Bree Collaborative | Social Determinants and Health Disparities Workgroup
January 21, 2021 | 8:00 – 9:30 a.m.
Virtual

MEMBERS PRESENT

Phyllis Cavens, MD, Medical Director, Child and Adolescent Clinic, Vancouver	Janice Tufte, Patient Partner, PCORI, AcademyHealth
Alison Bradywood, DNP, MPH, RN, NEA-BC, Senior Director, Clinical Quality & Practice, Virginia Mason	Zandy Harlin, MPH, RN-BC, Quality Program Manager, Population Health, Kaiser Permanente
Yogini Kulkarni-Sharma, AVP, Health Plan Quality Improvement at Molina Healthcare	Laurel Lee, VP Network Management, Molina Healthcare
Ashley Lile, Director of Training & Technical Assistance, Washington Association for Community Health	Wes Luckey, Deputy Director, Greater Columbia Accountable Community of Health
Laurie Bergman, Quality Integration/Population Health/Cm Manager, Confluence Health	Karie Nicholas, GC, MA, Epidemiologist, Washington Association for Community Health
Kevin Conefrey, Vice Present, HR & Corporate Services, First Choice Health	Michael Garrett, Principal, Mercer
Jessica Martinson, Director of Continuing Professional Development, Washington State Medical Association	Abigail Berube, Director, Safety and Quality Washington State Hospital Association
	Thomas Green, MD, Orthopedic Surgeon

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative	Kate Wells, Director, Wellness and Community Health Strategy, Pacific Source
Alex Kushner, Bree Collaborative	
Amy Etzel, Bree Collaborative	Kate McLean, Director, Clinical Programs, Quilted Health
Nick Locke, MPH, Bree Collaborative	
Julie Stroud, MD, MMM, CPE, Chief Medical Officer, Optum Care Network	Toni Sarge, Public Affairs Manager, WestSide Baby
Rachel Madding, School Mental Health Program Manager, Highline Public Schools	Rick Hourigan, Market Medical Executive, Cigna Insurance
Cynthia Harris, Family Planning Program Manager, Washington Department of Health	Siobhan Brown, Senior Analyst, Health Systems Innovation, Community Health Plan of Washington
Lauren Noble, Marketing Manager, Greater Columbia Accountable Community of Health	

INTRODUCTIONS AND APPROVAL OF MINUTES

Nick Locke, MPH, Bree Collaborative, opened the meeting and those present introduced themselves.

> *Motion:* Approval of December minutes
> *Outcome:* Passed with unanimous support.

Mr. Locke reviewed content of previous discussions. The workgroup discussed wanting to focus on the role of health plans.

GRAVITY PROJECT

Mark Savage discussed… (started at 8:45)

- Ensuring accountability
- Preventing misuse and abuse (e.g., prohibition on reidentifying data that is not specifically called out in HIPA).
- Discussion included:
  - Technology (e.g., broadband) is not included and should be called out as separate domain.
    - This can include cellphone access in rural areas. Sometimes this is integrated in datasets that are already under consideration such as materials hardship. FCC is giving $50 to households and $75 to indigenous households.
  - Physical environment is included in housing instability but also food deserts. Can also include interpersonal violence and neighborhood-level or community violence.
  - Medication management is underutilized in clinical systems.
  - Connectathon allows the project to work with the community and learn from the community as a resource.
  - Adoption of Z-codes 55-65 (social determinants of health codes) are there for providers to use but plans are not seeing them be used. This is an area in process.
    - Gravity project just made a major submission of new ICD-10 codes that have yet to be adopted for a meeting in March or May 2021. Once decided by coding steward they can be included in the exchange.
    - FIHR implementation guide may help with this adoption.
  - Goal of the gravity project is to make these standards accessible, not to foster implementation. The project is planning on working with some pilot sites.
  - Can volunteer to work with specialized groups if of interest.
  - What does success look like – the communities and the individuals in the communities are empowered with social determinants of health data to move away from dealing with situations as conditions and preventing. Community empowerment and leadership is an indicator of success.
    - SDoH data integrated across the health ecosystem. In 2030 we will have learned more about these factors. We will know how to provide better care.

GENERAL DISCUSSION

- Review the state of our data.
  - Underuse of z-codes. Not a lot of marketing and communication from providers to plans. Providers will steer away from this unless there is a return on investment or benefit to the patient. Diagnosis codes have a corresponding treatment or outcome.
  - Providers need to know what to do after someone has been "diagnosed" with a social determinant.
  - Data ownership especially from tribes to larger systems or governmental agencies and also from other communities.
  - Patient ownership of data is a red herring especially with security issues.
  - Decolonization of data
    - Light collective – group focused on patient control on data.
  - More accessibility between specialty and primary care clinicians.
  - Will discuss provider-side perspective at the next meeting.

CLOSING COMMENTS

Ms. Weir thanked all for attending. The meeting adjourned.