One
Utah Health
Collaborative

Advancing Interoperability in Healthcare: Utah's Collaborative Approach to Modernizing Data Exchange

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At A Glance

The Problem:

- Medical information interoperability gaps hinder patient care, increase inefficiencies, and drive up costs.
- Federal regulations aim to improve data sharing but face technical and cultural challenges.

Vision for the Future:

- Seamless, app-based access to combined clinical and insurance data for all Utahns.
- Empowered patients, streamlined administrative processes, and improved health outcomes.

The Approach:

- A Collaborative-led statewide pilot unites 12+ partners to explore innovative solutions.
- Success will demonstrate how collaboration can modernize Utah's healthcare data exchange.

2024 Key Results:

- 8 organizations engaged in testing.
- Pilot participants have made significant progress in enabling secure, accurate data sharing across providers and payers for clinical exchange and speeding up prior authorizations using modern data systems.

2025 Goals:

- Transition from pilot testing to production across Utah.
- Conduct a statewide interoperability landscape assessment.
- Maintain Utah's leadership in national health data exchange efforts.

The Problem and Solution

Interoperability gaps in healthcare systems have long hindered the delivery of seamless care, compromising patient safety, increasing inefficiencies, and driving up costs for employers, payers, and patients. Modern data-sharing protocols have increased the potential for better sharing, leading to more efficiencies for patients, providers, and payers. Addressing these challenges and updating data sharing paradigms is critical for Utah to achieve its goal of implementing the Utah Model of Care. While recent federal regulations, such as those aimed at enhancing access to health information through modern applications, offer promising solutions, their implementation and potential benefits are limited by technical barriers and cultural friction within healthcare organizations.

Overcoming these obstacles will require collaboration among a diverse range of stakeholders. To this end, the One Utah Health Collaborative (Collaborative) launched a statewide pilot, uniting more than a dozen partners to explore innovative solutions. If successful, the pilot will showcase how collaboration can resolve these technical and operational issues, ultimately improving data connectivity and advancing the modernization of Utah's healthcare system.

Vision and Impact

Using modern technology frameworks and standards-based data sharing protocols, known as FHIR APIs, this initiative pursues a future where Utah residents can access, combine, and share their clinical and insurance data from any provider or organization—all through an app of their choice.

Better digital health interoperability can bring transformative benefits to patients, providers, and payers across Utah, including:

- **Empowering Patients**: Allowing individuals to view their health data, control who can access it, and manage their care more effectively.
- **Reducing Burdens**: Streamlining administrative processes of prior authorizations by cutting response times from days to hours and eliminating outdated practices like faxing.
- **Advancing Care and Research**: Giving providers, researchers, and public health leaders secure access to data to enhance patient care and overall health outcomes.

The success of this pilot will pave the way for an advanced Utah-based digital health ecosystem. This future will allow patients, providers, researchers, and caregivers to access and combine clinical and claims data—including prior authorizations—easily and without unnecessary burdens. Ultimately, it will eliminate the need for separate portal accounts, making healthcare data more accessible and seamless for everyone involved.

2024 Activities and Results: Clinical Data Exchange and Prior Authorizations

During the pilot's testing phase, several of Utah's largest insurers and provider systems collaborated to test connections through a national health information network, eHealth Exchange. The Utah Health Information Network (UHIN), which manages the state's Health Information Exchange, provided patient attribution data to ensure accuracy and privacy where applicable.

Key stakeholders in Utah's healthcare ecosystem made notable progress in two critical use cases: Clinical Data Exchange and Prior Authorization.

- **Eight participants** are actively engaged in testing.
- **Six participants** have successfully established one-to-one connections in testing environments.
- **Four participants** are assessing timelines to move testing into production in 2025.

In 2024, Collaborative members focused on pioneering tests for these two vital use cases, driving forward innovations in Clinical Data Exchange and Prior Authorization.

Clinical Data Exchange

Pilot participants recognize the need to reduce the time it takes for data holders—such as hospitals and insurers—and digital health tools or applications to connect. To address this challenge, this part of the pilot aims to eliminate longstanding non-technical barriers by standardizing agreements and assessments for clinical data exchange. It also explores using a network-facilitated FHIR exchange via a Qualified Health Information Network (QHIN) as an option. This approach aligns with the phased rollout of FHIR capabilities under the national Trusted Exchange Framework and Common Agreement (TEFCA), a voluntary network created through the bipartisan 21st Century Cures Act.

