

Informational Webinar – ACL Challenge Competition: Innovative Technology Solutions for Social Care Referrals

July 28th, 2020

Ami Patel: All right, hello everyone. Thank you for joining us today for this webinar on ACL's Challenge Competition for Social Care Referrals. My name is Ami Patel and I work in the Office of Network Advancement at the Administration for Community Living. I primarily work on the ADRC/No Wrong Door initiative. I am now excited to lead this Challenge Competition. So, next slide has an overview of the agenda.

We will do a quick welcome and then we'll go over background of what challenge competitions are. Then we will review the details of the proposed challenge. We will have an introduction to the Gravity Project. Then we will finish off with details about Phase 1 submissions and end with a few questions and answers at the end. Throughout this webinar, all lines are on mute. So we ask that you use the chat feature to submit any questions or comments that you have. Be sure to select to send to "all participants" so we receive your chat. All right, so now to start things off I would like to introduce Kelly Cronin who is a deputy administrator and director of the Center for Innovation and Partnership here at ACL. Kelly? Okay, now we can hear you. Thank you.

Kelly Cronin: Okay sorry about that, I had a double mute. Thank you Ami and thank you all for taking time to listen in on this webinar and learn more about this challenge. It is one that we are very excited about. We know, in recent years there have been tremendous progress and technology adoption to try to better connect healthcare and social services. Developing a new class of vendors has found a niche in the market. In addition to a lot of community-based efforts that have thrived through the Accountable Communities for Health and other programs where they have been able to, better connect and do closed-loop referrals between healthcare and community-based organizations. So we are excited to build on all of this recent progress, but also recognize that there are issues that we need to resolve as a sort of collective community. And, we also want to learn from what's happened in the healthcare industry and the healthcare system with health information technology and interoperability. As many of you have been involved in that know, that it has taken decades to really be able to standardize terminology and get to standardize messages. It's still a journey. It's a journey that many people will be on for years to come.

But, we recognize that this is a 'new-ish' area between healthcare and social services, and connecting the community to healthcare, we want to do it in such a way that we are not creating a lot of walled gardens or individual connections that are between one health plan and a set of CBO's or one health care system and a set of CBO's. We would really like to have more of an interoperable environment and a collaborative model where these solutions can be scalable. So, one health system or one set of community-based organizations isn't having to accommodate many different referral platforms, that could be quite burdensome from a workflow perspective and perhaps not as efficient from an expenditure perspective. So, we are looking to this Challenge to try to encourage people to work together across state government, community, the technology industry, and with local or state level HIEs included, along with health care organizations, so plans and systems.

So, this will allow the system to all come together as a collaborative team and say how can we do this in a way that we can get to a scalable solution and we can achieve interoperability

over time. So, really contribute to the standard evolution that will make closed-loop referrals a more seamless process across many different stakeholders, and also have interoperable resource directories. Many of the data that resides in these resource directories is coming from sources that have either been through philanthropy or are state or federal funding. We think it's important for those to be open and standardized and ensure that they are searchable. So, there is a lot of opportunity I think to encourage further evolution of the technology solutions in the space.

You will be hearing more about the challenge itself and some of the technical aspects and the standards that are in development so that you can take all that into account as you think about how to respond to this. So again, thank you for listening and I will also mention that we did delay the timeline. There was sort of the overall plan for the three phases of this challenge. After COVID-19 really took off in March, we recognized that it was just an overwhelming emergency response, both from the healthcare and social service perspective, and public health. Everyone has been sort of all-out pursuing what they can do to address the needs of people being affected by the pandemic and, that is absolutely been the top priority. These solutions are still very relevant. I think we all know this is a part of the pandemic response because it is very important to be able to get people connected to food sources when they are food insecure or when their housing is not stable, they need to have their needs addressed to be able to have a space and accessible, appropriate housing. So there's many different social risks and social needs that have become even more acute and more important during COVID-19. So, while it is hard for people to find the bandwidth to start with new initiatives we do think it was a very good opportunity still in the context of the pandemic. So we hope that you all as you start to get more engaged in this are finding that you have willing partners and understand the importance and relevance of the work, even as a part of the pandemic response. So, I will just transition back to you Ami, so that we can get started with the overview.

