



Version	Approval Date	Owner
1.0	12-6-23	Katie Logan

SDOH Data Sharing Use Case

1. Purpose

Social Determinants of Health (SDOH) are factors in a person's life that contribute to overall health and well-being and are also indirectly related to the person's clinical care management. Examples of SDOH are access to healthy food, access to transportation, employment status, quality of home life and access to utilities (e.g. electricity, clean water). These factors, while traditionally considered separate from the clinical care that an individual receives from a care team, contribute greatly to a person's overall health outcomes. More recently, these factors have become central to healthcare organizations' operations, and data regarding patients' social needs are now commonly collected in EHRs, SDOH platforms, and are shared among organizations who have patients in common. It is important that these data be made available to clinical care teams while assessing an individual's overall health status as well as to population health and care management staff who are actively managing these SDOH needs.

The SDOH Data Sharing Use Case is a Treatment and Care Coordination use case intended to support the contribution and sharing of SDOH Data within the system of existing HSX HIE data exchange. The ways this can be accomplished include, but are not limited to:

- Establishing a web-based electronic platform for SDOH data sharing among other HIEs, Community-Based Organizations (CBOs), providers, and payer organizations where Authorized Users may view SDOH Data contributed by other Authorized Users for individuals/patients they have in common;
- Integrating a web-based SDOH platform with organizations' systems of record, such as electronic health records (EHRs), care management systems, or workflow management systems, with SDOH-related data moving between these integrated systems;



- Extracting data from an SDOH Platform and incorporating it into the HSX Clinical Data Repository (CDR), where it can be viewed by Authorized Users and through which it can be sent to downstream receivers.

In the current ecosystem, patient assessments of SDOH status and need are performed by care teams and community organizations; however, this information does not always find its way to the clinical care management of a patient. The sharing of SDOH Data within the clinical setting is generally infrequent, inconsistent, and siloed, which is believed to lead to lost treatment opportunities for patients, higher cost for payers, repeated screenings and other inefficiencies for care teams, and unfulfilled referrals.

The purpose of this use case is to utilize HSX's HIE infrastructure and its partnership with other health organizations to support and facilitate sharing of SDOH Data in an effort to bridge this gap that exists in healthcare today.

2. Scope

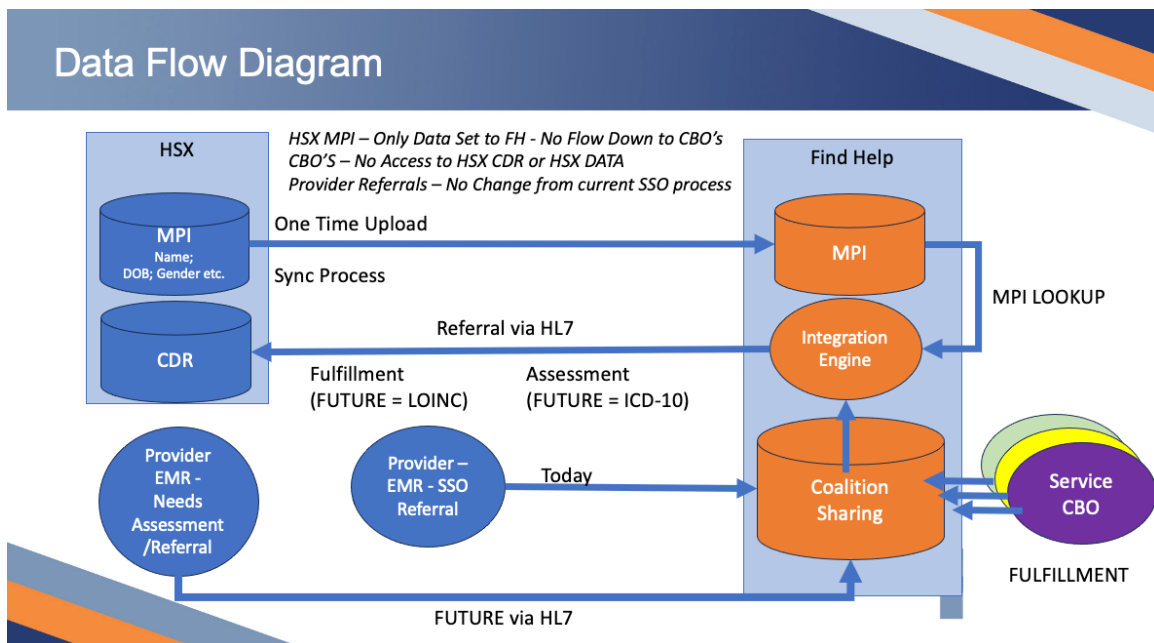
- Sharing of SDOH Data will include, but not be limited to, individually identifiable health information (IIHI), SDOH assessment/screening data, referral data, referral status and follow-ups, and encounter data.
- SDOH Data that has previously been sent to HSX by provider Participants and already resides in the CDR falls within the scope of this use case. Examples include: SDOH-related Z codes in ICD-10 that are captured as problems or diagnoses; social history observations such as smoking status and alcohol use; and narrative SDOH screening results shared as unstructured data in provider continuity of care documents (CCD).
- New types of SDOH Data expected to be made available, including referrals to social services, and the follow-ups to those referrals, fall within the scope of this use case.
- Various types of organizations may be involved in contributing and sharing SDOH Data, including but not limited to health plans, health systems and other healthcare providers, Area Agencies on Aging, CBOs, public health departments, and state agencies. Organizations that are not typically engaged in HIE may be involved in sharing SDOH Data, including some CBOs, school districts, employers, legal aid organizations, and benefit coordinators; access to SDOH data will vary based on the nature of such organizations and regulations governing their access to healthcare data.
- The scope of this use case includes technical capabilities and integrations with other organizations' systems in order to transfer SDOH Data inbound to HSX and outbound to HSX's members and partners SDOH Partners. Any