The pilot is focused on advancing two primary forms of Business-to-Business (B2B) data exchange: **provider-to-provider** and **provider-to-payer** connections. Some participants have made significant progress toward this goal by establishing several one-to-one connections:

- eHealth Exchange collaborated with **UHIN**, **Intermountain Health**, and the **U of U Health System** to successfully enable data querying and exchange within their respective test environments.
- **Intermountain Health** and **U of U Health System** plan to move to production for Clinical Data Exchange (CDex) within the first half of 2025.
- eHealth Exchange will next test whether **Regence Blue Cross Blue Shield of Utah** can successfully query **Intermountain Health** using test patients and receive data in return.
- **UHIN** has tested clinical data exchange with eHealth Exchange in a nonproduction environment and is prepared to connect with additional partners once providers transition to a production environment.

While progress has been made in improving data exchange between providers and payers, similar advancements are also being pursued in improving the prior authorization process, another crucial component of the healthcare ecosystem.

Prior Authorization API

The pilot is collaborating with early adopters to test three prior authorization APIs with both payers and providers. By implementing CMS rules ahead of schedule, the initiative aims to reduce the burden on payers, healthcare providers, and patients by improving prior authorization processes. These improvements focus on clearly identifying the documentation required for approvals and streamlining the request and response process, including shorter decision-making timeframes and faster communication of outcomes to patients

Pilot participants are among the first in the country to test prior authorization standards on a broad scale. If the pilot moves to production, as expected, Utah providers will experience a reduction in the administrative burden of submitting prior authorization requests, payers will face less complexity in processing them, and patients will encounter fewer delays in care. These improvements have the potential to lower overall healthcare costs and eliminate frustrating delays for patients.

Key pilot participant efforts include:

- The **Utah Medicaid** and eHealth Exchange have successfully completed testing for two of the three prior authorization APIs.
- **Regence Blue Cross Blue Shield of Utah** (Regence) has proof-of-concept tests underway for all three prior authorization APIs and is available for organizations to test in their environment.
- **HCA Healthcare** and **Regence Blue Cross Blue Shield of Utah** are working on establishing a connection, with HCA Healthcare installing Regence's prior authorization app into their environment. HCA will begin by testing directly with Regence and later expand the workflow through Oracle, Commonwell, and eHealth Exchange.

Building on the successful results of the pilot in 2024, the Collaborative is now preparing to take the next step in 2025—transitioning from pilot testing to production, while continuing to assess and expand interoperability efforts across the state.

Expanding Focus in 2025: From Pilots to Production and a Comprehensive Landscape Assessment

The pilot has made impressive progress in 2024, with notable advancements achieved in testing environments. Looking ahead to 2025, Collaborative members are excited about transitioning from the pilot phase to full-scale production. This next phase will position Utah as a national leader in health data exchange, demonstrating how collaboration can transform healthcare systems for providers, insurers, and patients alike.

In 2025, the Collaborative will conduct a comprehensive landscape assessment of interoperability across the state, evaluating the quality, completeness, and usability of health data. This assessment will involve gathering firsthand feedback from physicians and other healthcare professionals to understand how data interoperability is impacting daily practice. The insights gained will not only inform the ongoing pilot but also empower Collaborative members to take targeted, actionable steps—both individually and collectively—to further enhance interoperability efforts statewide.

While the project launched in 2022, the momentum built in 2024 will continue into 2025, propelling Utah toward becoming a national model for health data interoperability, ensuring that healthcare in the state is not only more efficient but also more affordable, high-quality, and trusted for patients.

Appendix: Participants

The pilot convened payers, providers, and public health stakeholders with the goal of working faster, more efficiently, and in a unified way to implement a statewide FHIR-based ecosystem in Utah. These stakeholders have voluntarily come together to ensure the health system works better for the providers, payers, public health authorities, state Medicaid agency, and citizens who live and work in the state.

ROLE	ORGANIZATION
PAYERS	❖ Cambia Health ❖ Deseret Mutual Benefit Administrators ❖ Evernorth / Cigna ❖ Molina ❖ Public Employee Health Plan (PEHP) ❖ Select Health
PROVIDERS	❖ HCA Healthcare ❖ Intermountain Healthcare ❖ University of Utah
PUBLIC HEALTH	❖ Utah Department of Health & Human Services
TRUSTED ADVISORS	❖ The Commons Project ❖ DirectTrust ❖ eHealthExchange ❖ HL7 ❖ Utah Health Information Network (UHIN) ❖ Utah Hospital Association
GOVERNMENT OBSERVERS	❖ The Centers for Disease Control and Prevention (CDC) ❖ CDC Foundation ❖ The Department of Health and Human Services (DHHS)

	❖ Office of the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC) ❖ Utah's Governor's Office ❖ Utah House of Representatives

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