

May 10, 2021

Micky Tripathi, PhD MPP  
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: 0955–New– 60D; Agency Information Collection Request on Access,  
Exchange and Use of Social Determinants of Health Data***

Dear Dr. Tripathi:

On behalf of the American Hospital Association's (AHA) nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, we appreciate the opportunity to provide feedback to the Office of the National Coordinator for Health IT (ONC) on the exchange and use of social determinants of health (SDOH) data.

Hospitals and health systems are working to address their patients' social needs and the broader SDOH in the communities they serve. This includes societal and environmental conditions such as food, housing, transportation, education, violence, social support, health behaviors and employment. Robust data related to patients' social needs is critical to hospitals' efforts to improve the health of their patients and communities, and we appreciate the ONC's consideration of how best to leverage certified electronic health records (EHR) as a tool to advance health equity.

The AHA supports the addition of data classes and elements to future versions of the U.S. Core Data for Interoperability (USCDI) that will enable standardized capture of SDOH. EHRs can be an important tool to support collection of these data necessary to gain key insights at the patient and population health levels and build data-driven interventions. Yet, many of the challenges in collecting these data are not technical in nature, but rather stem from the need to create a value proposition for patients to share highly personal information and provide training and resources to support those engaging directly with patients in data collection. Additionally, the proliferation of



requests to collect and share SDOH data in non-standard ways adds complexity and duplication for health care providers as well as for patients.

As the ONC considers the future direction of its work to support the collection, access and exchange of SDOH data, including through expansion of the USCDI, we make the following suggestions:

**Prioritize Technical Infrastructure Development.** ONC has indicated it will focus on four key areas for using health IT to advance the use of SDOH data: standards, infrastructure, policy and implementation. With numerous federal initiatives underway to explore policy levers to impact SDOH and improve health equity, we encourage ONC to maintain its focus on developing the technical infrastructure needed to support standardization of data elements that are clearly defined to enable robust exchange. We believe ONC is well positioned to lead this foundational work with stakeholders to build the data capabilities within EHR systems that hospitals and health systems need to better identify and address the issues impacting the health of their patients and communities.

**Incorporate Lessons Learned in Future USCDI Versions.** We appreciate the open, transparent process ONC has established to solicit new data classes and elements for potential inclusion in future versions of the USCDI and gather feedback from a broad range of stakeholders as well as the federal Health IT Advisory Committee (HITAC). However, we question whether the approach of finalizing a new USCDI version every year allows enough time to fully evaluate, define, implement and improve on each version. Particularly with respect to SDOH and other equity data, we believe lessons learned should inform future direction. We encourage ONC to create a roadmap for adoption of expanded versions of the USCDI in regulation that lays out a clear process for collecting and incorporating feedback from end-users.

**Continue Investments in Real-World Testing.** As ONC works across the Department of Health and Human Services (HHS) and with the private sector in its health IT coordination role, we encourage a strong focus on real-world testing of technology solutions to support SDOH data exchange in defined use cases. The AHA was pleased to see that ONC will be funding work related to referral management to address SDOH as part of the Leading Edge Acceleration Projects (LEAP) in Health IT in FY2021. This investment in piloting health IT standards and non-proprietary approaches for managing care referrals for social services and support is needed to test and advance exchange of electronic information across health care and community-based organizations. We encourage ONC to continue to support innovations in technology that enable collaboration between organizations to address the social risks of the individuals served commonly across settings. Findings from these ONC-funded projects should be widely disseminated to support the field in scaling bi-directional SDOH data exchange efforts.

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We look forward to working with you and our hospital and health system members to advance the technical infrastructure for SDOH data. Please contact me if you have questions, or feel free to have a member of your team contact Samantha Burch, director of health information technology policy, at 202-626-2313 or [sburch@aha.org](mailto:sburch@aha.org).

Sincerely,

/s/

Ashley Thompson  
Senior Vice President  
Public Policy Analysis and Development