Washington State Health Care Authority

# HIT Operational Plan Update

February 23, 2021

Washington State Health Care Authority

# Agenda

- The GRAVITY Project-*Dr. Sarah DeSilvey*
- HCA and SDOH Data- *Dr. Chris Chen and Mia Nafziger, HCA*
- Health centers participation in the Gravity Project-*Karie Nicholas, Washington Association for Community Health*
- All-Payer Claims Database-*Lorie Geryk, HCA*

# Social Determinants of Health

- In the 2021 Health IT Operational Plan-
  - HCA will support the use of interoperable SDOH screening questions by Medicaid MCOs
  - HCA in collaboration with the ACHs and MCOs will identify a statewide clinical integration assessment tool that could be used by all practices and next steps and logistics for advancing a statewide use of the assessment tool.

Washington State Health Care Authority

# Gravity Project

# The Gravity Project: Consensus-driven Standards on Social Determinants of Health

February 22nd, 2021

Presented By: Sarah DeSilvey, DNP, FNP-C

Gravity Director Clinical Informatics

# Agenda

- Gravity Project Team
- Background (WHY)
- Project Scope (WHAT)
- Accomplishments & Success Factors
- How to Engage

# Gravity Project Team

# Gravity Project Management Office (PMO)

- **Evelyn Gallego,** Program Manager, EMI Advisors
- **Carrie Lousberg**, Project Manager, EMI Advisors
- **Mark Savage,** SDOH Policy Lead**,** USCF/SIREN
- **Sarah DeSilvey,** Clinical Informatics Director, University of Vermont
- **Bob Dieterle,** Technical Director, EnableCare

# Project Founders, Grants, and In-Kind Support To-Date


https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors

# Overview

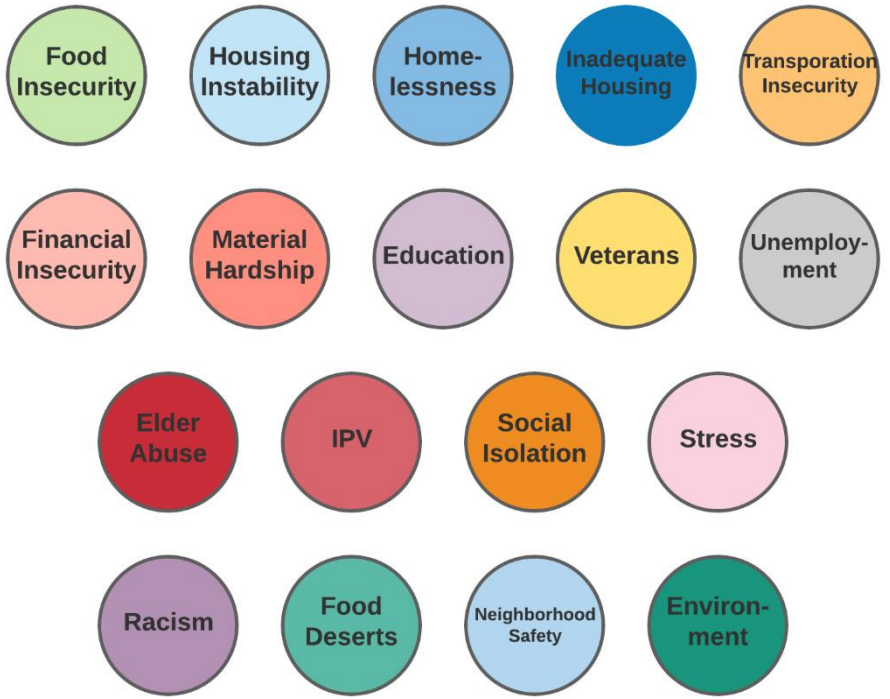
# Why capture social risk data in a standardized and structured way?

- As care for social needs has advanced in healthcare, there is an increasing demand to ***expand and standardize*** the terminology for social needs in order to:
  - Better care for patients with social needs and the populations they live within
  - Collaborate with clinical and community partners
  - Study social needs, their effect on health outcomes, and the effects of our interventions
  - Allocate resources toward social risk within value-based care

# The Gravity Project…

**Launched 5/2019**

**Goal-** Develop consensus-driven data standards to support use and exchange of social determinants of health (SDOH) data within the health care sectors and between the health care sector and other sectors.




HL7 International

gravity PROJECT

# Gravity Use Cases

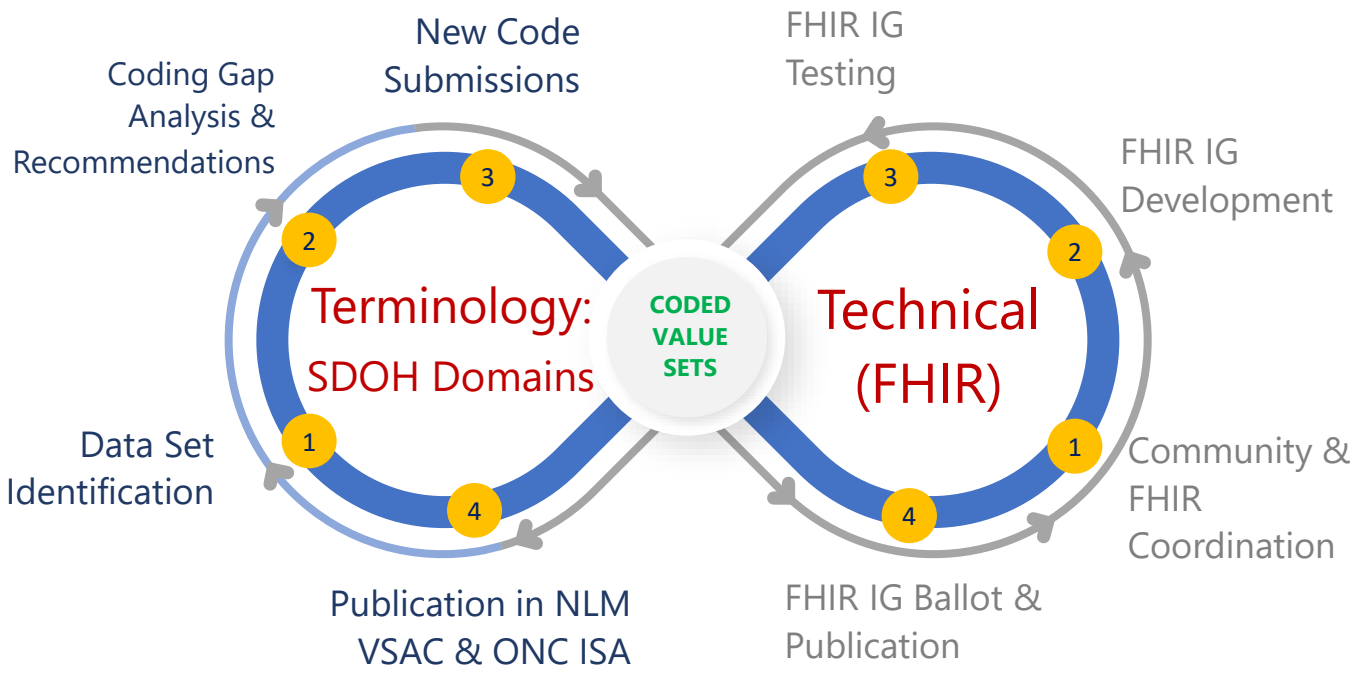
1. Document SDOH data in conjunction with the patient encounter.

2. Document and track SDOH related interventions to completion.

3. Gather and aggregate SDOH data for uses beyond the point of care
(e.g., population health management, quality reporting, and risk adjustment/risk stratification).