Ami Patel: Yes, thank you Kelly so much for setting the goals of the challenge and providing the background. So, next slide. First, I want to touch on what challenge competitions are. This might be very new for some of you. So, the America Competes Act authorizes challenge competitions and offers innovative funding opportunities beyond the traditional government grants and contracts. Basically, an agency announces a problem to the public, participants create and submit solutions, and then after evaluation, the agency awards prizes to the best solution. The challenge competitions really offer unique opportunities to attract innovation and creativity and they are also outside of the typical government contract framework. We really are able to promote collaboration across a larger reach of experts and rewards are offered for outcomes. This is only the second of three challenges that ACL has done and we are really excited to promote this health information technology (IT) challenge. On the next slide I want to review the problem that we are trying to address.

So, the next slide is the 'why now'. The problem we have presented with this challenge stems from the growing environment of health and social care integration, as Kelly had mentioned. This really supports the holistic care of older adults and people with disabilities by improving outcomes and lowering costs and ensuring seamless connections to community resources. We are seeing an increase with healthcare systems and hospitals partnering with communities and social service organizations. And with these increasing partnerships comes the use of various technology referral platforms with varying data collection capabilities. So we've seen a growth of health IT developers in this space that have marketed to health systems and health plan and promoting that partnership. But, with the next slide what we see is that this all leads

to is this new landscape of health and social care coordination, where, on the data side, we have competing technologies across stakeholders.

So first, states and community based organizations have invested in robust resource directories and referral platforms to streamline access for long-term services and support for older adults and people with disabilities. This is part of the No Wrong Door System initiative, which is a community-based approach to person-centered planning and assessments, information and assistance, and connections to state and community-based resources. It also includes a governance structure that ensures these functions are available across the state, the state and community based side of the investment. On the other end, we have health plans and health systems implementing technology platforms to screen and refer individuals to some of the same state and community-based resources to help address social needs that people have. This is a space where health IT developers have their own resource directories and have supported the health systems. So, you can see there is a lot of exciting progress with a new class of technology developers out there and across the community but there is need to advance interoperability and address the siloed implementation that are not necessarily standards-based. Next slide.

The reason we need to address interoperability is because we see individuals seeking care from providers with different platforms, data is not necessarily being shared across, and any providers are not leveraging the existing infrastructure of existing community based resources. We have competing resource directories and duplicative spending for various vendors and across stakeholders. The greater need that we see is addressing the burden that CBO's now face. They are using multiple platforms, the data reporting is not consistent and it's really leading to an inefficient use of time and resources. Move to the next slide as I'm talking to these issues.

We wanted to put it to this perspective. This figure shows that there is an individual who has a direct or indirect need stems from any one of these entities in yellow. So the health plans, hospital, community-based organization referrals generated different systems in different ways. Many times we have these referrals trying to reach the same ecosystem of community-based organizations who are challenged with using these various systems and tracking the needs of individuals. So, we need a way to more efficiently share data in a way that enables standardized referral processes and ensures that no matter how or why a person enters the long-term care realm they are seamlessly connected to resources that address their preferences, values and of course social issues of health and standardizing that type of data. This is why we proposed the challenge to address these items. So, next slide.

The goal is to establish a shared technology infrastructure. We are seeking solutions that address just what we have been talking about – interoperability, addressing more efficient data sharing to ensure better informed decision-making, the use of closed-loop follow-up protocols, standardization across directories, and standardizing information to determine health data. We want to be able to visually display and track outcomes over time. Part of the challenge will involve developing prototypes in some sort of scalable implementation to demonstrate these solutions as well. Next slide.

A critical piece is the inclusion of key stakeholders. So we are strongly encouraging a team of health IT developers, healthcare providers, health plans, state and local agencies within the aging and disability networks, which also includes Medicaid agencies and other technical expertise to collaborate for a solution on this challenge. It is so important, the emphasis on a multi-stakeholder approach to this, really supports a shared vision and that shared platform

for person-centered care and reducing the siloes between organizations and leads to better integration of health and social care. Again, you will hear more today on forming a team. Next slide is a simple overview of the challenge details.

This challenge will occur in three competitive phases with prizes awarded at each phase. The total price amount is \$500,000. Phase 1, which we are in now, is for concept and design submission. This will be open through December of this year and we plan to award up to six prizewinners at \$30,000. Then those prizewinners would move on to Phase 2 for a demonstration of the solution. Again this is just the winners of Phase 1 that will move on. Then Phase 3 is sort of the final presentation of testing where we will have one final winner. So at this point before I dive into the details of Phase 1 submission and we talk more about that, I would like to pause and talk a little bit more about the standardization piece for this challenge. We are going to learn more about the Gravity Project. So, in the next few slides I will like to introduce Evelyn Gallego who leads the Gravity Project work with EMI Advisors. Let's go to the next slide and I will turn it over to Evelyn.

