

Utah Health IT Strategic Plan 2016-2020

A Collaborative Planning Document

By

Utah Digital Health Service Commission
Utah State Innovation Model Design Grant
HealthInsight – Utah
Utah Health Information Exchange
Utah Partnership for Value-driven Health Care (UPV)
Utah Department of Health

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Health and Health IT Visions

[Our statewide health vision](#) is for Utah to be a place where all people can enjoy the best health possible, where all can live, grow and prosper in healthy and safe communities. [Add web link]

[Our statewide vision for health IT](#) is for Utah to be a place where the secure and efficient use and exchange of electronic health information will result in improved health status, better health care, lower cost and healthier communities.

Health IT Guiding Principles

Utah has made significant progress in adoption electronic health records (EHR) and clinical health information exchanges (HIE) since 2005. In 2016-2017, Utah will move forward under following **guiding principles**:

- Continue to foster *statewide collaboration* with all partners
- *Leverage the market* and existing HIT infrastructures
- Encourage interoperability and portability across care settings through *multi-level or modular advancements*
- Protect *privacy and security* in all aspects of IT and its uses
- Enhance *consumer engagement*
- Share meaningful health information among *learning health systems* to ensure innovation, quality, safety and value in health care.
- Using health IT to strengthen health of individuals, families, communities and add value to Utah's economy.

Priority Framework for Health IT

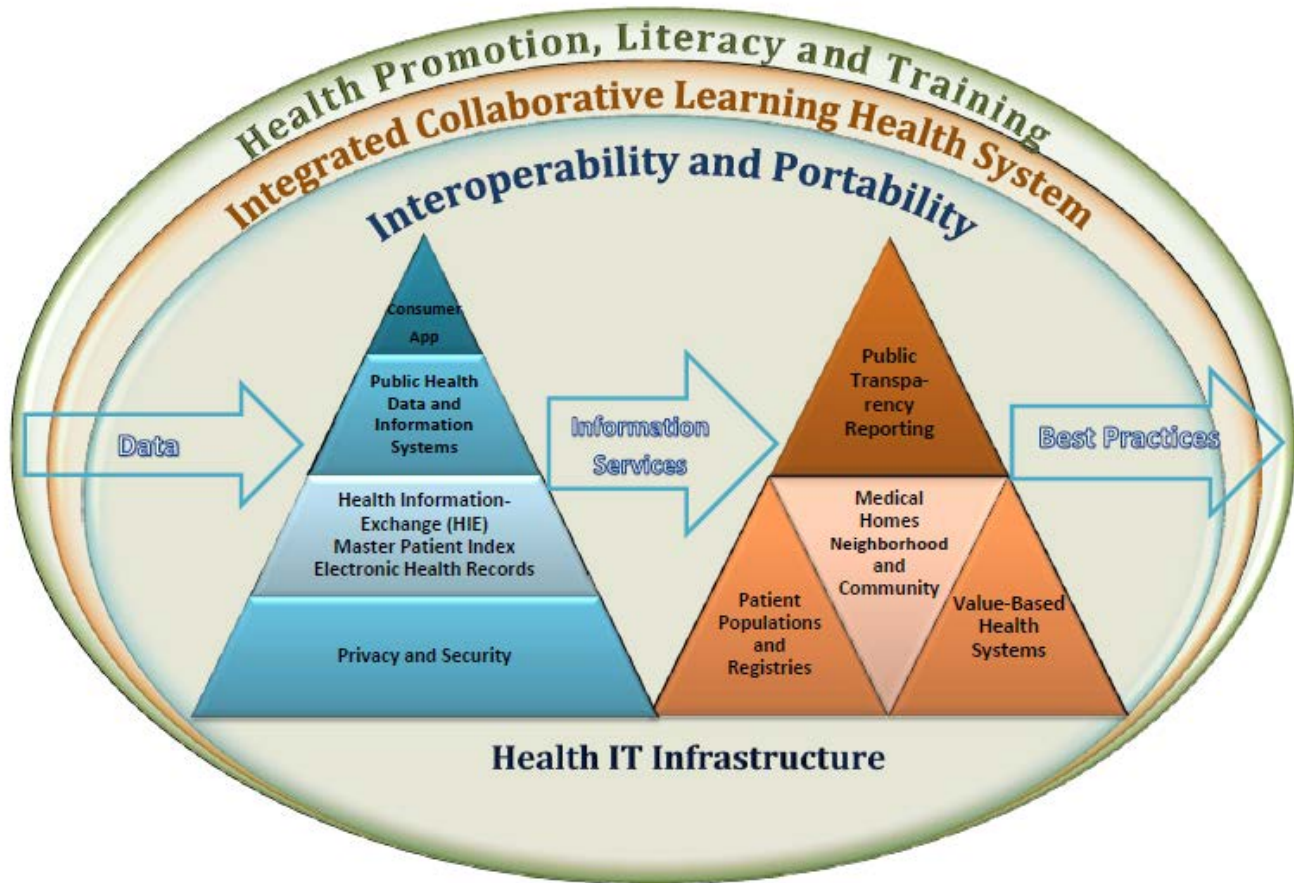
Utah health IT priority is to improve system interoperability and portability to support integration of physical and behavioral health care and improve population health for all Utahans.