https://confluence.hl7.org/display/GRAV/Gravity+Use+Case+Package

# Gravity Overview: Integration of Two Streams

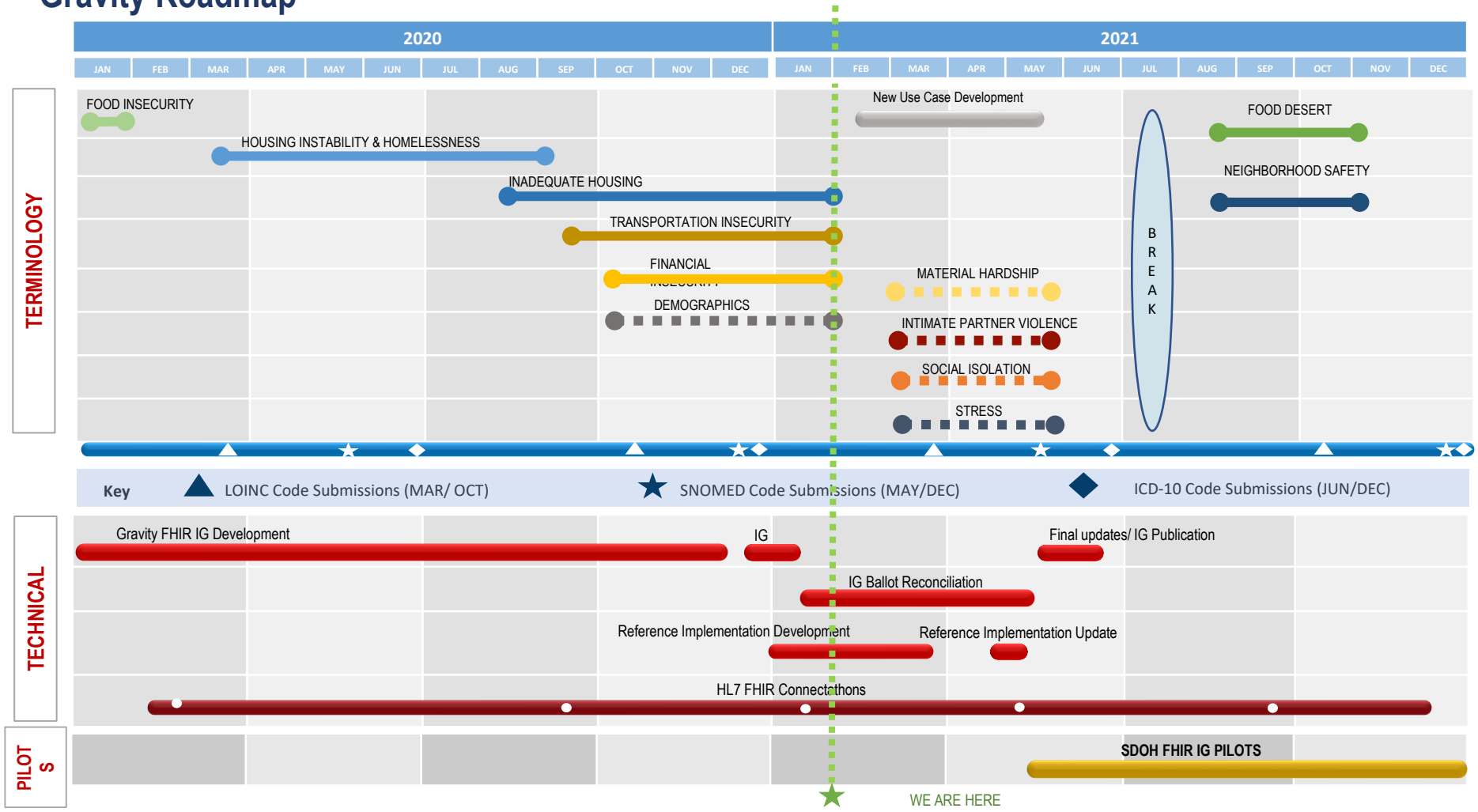





HL7 International

gravity PROJECT

# Gravity Roadmap



# Public Collaboration

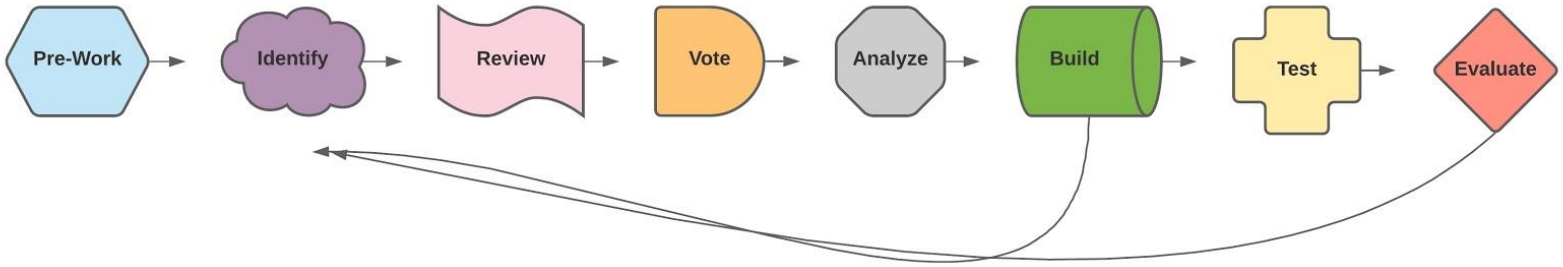
Gravity has convened over **1,100+** participants from across the health and human services ecosystem from clinical provider groups, community-based organizations,  standards development organizations, federal and state government, payers, and technology vendors.

*Public Calls  4-5:30 EST every other Thursday*

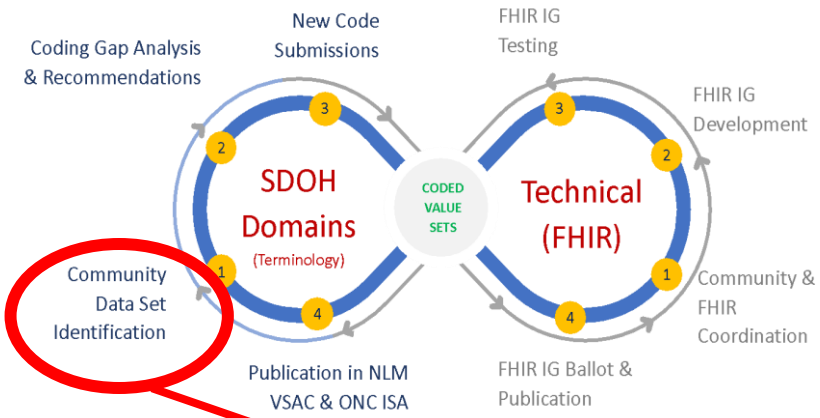

https://confluence.hl7.org/pages/viewpage.action?pageId=46892669#JointheGravityProject-GravityProjectMembershipList

# Terminology Workstream

# Community Terminology Development



# Community Data Set Identification

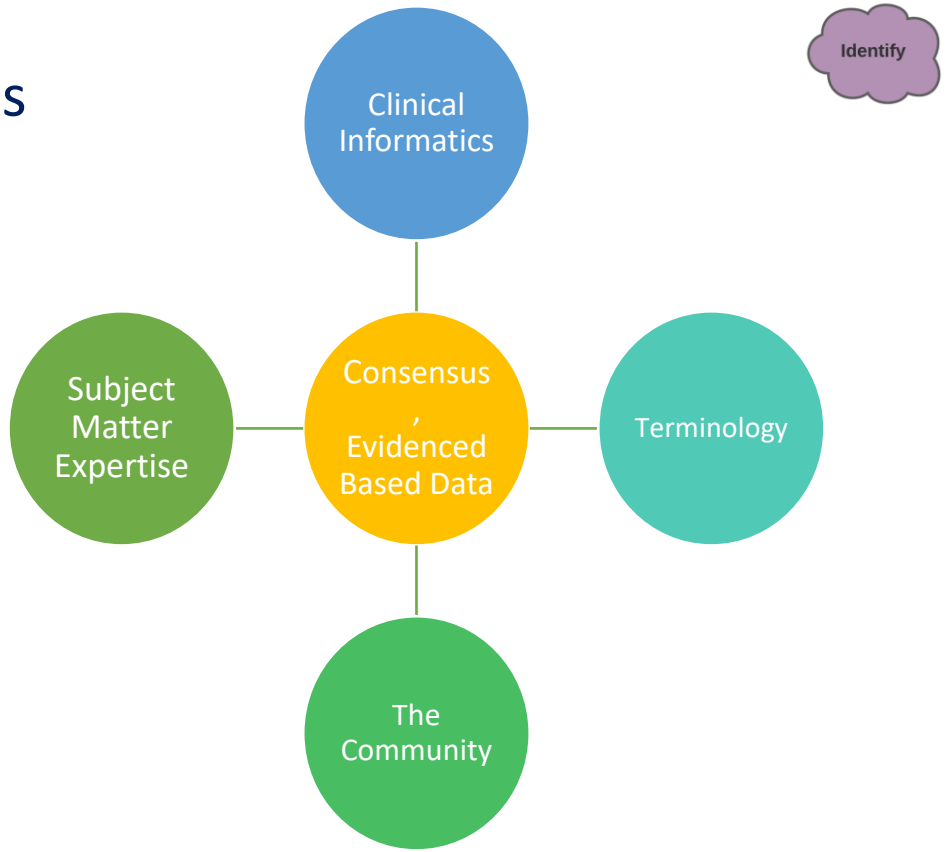




**Community Data Set Identification**

- A collaborative consensus process leveraging peer-reviewed literature, subject matter expertise, terminology and informatics insight, and the brainstorming of the collective to develop a comprehensive data set for each domain