Evelyn Gallego: Thank you very much Ami. Good afternoon everyone. I serve as the program manager for the Gravity Project. I would like to thank the ACL team for the opportunity speak to you about the work we are doing. Next slide.

Quick agenda for us today. I will try to be really fast I know you all have a lot of questions so we will just go through what we are and what we are working on and what we standards we've been focused on. Next slide.

Okay, so, both Ami and Kelly did a great job of speaking through the opportunity and, really, this growing interest in understanding and being able to integrate the healthcare and social care. We see that there is a growing interest in this work. We are here today because we – and I'm assuming I'm speaking for all of you – we do have a fundamental understanding that SDOH information improves whole person care and lowers cost. We also know unmet social needs negatively impact health outcomes. This current COVID-19 pandemic shined a magnifying glass on this as we are hearing more and more of the increasing health disparity as a result of unmet social needs. Despite this evidence, clinical systems have not been able to consistently and effectively address these needs because of the limited data standards available to represent the data. Of course, representing data for it across different systems.

So were here today for the key role data standards play and data interoperability. We need standards to report the collection and use of data, to facilitate the sharing of data across clinical and community based organizations, and most importantly to facilitate payment for social data collection and intervention activities, which include referrals. Building on research conducted by the Social Intervention Research and Evaluation Network otherwise known as SIREN in 2018 and parallel interoperability initiatives like the National Coordinator and the Centers for Medicare and Medicaid Services began the past two years. There has been a lot of discovery that existing medical coding vocabularies and HIE standards are poorly equipped to capture SDOH related activities. Next slide.

So, enter the Gravity Project. In May 2019, the Gravity Project was launched as a multi-stakeholder public collaborative with a goal to develop, test, and validate standardized SDOH data for use in clinical care and for upstream and downstream activities. The project seeks to address the challenges raised by research conducted by SIREN, which is around discovering that there is an absence of codes and there is, in some cases, an overabundance of similar codes to represent SDOH data in these clinical sites. We started with the three social needs of

food insecurity, housing stability and quality, and transportation access. These were identified by health systems through SIREN's work that were a priority for them to address. These are items where they said we want to be able to use the systems we use right now, predominantly electronic health records to document social risks related to these three needs. It is not to say Gravity is not focused on other domains. We are actually in the process right now for identifying other domains we will prioritize next. These are the ones we have been working on for the last year and a half. Next slide.

We describe the work on the Gravity Project as two work streams – the SDOH domains or terminology workstream and the technical FHIR workstream. Although both workstreams function in parallel, they interact at the center with the publication and use of coded value sets. As I noted in the previous slide, the Gravity Project was initiated to address these coding gaps identified by health system. The coding work is critical to the project. At the same time, we need to support the interoperability of this data across different systems and different system activities. This is where FHIR plays a key role. It supports both representation of SDOH data, specifically pointing to the shared value set in exchange and sharing of the data across disparate systems using FHIR based open API. Next slide.

The data standards we focus on are these three leading terminologies, LOINC, SNOMED CT and ICD 10. Which can then be represented for exchange in leading content standards. So I mentioned FIHR and I do want to acknowledge the Gravity Project is an FHIR accelerator project. We do start with FHIR first but we also recognize the role of the HL7 Clinical Document Architecture or CDA standards. The representation of the data can be in both FHIR ID but also CDA document. Each of these terminologies are used to represent data specific to the four activities you see here. LOINC is the leading terminology for screening question and answer pairs. So when we do a social risk screening it is coded using LOINC. ICD 10 is used to represent diagnoses and some are SNOMED as well, and observations are in SNOMED CT. LOINC is also used to represent goals. And SNOMED CT has the panels for interventions. Interventions include a referral to community-based provider service or programs. So SNOMED CT is a term used to represent that type of data. Next slide.

The Gravity Project is a multi-stakeholder collaborative, facilitated as an open and transparent process. Stakeholders across the health and social care ecosystems are welcome to join. So as noted here, we have over 1,000 participants. Anyone is welcome to join. It is free, the link is there, you can see everyone who participates across all the different stakeholder groups. As I mentioned we are in HL7 project, an HL7 FHIR accelerato project. We developed deliverable using nationally recognized standard and due process. Next slide.

Over the past year since we have launched in May 2019, we have accomplished so much within the Gravity Project. An incredible amount of work for such a large collaborative. I do want to applaud everyone who participates in our public collaborative. Here's a snapshot of the links to all of our accomplishments and deliverables. What I want to emphasize here is that this work is just really the baseline for advancing the integration of social care and clinical care using data standards. On its own it will sit on the shelf. We really depend on, you know other programs, policies, payment models and grants such as this ACL Challenge competition that will help advance and validate what we are doing. Here's a link for everything we have done and that will be made available to you. Next slide.

