Communicating Social Determinants of Health: A Role for Coding

PRESENTED BY

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Dec. 8, 2022

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AMA DIGITAL HEALTH RESEARCH
(2016, 2019, 2022)

AMA DIGITAL HEALTH PLAYBOOK SERIES
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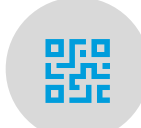
COMPREHENSIVE AMA TELEHEALTH INITIATIVES

DATA STANDARDS & INTEROPERABILITY INITIATIVES

HEALTH 2047

AMA RETURN ON HEALTH RESEARCH & VALUE FRAMEWORK



AI PRINCIPLES

CPT® CODING & PAYMENT GUIDANCE

ENSURING EQUITY IN INNOVATION

STATE & FEDERAL ADVOCACY

PRIVACY PRINCIPLES
(PRIVACY BY DESIGN)

Making technology an asset in the delivery of healthcare, not a burden.

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Let's warm up with a poll

When you see the **poll** appear in the slide window, click on the **answer**, then click **SUBMIT**.

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Poll #1

What is your role in health care?

- Clinician
- Software Developer
- Medical Coder
- Educator
- Health System leader
- Health Plan leader
- EHR provider
- Government administrator
- None of the above

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Poll #1 Results

Poll results are a function of the live webinar. Please refer to the webinar recording for a snapshot of the live poll results.

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The Gravity Project: New Data Standardization in Social Determinants of Health (SDOH) Data Interoperability

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Overview

- Introduction to AMA and health care data initiatives
- Why SDOH are important
- The Gravity Project
- Looking ahead

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The Problem with Health Care Data

The U.S. spends more than **$3 trillion a year** on health care and generates more health care data than ever before.

Yet, some of the most meaningful data are still **inaccessible** and **incomplete**.

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The Problem with Health Care Data

Data Liquidity

Data Portability

INACCESSIBLE

Data is largely inaccessible. However, inaccessibility is only half the solution to the interoperability problem.

INCOMPLETE & INCOMPATIBLE

Once shareable, data is often incomplete and cannot be interpreted by other parties. (Semantic Interoperability)

LACK OF CLINICAL RELEVANCY

A lack of relevant clinical data elements diminishes the value of the data to the health care provider in clinical decision-making.

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AMA’s Role in Improving Health Care Data

- Established AMA's data standards group called IHMI in 2016
  - Recognized the lack of high-quality data to accurately capture patient function, state, goals and SDOH
  - Established a team of recognized leaders from the global health care data standards community
  - Advances AMA mission objectives through the development of open data standards like HL7® FHIR®
    - Improving health outcomes – hypertension/self-measured blood pressure
    - Increasing health equity – SDOH/social needs

- CPT® code set

  - 56-year-old procedural language curated by an independent, physician-led, evidence-based process that keeps pace with modern medicine
  - Licensees based in over 40 countries

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Innovative Strategies Thrive with Greater Collaboration

- AMA aspires to unleash innovative health solutions that address our chronic global health care crises and improve health equity
- No single organization can address these health care challenges alone
- We seek collaborative opportunities with engaged and influential stakeholders addressing major challenges

Today's discussion focuses on a highly-collaborative, successful project that the AMA has been working on since 2019 as a Founding Member.

Introducing the Gravity Project

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Consensus-driven Social Determinants of Health (SDOH) Data Standards

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One of today's important health care challenges

Slide developed by:

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A Social Determinants of Health (SDOH) Lexicon

Systems Level

- **Health Equity** is "*achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.*"

Community Level

- **Social Determinants of Health**: "*The conditions in which people are born, grow, live, work and age," which are "shaped by the distribution of money, power and resources.*"

Individual Level

- **Protective Factors:** Characteristics or strengths of individuals, families, communities or societies that act to mitigate risks and promote positive well-being and healthy development.
- **Social Risks:** Adverse social conditions associated with poor health.
- **Social Needs:** Non-medical patient prioritized needs that impact health.

Addressing SDOH and its various key areas is an approach that can be used to improve equity and reduce disparities.

Alderwick and Gottlieb (2019) Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems
Center for the Study of Social Policy (2018) About Strengthening Families™ and the Protective Factors Framework
Physician-Focused Payment Model Technical Advisory Committee (2021) SDOH and Equity Report to the Secretary

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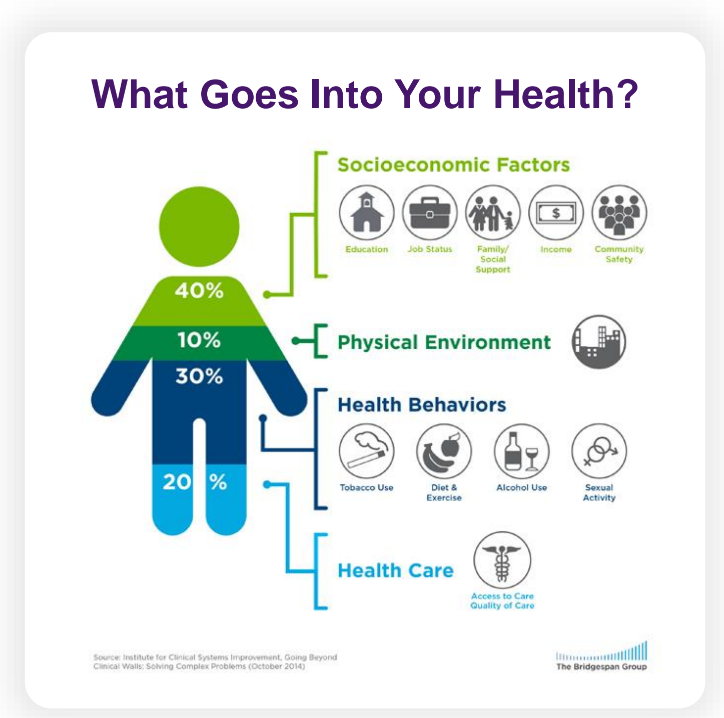
Why SDOH are Important

There is growing awareness that SDOH information improves whole person care and lowers cost. Unmet social needs negatively impact health outcomes.