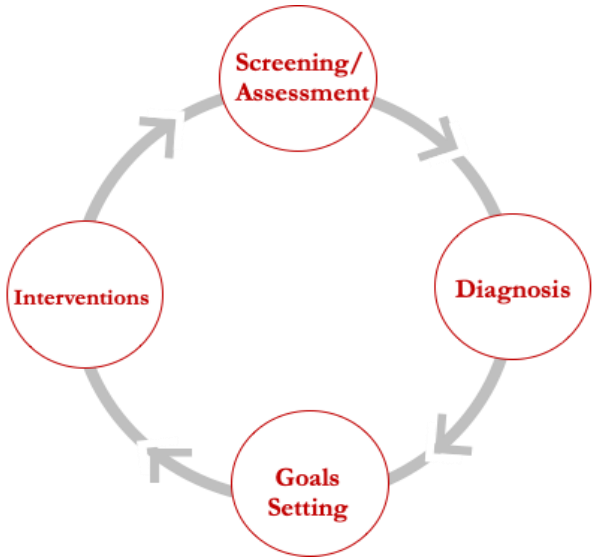
# Terminology Team Structure and Assets

- Clinical and Process Insight
- Terminology and Taxonomy Insight
- Literature and Evidence
- Risk r/t Health Outcomes
- Practical Fit



# Terminology- Gravity Project Data Element and Ensuing Gap Analysis

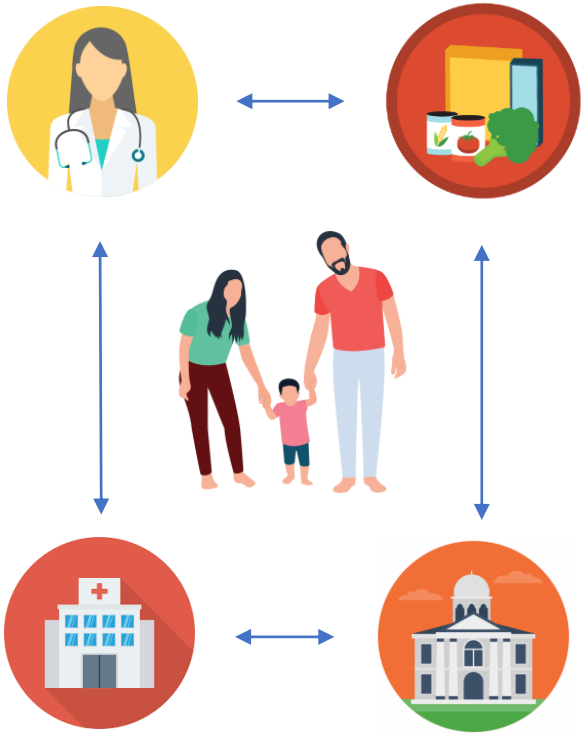

- All data is sorted across four activities into a master set. These activities relate to clinical process and associated terminologies
- What concepts need to be documented across the following activities?
- What codes reflecting these concepts are currently available?
- What codes are missing?



# Identify


1. The anchor of every data set is the [Compendium of Medical Terminology Codes for Social Risk Factors]
2. Next we glean relevant concepts from peer-reviewed literature: screening methodology, core diagnoses considerations, goals of care, and impactful interventions
3. Subject Matter Experts (SMEs) adjudicate the resulting base data set, moving appropriate concepts to a base public Master List
4. Then we develop and refine the public Master List with the community through open conversation and community submissions. All submissions are vetted by the domain SMEs
5. This process is continued until is it judged as sufficiently representative

# Collaborative Perspectives on Data



What kinds of data does the provider need to care for their patients?

the hospital need to study the effects of provider interventions?

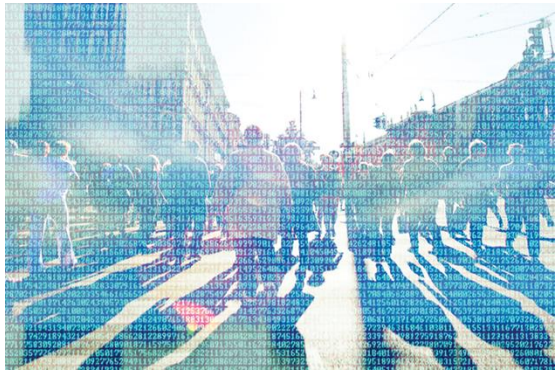
the community-based org need to address the need of their clients?

the state need to plan for population health needs?

***And what are the principles we need to consider to keep patients at the center?***

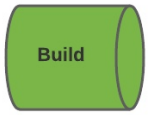
## Gravity Project Data Use Principles for Equitable Health and Social Care

- Improving Personal Health Outcomes
- Improving Population Health Equity
- Ensuring Personal Control
- Designing Appropriate Solutions
- Ensuring Accountability
- Preventing, Reducing, and Remediating Harm



https://confluence.hl7.org/display/GRAV/Gravity+Data+Principles

# Terminology Submissions




- Over the course of the next months the Gravity team then creates submissions for the missing data elements
- Each submission is guided by the timelines and requirements of relevant terminologies (process for each in hyperlinks)
  - LOINC > Regenstrief
  - ICD-10-CM > NCHS ICD-CM Coordination and Maintenance Committee Meeting
  - SNOMED CT > US SNOMED Content Request System via National Library of Medicine
  - CPT®
  - HCPCS

# Building Concepts Into Code

- **Food Insecurity Screening Tools-** LOINC V2.68 released 6/17/20
  - The three USDA Screeners submitted by Gravity are included in this release (U.S. Household Food Security (18), U.S. Adult Food Security (10), U.S. Household Short Form (6)
  - Additional screeners from the Food Insecurity Master List are being prepared to submit for consideration in the December LOINC release.
- **Diagnoses/Problems and Interventions-** SNOMED CT
  - Submitted concepts are currently being reviewed by SNOMED

https://confluence.hl7.org/pages/viewpage.action?pageId=55938680#FoodInsecurityDomain-CodingSubmissions

# Building Concepts Into Codes

- Screening Tools - LOINC®
  - Released (V2.68 6/17/20)
    - U.S. Household Food Security Tools
      - U.S. Household Food Security Survey Module (18)
      - U.S. Adult Food Security(10),
      - U.S. Household Short Form (6)
  - Released (V2.69 12/14/20)
    - U.S. Youth Food Security
  - In Process
    - We Care Survey (tentative V2.70 June 2021)
  - Submitted
    - AAFP Social Needs Screening Tool

- Interventions – SNOMED CT
  - Ready for Release (March 2021)
    - 84 Food Insecurity Interventions
    - 10 Housing Interventions
  - In Process
    - 5 Food Insecurity Interventions
    - 88 Housing Interventions

- Diagnoses/Problems
  - SNOMED CT
    - Ready for Release (June 2021)
      - Food Insecurity Relationship
    - In Process
      - Food Insecurity (definition and severity)
      - Housing

# Building Concepts Into Code: Diagnoses
# ICD-10-CM Submission

- On 12/14 Gravity submitted our multi-domain ICD-10-CM application to NCHS – representing a year and a half of work
- The submission is planned for review at the *3/10 ICD-10 Coordination and Maintenance Committee Meeting*

- **Building off existing codes for:**
  - Inadequate Housing
  - Homelessness

- **Requesting new ICD codes for:**
  - Food Insecurity
  - Lack of adequate drinking water supply
  - Housing Instability
  - Transportation Insecurity
  - Financial Insecurity, NEC
  - Material Hardship, NEC
  - Personal History of Military Service
  - Less than a High School Degree

Learn more, draft a letter of support, at
https://confluence.hl7.org/display/GRAV/ICD-10+Coding+Submissions

# Technical Workstream

# Gravity & FHIR

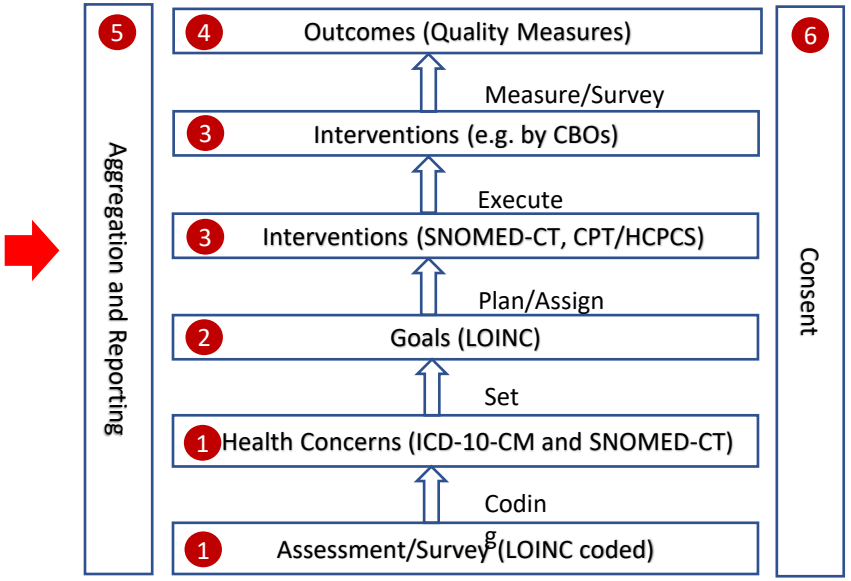
## HL7® FHIR® Accelerator Program

- Designed to assist implementers across the health care spectrum in the creation of FHIR Implementation Guides or other informative documents
- Gravity Project became an official Accelerator in August 2019: http://www.hl7.org/documentcenter/public_temp_3840821C-1C23-BA17-0C64E3ACBE05D630/pressreleases/HL7_PRESS_20190820.pdf

http://www.hl7.org/about/fhir-accelerator/

# Gravity FHIR SDOH Clinical Care IG Scope

1. Document SDOH data in conjunction with the patient encounter
2. Set SDOH related goals.
3. Establish interventions to completion.
4. Measure outcomes.
5. Gather and aggregate SDOH data or uses beyond the point of care (e.g. population health management, quality reporting, and risk adjustment/ risk stratification).
6. Manage patient consent