The Priority Framework of Health IT for Population Health and a Statewide Learning Health System in Utah (See Figure 1) describes the relationship of various health IT components, health data uses and statewide initiatives as follows:

- The left pyramid includes core IT applications that were identified in our statewide IT architecture design for 2009-2014 efforts.
- The HIT systems provide information services for multi-level information uses ranging from care provided in medical home, neighborhood and communities to patient registries, value-based health systems, as well as public transparency reporting (the right pyramid).
- Interoperability and portability are key functions among all IT applications and infrastructure, services, and connections to health data users.
- Health IT must support an integrated collaborative learning health system.

- Health IT must improve efficiency of health promotion and enhance health IT literacy and training.

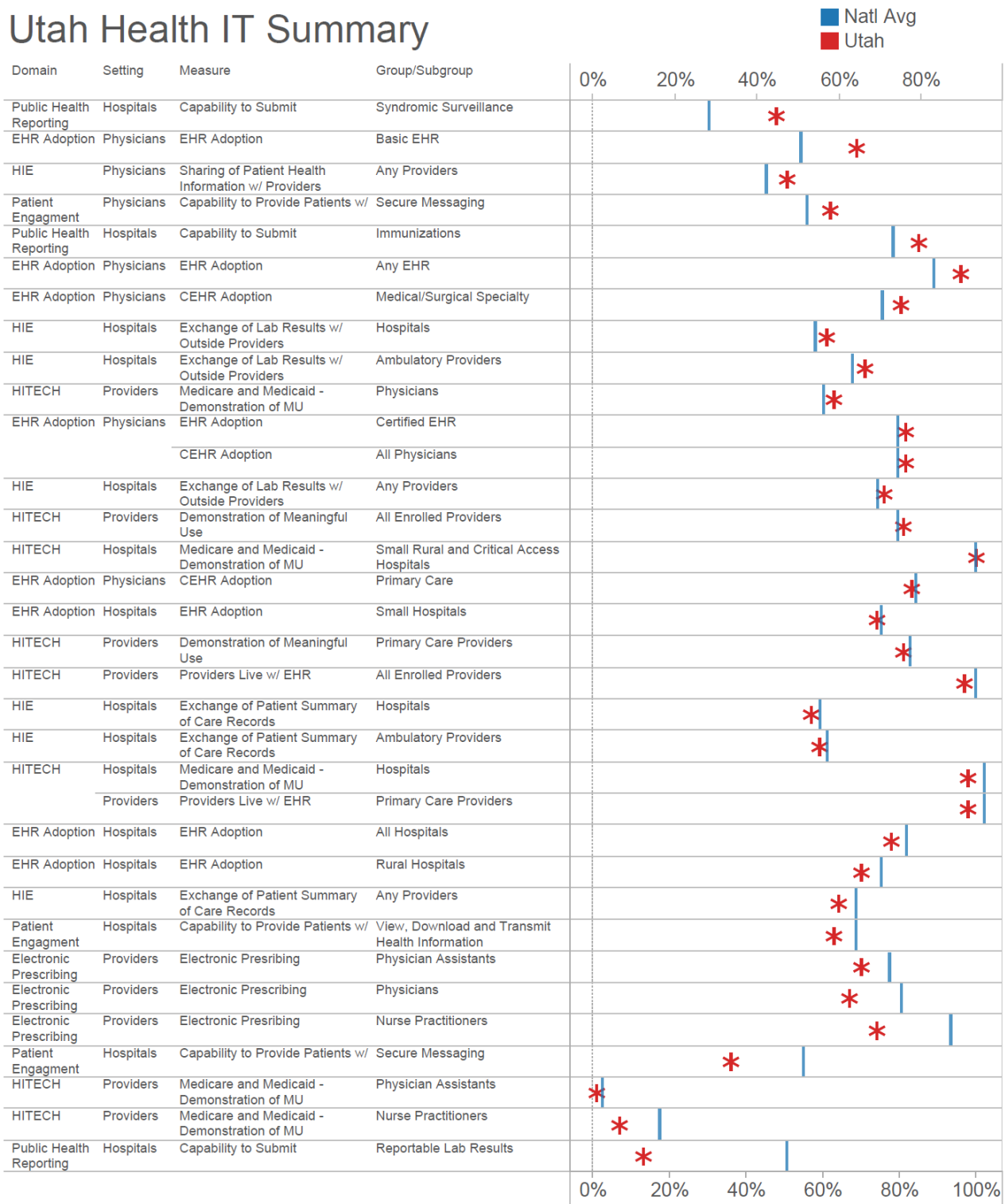
Figure 1. Priority Framework of Health IT for Population Health and a Statewide Learning Health System in Utah