- **Food insecurity** correlates to higher levels of diabetes, hypertension, and heart failure.
- **Housing instability** factors into lower treatment adherence.
- **Transportation barriers** result in missed appointments, delayed care and lower medication compliance.



https://www.bridgespan.org/insights/library/public-health/the-community-cure-for-health-care-(1)

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SIREN Study:
Uses for Social Risk Data in Clinical Settings

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Challenges in SDOH Data Capture and Exchange

- Standardization of SDOH data collection and storage
- Data sharing between ecosystem parties
- Access & comfort with digital solutions
- Concerns about information collection and sharing and duplicative data entry
- Social care sector capacity and capabilities
- Unnecessary medicalization of SDOH
- Consent management
- Competing government level networks
- Managing diverse needs of stakeholders
- Sustainable funding models

https://www.nasdoh.org/wp-content/uploads/2020/08/NASDOH-Data-Interoperability_FINAL.pdf
https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//199726/social-determinants-health-data-sharing.pdf

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Gravity Project

A collaborative public-private initiative launched in May 2019 with the goal to develop consensus-driven data standards to support the collection, use, and exchange of social determinants of health (SDOH) data.

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Project Scope

- **Develop data standards** to represent and exchange patient level SDOH data documented across four clinical activities:
  - Screening,
  - Assessment/diagnosis,
  - Goal setting, and
  - Treatment/interventions.
- **Test and validate** standardized SDOH data for use in patient care, care coordination between health and human services sectors, population health management, public health, value-based payment, and clinical research.

- FOOD INSECURITY
- TRANSPORTATION INSECURITY
- HOUSING INSTABILITY
- HOMELESSNESS
- INADEQUATE HOUSING
- EDUCATION
- ELDER ABUSE
- FINANCIAL INSECURITY
- INTIMATE PARTNER VIOLENCE (IPV)
- MARITAL HARDSHIP
- SOCIAL CONNECTEDNESS
- UNEMPLOYMENT
- STRESS
- HEALTH LITERACY
- VETERANS
- HEALTH INSURANCE COVERAGE STATUS
- MEDICAL COST BURDEN

Domains grounded by those listed in the NASEM "Capturing Social and Behavioral Domains in Electronic Health Records" 2014

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Project Execution:

Three workstreams - Terminology, Technical & Pilots

New code submissions

FHIR IG Testing

Coding gap analysis & recommendations

FHIR IG Development

Terminology (SDOH Domains)

CODED VALUE SETS

Technical (HL7® FHIR®)

Data set identification

Community & FHIR coordination

Publication in NLM VSAC & ONC ISA

FHIR IG Ballot & Publication

Pilots (Testing & Implementation)

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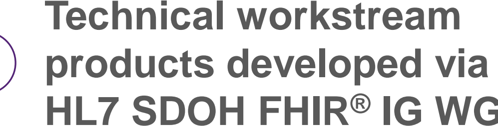
Public Collaboration via Two Public Workgroups

Gravity has convened over **2,500+** participants from across the health and human services ecosystem.

1. **Terminology workstream products developed via public collaborative**

2. **Technical workstream products developed via HL7 SDOH FHIR® IG WG**



https://confluence.hl7.org/pages/viewpage.action?pageId=46892669#JointheGravityProject-GravityProjectMembershipList

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Project Founders, Grants, and In-Kind Support To-Date

8+
PROVIDER organizations

7+
SOCIAL SERVICES organizations

8+
PAYERS

11+
TECHNOLOGY VENDORS

5+
GOVERNMENT organizations

https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors

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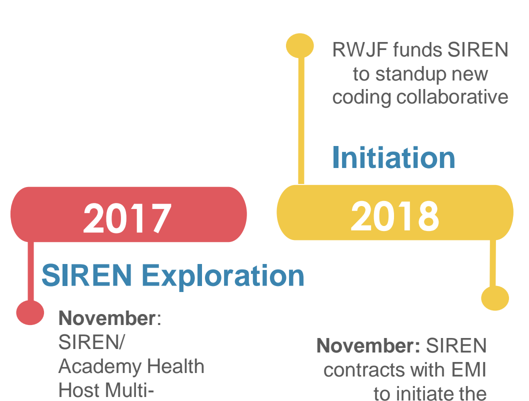
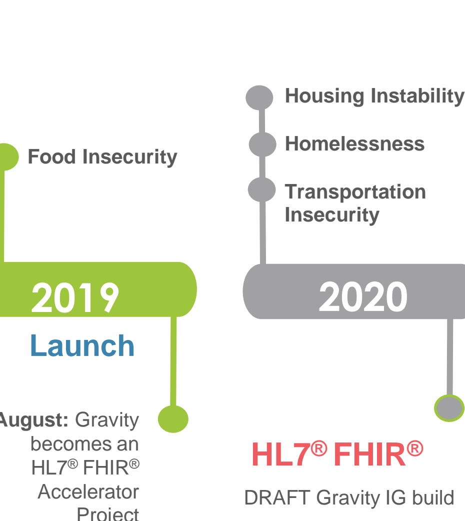
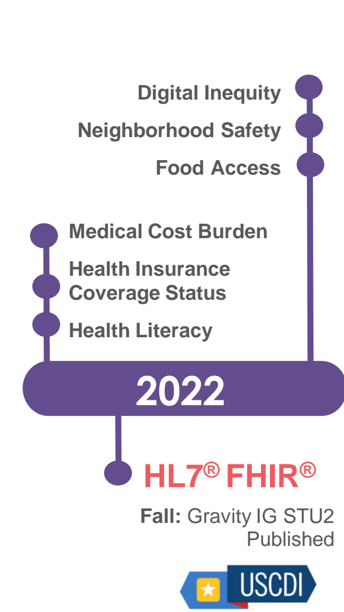
Gravity Project Timeline