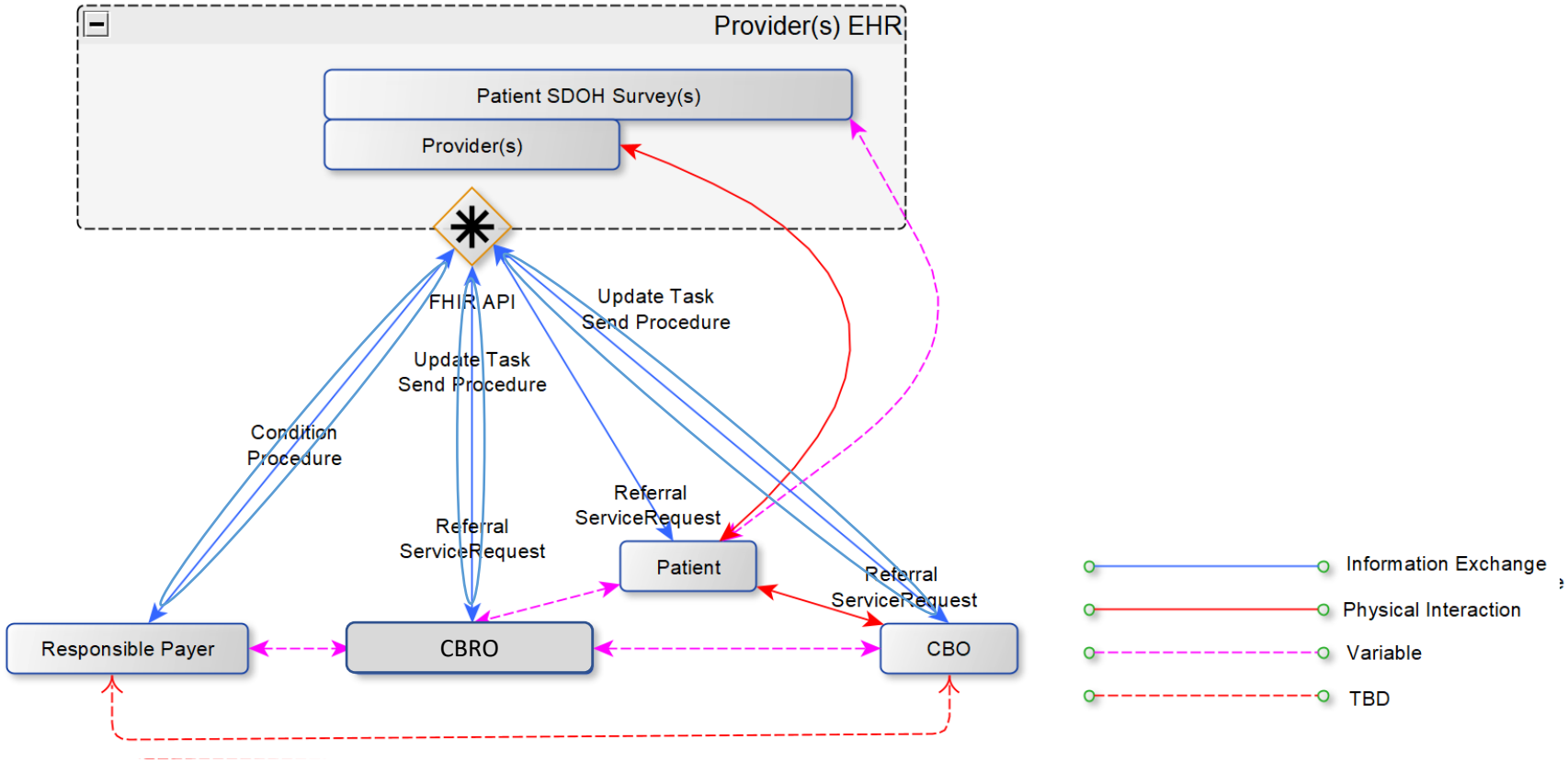



http://build.fhir.org/ig/HL7/fhir-sdoh-clinicalcare/

# Technical Stream – SDOH Clinical Care FHIR IG -- Status

1. This is a framework Implementation Guide (IG) and supports multiple domains
2. IG support the following clinical activities
   - Assessments
   - Health Concerns / Problems
   - Goals
   - Referrals
   - Consent
   - Aggregation for reporting
3. Completed January 2021 ballot as a Standard for Trial Use Level 1 (STU1)
   - http://hl7.org/fhir/us/sdoh-clinicalcare/2021Jan/
   - Ballot period: Dec. 18, 2020 to January 18, 2021

# SDOH Interactions / workflow



# Accomplishments & Success Factors

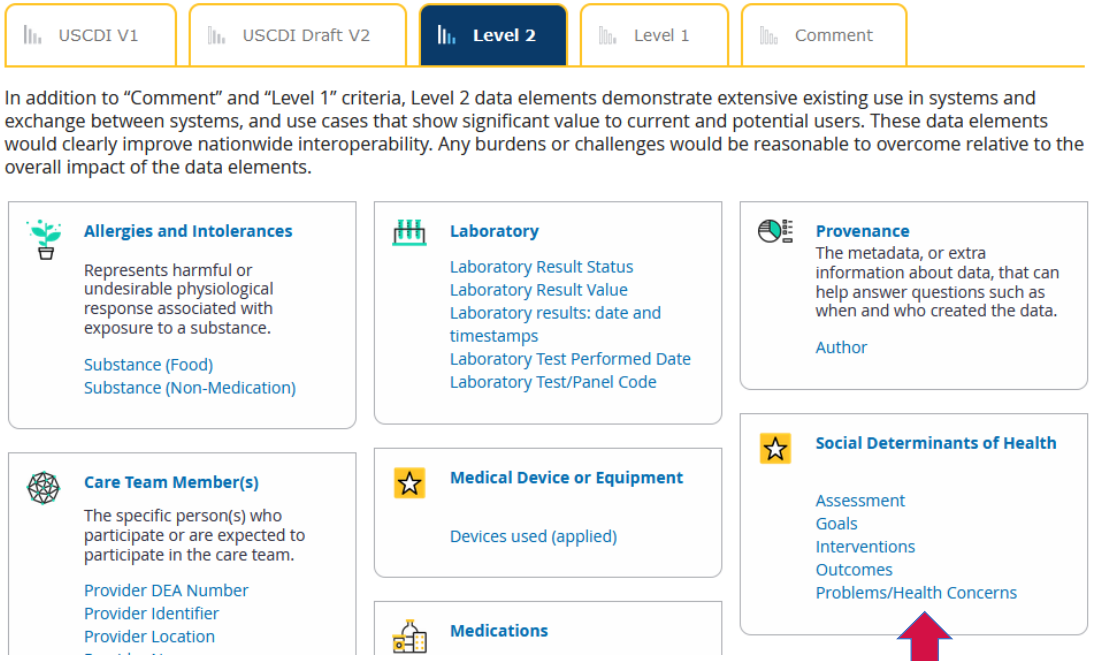
# Accomplishments & Success Factors

- **January 2020:** Completed food insecurity coding gap analysis and recommendations.
- **March 2020**: Launched housing instability domain.
- **May - June 2020:** Submitted new code applications for food insecurity to the coding stewards. Tested draft HL7 FHIR SDOH Implementation Guide (IG) at two FHIR Connectathons; achieved 1st place status in competition.
- **September 2020:** Tested HL7 FHIR SDOH IG at FHIR Connectathon; launched Transportation and Inadequate Housing Domains; completed Housing Instability & Homelessness data set.
- **October 2020:** Launched financial strain and demographics domains in parallel; submitted SDOH Data Class Application to ONC USCDI
- **December 2020:** Presented new ICD-10 codes for ICD-10 2021 review cycle; submitted FHIR SDOH IG for the January 2021 HL7 ballot cycle; began build of Reference Implementation.
- **January 2021:** Gravity standards included in CMS State Health Official (SHO) Medicaid guidance and in ACL Social Referrals Challenge Grant submissions; publish final data sets for Transportation, Financial Strain, Demographics status; began FHIR IG ballot reconciliation; tested FHIR IG at the HL7 FHIR Connectathon.

