

Date: April 8, 2021

Break Out Session Title: SDoH – Interoperability of Data/Technology

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Key Takeaways:

- Gravity Project Structure
- MiHIN's plans for addressing these needs
- Screening data does not necessarily equate to actionable diagnosis or intervention
- Intention of screening is to cast a net as broadly as possible to identify and meet as many varied needs as possible
- Expediting the timeframe from screening to referral is a high priority to assure positive impact
- The Flint SIM project (and others) demonstrated the efficacy of a closed loop referral network in successfully addressing SDoH needs. It was obviously a pilot population, but the outcomes were encouraging and set a precedent. It is now primarily a question of scale
- Scaling the technology and implementation from a limited population such as those addressed through SIM pilot programs to a state-wide impact is a big lift.
- A standardized process for screening questions/tools would be helpful. For data to be aggregated the questions need to be standardized as much as possible, and then locally places can "add on" non-standard questions if they have unique needs.
- There is value in learning what the most significant need is in your local areas to ensure there are resources to assist. One single standard set of questions is almost impossible given the various settings/ populations etc.

Ultimately however these questions will get to an identified need. This is the standard.

- The community hub or care team and CBOs is most key as a first-point entry. At some point, for learning at the "where are resources needed across the state in which areas" aggregating the info might not be a starting point but would be helpful down the road.
- Being able to have a system that allows organizations (no matter where they are in the "Lift" towards interoperability). A longitudinal record that allows all to use if that is what they want but allow others who want to use their own or other proprietary system (unite us, Aunt Bertha etc.) to exchange is critical
- The intent of the Interoperable Referrals use case is that one platform could interact with another when appropriate (e.g. a referrer that uses a different platform than the referral receiver)

Appendix:

- **Breakout session material**
 - https://www.healthit.gov/sites/default/files/page/2021-01/AdvStandardsPrecisionMed_FinalReport.pdf
 - See <https://ahima.org/sdoh/> for a survey, which found that 83% of EHRs do not have a trigger/alert for SDOH information capture.