Utah Health IT Statutes in 2013 - 2015:

Following two tables provide summary information on Utah statewide health IT performance in comparison with the national average. The data source for these indicators is from the web site of U.S. Department of Health and Human Service National Office of Coordinator for Health IT at <http://healthit.gov>.

Utah Health IT Summary



Utah health IT summary. This graph shows how Utah (red star) compares to the national average (blue line) on 34 measures of HIT adoption and utilization (data obtained from <http://dashboard.healthit.gov/dashboards/health-information-technology-data-summaries.php?state=Utah&cat9=all+data>). The measures are ordered by the relative difference between Utah and the national average, with the best performing measures for the state at top and the worst performing measures at the bottom

Utah Health IT Summary

Domain	Setting	Measure	Group/Subgroup	Year	Natl Avg	Utah
EHR Adoption	Hospitals	EHR Adoption	All Hospitals	2014	76%	78%
	Hospitals	EHR Adoption	Rural Hospitals	2014	70%	70%
	Hospitals	EHR Adoption	Small Hospitals	2014	70%	74%
	Physicians	EHR Adoption	Any EHR	2014	83%	96%
	Physicians	EHR Adoption	Basic EHR	2014	51%	69%
	Physicians	EHR Adoption	Certified EHR	2014	74%	82%
	Physicians	CEHR Adoption	All Physicians	2014	74%	82%
	Physicians	CEHR Adoption	Primary Care	2014	79%	83%
	Physicians	CEHR Adoption	Medical/Surgical Specialty	2014	70%	80%
Electronic Prescribing	Providers	Electronic Prescribing	Physicians	2013	75%	67%
	Providers	Electronic Prescribing	Nurse Practitioners	2013	87%	74%
	Providers	Electronic Prescribing	Physician Assistants	2013	72%	70%
HIE	Hospitals	Exchange of Lab Results w/ Outside Providers	Any Providers	2014	69%	76%
	Hospitals	Exchange of Lab Results w/ Outside Providers	Hospitals	2014	54%	61%
	Hospitals	Exchange of Lab Results w/ Outside Providers	Ambulatory Providers	2014	63%	71%
	Hospitals	Exchange of Patient Summary of Care Records	Any Providers	2014	64%	64%
	Hospitals	Exchange of Patient Summary of Care Records	Hospitals	2014	55%	57%
	Hospitals	Exchange of Patient Summary of Care Records	Ambulatory Providers	2014	57%	59%
	Physicians	Sharing of Patient Health Information w/ Providers	Any Providers	2014	42%	51%
HITECH	Providers	Providers Live w/ EHR	All Enrolled Providers	2015	93%	97%
	Providers	Providers Live w/ EHR	Primary Care Providers	2015	95%	98%
	Providers	Demonstration of Meaningful Use	All Enrolled Providers	2015	74%	81%
	Providers	Demonstration of Meaningful Use	Primary Care Providers	2015	77%	81%
	Hospitals	Medicare and Medicaid - Demonstration of MU	Hospitals	2015	95%	98%
	Hospitals	Medicare and Medicaid - Demonstration of MU	Small Rural and Critical Access Hospitals	2015	93%	100%
	Providers	Medicare and Medicaid - Demonstration of MU	Physicians	2015	56%	63%
	Providers	Medicare and Medicaid - Demonstration of MU	Nurse Practitioners	2015	16%	7%
	Providers	Medicare and Medicaid - Demonstration of MU	Physician Assistants	2015	2%	1%
Patient Engagement	Hospitals	Capability to Provide Patients w/	Secure Messaging	2014	51%	36%
	Hospitals	Capability to Provide Patients w/	View, Download and Transmit H..	2014	64%	63%
	Physicians	Capability to Provide Patients w/	Secure Messaging	2014	52%	62%
Public Health Reporting	Hospitals	Capability to Submit	Immunizations	2014	73%	85%
	Hospitals	Capability to Submit	Reportable Lab Results	2014	47%	13%
	Hospitals	Capability to Submit	Syndromic Surveillance	2014	28%	48%