- **POLICY:** (e.g. ONC USCDI, CMS Promoting Interoperability, State Medicaid Director Letters)
- **PAYMENT MODELS:** (e.g. CMMI SDOH Model)
- **PROGRAMS:** (e.g. Medicare Advantage, Medicaid Managed Care, Hospital QRRP, MIPS).
- **GRANTS**: (e.g. ACL Challenge Grant, ONC Health IT LEAP, RWJF SDOH Integration in Clinical Care).
- **PRACTICE:** (e.g. repeatable process for adoption, implementation, and use of SDOH data at practice level.
- **INNOVATION:** New tools for capture, aggregation, analytics, and use.

# Policy Integration: Gravity USCDI Submission

- The Gravity Project formally made a submission to the ONC U.S. Core Data for Interoperability (USCDI) version 2 in October 2020.
- Submission available here: https://confluence.hl7.org/display/GRAV/Gravity+Project+USCDI+Submission



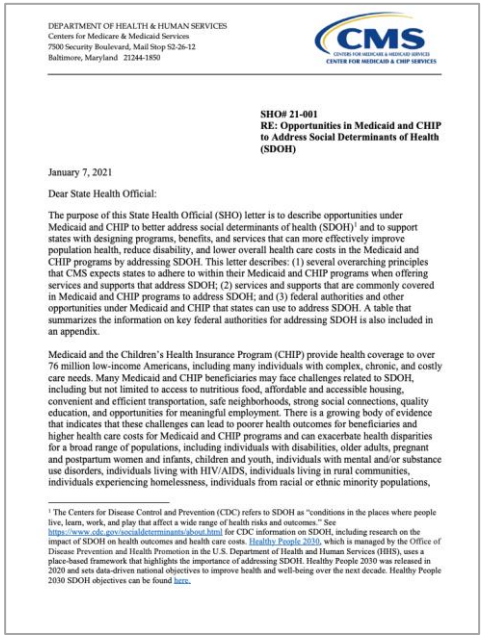

https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi

# Policy Integration: CMS NPRM Request for Information on Social Risk Data Standards

- On December 18, CMS published a notice of proposed rulemaking (NPRM) on prior authorization and patients' electronic access to health information. The NPRM included a "**Request for Information: Accelerating the Adoption of Standards Related to Social Risk Data**."
  - The request asked four questions about current mechanisms, challenges, barriers, and strategies for standardizing and exchanging social risk data.
  - The request is very relevant to the Gravity Project's work.
- The Gravity Project's PMO quickly prepared answers over the holiday and submitted a response to CMS on January 4, 2021.
  - Read the letter here: https://confluence.hl7.org/display/GRAV/CMS+RFI+-+Accelerating+Adoption+of+Standards+Related+to+Social+Risk+Data

# Policy Integration: CMS State Health Official Letter

- On January 7th, CMS released guidance for states on opportunities under Medicaid and CHIP to address SDOH.
- The guidance acknowledges that states can leverage Medicaid resources to support data integration and data sharing to assist state health systems to identify individuals with SDOH needs and link them to appropriate medical and social supports.
- States are required to design technical infrastructure for Mechanized Claims Processing, Information Retrieval Systems, and care coordination hubs that are **interoperable** with human services programs, HIEs, and public health agencies, as applicable.
- States must ensure alignment of the claims processing and IRS systems with CEHRT.
- **States are encouraged to review ISA SDOH standards and review and participate in the Gravity Project.**



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTER FOR MEDICAID & CHIP SERVICES

**SHO# 21-001**
**RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)**

January 7, 2021

Dear State Health Official:

The purpose of this State Health Official (SHO) letter is to describe opportunities under Medicaid and CHIP to better address social determinants of health (SDOH)[1] and to support states with designing programs, benefits, and services that can more effectively improve population health, reduce disability, and lower overall health care costs in the Medicaid and CHIP programs by addressing SDOH. This letter describes: (1) several overarching principles that CMS expects states to adhere to within their Medicaid and CHIP programs when offering services and supports that address SDOH; (2) services and supports that are commonly covered in Medicaid and CHIP programs to address SDOH; and (3) federal authorities and other opportunities under Medicaid and CHIP that states can use to address SDOH. A table that summarizes the information on key federal authorities for addressing SDOH is also included in an appendix.

Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage to over 76 million low-income Americans, including many individuals with complex, chronic, and costly care needs. Many Medicaid and CHIP beneficiaries may face challenges related to SDOH, including but not limited to access to nutritious food, affordable and accessible housing, convenient and efficient transportation, safe neighborhoods, strong social connections, quality education, and opportunities for meaningful employment. There is a growing body of evidence that indicates that these challenges can lead to poorer health outcomes for beneficiaries and higher health care costs for Medicaid and CHIP programs and can exacerbate health disparities for a broad range of populations, including individuals with disabilities, older adults, pregnant and postpartum women and infants, children and youth, individuals with mental and/or substance use disorders, individuals living with HIV/AIDS, individuals living in rural communities, individuals experiencing homelessness, individuals from racial or ethnic minority populations,

[1] The Centers for Disease Control and Prevention (CDC) refers to SDOH as "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes." See https://www.cdc.gov/socialdeterminants/about.html for CDC information on SDOH, including research on the impact of SDOH on health outcomes and health care costs. Healthy People 2030, which is managed by the Office of Disease Prevention and Health Promotion in the U.S. Department of Health and Human Services (HHS), uses a place-based framework that highlights the importance of addressing SDOH. Healthy People 2030 was released in 2020 and sets data-driven national objectives to improve health and well-being over the next decade. Healthy People 2030 SDOH objectives can be found here.

https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf

# Practice and Innovation Integration

- CyncHealth (formally NEHII) Health Information Exchange Integration here.
- American Academy of Pediatrics (AAP) and the Food Research & Action Center (FRAC) "Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity" here.
- National Quality Forum Guidelines for High EHR Data Quality, Quality Measures here.
- Onyx and AMA Innovations Partner to Rethink Ways FHIR-based Technology Can Improve Links Between Health Care and Community-Based Organizations here.
- Lyft Healthcare Exec Shares 2021 Predictions, Innovative Strategies here.

# How to Engage!

# Join our Project!

- Join the Gravity Project: https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project
- Give us feedback on the Data Principles: https://confluence.hl7.org/display/GRAV/Gravity+Data+Principles
- Submit SDOH domain data elements: https://confluence.hl7.org/display/GRAV/Data+Element+Submission
- Help us with Gravity Education & Outreach
  - Use Social Media handles to share or tag us to relevant information
    - @the gravityproj
    - https://www.linkedin.com/company/gravity-project
  - Partner with us on development of blogs, manuscripts, dissemination materials

# Questions?

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Twitter: @egallego
LinkedIn: linkedin.com/in/egallego/

Additional questions? Contact: gravityproject@emiadvisors.net

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https://www.linkedin.com/company/gravity-project

# HCA and SDOH Data

# Social Determinants of Health Data

Update to HIT Ops Group
February 23, 2021

Washington State Health Care Authority

# Themes in SDOH data

- Establishing trust
- Minimizing reporting burden for clients and utilizing existing data streams
- Aligning with national standards where possible
- Balancing considerations for specific programmatic needs

# HCA and SDOH data

- Medicaid Quality Incentive Program[1]
  - Hospitals earn one percent incentive payment
  - Summer 2020: Requires hospitals to screen for housing instability, food insecurity, and transportation needs
- Requiring MCOs to include screening questions on housing instability, food insecurity, and transportation needs in initial health assessment
  - Aligning with the Gravity Project and ISA standards

1 http://www.wsha.org/wp-content/uploads/Medicaid-Quality-Incentive-2020-Final-.pdf

# HCA and SDOH data (cont'd)

- Participating in the Bree Collaborative Workgroup on SDOHs
- Collect and share data on housing status, employment status, criminal justice history, education level, and other SDOHs
  - ARM and RDA at DSHS
  - Analyzing root causes of health disparities
- Standardization of internal SDOH data