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Gravity Project Data Use Principles for Equitable Health and Social Care

- Improving Personal Health Outcomes
- Improving Population Health Equity
- Ensuring Personal Control
- Designing Appropriate Solutions
- Ensuring Accountability
- Preventing, Reducing and Remediating Harm

https://confluence.hl7.org/display/GRAV/Gravity+Data+Principles

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Technology Workstream

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What is FHIR?

FHIR® — Fast Healthcare Interoperability Resources

- An HL7 next generation standard
- Helps two computer systems talk to each other

FHIR "resources" are standardized & reusable

- Patient, practitioner, organization, deviceRequest

FHIR supports common exchange methods

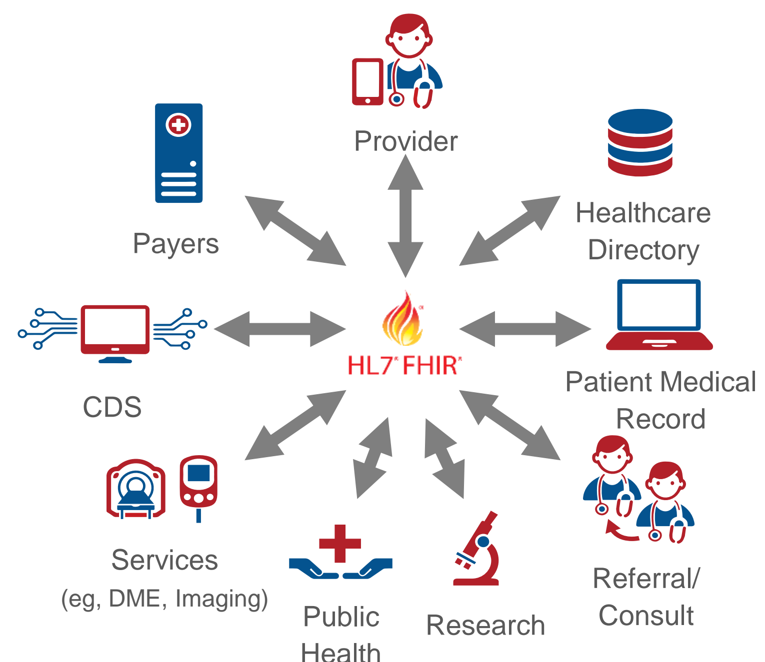
- REST*, messaging, documents and services

FHIR supports the spectrum of integration

- Mobile phone apps, EHR-based data sharing, institutional solutions

FHIR helps with existing use cases & provides for future innovation

*Representational State Transfer (REST) defines a set of constraints used for creating web services



Data available in-workflow supports value-based care and population health management

FHIR is a standard published by HL7

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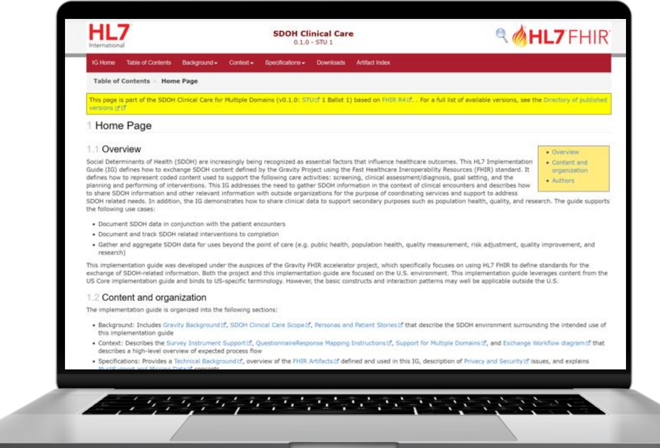
HL7 SDOH Clinical Care FHIR® Implementation Guide

gravity PROJECT®

1. This is a framework Implementation Guide (IG) and supports multiple domains
2. IG support the following clinical activities
   - Assessments
   - Health Concerns / Problems
   - Goals
   - Interventions including referrals
   - Consent
   - Aggregation for exchange/reporting
   - Exchange with patient/client applications
   - Draft specifications for personal characteristics including race, ethnicity, gender identity, sexual orientation, recorded sex and gender, and personal pronouns
3. STU1 published August 2021
4. STU2 published November 2022



http://hl7.org/fhir/us/sdoh-clinicalcare/STU2/

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Technical Workstream
FHIR® Implementation Guide Use Cases

5 Establish cohorts of patients with common SDOH characteristics for uses beyond the point of care (e.g., population health, quality reporting, public health, and risk adjustment/risk stratification).