Critical for our discussion today on referrals are the Gravity use cases. The Gravity Project identified three use cases to illustrate the data exchange needed to support SDOH data documentation across those four activities of screening, diagnosis, setting, and intervention.

Each one of these use cases builds on the other. It begins with use case one, which specifies the activities or transactions supporting the screening and diagnoses activities. Use case two is where we focus on the actions or interventions that result based on that screening and diagnosis. One of these interventions could be an electronic referral. And last is the third use case, which depends on the first two and speaks to the aggregation of this data. So, it can be aggregation of screening data, or aggregation of diagnoses, goals, and interventions. It's not to say it's just aggregation for activities but the data will be aggregated for uses beyond the point of care. Again the link is there to our comprehensive use cases package is at the bottom. Next slide.

The Gravity use case number two, incorporates the exchange of referral information between an organization, for example a state Medicaid agency provider, and an order filler, for example a Meals on Wheels service provider, nutrition, or meal delivery provider. The definition for e-referral is presented here, which is the ability to electronically submit standardized documents to support referrals, track the status of referrals, and send consultation notes back to referring provider to close the referral loop. The visual is what we refer to as an active transaction diagram that specifies the flow of information between two system actors. You see the two transactions of the service request, the lines you see in the middle, so, you see a service request and a request completion. We will talk about transactions all the time and then we also talk about the payloads, you see those little boxes at the top, a referral or some sort of document or note goes with the referral and then something comes back to acknowledge that the request has been completed or addressed. Next slide.

The Gravity FHIR implementation guide the FHIR based service request and its related component such as a service delivery report. We are currently evaluating how the service request can incorporate the workflow management resources available in HL7. It's also called the bidirectional services for referral or BSER implementation guide. BSER was developed by the CDC to support closed-loop referrals between clinical and public health systems and we have been looking at that. I also want to acknowledge the BSER builds off the IG 360 X profile so some of those tracked sections also represented in the SER. We are looking across all of those to inform what we are doing. Next slide.

Here quickly as a snapshot of the service request resource for those not familiar with FHIR or for Fast Healthcare Interoperability Resources. These are all resources that are represented in html pages. The link there is at the bottom. When we talk about an FHIR implementation guide, it's really a recipe for implementers and how they can use multiple FHIR resources together to support a use case. So again here is the link to the service request that we have been looking at. Next slide.

I mentioned the BSER, here is a link to the workflow management resources. On this page you will see also that there is a comprehensive list of state transition statuses. So again this for a closed-loop is acknowledging where it is in the cycle. So again this is very technical but again you have a nice way of presenting how a referral is sent and received and how you track it. So that lots of information there. Next slide.

So as the Gravity technology team began looking at the available FHIR resources to incorporate in the implementation guide, we started developing implementation guide in December last year. We noted that the current standards did not specify what exactly goes in the payloads. As I mentioned, and you saw, the little two boxes in that transaction diagram, you have a referral sent and a response back. There isn't a lot of information in the current standards to specify what exactly goes in those requests. So as a result, in May of this year,

the Gravity Project team convened a meeting with several community referral platforms, to ask the question about what is the minimum data needed to exchange a closed-loop referral. Here are examples of some of the minimum data items we discussed with the group. There is no standard list of concepts that came out of the discussion, everyone does things differently. Many participants noted it was implementation specific. There were some of these information components listed here that were trickier than others to manage. So, we see those with the stars were trickier because they are very hard to quantify and we need more work on it. This is something we are currently working on. We hope through this challenge that we can find a better way to come up with a minimum data set that can also inform updates to the current standards. Next slide.

Here is where our Gravity SDOH IG sits, where you have access to it. It is currently being changed and I will mention on the next slide why. The link will stay the same. Next slide.

So we have changed and we are in the process of revising our FHIR IG development and balloting approach because we have an accelerated timeline. We want to be able to start looking across multiple domains. So, right now we have been focused on those three domains I mentioned earlier – food insecurity, housing, and transportation. We work on them one at a time with our very large public collaborative. But, we have been requested to accelerate our process and really look across multiple domains in parallel. Looking at that we have to change the structure of FHIR IG. As a result, we are shifting our ballot cycle. We are moving from September 2020 and we are really close to January 2021. We will also be testing are updated FHIR IG at the upcoming September HL7 Virtual Connectathon. If you have any questions, I would be happy to answer but the link is there. If you are interested in participating in testing, this is what we have so far we encourage you to join us. Next slide.

