONC priorities for the USCDI Version 3 (USCDI v3) submission cycle. These recommendations will be presented to the HITAC on September 9, 2021.

Steven asked Mark Savage to prepare suggested recommendations for the TF to consider as part of its current Task 3 work, based on his connection with the Gravity Project and their submissions/work. He will share at a future meeting.

Leslie Kelly Hall asked for opportunities to be created within future USCDI work for TF members and the public to share their findings on best practices and lessons learned.

Brett Marquard thanked Evelyn for her presentation and stated that HL7's current plan is that the US FHIR Core will be balloted during the upcoming winter to include the USCDI v2 data elements and classes. To begin this effort, the Argonaut Project has been guiding definition APIs and profiles and has begun to meet and collaborate with the Gravity Project to capture SDOH elements. He described potential next steps, including a Connectathon. He stated that Argonaut's work is independent of these elements being added to the Standards Version Advancement Process (SVAP).

### **Action Items**

As homework, USCDI TF members were asked to:

1. Review the TF member recommendations editable spreadsheet, in particular green items in Column L (Rows 7, 9, 46, 48). Be prepared to discuss how these items should create specific recommendations of the TF.
2. Review the American Health Information Management Association (AHIMA) survey results. Be prepared to discuss how these findings might shape TF recommendations.

TF members were encouraged to review meeting materials on the TF website at <https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force-2021>

### **Public Comment**

Steven welcomed members of the public and encouraged them to submit comments within the chat feature in Adobe and/or by phone during the public comment period.

### **QUESTIONS AND COMMENTS RECEIVED VIA PHONE**

There were no public comments received via phone.

### **QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT**

Jlm Jirjis: Jim Jirjis joined



Cassandra Hadley: Thank you. I have you down.

Clement McDonald: I am here- clem

Cassandra Hadley: Thanks Clem. I have you down as well.

Mark Savage: CBO means community-based organizations, if anyone is unfamiliar with that acronym.

Ricky Bloomfield: One of the major challenges with SDOH is collecting the data at the point of care/service. Does Gravity provide any guidance or recommendations to health systems on how to improve the quality and consistency of the data?

Grace Cordovano, PhD, BCPA: As our Task Force focuses on the bigger picture and our recommendations to HITAC re USCDI v3, is there a role for us to support the work that the Gravity Project is leading by advocating for data segmentation and personalized privacy for patients and carepartners that may be providing critical yet delicate SDOH details?

Ricky Bloomfield: If one of the primary means to collect the data moving forward will be asking patients directly, it seems that this could be a major use case for FHIR Write. Has anyone spoken with the Argonaut team to potentially consider this for the current FHIR Write work?

Grace Cordovano, PhD, BCPA: There is a major role for patients and their carepartners to provide details re: SDOH, social need, and social care as it relates to patient care.

Brett Marquard: Hi Ricky! I just joined a little bit back -- I don't remember us (Argonaut) getting this request in our scopig *[sic]* discussions. Will pass along.

Jlm Jirjis: I concur with Grace. This is sensitive information and can be burdensome to collect in a sensitive way, so supporting data segmentation *[sic]* and not requiring these elements in each encounter will be important

Clement McDonald: I think that Al has said it exactly right. We need to use the same approach for many things

Abby Sears: We have been collecting this data for over 6 years. We have almost 1M unique patient screens. The organizations that work with this patient population are trusted and good at doing this collection.

Clement McDonald: Abbey, What survey have you been using?

Abby Sears: They need this data to move though and for something to happen with the data that they have collected or the incentive to continue to collect it will leave.

Abby Sears: We use all three survey tool and allow the organizations to pick and fine tune their workflows

Abby Sears: \*tools\*

Abby Sears: We teach workflows though as well...

Abby Sears: All of this data is key to our research....

Abby Sears: One thing to consider is that some of this patient population is comfortable with technology so patient entered data doesn't work....if English is a second language this is a problem...

Abby Sears: \*is not\*



Grace Cordovano, PhD, BCPA: Many primary carepartners do help when there is limited English proficiency and should be included in the collection and exchange of this data.

Abby Sears: Agreed.....it doesn't mean we shouldn't do it.....but the way it happens and how will not look the same as a commercial population...

Jim Jirjis: The is the big issue we have. Collecting data but not having the resources to know what to do with it...adds burden without benefit unless it goes somewhere

Grace Cordovano, PhD, BCPA: Incredibly powerful point Abby. Also see similar concerns from the patient perspective in patients may be reluctant to disclose SDoH details as they don't see how sharing that information will lead to change or anything actionable for them. I see a great opportunity in the upfront consent process to make the connection that sharing this information at point of care can, at least incrementally, begin to help improve care overall for the individual and potentially on a larger public health scale, consent permitting.

Abby Sears: We use an upfront consent process right now.

Leslie Kelly Hall: Who's role is it in primary care to act as the navigator into social services and other help?

Grace Cordovano, PhD, BCPA: +1 Leslie

Brett Marquard: trying :)

Leslie Kelly Hall: Id like to capture recommendations that include seeking best practices and lessons learned within USCDI implementations

Robert Dieterle: We should note that one of the most significant exchanges supported by the Gravity SDOH FHRI IG is the ability to refer patients to community services that can address the identified social needs.

## Resources

[USCDI TF 2021 Website](#)

[USCDI TF 2021 – July 27, 2021, Meeting Agenda](#)

[USCDI TF 2021 – July 27, 2021, Meeting Slides](#)

[USCDI TF 2021 – July 27, 2021, Webpage](#)

[USCDI TF Meeting Calendar Webpage](#)

## Adjournment

Steven thanked everyone for their work at the current meeting and reminded TF members that the recommendations to the HITAC would be presented on September 9, 2021. A list of Phase 3 scheduled meetings was provided in the presentation deck.

The TF will focus on information captured in its shared Google documents at its next meeting, which will be held on Tuesday, August 3, 2021.

The meeting was adjourned at 12:00 p.m. E.T.