# Questions?

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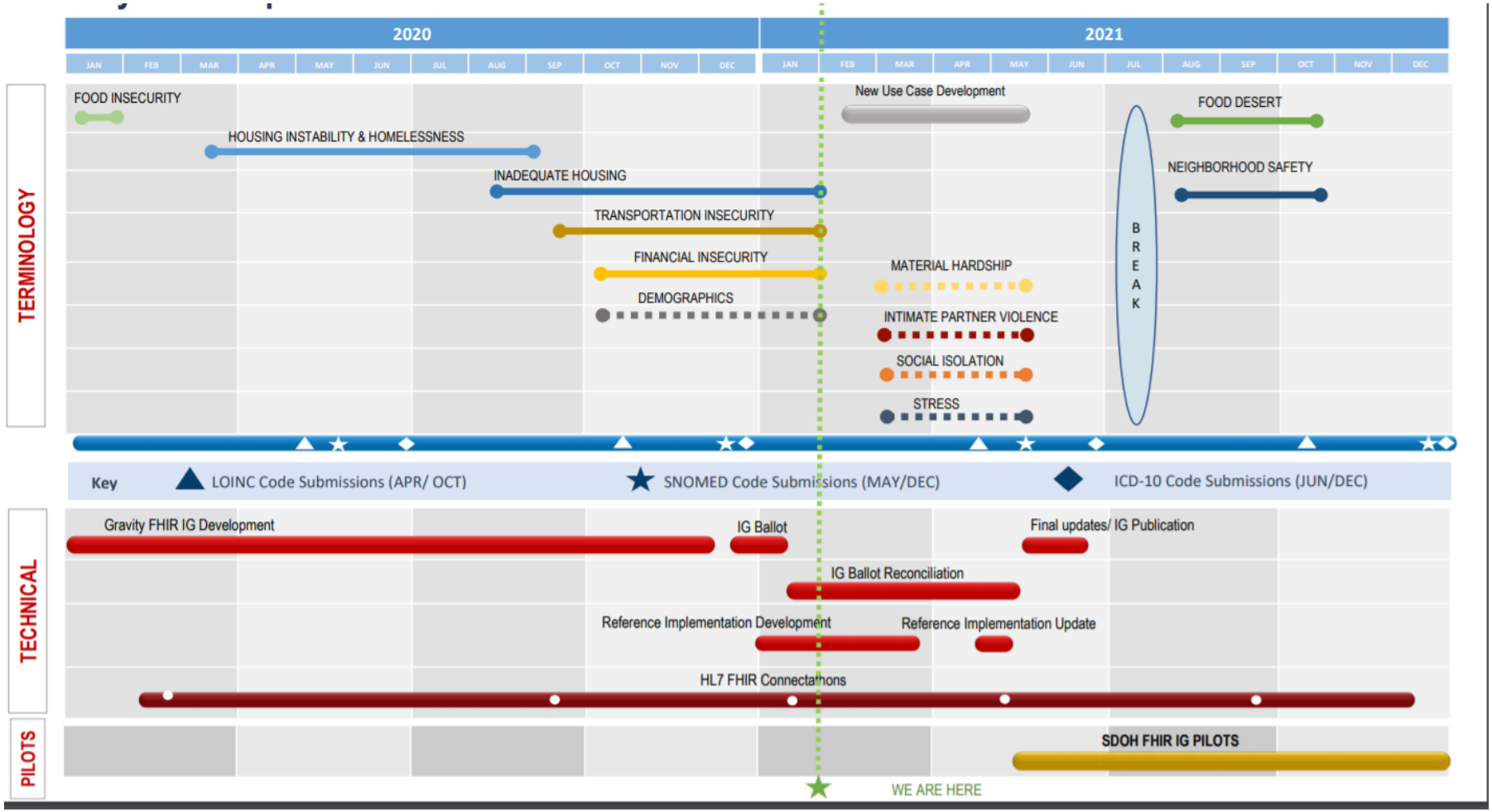
Mia Nafziger
Senior Health Policy Analyst
Mia.Nafziger@hca.wa.gov

Washington State Health Care Authority

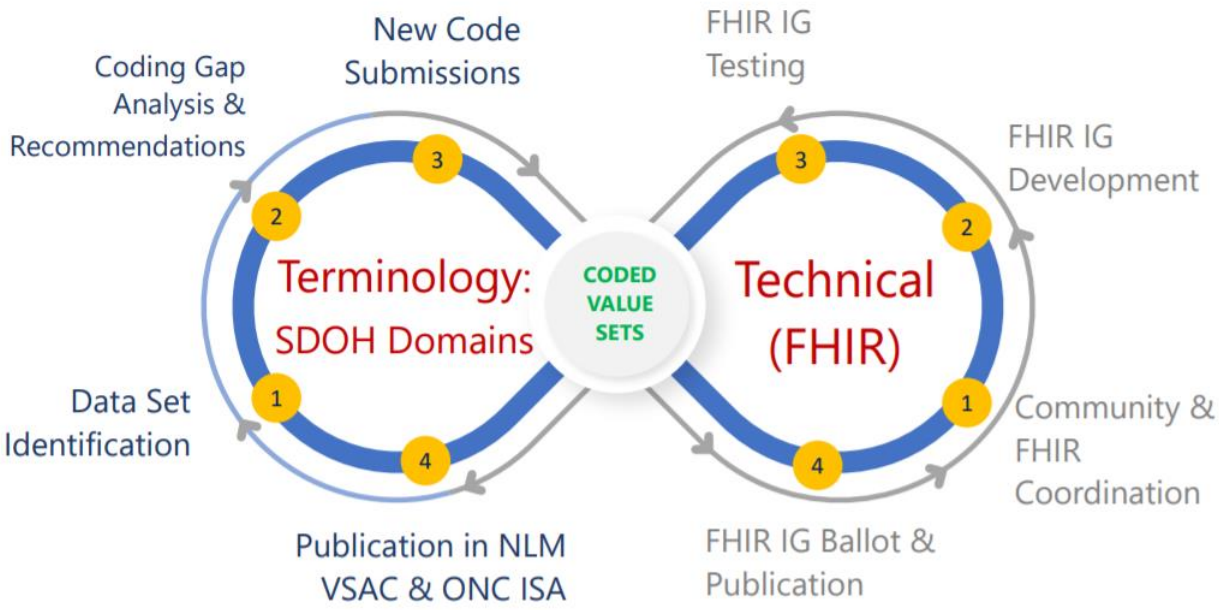
# Health Centers and Gravity Project

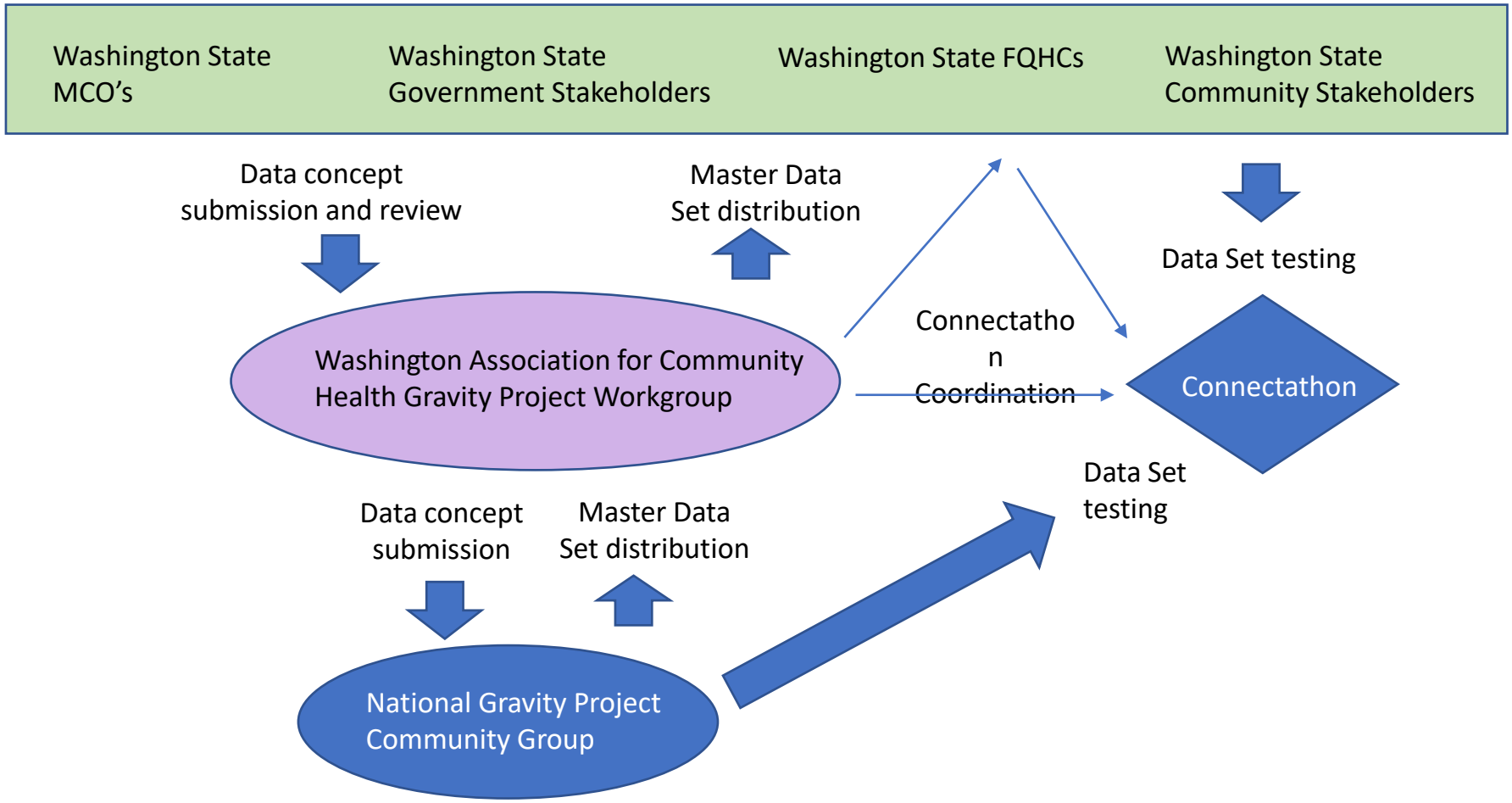
# Washington Association for Community Health