Utah Health IT Strategic Goals and Objectives in 2016 - 2020:

GOAL 1: ADVANCE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PERSON-CENTERED AND SELF-MANAGED HEALTH

OBJECTIVES:

- 1A.** Increase use of individual health information for engagement and shared decision making as part of the team – Enable individuals to understand and act upon available cost and quality information
- 1B.** Advance individuals’ abilities to “access, control and amend” their health information, including public health (ex: immunization records)
- 1C.** Increase adoption of patient portals and consumer-focused HIT available to patients
- 1D.** Promote patient use of HIT tools for wellness and self-care
- 1E.** Increase effective patient/consumer-mediated and generated exchange

GOAL 2: STRENGTHEN HEALTH CARE DELIVERY TRANSFORMATION

OBJECTIVES:

- 2A.** Increase HIT functions to support transparency of and access to quality and cost information at the community and provider level to improve care
- 2B.** Increase implementation of HIT functions to support innovative models of care that promote high-value health care – Medical Home, ACOs, Telehealth
- 2C.** Increase use of electronic quality improvement tools and measurements that support provider adherence to evidence-based guidelines, improved outcomes and reduced waste
- 2D.** Support the use of health IT to help providers and communities to better serve high-risk individuals and populations

GOAL 3: ENHANCE UTAH'S INTEROPERABLE HEALTH IT INFRASTRUCTURE

OBJECTIVES:

- 3A.** Endorse basic guidelines for HIT standards that align with and strengthen national certification requirements, including interoperability, to increase effective health information exchange
- 3B.** Protect privacy and security of electronic health information by increasing adherence to federal electronic health information security guidelines in independent facilities and practices
- 3C.** Increase functionality and effectiveness of state-wide HIE (cHIE) and support increased connections with other data sources including integrated delivery systems (IDS), HIEs, and providers.
- 3D.** Increase ability to exchange public health information with providers through various exchange methods to improve population health
- 3E.** Develop governance, access, and support for health data to be made available for analysis and use
- 3F.** Increase Utah’s influence on the national forums related to effective delivery of care through HIT

GOAL 4: SUPPORT INNOVATION AND APPLIED RESEARCH TO EFFICIENTLY IMPLEMENT STATEWIDE HEALTH IT INITIATIVES

OBJECTIVES:

- 4A.** Promote collaborative innovation and research to advance implementation, utilization and improvement of health IT in public, private and academic settings
- 4B.** Broaden statewide partnership and engagement in implementing the Utah HIT strategic plan
- 4C.** Disseminate evidence-based best practices to enhance statewide adoption of technology solutions

Utah Health IT Strategic Goals and Supporting Projects to Objectives:

ID#	PROJECTS (STRATEGIES)	OBJECTIVES SUPPORTED				ACTION	
GOAL 1: ADVANCE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PERSON-CENTERED AND SELF-MANAGED HEALTH							
1.01	APCD (Price Transparency) & NRHI Total Cost of Care	1A	2A			Implementation	
1.02	UtahHealthScape.org (Transparency for Consumers)	1A	2A			Implementation	
1.03	HealthInsight's Patient & Family Advisory Council	1A	1C			Expansion	
1.04	ePOLST Analysis and Implementation	1A	1B	1C		Planning	
1.05	Planning project for 1D - Promote patient use of HIT	1D				Gap	
1.06	Planning project for 1E - Consumer-mediated/generated exchange	1E				Gap	
1.07	cHIE Patient Portal	1A	1B	1C		Planning	
1.08	HIE for Newborn Screenings and Follow up	1A	2B			Need resources	
1.09	Pediatric Patient Summary Exchange - PCP to BH and BH to PCP	1A	2B			Implementation	
1.10	Choosing Wisely Campaign (informed patient)	1A				Need resources	
GOAL 2: STRENGTHEN HEALTH CARE DELIVERY TRANSFORMATION							
2.01	Provider Support for Quality Reporting (PQRS, MU, MACRA)	1C	2A	2B		Implementation	
2.02	EHR Guide for Quality Reporting on Cardiac Care	2A	2C			Implementation	
2.03	GetHealthyUtah.org (Population Health)	2B	2C	2D		Implementation	
2.04	Death Notices	2B	2D			Implementation	
2.05	Long-Term/Post Acute Care Summary Exchange	2B	3C			Implementation	
2.06	Dashboards (HIT, NQF, Monarch) for Geographic Quality Analysis	2C	2D			Implementation	
2.07	Adult Immunizations - increase rates (flu, pneumonia)	2C				Implementation	
2.08	HealthInsight's Quality Awards Program	2B	2C			Expansion	
2.09	ADT Alerts for reducing admissions and readmission	2B	2D	3C		Expansion	
2.10	Clinical information exchange among public health, EHRs, and HIE	2A	2C	3D		Planning	
2.11	Obesity & Diabetes Population Health	2B	2C	2D		Planning	
2.12	Behavioral Health & Primary Care Interoperability	2B	2D	3C		Planning	
2.13	Utah Regional Health Care Innovation Day	2B	3A	3F	4C	Planning	
2.14	Indian Health Geographic Analysis	2D	3C			Planning	
2.15	COB Database - Payer coordination	2A	2B			Implementation	
GOAL 3: ENHANCE UTAH'S INTEROPERABLE HEALTH IT INFRASTRUCTURE							
3.01	Rural Community Connectivity to cHIE	2B	2D	3C		Implementation	
3.02	Bi-directional Immunization Query through cHIE	3C	3D			Implementation	
3.03	EMS Integration exchange with cHIE	3C				Implementation	
3.04	Patient Centered Data Home - Multi-HIE Connections	3C				Implementation	
3.05	Poison Control Center Data Integration	3C				Implementation	
3.06	The Shared Identity Services for Utahns (ThSisU) / Statewide MPI	1E	3A	3D	3E	Planning	
3.07	EHR, HIE connections to the Controlled Substance Database	3B	3C	3D		Planning	
3.08	UHIN HIT Conference	2D	3A	3B	3F	4A	Implementation
3.09	cHIE Adoption	2B	3C			Expansion	
3.10	cHIE Connections	3C				Expansion	
GOAL 4: SUPPORT INNOVATION AND APPLIED RESEARCH TO EFFICIENTLY IMPLEMENT STATEWIDE HEALTH IT INITIATIVES							
4.01	Utah Partnership for Value	4A	4B			Expansion	
4.02	Provider Directory	4A				Planning	
4.03	Stakeholder Engagement (ie. Indian Health) (combine with #17)	4B				Planning	
4.04	PCORI Partnering for Better Health Research Conference	4A				Need resources	

Definitions of ACTIONS:

Expansion- A project currently implemented but needing to expand to a larger audience or expand services.

Gap- No identified state level activities.

Implementation- A project that has designated resources and defined scope and is in progress.

Needs resources- A project that has been either planned and/or implemented but needs additional resources to move forward.