current and/or future HSX technical capabilities may be used for the purpose of this use case, based on the option that would best serve the implementation of the use case.

- SDOH Data that HSX receives and stores shall be subject to the same privacy, security, encryption, and storage parameters as other data types contained within the HSX Clinical Data Repository.
- To the extent that SDOH Data may include Super Protected Data (as such term is defined in HSX Policies), HSX will comply with all applicable state and federal requirements governing the sharing of such Data, including any requirements for specific consent or notice language, as applicable.

The following diagram depicts the anticipated data flows that will be established as the use case is implemented:



3. Policy

In order to further support patient care, this use case is intended to permit the exchange of SDOH Data within the existing HSX data sharing infrastructure. The SDOH Data will be generated by SDOH Partners, including but not limited to HSX Participants, CBOs, and SDOH care management organizations.



The use case permits the sharing of SDOH Data to HSX for storage and data sharing with HSX's SDOH Partners, according to state and federal law, and the existing Permitted Uses and use cases approved by the HSX governance process.

This use case is limited to SDOH Data incoming to HSX, and does not pertain to the sharing of clinical data to CBOs or other SDOH care management organizations. While data sharing with such organizations is not precluded by this use case, such data exchange would occur through a contracted membership and/or partnership by the organization with HSX. SDOH Data that is received and stored by HSX may be shared with HSX's contracted data exchanging members and partners

CBOs are organizations whose mission is to help address one or more of an individual's social needs. While some CBOs may also be Covered Entities, most are not. While they are primarily a recipient of referrals, CBOs may also initiate SDOH screenings or referrals to other CBOs. CBOs that are not Covered Entities or Business Associates of a Covered Entity will receive only data directly intended for them (e.g., as when a healthcare provider initiates a referral to a CBO), data they created themselves (such as a referral), or followups to referrals they initiated.

A vendor operating an SDOH Platform shall enter into a subcontractor HIPAA BA Agreement with HSX and will receive from HSX only patient demographic data necessary for patient matching. This use case does not permit clinical data to flow from HSX to an SDOH Platform vendor.

Patient consent for information about them to be shared with a CBO for purposes of fulfilling the referral will be collected electronically on a per-referral basis. This may take the form of a direct consent by a patient who is self-screening or self-referring, or it may be a verbal consent documented by a healthcare worker making a referral on a patient's behalf using the SDOH Platform.