4 Measure outcomes.

LOINC
Screening/ Assessment

SNOMED CT
Observations

1 Document SDOH data in conjunction with the patient encounter and define Health Concerns / Problems.

cpt
SNOMED CT
Interventions

6 Manage patient consent

ICD-10
Diagnosis

3 Plan, communicate, and track related interventions to completion.

LOINC
SNOMED CT
Goals Setting

2 Patient and provider establish SDOH related goals

http://hl7.org/fhir/us/sdoh-clinicalcare/STU1/

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Pilots Workstream

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Gravity Project Three-Tiered Piloting Approach

- Defines incremental tiers for testing Gravity standards (terminology and technical)
  - Will allow entities with limited health IT standards adoption to reach attainable milestones during piloting phases.
  - Entities may participate at any tier.

Tier I — **Basic, information content verification**
- Establish information infrastructure and terminology for Tiers II and III
- Information can be exchanged by any method or not at all

* Minimum requirements for Gravity Pilots

Tier II — **Secure, Electronic Information Exchange**
- Exchange data defined in Tier I
- Leverage established content and transport standards

Tier III — **Complete Gravity SDOH Data Model and Exchange**
- Implement complete Gravity FHIR IG data model
- Implement Gravity FHIR IG exchange standards
- Import/export SDOH datasets via robust technologies

Primary focus of FHIR Pilots

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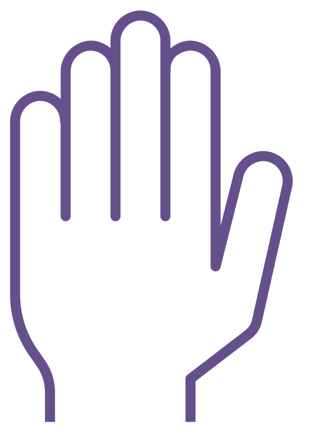
Call for Participation!



- We currently are seeking entities to participate in testing the Gravity defined coded concepts and/or the HL7 SDOH FHIR IG STU1 and/or STU2.
- HL7® FHIR® Connectathon Jan. 14-15, 2023 (Tier 3)
- The **Pilots Affinity Group** will convene participating sites via a monthly webinar. To learn more visit: https://confluence.hl7.org/display/GRAV/Gravity+Project+Pilots+Affinity+Workgroup+Home
- Please submit your Pilot interest to gravityproject@emiadvisors.net

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Success Factors— Integration of Data Standards into…

POLICY
(e.g., ONC USCDI, CMS Promoting Interoperability, State Medicaid Director Letters)

INNOVATION
New tools for capture, aggregation, analytics and use

PAYMENT MODELS
(e.g., CMMI SDOH Model)

PRACTICE
(e.g., repeatable process for adoption, implementation, and use of SDOH data at practice level)

PROGRAMS
(e.g., Medicare Advantage, Medicaid Managed Care, Hospital QRRP, MIPS)

GRANTS
(e.g., ACL Challenge Grant, ONC Health IT LEAP)

OTHER STANDARDS
HL7® FHIR® Accelerators (DaVinci, Argonaut, CARIN)

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Policy Integration: Gravity USCDIv2

USCDI V1 | USCDI V2 | Draft USCDI V3 | Level 2 | Level 1 | Comment

The USCDI v2 contains data classes and elements from USCDI v1 and new data classes and elements submitted through the ONDEC system. Please reference the **USCDI Version 2 document** to the left for applicable vocabulary standards versions associated with USCDI v2 and to the **ONC Standards Bulletin 21-3** for more information about the process to develop USCDI v2 and future versions.

Allergies and Intolerances
Represents harmful or undesirable physiological response associated with exposure to a substance.
- Substance (Medication)
- Substance (Drug Class)
- Reaction

Assessment and Plan of Treatment
Represents a health professional's conclusions and working assumptions that will guide treatment of the patient.
- Assessment and Plan of Treatment
- SDOH Assessment

Care Team Member(s)
The specific person(s) who participate or are expected to participate in the care team.
- Care Team Member Name
- Care Team Member Identifier
- Care Team Member Role
- Care Team Member Location
- Care Team Member Telecom

Clinical Notes
Represents narrative patient data relevant to the respective note types.
- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

Clinical Tests
Includes non-imaging and non-laboratory tests performed on a patient that results in structured or unstructured

Encounter Information
Information related to interactions between healthcare providers and the subject of care in which healthcare-related activities take place.
- Encounter Type
- Encounter Diagnosis
- Encounter Time
- Encounter Location
- Encounter Disposition

Goals
An expressed desired health state to be achieved by a subject of care (or family/group).
- Patient Goals
- SDOH Goals

Health Concerns
Health related matter that is of interest, importance, or worry to someone who may be the patient, patient's family or patient's health care provider.
- Health Concerns

Immunizations
Record of an administration of a vaccination or a record of a vaccination as reported by a patient, a clinician, or another party.
- Immunizations

Laboratory
- Tests
- Values/Results

Problems
Information about a condition, diagnosis, or other event, situation, issue, or clinical concept that is documented.
- Problems
- SDOH Problems/Health Concerns
- Date of Diagnosis
- Date of Resolution

Procedures
An activity that is performed with or on a patient as part of the provision of care.
- Procedures
- SDOH Interventions

Provenance
The metadata, or extra information about data, that can help answer questions such as when and who created the data.
- Author Time Stamp
- Author Organization

Smoking Status
Representing a patient's smoking behavior.
- Smoking Status

Unique Device Identifier(s) for a Patient's Implantable Device(s)
A unique numeric or alphanumeric code that consists of a device identifier (DI) and a production identifier (PI).
- Unique Device Identifier(s) for a patient's implantable device(s)

Vital Signs

SDOH Assessment

SDOH Goals

SDOH Problems/ Health Concerns

SDOH Interventions

https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#uscdi-v2

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Gravity Standards in Policy, Programs & Grants

