

December 9, 2020

Transmitted via 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: The 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:

I am writing to express OCHIN's support for The Gravity Project's recently submitted alternative proposals to include key social determinants of health (SDH) in the U.S. Core Data for Interoperability, version 2. Achieving consensus-based comprehensive coding standards for SDH capture in electronic health records systems is a critical need to improve the overall health outcomes for all patients, but particularly for patients in historically marginalized communities. OCHIN is a national nonprofit health information technology organization with two decades of experience transforming health care delivery. We provide leading-edge technology, data analytics, research, and support services to more than 500 community health care sites serving nearly 6 million patients. We partner, learn, innovate, and advocate to close gaps in health care that are systemic, avoidable, and unjust, so everyone has a fair opportunity to achieve their full health potential. In order to achieve the foregoing, it is essential that health care providers, public health agencies, and patients have access to standard SDH information to support patients with appropriate clinical, referrals to community services that drive better health outcomes, public health initiatives, and overall population health management by providers and health systems.

With more than 500 employees in 37 states, OCHIN offers a wide range of health information technology tools and assistance (such as electronic medical records, virtual care, and broadband services) to equitably bridge the digital divide in health care. We strengthen the entire U.S. health care system by increasing access to high-quality care and supporting the health care workforce among community health centers, public health departments, rural hospitals, school-based clinics, correctional facilities, and behavioral health services. As the largest Health Center Controlled Network (HCCN) in the country, OCHIN works collaboratively across our growing network of providers and partners to advance research and data-driven best practices that reduce cost and improve health outcomes.

SDH play a critical role in a patient's health outcomes. SDH is essential in developing plans of care to improve health outcomes, particularly for communities that face structural inequality and health disparities. OCHIN has taken a leading role in developing SDH tools and integrating them into established workflows for use by members as part of clinical care and population health management. While OCHIN can successfully implement these measures among our members due to coding standardization within our network, this same standardization does not extend beyond our network. We agree that a national standard is needed for SDH to resolve inconsistencies for when patients move among health care providers. The lack of standards poses risks to patients who receive care from varied providers who are not using standard SDH coding.

In addition to undermining efforts to provide whole patient care and reducing the risk of incompatible data exchange related to SDH, the lack of national standards also impedes a host of additional critical health care activities, including SDH research, development of widely applicable evidence-based SDH best practices and interventions, population health initiatives to address SDH, and public health sentinel activities and programming to aid vulnerable populations. COVID-19's disparate effect on historically marginalized communities underscores the need and urgency to move forward to advance SDH standards. Finally, the lack of SDH standards is an impediment to ongoing efforts to establish value-based models of care and other alternative payment models. The standard exchange of SDH information is needed to undertake appropriate risk-adjustment, as well as identify additional factors that will impact outcomes for purposes of assessing outcomes and other quality metrics. Inconsistent SDH standards will chill efforts to transition the health care system to sustainable models of care that focus on improving patient health.

We appreciate the opportunity to share our unqualified support for The Gravity Project's submission. If you have questions, please contact me at stollj@ochin.org.

Sincerely,



Jennifer Stoll
Executive Vice President
Government Relations & Public Affairs

cc:

Steven Posnack, Deputy National Coordinator for Health Information Technology
Elise Anthony, Executive Director, Office of Policy