Gravity Project Connectathon Report Out


2020
2021
JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
TERMINOLOGY
FOOD INSECURITY
HOUSING INSTABILITY & HOMELESSNESS
INADEQUATE HOUSING
TRANSPORTATION INSECURITY
FINANCIAL INSECURITY
DEMOGRAPHICS
New Use Case Development
MATERIAL HARDSHIP
INTIMATE PARTNER VIOLENCE
SOCIAL ISOLATION
STRESS
BREAK
FOOD DESERT
NEIGHBORHOOD SAFETY
Key
LOINC Code Submissions (APR/ OCT)
SNOMED Code Submissions (MAY/DEC)
ICD-10 Code Submissions (JUN/DEC)
TECHNICAL
Gravity FHIR IG Development
IG Ballot
Final updates/ IG Publication
IG Ballot Reconciliation
Reference Implementation Development
Reference Implementation Update
HL7 FHIR Connectathons
PILOTS
SDOH FHIR IG PILOTS
WE ARE HERE

# Gravity Overview: Integration of Two Streams




Washington State MCO's
Washington State Government Stakeholders
Washington State FQHCs
Washington State Community Stakeholders
Data concept submission and review
Master Data Set distribution
Data Set testing
Washington Association for Community Health Gravity Project Workgroup
Connectatho n Coordination
Connectathon
Data Set testing
Data concept submission
Master Data Set distribution
National Gravity Project Community Group

# Discovered Issues/Lessons Learned

• There is variability in use of the Task resource across IGs. Further discussion and alignment might be beneficial.

• Virtual Connectathons allow FHIR newcomers to participate/observe at deeper level than physical meetings. The highly technical testing that takes place at Connectathons may be difficult for observers to understand. HL7 may wish to embrace this and provide content, education, etc. to engage this group. *(This is important for Health Centers that have not participated in Connectathon's before.)*

• There is obvious benefit of decoupling the development of questionnaires/surveys and the logic needed to transform questionnaire responses into conditions from the development and standardization of the exchange structures in the Gravity IG provides.

• With respect to the decoupling of questionnaire development and transformation logic from the IG, additional collaboration will be required with outside bodies to ensure questionnaire responses are compatible with achieving the desired objective of automated generation of conditions/health concern.

• FHIR tools, skilled resources, and FHIR are still maturing, and work is needed to make the multi-domain approach vision a reality.

• There are questions about how to interpret a Procedure that references LOINC and SNOMED. There are also questions about using LOINC as a code system for codifying procedures given USCDI v1 and v2 guidance.

• We cannot get rid of complexity; we can only move it around.

## Implications and Opportunities

The Gravity Project process provides stakeholders in Washington State an opportunity to define and code Social Needs Data Concepts that may be unique or important to Washington State residence, particularly to tribal entities, vulnerable populations and groups with special social needs such as rural areas.

Virtual Connectathons provide a unique arena to test coded concepts among Washington State stakeholders in order to determine gaps and opportunities in social needs interoperability and data sharing.

# All-Payer Claims Database

# All-Payer Claims Data Base

- In the 2021 Health IT Operational Plan-
  - HCA will establish guidance related to access and use of health care claims data (Medicaid, Medicare, Commercial) in the APCD for purposes of research, health cost transparency and health equity analyses.

Washington State Health Care Authority

ONPOINT Health Data

FORUM ONE

WASHINGTON All-Payer Claims Database

# HIT OPERATIONAL PLAN MEETING

FEBRUARY 23, 2021

WA-APCD UPDATE BY LORIE GERYK,
WA-APCD PROGRAM MANAGER

# Key WA-APCD Milestones

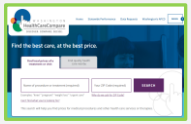
**House Bill 2572 signed**
**4/2014**

**Senate Bill 5084 signed**
**5/2015**

**OFM signed contract with OHSU**
**10/2016**


**First data submissions**
**7/2017**

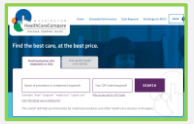
**WAHCC website and data release program launched**
**6/2018**



**WAHCC website wins NAHDO Innovation in Data Dissemination Award**
**10/2018**

**HCA became WA-APCD Program Administrator 1/2020**

**WAHCC website cost/quality data refresh**
**2/2021**



# WASHINGTON ALL-PAYER CLAIMS DATABASE (WA-APCD)

***The database has:***

- More than 100 million individual medical services and their costs are added every year
- Medical, pharmacy and dental services claims and eligibility data
- Information on almost 5 million Washington residents
- Data from more than 55 data suppliers