The basis for regarding SDOH Data as core clinical data and sharing it among HSX Participants is that SDOH are as important to a patient's health and well-being as their vital signs and laboratory results. Consider:

- SDOH Data have been routinely shared through HSX clinical data feeds for many years in the form of ICD-10-coded diagnoses and problems. Full SDOH assessments increasingly appear in Continuity of Care Documents (CCDs) sent to HSX by healthcare providers.
- Data from SDOH assessments and SDOH interventions (including referrals) have been in the US Core Data for Interoperability (USCDI) since Version 2 (July 2021). This Health IT standard, maintained by the Department of Health



and Human Services's (HHS) Office of the National Coordinator for Health IT (ONC), identifies the core clinical data that Certified EHRs must be capable of exchanging electronically.

- SDOH Data are being required for data exchange between payers and healthcare providers because they are being incorporated into national healthcare quality measures that are currently being tested for inclusion in HEDIS.
- In the 2023 IPPS Final Rule, CMS mandated that hospitals reporting to the Inpatient Quality Reporting (IQR) program submit two new measures: SDOH-1 and SDOH-2. These measures are voluntary in 2023 and required by 2024. SDOH-1 measures whether SDOH screening was performed, and SDOH-2 measures the positive screening rate for 5 SDOH domains: food insecurity, housing instability, transportation needs, utility difficulties, and personal safety.

SDOH Data collected under this use case will be available under other approved use cases (e.g., Clinical Data Repository Access, Participants Population Health, Public Health, Health Plan Quality Reporting) in a similar manner and using similar technical mechanisms and processes.

Access to SDOH Data addressed in this use case is subject to the HSX Opt-Out and Opt-Back-In Policy with the exception of De-Identified Data.

The following type of Data and access will NOT be available for this use case:

- **Opt Out patients:** There shall be no access to or use of Data of patients who have opted out of HSX, except when Data is De-Identified.
- **42 CFR Part 2 Program Data:** Access to Data that is patient identifying information originating from a Part 2 program (as defined in 42 CFR Part 2) may be provided only with a patient's signed consent which complies with Part 2 and Pennsylvania law, or otherwise pursuant to an exception(s) under Part 2 and applicable state and federal laws which allows such Data to be accessed without consent. De-Identified Aggregated Data that is not patient Identifiable may be available without consent.
- **Access to Data that contains "HIV-Related Information":** (as defined in 35 P.S. 7601 et seq.): HIV-Related Information may be permitted only with a patient signed consent which complies with Pennsylvania law, or otherwise pursuant to an exception(s) under Pennsylvania law which allows such Data to be accessed without such consent. De-Identified, Aggregate patient Data may be shared excluding any HIV-Related Information without patient consent.



- **Health Plan and Accountable Care Organization Access to Data:** shall be limited only to Data of Participants that have affirmatively agreed to be active members/attributed members of such entities.

4. Procedure

The following procedures will be carried out in order to support and enforce the use case:

- HSX contract with an external organization for the transfer of SDOH Data before any data sharing occurs. Contracts may be with a SDOH care management organization or vendor, direct with CBO(s), or other organization types that produce and/or manage SDOH Data. Such contracts will include proper language for the enforcement of patient consent for sharing of SDOH Data.
- Technical integrations will be established between HSX and external organization for the transfer of SDOH Data into the HSX Clinical Data Repository.
- Once SDOH Data is included in the HSX Clinical Data Repository, it will be subject to existing data sharing and management policies and procedures, including but not limited to the Clinical Data Repository Access Use Case. Once SDOH Data is included in the HSX CDR, it may be shared with downstream recipients of HSX CDR Data.

5. Enforcement

- HSX's Chief Security Officer and Chief Privacy Officer are responsible for enforcing compliance with this Use Case under the direction of the HSX President.
- In the event a misuse of Data, including SDOH Data, is alleged or identified, HSX shall follow the procedure outlined in the HSX Data Misuse Policy. HSX monitors the use of all Data, including SDOH Data in this Use Case, in accordance with the Audit and Monitoring Policy.

6. Definitions

For a complete list of definitions, refer to the *Glossary*.

For purposes of this SDOH Data Sharing Use Case, the following terms shall be defined as follows:



“SDOH Data” means information collected by care teams and community organizations and saved on an SDOH Platform, and which may include individually identifiable health information (IIHI), SDOH assessment/screening data, referral data, referral status and follow-ups, and encounter data.

“SDOH Partners” shall include HSX Participants, CBOs, and SDOH care management organizations.

Policy Owner		Contact	
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Related Documents	Data Misuse Policy Audit and Monitoring Policy Glossary		