Planning- A project in concept development but lacks resources to advance to implementation or expansion status.

Descriptions of Projects/Strategies:

GOAL 1: ADVANCE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PERSON-CENTERED AND SELF-MANAGED HEALTH

OBJECTIVES:

- 1A.** Increase use of individual health information for engagement and shared decision making as part of the team – Enable individuals to understand and act upon available cost and quality information
- 1B.** Advance individuals' abilities to "access, control and amend" their health information, including public health (ex: immunization records)
- 1C.** Increase adoption of patient portals and consumer-focused HIT available to patients
- 1D.** Promote patient use of HIT tools for wellness and self-care
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PROJECTS (STRATEGIES)

1.01 APCD (Price Transparency) & NRHI Total Cost of Care

Action: Implementation Primary: UDOH- OHCS, HealthInsight

To increase transparency reporting on healthcare quality and cost using the All Payer Claims Data or Total Cost of Care Data. (Baseline online report = 2; Baseline online query tool = 2)

1.02 UtahHealthScape.org (Transparency for Consumers)

Action: Implementation Primary: HealthInsight, UDOH-OHCS

UtahHealthScape.org provides health care consumers with resources to support informed decision-making. UtahHealthScape provides a directory of providers and clinics and quality ratings for hospitals, health plans, nursing homes, and home health agencies, along with other valuable information.

1.03 HealthInsight's Patient & Family Advisory Council

Action: Expansion Primary: HealthInsight

HealthInsight's Patient & Family Advisory Council (PFAC) helps us better understand the health care system from the patient's viewpoint. Patients, families and caregivers participating in the PFAC share their personal stories and health care experiences. This patient input is important in influencing how we design our projects to make our health care system better. We believe that patient wisdom is a "must have" factor in improving health care.

- 1.04 ePOLST Analysis and Implementation**
Action: Planning Primary: UDOH, UHIN
 Consensus built stakeholder recommendations on how to move forward in establishing an ePOLST registry, supporting the registry and implementing it throughout the state.
- 1.05 Planning project for 1D - Promote patient use of HIT**
Action: Gap Primary: UDOH
 Recognize gap. No current activity at this time.
- 1.06 Planning project for 1E - Consumer-mediated/generated exchange**
Action: Gap Primary: UDOH
 Recognize gap. No current activity at this time.
- 1.07 cHIE Patient Portal**
Action: Planning Primary: UHIN
 This is an ONC grant item to place a patient portal that has access to the cHIE.
- 1.08 HIE for Newborn Screenings and Follow up**
Action: Need Resources Primary: UDOH, UHIN
 To develop capacity to exchange newborn screening results and follow-up diagnostic reports between public health and providers via cHIE (Baseline = 0).
- 1.09 Physical and Behavioral Health electronic exchange - PCP to BH and BH to PCP**
Action: Implementation Primary: UPIQ, UHIN
 This project intends to exchange needed healthcare information between behavioral health and physical health providers. As of August 2016, UHIN is working with pediatric groups at Granger and adult groups at Davis Behavioral Health on this project.
- 1.10 Choosing Wisely Campaign (informed patient)**
Action: Need Resources Primary: HealthInsight
 Choosing Wisely Utah is a statewide campaign focused on encouraging physicians, patients, and other health care stakeholders to think and talk about medical tests and procedures that may be unnecessary, and in some instances cause harm. Current efforts are using community navigators to improve newly-insured patient-understanding of how to use the health care system and avoiding unneeded care.

GOAL 2: STRENGTHEN HEALTH CARE DELIVERY TRANSFORMATION

OBJECTIVES:

- 2A.** Increase HIT functions to support transparency of and access to quality and cost information at the community and provider level to improve care
- 2B.** Increase implementation of HIT functions to support innovative models of care that promote high-value health care – Medical Home, ACOs, Telehealth
- 2C.** Increase use of electronic quality improvement tools and measurements that support provider adherence to evidence-based guidelines, improved outcomes and reduced waste
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PROJECTS (STRATEGIES)

2.01 Provider Support for Quality Reporting (PQRS, MU, MACRA)

Action: Implementation **Primary: HealthInsight and UHIN**

HealthInsight gives quality improvement support to Utah physician offices and hospitals on reporting and improving quality measures. Specific emphasis on Physician Quality Reporting System (PQRS), Value based purchasing, and Meaningful Use. Inpatient Psychiatric Hospitals and Ambulatory Surgical Centers are also a focus for improvement efforts and improving outcomes. These reporting programs will continue and be subsumed into the MACRA Quality Payment Programs. UHIN is working with providers to meeting Meaningful Use requirements and assist with criteria for MACRA and is evaluating whether to assist members with reporting.

