



2020 Innovator Fellowship Program

Moving Towards Standardization of Social Determinants of Health (SDOH)

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Extensive research has shown that social and environmental determinants of health (SDOH) explain 80 percent of a person's and population's health status. Despite this, there is no standard way to document SDOH conditions in a patient's health record and use this documentation to coordinate care with community-based organizations that treat social conditions. In collaboration with the Gravity Project and other stakeholders, this project was a multi-prong approach to meaningfully contribute to the advancement and adoption of SDOH tools and practices for better health nationwide.

Background

The need for inclusion of Social Determinants of Health (SDOH) arises from an uncontroversial desire to address the quadruple aim, the widely accepted policy objective of HHS that refers to improving patient experience, improving the health of populations, reducing per capita costs of healthcare, and improving the well-being of care teams. The well understood fact that SDOH is deterministic 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 healthcare encounter highlights the urgency of a standard approach across the health care system. 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.

A national standard is needed for SDOH to resolve inconsistency when patients move among health care providers. Because there is no national standard, EHR vendors that do collect and record SDOH data elements are primarily implementing these elements as custom, non-interoperable fields. The lack of a standard creates risks to individual patients by creating gaps in medical histories for patients who move among providers by preference or necessity. It creates risk to the health of populations since broad groups of patients may be assigned to incorrect or ineffective treatment due to misaligned clinical decision support tools. Furthermore, the lack of standards creates an onerous administrative burden since critical data cannot be efficiently shared among providers using different health record systems.

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 healthcare service providers. Going forward, tangible evidence will be needed to demonstrate improvement in quality of care while sustainably lowering healthcare cost. SDOH reporting standards not only provide the data necessary to drive improvements to patient care, they also enable a clear record and justification for effective financing and capitalization of health services.



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Approach

We identified four key areas where work was needed to advance the maturity, use and implementation of SDOH in clinical practice:

- Terminology – developing standard language that clinical care teams can communicate concepts
- Policy – advocating for creation and enforcement of national standards
- FHIR – developing technical value sets to facilitate electronic exchange of SDOH data
- Community – identifying needs and challenges of front line community-based social service organizations that SDOH standard care pathways will impact the most

By relying on the deep expertise and experience of each team member, we were able to learn, address, and make meaningful advancements in each of the four identified areas.

Impact

Terminology – in collaboration with the Gravity Project, we facilitated an iterative, consensus-based process among a broad group of stakeholders with representatives across the 5 points of healthcare in order to define terminology for the SDOH domain for Transportation.

Policy – in collaboration with the Gravity Project, we wrote a letter to the Honorable Donald Rucker, MD, (the head of the Office of the National Coordinator (ONC), the government agency that maintains national standards for the electronic health record) in order to advocate for inclusion of an SDOH data class in the upcoming rulemaking process that will create new national standards for the EHR. We also developed specific recommendations for the structure and organization of SDOH data elements within the data class.

FHIR – in collaboration with the Gravity Project, we worked on implementation guides that will inform the technical implementation of SDOH data elements and how they will be exchanged between and among organizations.

Community – in collaboration with the Gravity Project and several active community-based organizations, we conducted interviews to broadly understand pain points, needs, and concerns that we communicated back to the Gravity Project to ground truth the standards creation process.

Next Steps

This work is not finished. The Gravity Project continues to labor to create the Terminology/vocabularies, FHIR/technical specifications, and further policy advocacy that will be required to put these changes into practice. The contributions of this project are meaningful to the progress and adoption of SDOH standards in healthcare, but only a small step along the way to better health of patients and populations, nationwide.



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