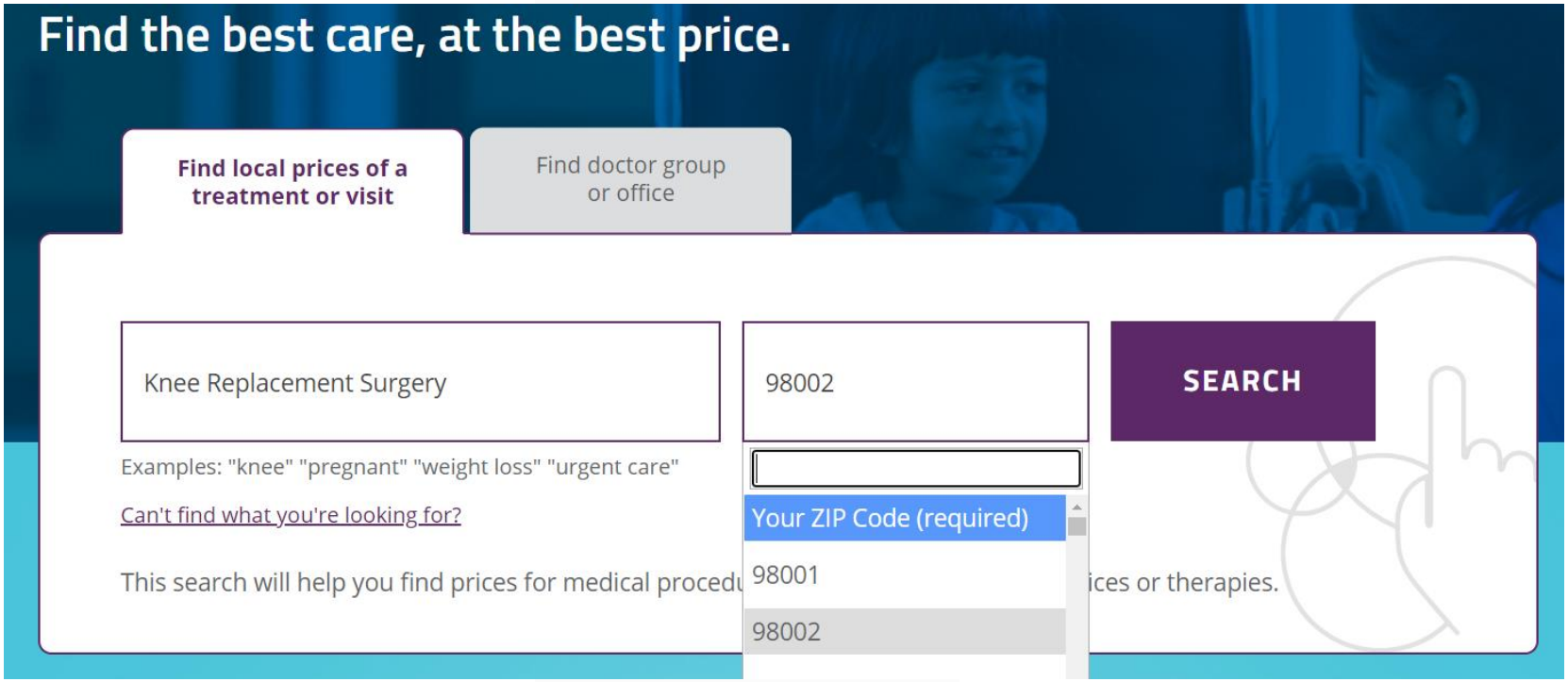
# www.WAHealthCareCompare.com

COMPARE COST AND QUALITY OF MEDICAL SERVICES BY ZIP CODE

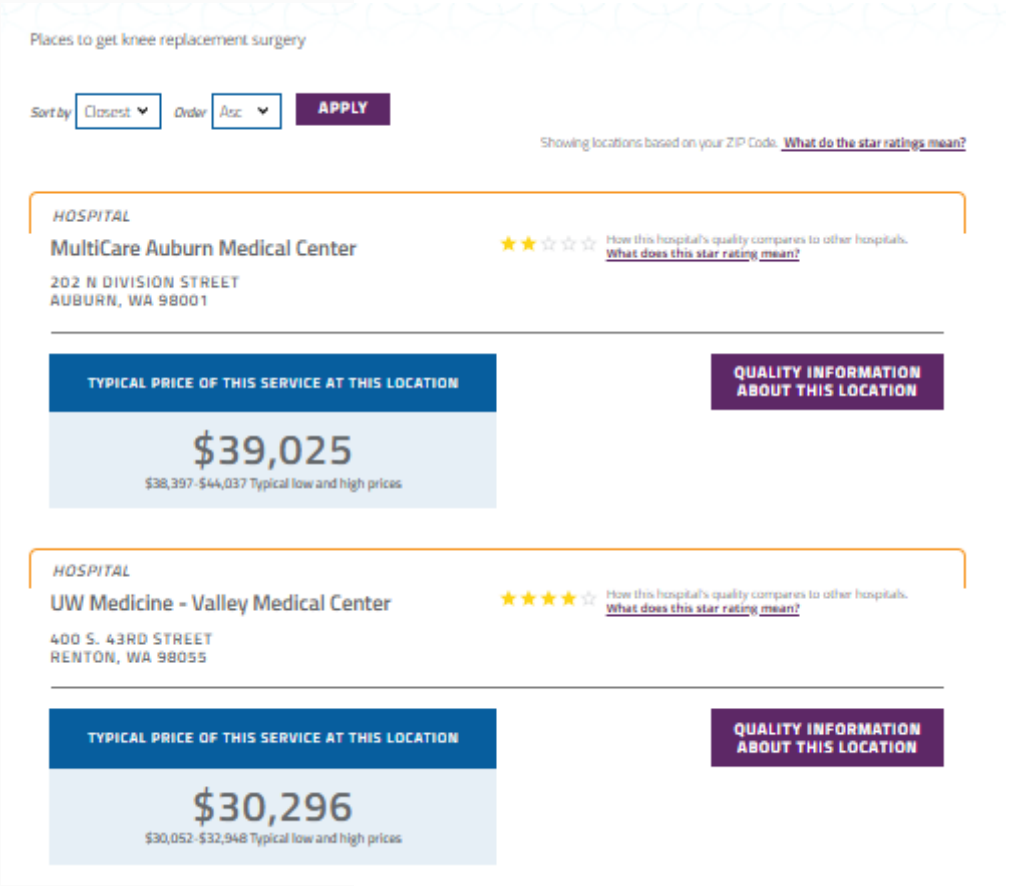
HELPS US MAKE GOOD HEALTH CARE DECISIONS

THE WEBSITE WON A NATIONAL AWARD

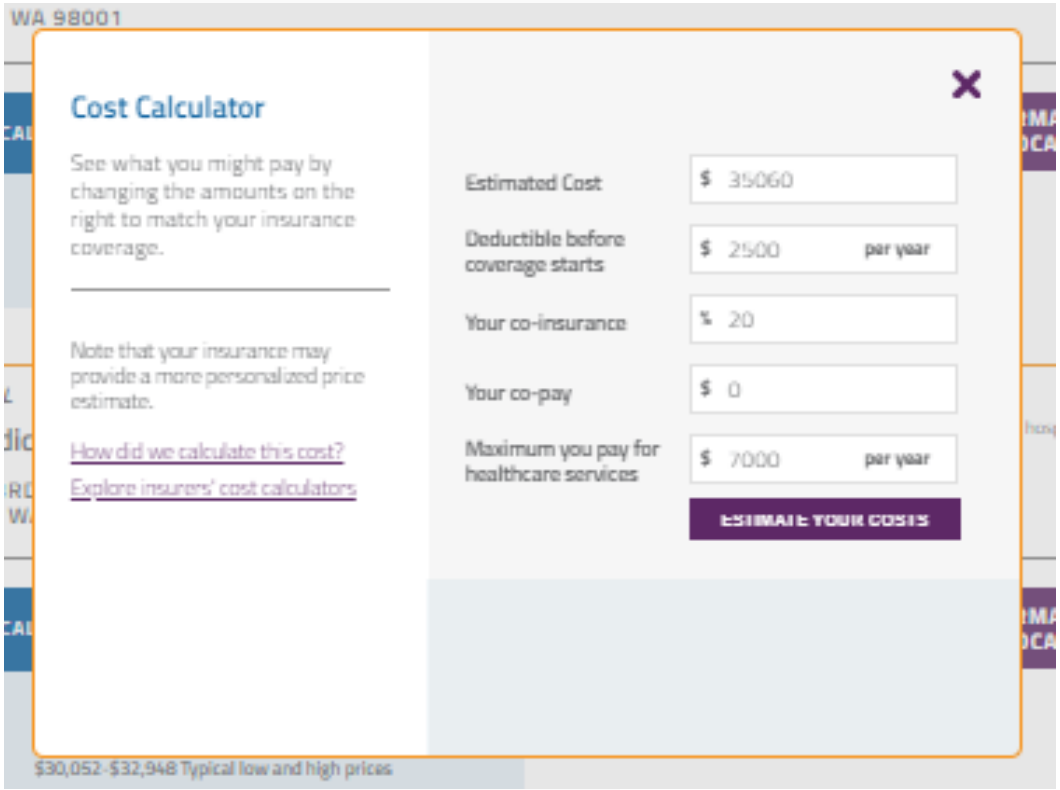
# Ex. Compare cost & provider quality for knee replacement surgery



# Results snippet:



# Use the cost calculator to see what you might pay out of pocket

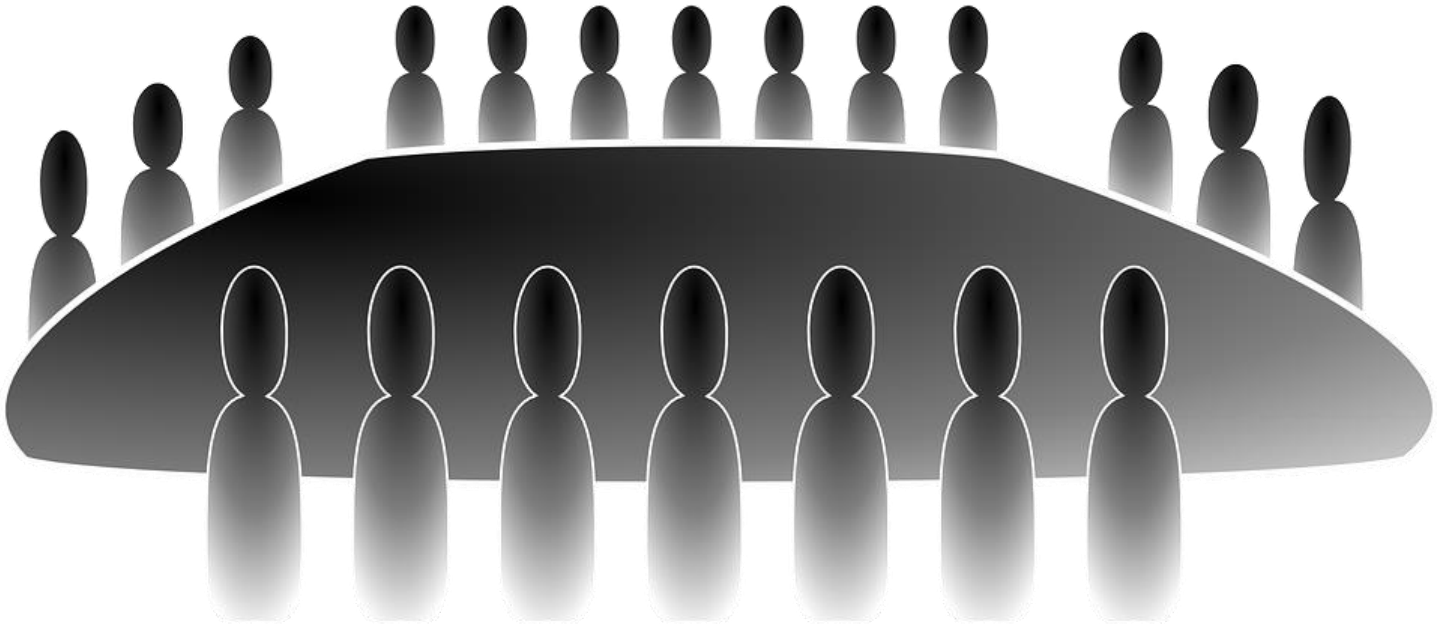


# Requesting WA-APCD Data Products

THINK OF WAYS TO USE THE DATA AND CREATE USE CASE(S)

APPLY FOR DATA ACCESS

SIGN DATA USE AGREEMENT, RECEIVE AND PAY FOR DATA PRODUCT



# Questions

# Bi-Monthly HIT Operational Plan Meetings

- 4th Tues. of every other month.

- Next meeting: April 27

# Questions?

More Information:

We anticipate that bi-monthly updates will be posted on HCA Transformation website.

https://www.hca.wa.gov/about-hca/health-information-technology/washington-state-medicaid-hit-plan