2.02 EHR Guide for Quality Reporting on Cardiac Care

Action: Implementation **Primary: UDOH-EPICC, HealthInsight**

Developing and spreading an electronic health record (EHR) guide to help providers get accurate reports and measures from their data systems to improve diabetes and cardiac care. *(Subcontract to HealthInsight, under UDOH CDC 1305 funding)*

2.03 GetHealthyUtah.org (Population Health)

Action: Implementation **Primary: Utah Leaders for Health**

To improve the health of all Utahns by supporting healthy eating and active living in order to associated health consequences.

2.04 Death Notifications

Action: Implementation **Primary: UDOH-ORVS**

To develop timely notifications of deceased patients or members to providers and payers for them to improve their population health data. (Baseline = 0)

2.05 Long-Term/Post-Acute Care Summary Exchange

Action: Implementation **Primary: UHIN**

This is an ONC project intended to exchange CCD documents between hospital and long term care providers. This effort is specific to Avalon and Intermountain Healthcare

2.06 Dashboards (HIT, NQF, Monarch) for Geographic Quality Analysis

Action: Implementation **Primary: UHIN**

This project intends to provide hot spotting to providers for their patient panels and for public health reporting. There are currently 36 measures contained in the system.

2.07 Adult Immunizations - increase rates (flu, pneumonia)

Action: Implementation **Primary: HealthInsight, UDOH-USIIS**

Working with organizations to help improve the assessment and documentation of Medicare beneficiaries' immunization status, increase overall immunization rates and reduce immunization disparities.

2.08 HealthInsight's Quality Awards Program

Action: Expansion **Primary: HealthInsight**

The HealthInsight Quality Award Program was launched in 2004 to promote high quality and transparency in health care. Yearly awards are given to Utah health care provider organizations based on standardized criteria (including Health IT) in the following areas:

- Home Health
- Hospital
- Nursing Home
- Physician Office

2.09 ADT Alerts for reducing admissions and readmission

Action: Expansion Primary: UHIN

Encounter Notification Services for the community and pushing those to different endpoints to rural providers.

2.10 Clinical information exchange among public health, EHRs, and HIE

Action: Planning Primary: UDOH-DCP, UHIN

To expand clinical data exchanges between HIE, EHRs and public health programs to support population health improvements (Baseline on operational use cases = 3, Immunization, EHR, and Syndromic Surveillance.

2.11 Obesity & Diabetes Population Health

Action: Planning Primary: UDOH, UHIN

Baseline measures of obesity and diabetes using clinical data stream are obtained from the cHIE.

2.12 Behavioral Health & Primary Care Interoperability

Action: Planning Primary: UDOH, UHIN

Assessment of best use of interoperability between behavioral health and primary care

2.13 Utah Regional Health Care Innovation Day

Action: Planning Primary: HealthInsight

The Utah Regional Health Care Innovation Day brings together health care professionals, payers, health care organizations, and state and federal government officials to discuss innovations to transform health care. During this event those working locally to improve health, provide care and lower costs through innovative strategies will share their vision, lessons learned and results.

2.14 Indian Health Geographic Analysis

Action: Planning Primary: UDOH, UHIN

A state wide assessment of Indian health status using multiple state data bases for 3 use cases of Behavioral Health, Obesity Diabetes reduction, and End of Life care.

2.15 COB Database - Payer coordination

Action: Implementation Primary: UHIN

Working with community payers to improve the Coordination of Benefits.