I think that concludes it. The next slide is just again a summary of how to join our project, where to find out information. As I mentioned, it's really important to validate what we create. It's not meant to just sit on a shelf. It really needs to have implementation, real-world testing. Even if it is not the FHIR IG, we also encourage the testing of these concepts. As we talk about referrals, the referral note can include screening around food insecurity as an example, right? So that's where we say validate the concepts we defined today and the new codes we have asked to be published are the right ones. That concludes my presentation. The next slide has my information and I will hand it back to Ami. Go to the next slide, sorry.

Ami Patel: Thank you so much Evelyn. There is certainly so much to learn about the Gravity Project work and it is a key component in addressing standardization with this challenge and we look forward to working with you more as we have participants in this challenge. There are a few questions coming in in the chat related to what you presented. Evelyn we can go over those at the end if you are okay with that.

Evelyn Gallego: Yes.

Ami Patel: All right. So, on the next slide we will go into some details of Phase 1 submission. First, the rules and terms and conditions with more details are posted on the challenge.gov posting but to summarize, the team lead must be a U.S. citizen or permanent resident. Teams cannot include a federal entity or federal employee and Federal grantees may not use Federal funds to develop their challenge submissions. So again please be sure to read more about the terms and conditions on the challenge.gov posting. The next slide.

Phase 1 submission is now open, so we are accepting submissions through Monday, December 14th. At this time, we are accepting the submissions as PDF files that will be submitted as an email attachment, so this would be no more than 10 pages. Those pages would not include the cover letter, or the attachments. However, I do want to note that we are planning to use a more interactive website. Where our participants can register and submit their application in different pieces throughout the Phase 1 submission process. So, we will be sure to share more information about that with you all as we change the submission process and of course the challenge.gov posting will have the most up-to-date information. I also want to mention here that we do have the letter of intent that is due on August 14th. However, we are going to change that due date to be the same as December 14th, so that all of that can come in one process and again it will all be part of the registration process and the new website that is coming soon. So again, the letter of intent and the actual full applications will be due December 14. Next slide.

A little overview on the application process. So, first, in the application we are looking for a cover page and a brief abstract. Since Phase 1 is reframing the idea and the concept for the technology solution, with the project narrative we are really looking for how the solution addresses the problems – the details for how new or creative aspects of health IT technologies were used to design the concept and how it addresses each component of the judging criteria. So, we will go over the judging criteria in a minute. We also want to understand through the project narrative the potential for how the proposal can be demonstrated or implemented. Next slide.

Another piece of the application, we are looking for brief descriptions of team members. Again, we are really emphasizing the inclusion of key stakeholders. We had mentioned at the beginning of today who the stakeholders are. We really want to understand that they are part of your team and what their role is. Lastly, any attachments that you may have should describe the use cases for the proposed solution along with workflow diagrams that really shows how the solution addresses interoperability, addresses closed-loop referrals and how it addresses the exchange of data across resource directories. That is an overview of the submission. The next slide we will go into the judging criteria.

Briefly, again as I mentioned with the project narrative for this first phase, we want to be sure that your solution is addressing all these components. So the first is a level of the innovation – how does the solution support the advancement in health IT trends and support health and social care integration. Second, once again the inclusion of key stakeholders and describing the partnership and, when you describe the use cases, how the stakeholders are involved. So we want to see more about who will be on your team. Next slide.

The third criteria scalability and feasibility. This includes whether or not your solution considers and recognizes current interoperability standards, including standardization of bi-directional e-referral messages which we just heard about from the Gravity Project. We are also looking for a description of how the proposed submission supports open APIs for existing resource directories. Next slide.

The fourth judging criteria is functionality and usability. Beyond describing the key features we are looking for, such as closed-loop referrals and data tracking, social determinants health data and an important piece is applicability across populations. So across various health IT platforms and ensuring the seamless usability. Lastly, this fifth criteria is ensuring that business and technical risks have been considered and identified, of course, with the

exchange and use of data legal standards. We want to ensure that solutions are describing how valid security and privacy matters are being addressed. So the next slide.

Just a quick summary here. We went through a lot today so to summarize the key points of Phase 1. The applications and a letter of intent are all due on December 14th. Again, the focus for this challenge competition in this first concept and design phase is to address interoperable standards-based referrals and analytics, technology solutions to support health and social care integration. Again, there is emphasis on forming a team including all the stakeholders mentioned. Lastly, there will be up to six prizewinners in January that will be awarded \$30,000 each. Again this is just Phase 1 and then the winners of Phase 1 we will move on to Phase 2 in the early part of next year. So next slide.