- **July 2021:** Gravity data elements included in **ONC USCDI version 2**
- **April 2022:** CMS FY 2023 inpatient prospective payment system and long-term hospitals proposed rule includes voluntary reporting of screening for Social Drivers of Health, including using **USCDI v2 SDOH data classes**.
- **May 2022**: CMS CY 2023 **Medicare Advantage (MA) and Part D final rule requires** Special Needs Plans (SNPs) include standardized questions on **housing stability, food security, and access to transportation** as part of their currently required health risk assessments.
  - CMS will issue sub-regulatory guidance on the questions but intends to align them with the SDOH Assessment data element in USCDI v2.
- Gravity standards included in three federal grant programs:
  - **Administration for Community Living (ACL)** Social Care Challenge Grant
  - **ONC** Leading Edge Acceleration Projects (LEAP) in Health IT Referral Management to Address SDOH Aligned with Clinical Care
  - **Administration for Children & Families (ACF)** Human Services Interoperability Innovations Grant

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Terminology Workstream

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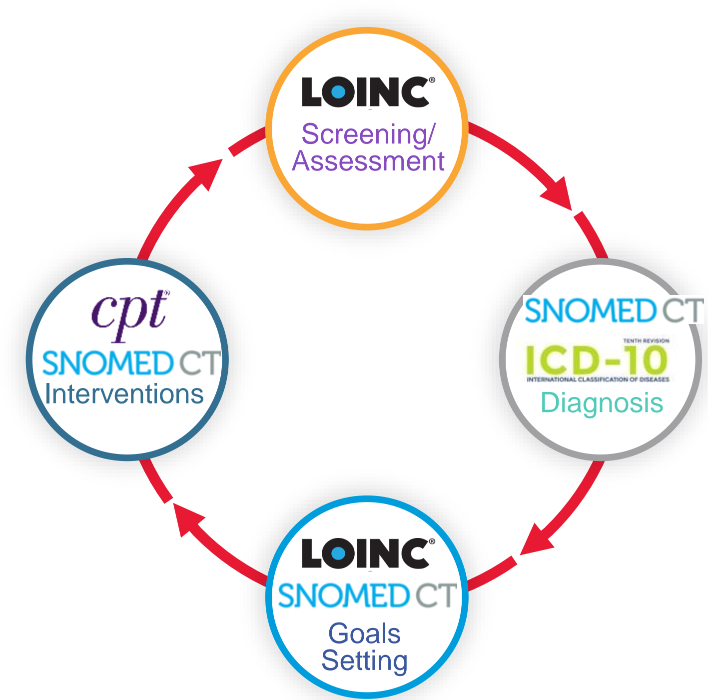
Terminology Workstream Accomplishments

- Data definitions and code submissions for **17** SDOH Domains
- **LOINC** screener codes available for **15** domains
- **ICD-10** z-codes available for **12** domains
- **SNOMED-CT** Diagnoses codes available for **16** domains
- **SNOMED-CT** intervention codes available for **17** domains
- Published **123** value sets in National Library of Medicine (NLM)
- Data class included in ONC USCDI v3



https://confluence.hl7.org/display/GRAV/SDOH+Data+Elements+And+Status

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Food Insecurity Terminology Build

PROCEDURE: CPT® - 96160 Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument

PROCEDURE: Education about Child and Adult Food Program **SNOMED 464201000124103**

PROCEDURE: Provision of food voucher **SNOMED 464411000124104**

REFERRAL: Referral to Community Health Worker **SNOMED 464131000124100**

LOINC — Screening/ Assessment

SNOMED CT / ICD-10 — Diagnosis

LOINC / SNOMED CT — Goals Setting

cpt / SNOMED CT — Interventions

Food Insecurity Screening/Assessment
Q. Within the past 12 months we worried whether our food would run out before we got money to buy more. 88122-7 (LOINC)
A. Often true, Sometimes true, Never true, don't know/refused. LL4730-9 (LOINC)

Food Insecurity Diagnoses
Food Insecurity 733423003 (SNOMED CT)

Food Insecurity Diagnoses
Food Insecurity Z59.41 (ICD-10-CM)

Food Insecurity Goals:
Food Security 1078229009 (SNOMED CT)* Feels food intake quantity is adequate for meals

*Proposed. Not final.

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Interventions Framework

Gravity Term	Definitions
Assistance/Assisting	To give support or aid to; help
Coaching	Method of instruction, direction, or promoting that can include demonstration, reinforcement, motivation and feedback to improve performance, or achieve a specified goal.
Coordination	Process of organizing activities and sharing information to improve effectiveness
Counseling	Psychosocial procedure that involves listening, reflecting, etc. to facilitate recognition of course of action/solution.
Education	Procedure that is synonymous with those activities such as teaching, demonstration, instruction, explanation, and advice that aim to increase knowledge and skills.
Evaluation of eligibility (for <x>) Subtype of Evaluation	Process of determining eligibility by evaluating evidence
Evaluation/Assessment	Determination of a value, conclusion, or inference by evaluating evidence.
Provision	To supply/make available for use
Referral	The act of clinicians/providers sending or directing a patient to professionals and/or programs for services (e.g., evaluation, treatment, aid, information, etc.)