GOAL 3: ENHANCE UTAH'S INTEROPERABLE HEALTH IT INFRASTRUCTURE

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- 3A.** Endorse basic guidelines for HIT standards that align with and strengthen national certification requirements, including interoperability, to increase effective health information exchange
- 3B.** Protect privacy and security of electronic health information by increasing adherence to federal electronic health information security guidelines in independent facilities and practices
- 3C.** Increase functionality and effectiveness of state-wide HIE (cHIE) and support increased connections with other data sources including IDS, HIEs, and providers.
- 3D.** Increase ability to exchange public health information with providers through various exchange methods to improve population health
- 3E.** Develop governance, access, and support for health data to be made available for analysis and use
- 3F.** Increase Utah's influence on the national forums related to effective delivery of care through HIT

PROJECTS (STRATEGIES)

3.01 Rural Community Connectivity to cHIE

Action: Implementation **Primary: UHIN, HealthInsight**
Increase usage and participation in the cHIE.

3.02 Bi-directional Immunization Query through cHIE

Action: Implementation **Primary: UHIN, UDOH-USIIS**
cHIE and the Utah Statewide Immunization Information System (USIIS) will develop a bi-directional immunization query through cHIE for cHIE providers to query USIIS for patient immunization histories.

3.03 EMS Integration exchange with cHIE

Action: Implementation **Primary: UHIN**
Create an interface for EMS providers to query for information from their patients.

3.04 Patient Centered Data Home - Multi-HIE Connections

Action: Implementation **Primary: UHIN**
In production with Colorado and Arizona; starting with Idaho and Nevada.

3.05 Poison Control Center Data Integration

Action: Implementation **Primary: UHIN, UDOH-EPI**
This is to get records in the hands of poison control to facilitate continuity of care.

3.06 The Shared Identity Services for Utahns (ThSisU) / Statewide MPI

Action: Planning **Primary: UDOH, HealthInsight**
To develop a statewide and community-based identity validation services for improving quality of health services and reducing abuse, misuses, and cost. (Baseline = 0)

3.07 EHR, HIE connections to the Controlled Substance Database

Action: Planning **Primary: DOPL, UDOH, UHIN**
To develop connectivity among the Utah Controlled Substance Database (CSD) with EHRs, the cHIE, pharmacies to increase and improve the uses of CSD for reducing the opioids overdoses prescriptions and deaths. (Baseline = 0)

3.08 UHIN HIT Conference
Action: Implementation Primary: UHIN
Annual educational community based conference.

3.09 cHIE Adoption
Action: Expansion Primary: UHIN
Increase the usage and participation in the cHIE.

3.10 cHIE Connections
Action: Expansion Primary: UHIN, UDOH
Improved cHIE with behavioral health providers, SNF and EMS for ePOLST.

GOAL 4: SUPPORT INNOVATION AND APPLIED RESEARCH TO EFFICIENTLY IMPLEMENT STATEWIDE HEALTH IT INITIATIVES

OBJECTIVES:

- 4A.** Promote collaborative innovation and research to advance implementation, utilization and improvement of health IT in public, private and academic settings
- 4B.** Broaden statewide partnership and engagement in implementing the Utah HIT strategic plan
- 4C.** Disseminate evidence-based best practices to enhance statewide adoption of technology solutions

PROJECTS (STRATEGIES)

4.01 Utah Partnership for Value

Action: Expansion Primary: HealthInsight

The Utah Partnership for Value-driven Health Care (UPV) operates under a collaborative, member-driven process. Partners come to the table to identify needed changes to the health care system. The work of the UPV is accomplished through member-led workgroups related to topics and initiatives identified by the collaborative.

4.02 Provider Directory

Action: Planning Primary: UHIN, UDOH

To develop interoperable health professional directories among providers, payers, HIE and UDOH to support secured message exchanges, patient-provider mapping, clinic-level intervention, etc. (Baseline = 0)

4.03 Stakeholder Engagement (ie. Indian Health) (combine with #17)

Action: Planning Primary: UHIN, UDOH

Improved connections for Indian Health providers for information exchange and population health management.

4.04 PCORI Partnering for Better Health Research Conference

Action: Need Resources Primary: HealthInsight

Funded by PCORI's Eugene Washington Engagement Awards Program to host an innovative conference to improve UT patient engagement and patient centered outcomes research. Participants will engage in breakout sessions to address health sciences research questions as well as provide community member input into research design, inquiry and ongoing participation.