



CLINICIAN RESOURCE GUIDE

DATA FOR BETTER HEALTH[®]

Better health and improved health outcomes are impacted by factors beyond the care a person receives from their clinician. Those factors, such as food insecurity, housing status, and transportation needs, are referred to as social determinants of health (SDOH), which significantly affect quality of life, health, and healthcare outcomes.

When SDOH data is appropriately collected, used, and securely shared, the entire healthcare team can gain insight into various elements that make up a person's medical and non-medical story, allowing them to collaborate on improving an individual's overall health and wellbeing.





ABOUT THE RESOURCE GUIDE

Data for Better Health® was launched to increase awareness of how collecting, using, and sharing SDOH data can improve individual and community health and healthcare outcomes. Through this effort, tools, resources, and education will be developed for healthcare professionals, policymakers, and the public to support a better understanding of the importance of SDOH data and how it can be used to improve peoples' health and quality of life.

This resource guide is representative of a number of organizations that have come together to provide links to websites, tools, and data that can assist clinicians collecting, sharing, and using SDOH data. The resource guide is for informational and educational purposes only. It is not an exhaustive list and will be regularly updated.



We would like to thank the following individuals for their contributions, expertise, and insights into the following resources:

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A low-angle shot of two women, one of Asian descent and one of African descent, both wearing bright yellow safety vests over dark clothing. They are smiling and looking upwards and to the right. The background is a dense canopy of green trees, slightly out of focus. The entire image is overlaid with a semi-transparent blue filter.

**I am a clinician and I'd like to
learn how to **collect** SDOH data.**



Guides & Resources:

CMS Infographic: Improving the Collection of Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes

This infographic describes what Z codes are, why they should be collected, opportunities associated with using them and recent SDOH Z code categories and new codes.

Gravity Project Resource for the Documentation of Social Risks Related to the Accountable Health Communities (AHC): Health-Related Social Needs (HRSN) Screening Tool®

This resource provides Gravity Project's suggested ICD-10-CM and SNOMED CT® codes for the AHC HRSN Screening Tool.

AHA: Screening for Social Needs: Guiding Care Teams to Engage Patients

This tool will help guide hospital leaders as they navigate ways to engage their patients in screening conversations.

The Gravity Project Resource: Best Practices for Validating and Documenting Social Diagnoses

This white paper highlights best practices for a standardized approach to screening, documenting, and coding social needs.

CMS: Guide to Using the Accountable Health Communities Health-Related Social Needs Screening Tool: Promising Practices and Key Insights

This guide describes the health-related social needs (HRSN) Screening Tool from the Accountable Health Communities (AHC) Model and best practices for universal screening.

Gravity Project Brief: Best Practices for Validating and Documenting Social Diagnoses

This brief highlights best practices for validating and documenting social diagnoses by leveraging SDOH data.



Issue Briefs & Reports:

[AHIMA: Data for Better Health Issue Brief](#)

This issue brief shares early lessons learned from the launching of its Data for Better Health initiative.

[Childrens' Hospital Association: Screening for Social Determinants of Health: Children's Hospitals Respond](#)

This report defines the tactics necessary for implementing social needs screening, the community linkages, and the challenges they present.

Webinars & Workshops:

[AHIMA: Screening for Social Drivers of Health: Lessons from the Field](#)

This webinar features Inova Health System as they share successful strategies working with their data analytics team to improve the collection, sharing, and analysis of SDOH data.

[AHA: Investing in the Power of Teams to Address Social Needs](#)

This virtual workshop highlights the power of robust, interdisciplinary teams to address social needs.

[AMA: CPT Evaluation and Management \(E/M\) Guidelines: Implications for Patient Social Risk Data and Health Equity](#)

This webinar is a CPT training module that describes the 2021 E/M office or other outpatient services coding guidelines, how these guidelines can help practices represent the time or complexity of medical decision-making associated with patient social risk and identifies opportunities for social risk data documentation, including its associated benefits and risks. The webinar also describes ways clinicians and care teams can use social risk data to improve quality of care and support population health management and community-level approaches to advance health equity.



**I am a clinician and I'd like to
learn how to **use** SDOH data.**



Guides & Resources:

[CMS Infographic: Using Z Codes: SDOH Data Journey Map](#)

This infographic describes the journey that SDOH data takes from the individual through the health system to data reporting as ICD-10-CM Z codes. It discusses data collection, documentation, coding, and reporting. It also contains resources to help implement programs to collect and report SDOH data in a manner that can lead to better health outcomes for individuals.

[NCQA: Co-Developing Cross-Sector, Partnerships to Address Health-Related Social Needs: A Toolkit for Health Care Organizations Collaborating with Community-Based Organizations](#)

This toolkit is designed for health care organizations seeking to establish or maintain partnerships with community-based organizations (CBOs) to address health-related social needs (HRSNs.) Resources and recommendations are provided to help health care organizations clarify their motivations and develop effective strategies for partnering with CBOs to create an environment that fosters equitable partnerships.

[Gravity Project: Consensus-driven Data Standards for the Social Determinants of Health](#)

This guide provides tips for implementing Gravity terminology and consensus-driven data standards.



**I am a clinician and I'd like to
learn how to **share** SDOH data.**



Guides & Resources:

[Health Begins: SDOH and HRSN Integration Framework](#)

This resource provides a framework for addressing social determinants of health (SDOH) and health-related social needs (HRSN).

Webinars & Workshops:

[AHIMA: Sharing SDOH Data to Improve Health and Healthcare Outcomes](#)

This webinar features Trinity Health as they share how to improve health and healthcare outcomes through the sharing of SDOH data.

[AHIMA: Sharing SDOH Data to Improve Outcomes](#)

This webinar features CRISP Shared Services and CRISP DC as they share how to improve health outcomes through the sharing of SDOH data with community-based organizations.