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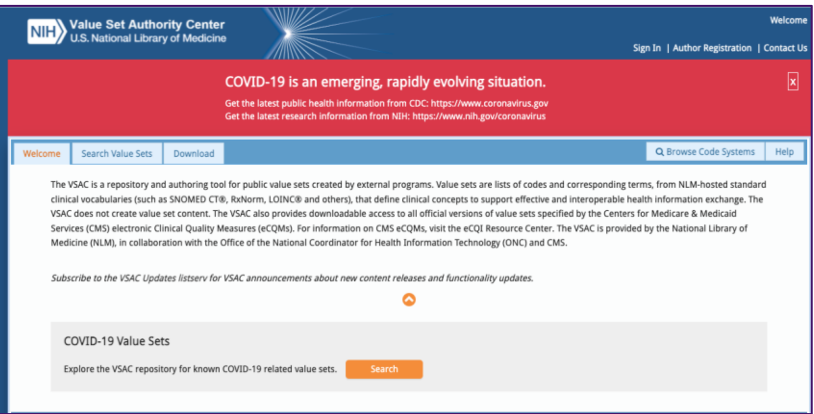
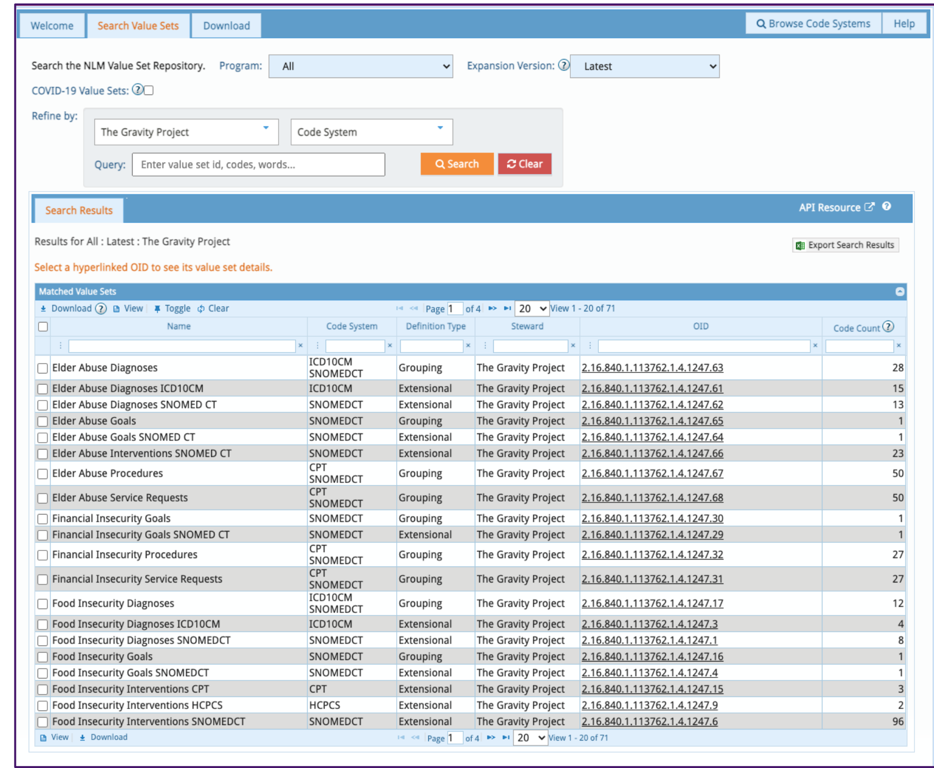
SDOH Value Sets Published in National Library of Medicine Value Set Authority Center (VSAC)



FIRST focused integration of social care concepts in VSAC

Value sets for each individual domain and general SDOH activity sets to align with US Core



Name	Code System	Definition Type	Steward	OID	Code Count
Elder Abuse Diagnoses	ICD10CM SNOMEDCT	Grouping	The Gravity Project	2.16.840.1.113762.1.4.1247.63	28
Elder Abuse Diagnoses ICD10CM	ICD10CM	Extensional	The Gravity Project	2.16.840.1.113762.1.4.1247.61	15
Elder Abuse Diagnoses SNOMED CT	SNOMEDCT	Extensional	The Gravity Project	2.16.840.1.113762.1.4.1247.62	13
Elder Abuse Goals	SNOMEDCT	Grouping	The Gravity Project	2.16.840.1.113762.1.4.1247.65	1
Elder Abuse Goals SNOMED CT	SNOMEDCT	Extensional	The Gravity Project	2.16.840.1.113762.1.4.1247.64	1
Elder Abuse Interventions SNOMED CT	SNOMEDCT	Extensional	The Gravity Project	2.16.840.1.113762.1.4.1247.66	23
Elder Abuse Procedures	CPT SNOMEDCT	Grouping	The Gravity Project	2.16.840.1.113762.1.4.1247.67	50
Elder Abuse Service Requests	CPT SNOMEDCT	Grouping	The Gravity Project	2.16.840.1.113762.1.4.1247.68	50
Financial Insecurity Goals	SNOMEDCT	Grouping	The Gravity Project	2.16.840.1.113762.1.4.1247.30	1
Financial Insecurity Goals SNOMED CT	SNOMEDCT	Extensional	The Gravity Project	2.16.840.1.113762.1.4.1247.29	1
Financial Insecurity Procedures	CPT SNOMEDCT	Grouping	The Gravity Project	2.16.840.1.113762.1.4.1247.32	27
Financial Insecurity Service Requests	CPT SNOMEDCT	Grouping	The Gravity Project	2.16.840.1.113762.1.4.1247.31	27
Food Insecurity Diagnoses	ICD10CM SNOMEDCT	Grouping	The Gravity Project	2.16.840.1.113762.1.4.1247.17	12
Food Insecurity Diagnoses ICD10CM	ICD10CM	Extensional	The Gravity Project	2.16.840.1.113762.1.4.1247.3	4
Food Insecurity Diagnoses SNOMEDCT	SNOMEDCT	Extensional	The Gravity Project	2.16.840.1.113762.1.4.1247.1	8
Food Insecurity Goals	SNOMEDCT	Grouping	The Gravity Project	2.16.840.1.113762.1.4.1247.16	1
Food Insecurity Goals SNOMEDCT	SNOMEDCT	Extensional	The Gravity Project	2.16.840.1.113762.1.4.1247.4	1
Food Insecurity Interventions CPT	CPT	Extensional	The Gravity Project	2.16.840.1.113762.1.4.1247.15	3
Food Insecurity Interventions HCPCS	HCPCS	Extensional	The Gravity Project	2.16.840.1.113762.1.4.1247.9	2
Food Insecurity Interventions SNOMEDCT	SNOMEDCT	Extensional	The Gravity Project	2.16.840.1.113762.1.4.1247.6	96

