

CPMAC Data Integration Working Group Meeting: February 8, 2021

Consensus: The Data Integration working group needs to

- Define what we want to accomplish
- Define what success looks like
- Understand the current landscape for data integration so that we're not duplicating efforts

Presentation and Discussion: [The Gravity Project](#)

Mission

To create and maintain a consensus-building community to expand available SDoH core data for interoperability and accelerate standards-based information exchange by using HL7® FHIR®.

Background

Initiated in November 2018 by SIREN (Social Interventions Research and Evaluation Network, UCSF) with funding from the Robert Wood Johnson Foundation to convene broad stakeholder groups in identifying and harmonizing social risk factor data for interoperable electronic health information exchange.

Goals (paraphrased)

- Develop recommendations on how best to capture and group SDoH data elements for interoperable electronic exchange and aggregation.
- Collaborate with coding and terminology suppliers to address coding gaps.
- Develop and test an HL7 FHIR SDoH Implementation Guide.

Deliverables/Products

Toolkits, integration guides

The Gravity Project is doing work that was recommended in [Precision Medicine: An Action Plan for California](#).

Action Item: CIAPM staff will meet with Gravity Project Leaders to

- Assess Gravity Project's scope, goals, roadmap, products, and funding sources
- Identify unmet needs, and ways in which CIAPM and the Gravity Project can work together to expand the impact and increase implementation of the Gravity Project's work at scale, specifically as it relates to precision medicine

Action Item: CIAPM staff will reach out to the member of Gravity Project from the [California Office of Statewide Health Planning and Development](#) (OSHPD) to determine his involvement, interests, and goals.

Should CIAPM staff join as members of the Gravity Project?

Staff should hold off joining until they have an initial conversation with Gravity Project leadership.

CIAPM's role in the SDoH data integration space should be to

- Leverage the strength of the group,

- Make recommendations to OPR and the Governor's Office
- Extend beyond Gravity's current remit, perhaps by driving a national dataset around SDoH
- Amplify, translate, pull the levers of policy within the state government to amplify the best practices
- Enhance value, implementation, and adoption
- Facilitate, convene

Stakeholders, experts, and organizations to consider contacting

- Data Commons
- John Wilbanks
- World Economic Forum
- NASEM

Other related efforts

- UC is working to come to consensus about where in an EHR to include genomic data by defining standards and fields that can be extracted from a clinical report.
- California Health and Human Services Center for Data Insights & Innovation
- Other states (MA, OH, NY)
- National data set for trauma and injury prevention for use by trauma centers

Outstanding questions

- Should we focus more on being able to present information in a way that is useful for clinical decision making (and perhaps also research), or do we focus on linking clinic data with external organizations to, for example, track referrals to other healthcare and social services programs?
- What are the minimum SDoH data values that we would want to include in a record? What is the minimum viable product?
- Should our target population be community clinics? healthcare provider organizations? Patients? What does meaningful use look like to each of these groups, and what are the barriers in each case.

Action Item: CIAPM staff will send out example definitions of SDoH to be reviewed prior to the next working group meeting.