Before we go on to Q&A, I just want to mention that again all the updated information will be found on the challenge.gov posting. And, as I mentioned, we are launching a new interactive webpage very soon and this will be a chance for participants to interact with each other, we will be able to do some introductions and matchmaking across interested stakeholders using this webpage and ultimately, it will be where you can register and submit your Phase 1 submissions. There is more information about that coming soon. You can also always reach out to me, this is my email address, if you have additional questions. So now, we continue to encourage you to use the chat feature to submit your questions. If we do not get all your questions today, we will develop an FAQ document and that will be shared along with the slides and the recording of today's webinar. So we will look through the chat and go ahead and do some Q&A.

Helen Dawson: Thanks Ami. We have had a couple questions come in. One of them was asking whether Phase 1 prizes will be given out as proposals are submitted on a rolling basis or is ACL going to be waiting until that December date to review all proposals at the same time?

Ami Patel: A great question. So, proposals can be submitted at any time. However, the evaluation and the judging of all submissions will happen at one time. We will evaluate any submissions that we receive after that December 14th date and plan to announce the awarded, the awarded submissions in January.

Helen Dawson: Great, thank you. Another that we saw come in and was what is the prize money or the funding intended to cover?

Ami Patel: Yes that is ultimately up to the team. So again the unique thing with challenge competitions is that there are not specific activities outlined the way that a typical grant would be. So once the prize is awarded it is up to the team lead and the team members to use that.

Helen Dawson: Great, thank you. So a couple questions have come in about how the Gravity example that Evelyn presented on fits into this challenge. Is Gravity and applicant to this or or is the structure of other applicants need to be working within?

Ami Patel: Yes, go ahead Evelyn.

Evelyn Gallego: Gravity is a project and we are developing a FHIR implementation guide and a data definition. So I would say it is the latter – it is the structure. So, as you are incorporating, as I went through, the visuals and you are thinking of supporting closed-loop

referrals or e-referrals is really looking at how you represent that content, that is going to be exchanged. You represent it in a standardized way and that is where Gravity's guidance will come in. Then both for the data definitions as well as if you are going to expose or share the data using a FHIR based open APIs, Gravity will provide that information or that guidance.

Helen Dawson: Great, thank you Evelyn. So, Ami here is a question from an attendee. Can this submission be built on an existing partnership or initiative?

Ami Patel: Yes, absolutely. We certainly encourage enhancements of any existing health IT, work that is already out there and of course an existing partnership that states, or health plans, or hospital systems have already built in this space. Definitely can build off of that.

Helen Dawson: Wonderful. That is a helpful answer. So, another question, or comment from an attendee is appreciation for the criteria of involving multiple stakeholders in developing a platform-agnostic solutions and the interest that this challenge has in replicability. However, there was a question of is it possible that proposals can be successful and parsimonious or, in other words, can applicants focus on a specific piece of the puzzle and/or submit designs or processes and institutional arrangements rather than a quote, unquote new technology per se?

Ami Patel: That is a really great point and great question. So, again the unique thing with challenge competitions is we have the opportunity to at least encourage discussions, collaborations on these ideas. So we propose this problem and we are certainly aware that all of it may not be addressed at one time. Or some solutions will address some pieces versus others. We have at least sort of broadened our message and allowed people to talk about these, the need each of these components. So the need for connecting people, sharing data, and addressing standardization and so we encourage you to apply whichever piece of this that you are able to address. As we move along and we work with participants we hope to promote that collaboration and help the teams talk to each other so we can continue the conversation beyond this competition. So certainly welcome that type of participation. I just want to ask Kelly if you have any thoughts on that or anything to add?

Kelly Cronin: It could be existing solutions built from an HIE or existing referral platform but, they want to adopt the Gravity Project standards that are being tested and perhaps be part of the open referral initiative for human services data specifications. So taking their platforms to the next level, perhaps with a different partner. For example, I think we reference in the Challenge and other documents we have written that the state of Pennsylvania has a procurement that will be a statewide implementation, Oregon is doing, or at least has done a planning process for a statewide solution. There other states that might be contemplating that. So, whether it's communitywide or statewide I think we are really interested in people taking interoperable, increasingly interoperable, solutions to the next level where it is a collaborative effort, implementation effort across a larger geography. So again, getting away from sort of one health system working with a set of CBO's and really trying to think community-wide, statewide, across geographies, how do we get to the scalable solutions that are based on you know evolving standards. Including the ones from the Gravity Project.

Helen Dawson: Thank you Kelly. So Ami, I had a question come in over email, actually, from someone that is just able to call into the webinar. They were wondering where they can find the application that is due in December or the instructions for submitting that?