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Terminology Domains Under Consideration 2023+

- **Domains**
  - Digital Access and Digital Literacy
  - Food Access
  - Neighborhood Safety
  - Green space/Environment/Climate
  - Discrimination/Bias/Minority Strain
  - Adverse Childhood Experiences (ACES)
  - Expanded Material Hardship elements
  - History of Incarceration
  - Undocumented Immigrants

- **Activities**
  - Collaborate on **shared ontologies and open taxonomies**.
  - Develop supplemental terminology deliverables to address sharing information on **social care program eligibility and enrollment**.
  - Participate in **quality measure development** to lend coding, content, and measurement insight relevant to Gravity's work.

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How to Engage!

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Learn More

https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project

- **NOW- Pilot Affinity Group Meets Monthly Thursdays 2:00 to 3:30 p.m. ET**
- **2023- SDOH FHIR IG Workgroup weekly on Wednesday from 3:00 to 4:00 p.m. ET**

- **Help us with Gravity education and outreach**
  - Use Social Media handles to share or tag us in relevant information

@thegravityproj

https://www.linkedin.com/company/gravity-project

Help us find new sponsors and partners

Partner with us on development of blogs, manuscripts, dissemination materials

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CPT's Role in SDOH

Leslie Prellwitz, MBA, CCS, CCS-P
Director, CPT® Content Management and Development
American Medical Association

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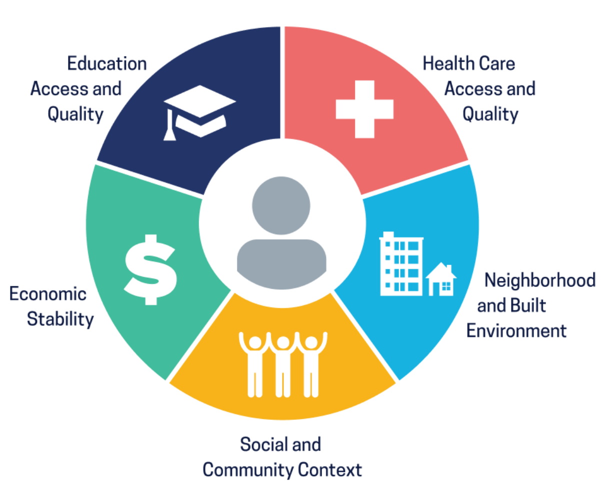
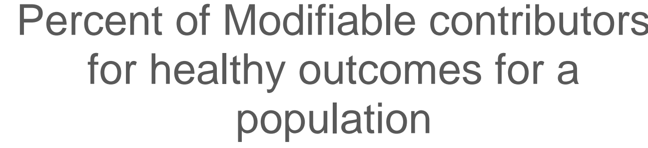
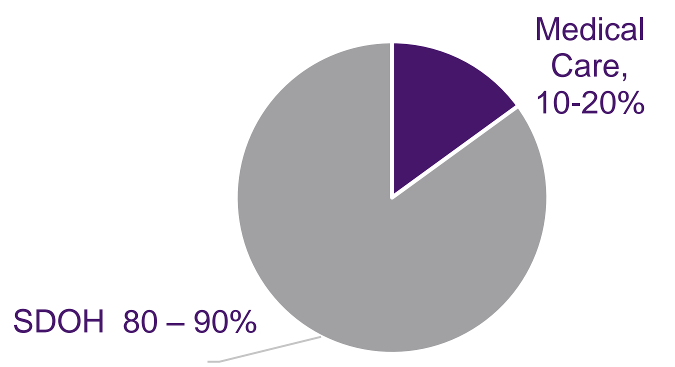
SDOH Widely Impact Health Outcomes







Graphic source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 10-31-2022, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health
https://cookcountyhealth.org/wp-content/uploads/SP-discussion-Health-Equity-article-3-02-27-19.pdf

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SDOH: CPT® Connection to Other Code Sets

SNOMED CT
Nomenclature

LOINC®
Results

ICD-10
TENTH REVISION
INTERNATIONAL CLASSIFICATION OF DISEASES

What is it?
Diagnosis impacting services provided

cpt®

What's being done about it?
Medical services and procedures performed by physicians/QHPs

Strongest connection: CPT and ICD-10-CM

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CPT's Role in SDOH – Two Forms

Explicit
Built directly into Code selection algorithms

Implicit
Addressing SDOH during encounter influences key code selection outcome (e.g., time)

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CPT's Role in SDOH: E/M Visits Using Medical Decision Making

2021: Recognition

Table 1: Levels of Medical Decision Making (MDM)

		▶Elements of Medical Decision Making	
Level of MDM (Based on 2 out of 3 Elements of MDM)	**Number and Complexity of Problems Addressed at the Encounter**	**Amount and/or Complexity of Data to Be Reviewed and Analyzed** ***Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.***	**Risk of Complications and/or Morbidity or Mortality of Patient Management**
Moderate	**Moderate** ■ **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment; **or** ■ **2** or more stable, chronic illnesses; **or** ■ **1** undiagnosed new problem with uncertain prognosis; **or** ■ **1** acute illness with systemic symptoms; **or** ■ **1** acute, complicated injury	**Moderate** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** ■ **Any combination of 3 from the following:** • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) **or** **Category 2: Independent interpretation of tests** ■ Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); **or** **Category 3: Discussion of management or test interpretation** ■ Discussion of management or test interpretation with external physician/other qualified health care	**Moderate risk of morbidity from additional diagnostic testing or treatment** *Examples only:* ■ Prescription drug management ■ Decision regarding minor surgery with identified patient or procedure risk factors ■ Decision regarding elective major surgery without identified patient or procedure risk factors ■ Diagnosis or treatment significantly limited by social determinants of health

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2023: Expansion

Visit Service Category	2021	2023
Office or Other Outpatient	X	X
Inpatient		X
Observation Care		X
Consultations		X
Emergency Department		X
Nursing Facility		X
Home / Residence		X

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CPT's Role in SDOH: Beyond MDM

CPT® Supports Levels of Prevention & Healthcare

3º

Tertiary Prevention

2º

Secondary Prevention

1º

Primary Prevention

Tertiary prevention - management of incapacitating condition(s) to help people attain and retain an optimal level of functioning.

Secondary prevention - diagnosis and treatment of one or more conditions, e.g., asthma, hypertension, diabetes, cancer, endometriosis. Issues: slowing progression of illness, mitigating potential consequences for overall patient health.

Primary prevention – avert the onset of illness (e.g., well patient visits, immunizations, provision of health education materials to inform patients and populations)

Prevention levels originate from: Leavell, Hugh Rodman, and E. Gurney Clark. "Textbook of preventive medicine." Textbook of Preventive Medicine. (1953).

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CPT's Role in SDOH: Beyond MDM

CPT® Supports Levels of Prevention & Healthcare: Examples

3°

Tertiary Prevention

99487, 99489: Complex Chronic Care Management Services
90951- 90970: End Stage Renal Disease Services
90839, 90840: Psychotherapy for crisis

2°

Secondary Prevention

0403T / 0488T: Preventive behavior change, intensive program for prevention of diabetes
99453 / 99454: Remote Physiologic Monitoring Services
99424 – 99427: Principal Care Management Services

1°

Primary Prevention

99381 – 99412, 99429 Preventive Medicine Services
90460 – 90474, 0001A – 0073A, Immunization Administration for Vaccines/Toxoids (including COVID-19 Vaccine administration)

Prevention levels originate from: Leavell, Hugh Rodman, and E. Gurney Clark. "Textbook of preventive medicine." Textbook of Preventive Medicine. (1953).

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Questions?

The Gravity Project: New Data Standardization in Social Determinants of Health (SDOH) Data Interoperability

- ➡ Consensus-driven SDOH Data Standards
- ➡ Technology Workstream
- ➡ Pilots Workstream
- ➡ Success Factors
- ➡ Terminology Workstream
- ➡ How to Engage

CPT's Role in SDOH

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Stay informed with AMA resources

The **AMA Center for Health Equity** was created to embed health equity across the organization so that health equity becomes part of the practice, process, action, innovation and organizational performance and outcomes.

ama-assn.org/delivering-care/health-equity

The ***In Full Health Learning & Action Community to Advance Equitable Health Innovation*** initiative seeks to advance equitable opportunities in health innovation investment, solution development and purchasing.

InFullHealth.org

The AMA Ed Hub™ is a unified education portal that provides a personalized experience for physicians and their care teams to keep current, increase their professional satisfaction, claim continuing education credits and continuously improve the care they provide. Find modules on **CPT**, **E/M guidelines**, **Equity, Public Health** and more!

amaedhub.com

Designed to address the needs of developers and creators of health technology and services, the **CPT® Developer Program** offers access to AMA-published content from Current Procedural Terminology (CPT) during the crucial stages of development.

developer.ama-assn.org

The **Future of Health Report** was prepared by the AMA and Manatt Health and builds off of the AMA's Return on Health research to explore and define the disconnect between the transformative potential of digital health and the reality of its impact today, offer a blueprint to optimize digitally enabled care, and share stakeholder opportunities to leverage digital care through case examples from various organizations.

https://www.ama-assn.org/practice-management/digital/ama-future-health-report

The **Physician Innovation Network** connects physicians and entrepreneurs to partner on new digital health care solutions.

innovationmatch.ama-assn.org

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Next Steps

Tell us what you think

Please complete our **post-webinar survey**.

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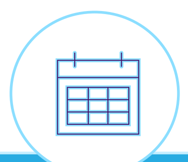
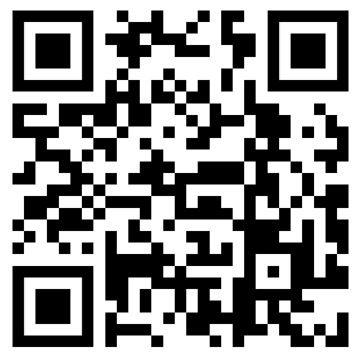


Our CPT® Webinar series will continue in 2023—stay tuned for details!

In the meantime, view recordings of past webinars on demand in our **CPT Webinars Portal**. Scan the QR code to visit!



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