Ami Patel: Yeah, so right now the instructions and details are on the Phase 1 submission can be found on challenge.gov. If you go to that site and scroll down, you can click on the ACL

logo for this specific challenge. That page provides all the details. But once we have launched the new webpage that will go hand-in-hand with that one, we will provide information on where you can go to register and submit your application. So we will be sure to get that information to all of today's attendees.

Helen Dawson: Thank you. So I have another question that is coming in from someone representing a Spanish-language senior center that is in Rockland County, New York. They are very passionate about this work and identifying SDOH factors in care. But they want to know how they can either find or connect with organizations to collaborate with applicants looking to develop a program that would fit for their community or in their region.

Ami Patel: That is fantastic, thank you for your interest in this. So again part of our idea with launching the site is to promote some of that matchmaking and to get interested participants to talk to each other. I know I have received some questions from other entities in New York, even the state aging office in New York. So I would be happy to connect you with them and try to promote some of that team effort if you're interested in participating. So please provide your direct information and we can try to connect you. Again the website launches we can connect you all even more.

Helen Dawson: Great, another question came in that is asking about what referral platforms participated in the session for the compilation of referral components. Did they articulate a willingness for interoperability and are they going to be meeting again?

Evelyn Gallego: Sorry, I just answered it. Yes, we had several, I would say the lady referral platforms, large ones – UniteUs, Aunt Bertha, Open City Labs was also there and Bloom representing open referral. Yes, all indicated a willingness for interoperability. Again, I appreciate this also having worked in health IT for many, many years. Many of the platforms we'll call them developers and platforms versus vendors are busy with their client needs so many of them really just focus on what their clients are asking for. So part of that is what incentives are in place to support the systems using standards and so there is a willingness from these referral platforms. They are not certified technology so they do not have other incentives that apply to use standards. So it is something that I think we welcome their engagement and interest in the Gravity Project and the standards we're defining, they all have been very collaborative and participatory, so I think it's just finding the right solution that meets all their needs.

Helen Dawson: Great, thank you. I think this would also be a question for you, Evelyn. Are there any other relevant standards that applicants should consider aside from Gravity and bi-directional services and referrals? And Ami, that may be a question that is a question you can answer as well.

Evelyn Gallego: I mentioned the IT 360X. I see Holly Miller is here as well. That is another standard that uses CDA. It is very much, when you talk about standards and Gravity is designed that way. We have two workstreams, we have the terminology and technical workstream. The terminology WorkStream is really meant to support other standards. It could be FHIR, CDA, it also could be quality measures. The FHIR work we are working on because we are HL7 FHIR accelerator. But we have received feedback and from the May Connectathon that we have to meet the industry where they are at. Many of the HIE's and also care coordination platforms that participated in the testing in May acknowledge that they can only support CDA based or direct enabled exchange. So that is something that has come up. We also have, through the Gravity Project, convened with the housing and homelessness

stakeholder group, homeless management information system (HMIS). There was a taskforce created under Gravity to look at how CDA could be used to support housing data exchange, homelessness data exchange. Gravity is focused on FHIR but we also know there is standards that can be used.

Helen Dawson: Great, thank you. Ami this is a question that I'm sure you can speak to. If the letter of intent is due at the same time as application, what is the specific purpose of the letter of intent?

Ami Patel: Yes, the letter of intent was meant to just give us an understanding of who was going to participate. We expected letter of intent to list who the team lead was and who the key stakeholders are in the team, and just mention the team members and intent to participate in general. So again that is sort of going to turn into more of the registration process where you can sort of check off these items. That will all be available on the new website once we have it. The letter of intent was just a basic list of the team members.

Helen Dawson: Great, another question is referring to tech companies that were named earlier in this presentation or in this Q&A and wondering whether those tech companies that were named are eligible to compete in this challenge?

Ami Patel: Yeah, we are definitely encouraging all health IT developers in this space to participate. So all of those that Evelyn has mentioned that her and her team are working with – they are definitely eligible to participate.

Helen Dawson: Wonderful. So we also have a question from someone who has been working at a company that has a closed-loop referral platform that has been operating for two years in Michigan. They have been implementing in several other communities that would be interested in participating in the next session with referral platform providers. They were wondering how could they engage in the process?

Evelyn Gallego: This is Evelyn. Sorry, go ahead.

Ami Patel: Sorry go ahead please do.

Evelyn Gallego: So we do, as I mentioned, we convene the referral platforms and as we work on building the FHIR IG we will invite them again because we do need to get to having a minimum data set and one that gets published in the FHIR IG. I would defer the activity to our FHIR technical director whose name is Bob Dieterle. He has been working with the AMA, the American Medical Association team and the AND, the Academy of Nutrition and Dietetics. They have also been supporting the FHIR build. They will be convening. They will be scheduling that, but I will acknowledge that it would be announced through our Gravity listserv. So if you join the project or monitor our confluence page we will have an announcement where we will be working on that or as they are working on the FHIR IG and they will make it open. We will also be announcing when we will be having FHIR Connectathon planning meetings. They should be starting in the next week or two for the September timeframe. You can also participate in those sessions and hear whether we will be addressing that. Our focus will be on screening and diagnosis for this one. So it may not happen until mid-fall.

Helen Dawson: Great thank you Evelyn. So, I did not see any questions come in. But, I do want to give a chance for a few from throughout today's webinar. We have seen a lot of

questions that have come in about the recordings and the materials being available after the webinar. So I wanted to give you a chance, Ami, to note how those will be shared.

Ami Patel: Yes, thank you, so we will share the slides and the FAQs and the recording of this webinar with everyone who is attending today via email. Also, everyone who is registered. Once we have the new webpage out again things will be posted there.

Helen Dawson: Great.

Kelly Cronin: This is Kelly. I just wanted to take advantage of having Evelyn with us today to make sure that we clearly answered some of the questions. I think in some of our discussion we addressed the need to be meeting industry where they are. So if healthcare systems implemented solutions that are really CDA based and the FHIR implementation might not be realistic during Phase 3 of this challenge, that would not necessarily mean that CDA based implementation is out. But we really are encouraging the use of the SDOH standards consistent with the Gravity Project to the extent that it's feasible, if it is not then we are not saying you have to do something that is not realistic. But, Evelyn there is a specific question around was the discreet data elements, I think they are referring to that Gravity Project, have they been mapped to CDA?

Evelyn Gallego: No they have not. From the HMIS work group, we were looking to map the housing. So actually there were, I will say there was an additional mapping done to support the work in New York. That information is also available on the Gravity site, what their mapping. So that is something that was done within this particular group. But the Gravity Project itself is not doing the mapping.

Kelly Cronin: Great. Then there is also a really good question around other domains that you have not necessarily been able to work on yet in the Gravity Project but it might be in some future planning. So, for example social isolation or financial security. Do you want to comment on any planned work in that area, or from the ACL perspective, those are important domains and while there may not be an existing set of codes to point to, we recognize it as an important domains.

Evelyn Gallego: Yes, that is why our FHIR IG, as I mentioned we are reworking the FHIR implementation guide approach and our balloting timeframe. The reason was because we wanted to address multiple domains. We are looking across all domains. We actually have a basic approach so that we can incorporate all identified and recognized social determinants of health domains. We are going to accelerate that for screening and diagnoses activities. Then continue goals and interventions one domain at a time. So definitely and, if you not aware, Kelly sits on our Gravity Executive Committee. So these will get voted by our governance structure. They are informed both by our executive committee and our strategic advisory committee. All of the members that are on her website. We are completely transparent on all of our confluence. So we propose, we have actually identified social isolation and financial, stability, financial security is there as well as safety, comes up often, demographics, there are some there. Not all domains are equal and I will say some are more complex than others. Some, that also may be important for older Americans or with Veteran status. Some we see are demographic – employment status, veteran status, may be easily done as we say we are accelerating. This is something we are in the works actually right now of defining and presenting back. So we would be announcing what the multiple domains are within the next month. We have to quickly advance them and invite experts. So this is where we will have a call for participation like we do when we start any new domains. These are the domains we

are working on for the next year. We invite all experts in this area to come together and join us and inform the work. So our glide path is to have a data set for multiple domains available before the end of this year. So if you can meet the ICD 10 code submissions deadlines for next year for launch.

Helen Dawson: Great, thank you. There was one last question. But, I think we are going to be turning some of the questions that we received and pulling together an FAQ to share with everyone interested in this opportunity as well. So I can turn it back to Ami to wrap us up for the day.

Ami Patel: Thank you so much Helen and thank you all for attending today. Again we will follow-up via email with some of the materials from today, and also additional information as we have it. And, please keep in touch with us and be sure to check out the challenge.gov posting. As Helen mentioned, we will address all questions that we did not get to in an FAQ and thank you so much to Evelyn for joining us and we anticipate having some additional follow-up webinars as we move along in Phase 1. So again thank you all for your interest and we will talk to all soon. Thank you.

Evelyn Gallego: Thank you everyone.